

21 MAY 2018

10th May 2018

Dr John Lockwood
Chairman
Dental Board of Australia
G.P.O. Box 9958.
Melbourne VIC

Dear Dr John Lockwood,

Re: Scope of Practice Public Consultation

I am a GP dentist (1981 graduate) who has worked in nursing homes and residential care facilities for the last 22 years as a private practice domiciliary dentist. The mobile service I provide is examining, consulting and diagnosis, treatment planning, treating or referring to specialists. From 2004 to 2009 I was the lecturer and examiner in Special Needs and Geriatric Dentistry; a subset of Dental Public Health IDNT4401 at The School of Dentistry UWA.

The most important, difficult, knowledge based work I do is that of comprehensive oral examination, diagnoses, and treatment management planning. My father, who was a ophthalmic surgeon in Australia, would say to me the most important part of surgery is, 'examination, diagnoses, and treatment management planning' if you don't do this well, what you do will be most likely be a mistake, though if you do this well, you can often train lesser qualified others to do the simpler things.

- 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.

Dental Therapists believe they are competent to examine, treatment plan and treat residents in nursing homes, without GP dentist supervision. I totally disagree with this assumption and belief. Dental Therapists cannot do this adequately.

I find articles such as *Provision of oral health care to adult patients by dental therapists without the prescription of a dentist*, by Hanny Calache DPHMatthew S. Hopcraft PhD, to be seriously flawed in its objective, methods, results, and conclusion, especially when this applied to the population of people living in nursing homes, and to be frank the population of Australia in general.

The residents in nursing homes have some of the most complex dental problems a dentist are likely to encounter; not to mention the often complex medical and pharmacological issues. Dental Therapists simply lack the necessary training to work autonomously to examination, diagnoses, and treatment management the oral and dental health of residents in nursing homes.

Sure Dental Therapists can do some calculus removal or simple fillings, though doing this is not makes a dental practitioner able to work autonomously and totally manage a person's oral and dental health care. Nor adapt and change with new and ever-changing methods of examining, and treatments, drugs, material, etc. I have employed and working with many very competent Dental Therapists in years past.

Because Dental Therapists have not done enough years and depth of study, like a dentist, to understand the complex issues most people have, they cannot see these complex issues. A person cannot see or understand issues they have not learnt about.

Why is it that the Dental Board discourages GP dentists to not attempt to do dental work that would have been better being referred to a specialist dentist? When these autonomous Dental Therapists or should they be called 'lesser trained would be dentists' misdiagnose treatable oral cancers, which are later detected by a real dentist. The Dental Therapists should be sued by the patients to the full extent of the law, as the real dentist would be, and the Dental Board and AHPRA should come down on them just as heavily.

The proposed changes of the structured professional relationship and retain the requirements of 'independent practitioner' will, I believe, have catastrophic negative effects on the oral and dental health of Australia. These proposed changes will destabilise the whole of the dental profession.

I strongly support maintaining the status quo (Option One) as laid out in the consultation. This will ensure that the best, quality dental care is provided safely to the Australian public.

Kindest regards,

[Redacted signature]

Clive Rogers

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