

14th May 2018

Dr John Lockwood
Chairman
Dental Board of Australia
GPO Box 9958
Melbourne VIC 2001

Re: Scope of Practice Public Consultation

Dear Dr Lockwood,

I am writing to support the retention of the status quo under **Option One** as specified in the Consultation Paper (the Paper). On this, I would like to make two short points that will hopefully come into consideration during Dental Board of Australia (the Board) deliberations.

Firstly, the proposal to remove the requirements of Structured Professional Relationships can be seen as a poor decision in risk management.

Reliance on the Code of Conduct and the Scope of Practice Guidelines as a reason to remove the requirements of the Structured Professional Relationship, will put the Board, the dental professions and the public at risk. The Paper claims that current guidelines are sufficient to control and maintain the jurisdictions of practice among registered dental practitioners. While I understand the Board's reluctance to impose rigid guidelines, I believe that such a notion is misguided. With increasing commercialisation and general economic effects on healthcare, it can be argued that there is increased coercion for practitioners to test their boundaries. The Board, perhaps more than ever, must protect the public by producing clear guidelines in which we practitioners must practise. I understand that the Board will be diligent in ensuring that any mishap is recognised and will seek punitive actions on practitioners when necessary. However, it would be poor practice to encourage a system in which action is taken only after the risk has materialised into an incident.

Secondly, removing the requirements of "independent practitioner" is likely to cause further confusion rather than provide clarity.

The Board argues that the term causes confusion and restricts e-healthcare models. It must be noted that removal of these requirements will do nothing to alleviate these issues. The Interim Policy on Botulinum Toxin and Dermal Fillers was removed under similar circumstances. However, some practitioners had already been pressured or inclined to test the boundaries of their scope. The removal of the Interim Policy gave them some rationalisation to defy their Scope of Practice. In spite of this, it has not provided any further clarity nor reduced the confusion over the use of neuromodulators and dermal fillers. The removal of the requirements of "independent practitioner" is likely to have the same effect.

Furthermore, it is arguable whether the guidelines restrict our current and future e-healthcare models. If these restrictions exist, it would be logical to amend the current guidelines to accommodate for any widely accepted means of practice rather than remove all vaguely related restrictions.

It appears that the Board is trying to remove unnecessary restrictions and duplication in its standards. However, in the current social and economic climate, the removal of clear guidelines to opt for simplicity is likely to result in negative outcomes and increased risk for the public. This is especially fruitless when there is minimal need for any drastic adjustments to the status quo.

It has become difficult in my position to convince younger practitioners of the effectiveness of the Dental Board of Australia. I hope that the Board will have the courage to ensure that these necessary guidelines remain to protect the profession and the public.

Yours sincerely,



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Principal Dentist, Coolamon Dental Centre and Salvado Road Dental Centre

