

From: Zahida Oakley [REDACTED]
Sent: Tuesday, 8 May 2018 10:44 PM
To: dentalboardconsultation <dentalboardconsultation@ahpra.gov.au>
Subject: Submission regarding Scope of Practice for Dental Hygienists, Dental Therapists and Oral Health Therapists

Dear colleague,

I would like to express my concern regarding the proposal by the Dental Board of Australia to extend the scope of practice by the professionals complementary to dentistry.

The change to remove the requirement for a 'Structured Professional Relationship' is a perplexing one. Oral health care is provided by a range of oral health professionals but there are fundamental differences in the different providers. These relate to differences in education and qualifications. These differences cannot be overcome by ongoing CPD. Maintaining the existing structured professional relationship is in the best interest of the patient. It is very difficult for patients to appreciate and understand the range of different oral health practitioners and the services that they offer. For this reason, therapists, hygienists and oral health therapists need to maintain an involvement with a dentist. This team approach has worked well and there is no reason for a change to this structure. Independent practice will not compensate for a lack of access to oral health care, nor will it affect the cost of providing oral health care. Any change to the existing format should only be considered if it can offer an advantage to the patient in terms of the delivery of service or if it will offer a higher standard of care. Independent practice can promise neither advantage.

Another area of concern is CPD. The board proposes to remove reference to Programs to extend scope and also to remove the prescriptive terminology around education, training and competence.

As the onus is on the dental professional to be suitably qualified to perform a particular procedure or manage a particular disease or condition, then adequate CPD is crucial. CPD is not regulated and there are a myriad of advertised courses, often provided by companies with a vested interest in selling a product, which promise more than they can deliver. You do not have to look far to see courses advertised offering the equivalent of a three year postgraduate program, delivered over a couple of weekends. CPD is crucial to consolidate an existing scope of practice but should not be relied on to increase the scope of practice. Training is not the same as Education. Care must be taken to ensure that CPD is appropriate and of a high quality but this can be difficult to assess.

The changes that the Dental Board is suggesting are confusing and vague. It would be beneficial if the Board could outline how these changes will benefit the providers and /or recipients of oral health services. The Dental Board must explain how removing the "Structured professional relationship" will improve the delivery of oral health care. It is ironic that it is members of the profession and groups such as ANZAP and DSSWA who I am a member of, are the ones pleading for increased regulation and control of the profession. It is because of our concerns for patient

safety and standard of care that we write to you requesting that you reconsider these proposed changes.

In summary, the proposal by the Dental Board of Australia and AHPRA to remove the structured professional relationship governing the scope of practice of Dental Therapists, Dental Hygienists and Oral Health Therapists is not supported by members of the dental profession. Furthermore, the suggestion that individual clinicians should utilise “self-reflective” learning to increase their scope of practice is severely flawed. These changes will place the public at risk of harm. This is considered a direct conflict with the Dental Board of Australia’s mission statement.

Kind Regards,

Zahida Oakley