

From: Lam Orthodontics
To: [dentalboardconsultation](#)
Date: Saturday, 12 May 2018 10:13:28 AM

Dr John Lockwood Chairman, Dental Board of Australia 11th May Friday 2018 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. Further, it is clear to me that the proposed changes have been considered in isolation and neglect to consider the broader context. Any changes to Scope of practice must also consider the legal limits to practice and the minimum competency set of all dental practitioners. I wholeheartedly support the positions of the Australian Dental Association in its submission and while I will not reiterate those points I have provided examples of real-world situations where had a structured professional relationship not been in place, there was a risk of adverse or unfavourable outcomes to a patient. Structured professional dental relationships help prevent adverse outcomes for patients. These professional structures allow appropriate diagnosis and treatment planning of patients by trained dentist clinicians. University trained dentist clinicians are taught to recognise and diagnose dental conditions to formulate the best treatment options for patient consideration. Unfortunately, with allied dental practitioners as they have less formal university training and education in dentistry they are potentially "unconsciously incompetent" in some areas of their knowledge and may put them at more risk of misdiagnosis and treatment misadventure.

(Examples of where limited knowledge of allied dental practitioners have negatively impacted the dental health of my patients: 1. Dental prosthetist's construction of prostheses without diagnosis and management of disease: - Partial dentures constructed on teeth with existing dental decay and periodontal disease - Construction of Mandibular Advancement Splints (MAS) without compulsory diagnosis from sleep physician and sleep study diagnosis - Extraction of saveable teeth to replace with implant supported prostheses into patients who are at high risk of further periodontal disease and failure

Patients require a fully trained clinician who has the adequate knowledge of the disease process to allow diagnosis and appropriate treatment planning to ensure the best treatment for patients. Allied dental practitioners have partial knowledge in dental disease and despite having the ability to perform some treatments will unfortunately not know how to manage diseases (even if in the form of referral) if they are unable to even recognise them at the outset. I trust that these examples demonstrate a clear case for retention of the structured professional relationship and retain the requirements of 'independent practitioner'. This will ensure that the best, quality dental care is provided safely to the Australian public. I strongly support maintaining the status quo (Option One) as laid out in the consultation. Regards,

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Kind Regards,

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