

**From:** Fritz Heitz [mailto: [REDACTED]]  
**Sent:** Saturday, 5 May 2018 2:13 PM  
**To:** dentalboardconsultation <dentalboardconsultation@ahpra.gov.au>  
**Cc:** Lisa Heitz < [REDACTED] >  
**Subject:** Scope of Practice Consultation

Dr John Lockwood  
Chairman, Dental Board of Australia

**Re: Scope of Practice Public Consultation**

We are specialist periodontists, trained in South Australia and Sweden (Prof. Lisa Heitz Mayfield); and Western Australia, Victoria, and Switzerland (Dr Fritz Heitz), and are now working in Perth.

We wrote down the attached document to clarify our thoughts, as dentists and periodontists, on the clinical care aspect of rights to independent practice of dental hygienists.

We hope it is useful to you in your understanding and helps you to formulate your position regarding dental hygienists.

Please don't hesitate to contact us should you wish to discuss this or any dentally related issue. We write on behalf of ourselves only, with the purpose of informing you, who will make decisions which will ultimately affect patients throughout Australia.

We currently employ one dental hygienist in a private specialist practice.

We have worked in private general practice together with a dental therapist.

We consider them very important members of the dental profession.

Kind regards,

Prof Lisa Heitz Mayfield  
Dr Fritz Heitz  
Periodontists

## The Dentist – Dental Hygienist Team

When considering the issue of independent practice of dental hygienists: the nature of the roles of the dentist, the hygienist, and their interaction in the provision of dental care to the patient, is a most important factor for the non-dental person to understand.

A simple flowchart would describe patient care, from entry to dental care, to exit:



Patient's problem

⇒ Interview including medical history (decision as to whether further medical tests or opinions required)

⇒ Medical tests / opinions

⇒ Clinical examination including screening tests (decision as to whether further special examinations required)

⇒ Special examination(s)

⇒ Analysis of all relevant data

⇒ Diagnosis

⇒ Treatment Plan

⇒ Determination of treatment sequence including who does what and when

⇒ Treatment

⇒ Evaluation of response to treatment and revision of treatment plan accordingly.

The dentist ensures that this sequence is carried out for EVERY patient and EVERY complaint whether it be a request for a check-up and a clean; a toothache; or a broken jaw with multiple missing teeth and infection.

Much of this process is unseen or not perceived by the patient. Nevertheless it is all vital for an optimum outcome.

The crucial point of this is that a dental hygienist is not fully trained for the first 8 steps of this process and is only partially trained for the tenth step. A dental hygienist is highly trained for specific treatment procedures in dental hygiene but not for comprehensive diagnosis or treatment planning.

He/She is an important part of the dental team.

Any treatment provided without an assessment, diagnosis and treatment plan, risks being the **wrong treatment**, even if it is delivered to perfection.

This concept is not unique to dentistry.

Fritz Heitz  
Lisa Heitz