

From: amit kapoor
To: [dentalboardconsultation](#)
Subject: Scope of Practice Consultation
Date: Friday, 11 May 2018 1:16:33 AM

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.

One has to wonder why a certain vocal minority of Dental Auxiliary personnel wants the authority to work independently. Why would they want to leave the safety of working under the dentist's authority where the dentist is held liable and instead have independent authority to practice?

I as a GDP see no benefit to the patient in changing the structured professional relationship. The only people to benefit will be business minded OHTs.

IF the structured relationship and dentist oversight is eliminated the natural consequence over the next few years will be OHTs setting up their own practices and due to low education, materials and running costs they will offer services cheaper than dentists. Lets imagine an average person who goes regularly to the dentist to get their biannual preventive care, they will now have a slightly cheaper option a OHT/hygienist run practice, so they will obviously go there. So they have this OHT/hygienist practice they go to on a regular basis and one day they are told that they need to see a dentist for some other work, which is out of the scope of the OHT. This patient now has to go to a practice they know nothing about, they don't have an ongoing relationship with and see a dentist who has no idea of their history, it's a well-documented fact that patients have better outcomes when they have good ongoing relationships with their care providers. We also know that patients are reluctant to see new providers, this happens daily when we try to refer them to specialists..

Lets picture another scenario, a patient has been going to an OHT based practice for fillings and scalings , then one day they break a tooth and the OHT says you have to see a dentist to get a bigger filling done. This is not only uncomfortable for the patient but also confusing, why can the OHT do one type of filling and not another. And again the patient is faced with the prospect of going to an unknown practice and a new care provider with who he/she has no relationship. A large percentage of the population suffers from dental anxiety and these patients faced with seeing a new provider might opt to not get treatment. The beneficial effects of of having an ongoing relationship with the main provider for successful outcomes for patients are well researched and proven.

A patient that has been referred by a separate OHT based practice to a dentist based practice lets say for a crown, has already consultation fee at one practice and now will have to pay consultation fee again to see the dentist. That dentist will also do a comprehensive exam and plan of his or her own which may differ in advise from OHT, this will create confusion and mistrust in the patient's mind.

This change will also increase the cost of dental treatment for patients. Once patients start seeing OHT run practices for regular preventive care dental practices will lose revenue by some estimates to 10-20%. The cost of running practices like any business will keep increasing with inflation. Wages, material costs, equipment costs, etc will keep going up. So dental practices that have lost that revenue where will they make up for lost revenue? By increasing cost of other procedures of course., We have to accept the reality of market forces.

I have been in situations where an OHT working next door has had a patient in pain and had I not been available there was no chance of that patient receiving pain relief other than advise to take nurofen.

On another occasion, the patient had a lesion, which the OHT needed me to come and diagnose.

I for one do not see any benefit at all to patient care in changing the structured relationship. There might be some minor cost benefit to patient for preventive appointment and minor restorative work but it will be offset in my view by increasing cost of other procedures. Thats the unholy truth of market forces. The only people to benefit from this will be OHTs with a business inclination and private health funds.

Regards
Amit Kapoor