14th May 2018

Dr John Lockwood

Chairman, Dental Board of Australia

Dear Dr Lockwood

Re: Scope of Practice Public Consultation

Thank you for the opportunity to provide a submission to the Board in regards the Scope of Practice Consultation. As you are aware I am the signatory to the Australian Dental Association Inc. submission and wish to reiterate my total support to this document. I wish to express my support for Option 1.

I have been a dental practitioner for 38 years, working my entire practising career in rural New South Wales. My only experience in the public sector has been as a visiting dental officer.

I have experienced occasions when the local dental therapist has requested my assistance and review of patients due to isolation and the inability for public patients to access treatment through the public system due to distance. I have also many public eligible patients who have sort treatment privately due to the inability of the public system to provide treatment in an appropriate time frame. There is nothing that the proposed changes (option 2) is going to amend this problem. The entire problem is a product of significant underfunding by state governments for general dental treatment. Expanding scope of practice or giving independent practice rights for ADPs will not change this scenario and there is absolutely no evidence to suggest it will.

I have also witnessed the provision of a denture by a prosthetist to a public patient under the NSW pensioner denture scheme where there was active dental caries still in situ. This to me is a glaring fault in independent dental practice for ADP's.

To say the least, I am very concerned that the Boards proposal does nothing to enhance public safety and quality of care, in fact I believe all it does is diminish the very core responsibilities that the DBA undertakes as a regulator, **their protection**. In the absence of defined scope of practice for the various ADPs, the removal of the SPR removes the very protection that the public has held silently and the real reason why misadventure by ADPs has been minimal.

I also strongly question the premise on which Option 2 proposes removing the requirement for an ADP to have an SPR with a dentist. The consultation paper refers to Recommendation 2 of the HWAs scope of practice review of oral health practitioners report and that the SoP RS be reviewed to remove the bar on "independent practice in five years. Your consultation paper fails to cite recommendation 1 (below) which is either an omission on behalf of the DBA or a disingenuous act to promote the proposal.

> ***The Dental Scope of Practice Registration Standard be reviewed to remove "supervision" from clause 6 and the definition in the Standard and incorporate changes as follows:***
>
> > ***Dental hygienists, dental therapists and oral health therapists exercise autonomous decision making in those areas in which they have been formally educated and trained. They may only practice within a structured professional relationship with a dentist. They must not practise as independent practitioners. They may practise in a range of environments that are not limited to those with on-site dentists.***

The Dental Board of Australia in its review should also consider providing definitions of "autonomous decision making", "structured professional relationship" and "independent practitioner" to provide a greater level of clarity for oral health practitioners.

I ask the question as to why this wasn't included in the review. My investigation of the HWA reports reveals that the HWA made no such recommendations in regards to independent. The representations made by the DBA regarding this, if in fact my observations are correct, are very questionable. I respectfully request a response to this matter at your earliest convenience and before any implementation of Option 2 if that is the projected decision of the Board.

I also have similar concerns regarding education standards that are proposed. I totally concur with the ADAs response. The proposed recommendations in Option 2 make a mockery of maintaining the highest standards, they from my perspective lower them to lowest level. When dental practice is asked to promote and participate in practice accreditation, it about attaining to the highest level achievable. The removal of accrediting courses for scope of practice, or the even more serious event of expanding scope of practice, the Boards recommendations in regards continuing education are the antithesis to maintaining the highest level of practice standards.

Furthermore, in the absence of an impact risk assessment and an economic impact assessment, the recommendations smite of a fundamental ineptitude to address the minimum basic requirements, this is further exacerbated y the lack of evidence base to support the recommendations

Clear to me, 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 have not addressed the other individual questions as I am totally satisfied with the ADA Inc. response.

Yours sincerely,

Peter Hugo Sachs

Dental Surgeon

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