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Dr John Lockwood
Chairman, Dental Board of Australia

Re: Scope of Practice Public Consultation

I am deeply concerned over the Dental Board's proposed changes to the Scope of Practice Registration Standard. I oppose the proposal to have nurses and dental hygienist to work independently from a trained dentist. I understand that the rationale for the proposal is to encourage the provision of cheaper dental services. However, I consider that the current regulations for the training required to provide independent dental services need to be in place to protect patients. Further, past experience of similar regulations has found that they did not achieve the desired outcomes. Lastly, I propose an alternative solution to address the issue of limited access to dental services.

In the 1800's to early 1900's governments around the world had to regulate dentistry to protect the public from unqualified practitioners. The unqualified practitioners were causing great harm to patients. Consequently, universities set up accredited dentistry schools with vigorous training to achieve a high standard of health delivery to the patients. Further, over the years, as a result in scientific developments, the practice of dentistry has become more complex. These two factors, the need to protect patients and the technical development of dentistry have resulted in dentists requiring three years of undergraduate training and four years of graduate training before becoming a dentist that may practice. In addition, it is my experience, for a newly graduate dentist to be mentored and guided by a senior dentist until they are ready to operate a practice independently. Dental nurses, dental hygienists and dental therapists may train to become dentists which has happened at least ten times in my practice.

Our colleagues in the medical industry have similar training requirements. In hospitals, there is a large presence of highly trained qualified nurses working in conjunction with medical practitioners delivering a high standard of health services to the public. The health industry recognizes that in most cases it would be impractical and potentially dangerous to have nursing staff work independent without the medial practitioner whom has more training and skills. It is only together as a team that they deliver a high standard of health services.

Similarly, in dentistry, dentists work with a dental nurse and allied dental hygienists to deliver the high standard of dentistry that happens in this country. Separating these professionals will not only reduce the quality of health delivery but also cause confusion from the public. To allow allied dental health practitioners and dentists to assess their own competency will lead to many unfortunate clinical outcomes. The public must know the qualifications of who is treating them and there is a big

difference between people whom have undertaken specific training compared to those whom have taken a short course. These standards have been achieved over many years to help protect the public. You will have people who are not fully qualified and possess skills that are not assessed by a highly trained professional. The university system is to protect themselves and the practitioners that could provide a high standard of work.

Lastly, I understand that the rationale behind the proposal is to provide cheaper services and to encourage the provision of services in rural areas. As you know, dental prostheses were allowed to practice without supervision from a dentist. Patients were promised a cheaper services and the ability to be serviced in remote areas. However, what happened in fact, were that the fees were higher than most dental practices and they failed to provide services in country areas.

Further, oral health therapists year 2016 and 2017 for one year had a rent free premise delivering scale and cleans and oral hygiene which was supported by four dentists in the area to determine the response from the public and if it was economically viable. The practice did not take x-rays or perform an examination, only scale and clean and oral hygiene advice was given. The dental therapists were highly experienced and had worked in very high reputable practices both specialist and general and it was found after one year the therapists were unable to keep it economically viable and only had the ability to pay staff wages and costs. The practice was refused private health fund support, denying rebates on the scale and cleans and the patient had to pay the full fee of the service. The practice was stopped after one year due to the lack of patient support and becoming economically unviable.

These two regulations failed to deliver what they were designed to achieve. As such, we cannot sacrifice the high quality of dental services in this country for outcomes that may never be achieved.

I agree that we do need to encourage more dental professionals but we cannot sacrifice our high quality of care. I propose that to encourage allied dental professionals there should be an easy access to obtain a dental degree in a regulated manner.

In summary, all professionals' credentials are there to protect the public so they have some chance of having qualified people look after their needs, the regulations will not deliver what they promise and there are other ways of encouraging more dental professionals to enter into the industry.

Kind regards,

Dr A.S.H Sam Rogers
BDSc (WA)

