

Dr John Lockwood

Chairman, Dental Board of Australia

Re: Scope of Practice Public Consultation

I write to express deep concern over the Dental Board's proposed changes to the Scope of Practice Registration Standard. In my view, the proposed changes pose a significant risk to patients and undermine the foundations of the dental team.

Further, it is clear to me that the proposed changes have been considered in isolation and neglect to consider the broader context. Any changes to Scope of practice must also consider the legal limits to practice and the minimum competency set of all dental practitioners (both dental auxiliaries such as oral health therapist, dental therapists and dental hygienist but also general dentist as well).

I wholeheartedly support the positions of the Australian Dental Association in its submission:

Removal of reference to programs to extend scope:

Currently the scope of practice is deficient in its current form with a number of general dentists and dental auxiliaries operating outside what they have been educated in after graduating from a tertiary institution. This has created a significant public safety issue with the general public unaware that many procedures provided to them are not by appropriately trained dental professionals. Such examples include:

- (1) oral health therapists – extracting teeth in adults outside of scope
- (2) General dentists providing specialists treatments after insufficient training or training that does not provide the fundamentals to treat patients successfully or minimising harm to the patient.
- (3) lack of public awareness of the general public on the significant differences in practitioner training, standards and knowledge

This has resulted in a significant increase in the number of complaints to the HCCC and dental board particularly in services provided by General Dentists involving orthodontics and implants that has resulted in significant increases in insurance premiums to address the elevated risk carried by an increasing number of high risk practitioners .

The current scope of practice system is already deficient as general dentists are under the impression that conducting continuing professional development education enables an individual to extend their cope of practice, often into specialised areas. Because these courses are not regulated or certified by any government body and are often in the vested interests of the education provider. The quality of education is not standardised and hence produces practitioners of varying standards and quality. Because the current system allows for general dentists to already self determine their scope with much dubious outcomes, further loosening the scope of practice allowing allied dental practitioners to also self determine their scope will be a further detriment to the already fraught system. In the ideal world, we would all hope that everyone will be honest with their education and capabilities but in reality this very often far from the truth, especially when the majority of practices are run privately and increasingly by corporations. Because this will also mean that practicing will be

self regulated and public safety is at risk as it will require a person of the general public to make a complaint, often after a misadventure in treatment has already occurred, before any action will be undertaken. Additionally, given the long standing nature of the profession and the trust the general public has in regards to dental practitioners, most of the general public will not investigate whether an individual is qualified to practice what they promote or are even registered as a health care practitioner. The loosening up of the scope of practice, further makes it more confusing for the general public to understand that “dental practitioner” can mean either a dentist, specialist, or allied dental auxiliary. As long as programs are not dental board approved or certified with adequate safeguards placed to ensure a high level of care, similar to the Australian Dental Council accreditation of tertiary institutions in providing the basic education of all dental practitioners, no changes should be made to permit a practitioner to increase their scope of practice beyond what has been taught at their tertiary education provider (university) that was formally accredited by the Australian Government.

Clarify expectations, training and competence:

There is a variety of training outcomes presently with different universities nationally graduating dental practitioners of varied skills, knowledge and capabilities. Currently it is up to each individual to determine their own competency. To improve public confidence as well as reduce confusion on the expected level of competency of new graduates by employers, a nation wide standard should be implemented demarcating the differences between dental practitioners. The current lack of clarity even among dental practitioners themselves is unbelievable and if dental practitioners do not know where their training/competency ends and where another practitioner begins, how would any general public person be able to understand?

Remove the requirements of “Independent practitioner” and remove the requirement of a structured professional relationship

Allied dental practitioners should be working in the team environment as determined on their inception. Given the limited education and training given to allied dental practitioners compared to general and specialist dentists, it should be understood that their skills, though valuable and essential in the provision of dental care, is limited by this. Like doctors, specialists and nurses, allied dental practitioners should be working in a team environment for the successful care of the general public, a public system that is world renowned. Allowing allied dental practitioners to operate independently would convey to the public that they equal knowledge to a general dentist or specialist, providing a person in the public a false sense of security. An allied dental practitioner may then feel obliged to provide care beyond their scope of practice to maintain the relationship with the patient and not in the patient’s best interest. Again this is a similar thing that happens with general dentists as is. Currently, a patient’s care is under the direct supervision of a dentist to provide the patient optimal care. Any complaints are often made to the supervising dentist or practice rather than the allied dental practitioner, so the statistics on notifications can be biased. This safety net, taken for granted by allied dental practitioners, will no longer exist for patients.

I trust that the dental board will reconsider its stance on changing the current arrangement to an arrangement that will be detrimental to dental care for the general public in the long run. The already fraught system should look at clarifying each practitioners role and expectations but maintain the relationship of all team members in a harmonious relationship, rather than fracturing it. Public knowledge of dental teams is already very limited and loosening up the framework will only allow the system to be exploited for individual or corporation gains. It should be in the vested interest in the Australian Government to maintain the highest standard of dental care by ensuring that safe guards such as accreditation of education and policing of standards and registration be upheld to maintain the highest possible of dental care expected by all Australians and known world wide as high class.

I strongly support maintaining the status quo (Option One) as laid out in the consultation.

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