

**From:** Joanne Davies  
**To:** [dentalboardconsultation](#)  
**Subject:** RE Change in Scope of Practice  
**Date:** Monday, 14 May 2018 10:27:18 AM

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Dr John Lockwood  
Chairman, Dental Board of Australia

**Re: Scope of Practice Public Consultation**

I am a dentist who has been practising for 35 years and have seen many developments and changes in the dental world. I applaud the growth of both dental hygienists and oral health therapists (OHT) in our profession and currently employ a therapist, who I value greatly and is very much a part of my dental team. I would not now practice without an OHT as part of the team, but strongly disagree with the proposed change to the scope of practice.

I see very clearly at times, situations where without my 'on hand' and quick advice, problems would arise that my OHT is not trained to deal with. Even when I am on hand, some treatments that at the outset have appeared straight forward, have for various reasons, become more complex and beyond her ability to deal with. I have needed to take over the patients treatment to ensure a high quality outcome for the patient.

An example recently occurred when my OHT attempted what appeared to be a simple filling on a 25 year old patient. The decay was more extensive than expected and my OHT managed as best she could, but unfortunately this was inadequate, as the situation in the mouth had rapidly become something she was not trained to deal with. I subsequently saw the patient who then required work on the nerve of her tooth. The patient perceived that this was as a result of poor work by the OHT, and as a good will gesture, I completed all remaining work at no charge to the patient. Clearly, this was a loss to me, but more importantly, this situation would not have arisen had the patient been treated by myself in the first instance. The outcome for the patient would have been different and better. So, even when an OHT is working within a supportive team, it is still unfortunately realistic that clinical situations arise that are beyond their skill level. It would only be worse if they are not part of a supportive team.

Further, I frequently experience situations where patients ask information of my OHT that is well beyond her knowledge base, yet the patient expectation is that she should be able to give some advice. If she does not, this can place her in a difficult situation at times, as some members of the public do not appreciate the different levels of knowledge between a dentist and OHT/Hygienist and see her as being unhelpful if information is not given. They perceive an OHT will know a little about everything in dentistry. This may be the case, but that can be very dangerous, as giving a little information may mean missing the most crucial aspect of it. This ultimately, means a poor outcome for the patient. Equally, if she does give advice on something beyond her scope of practice, clearly this is fraught with danger. Fortunately, as a practice and a team, we work to educate our patients of our OHT's very good skills and help them understand the strengths and limitations of her role to help ensure the best outcome for all concerned. This very much takes a team approach where the OHT is supported by this team.

The very nature of dental care means that, at times, the clinician does not know, despite full Australian University dental training and years of experience, what situation may occur once treatment commences. The clinician needs all their 'full' dental skills to deal with any and every situation that arises. This is just not the case for Therapists and Hygienists as they have only limited training within the dental arena.

The public do not know what they have going on in their mouths, and usually assume little is wrong if they feel no pain. This is frequently not the case.

The public may, therefore, go to a Therapist/ Hygienist feeling that they are all they need, but in fact they need the full services provided by a dentist. Equally, Therapists/Hygienists may not fully appreciate just how difficult to manage some situations are, as they have not been trained to deal with them. The outcome for the patient, either way, will in all probability be substandard.

Whilst as stated, I fully support Therapists and Hygienists in our profession, I do not at all support the proposed changes to the scope of practice.

I believe it will only lower the overall standard of care provided by the dental profession and ultimately lead to poorer outcomes for the public.

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

Sincerely,  
Joanne Davies

**Joanne Davies BDS**



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