

To Whom This May Concern,

It is with great expression of interest I write to you regarding the contingent issue of a proposed review into the scope of practice registration.

Firstly my adage for a proposal of a revised registration for OHT/ Therapist/Hygienist I believe can provide a positive framework of responsibility to each dental professional. This in turn would ensure legalities managed more accurately, which would currently see the single provider who withholds a team of clinicians a safety net should treatment be performed, constitutionally to each individual clinician accordingly. Having individual provider details would create a foundation to which each dental professional can claim specific item numbers within, based on their qualification.

I myself as an oral health therapist with additional adult scope, currently work in a thriving private dental practice where the culture we support and surround is ensuring care for our community to continue improving patients needs and oral health concerns. It is not sustainable to achieve these results without a variety of dental professionals singularly or alone. Each professional has a specific role which supports and reinforces the current legislations code of conduct and scope of practice.

Currently our regulatory body supports other allied health professionals with the same amount of tertiary study the advantage of having provider details to support their scope of practice - Podiatry. Allowing this to follow through into all areas of dentistry can assist in supporting our patients/communities when referral treatment his recommended and or necessary. We have a larger community requiring professional dental support that are mismanaged - so permitting provider details to each clinician will provide clearer foundations in which each practitioner can claim dental item codes through, based on their level of training and skills.

A OHT can legally own and run a dental clinic (provided that a dentist is employed) who does not need to be on the premises for the treatment to be performed. While ADA membered bodies disapprove stating that "without supervision of a dentist, dental treatment severely compromises the safety and quality of dental care being delivered" I strongly disagree.

Is this a case of being out of touch with the current models being taught in universities and current programs available to new graduates?

Myself only graduating from Bachelor of Oral Health Science a number of years ago which titles me an OHT (additional adult scope) sat in the same lecture theatre as the dentistry students whilst been taught how to comprehensively provide dental examinations to patients, covering oral medicine, pharmacology anatomy/histology to thoroughly provide patient diagnoses. I personally gained more knowledge from my previous degree (Bachelor of Biomedicine) in pharmacology than I did at dental school, so what does this say about our current dentistry students/new graduates who are currently writing out prescriptions? The additional two years of university focuses solely on endodontics and prosthodontics.

I wish to thank you for this opportunity to have my opinion heard which aims to seek the growth and benefit of our patients health but also the passionate clinicians within the dental industry registrations to be validated invariably among practitioners.

Kind regards
Michelle Bullas