

10 May 2018

Dr John Lockwood
Chairman, Dental Board of Australia

Re: Scope of Practice Public Consultation

I write to express major 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 fully support the submissions made by the Australian Dental association as well as Queensland Branch of the Australian Dental Association and while I will not restate their arguments I do have some concerns with the DBA's laissez-faire attitude to public and patient safety.

I am deeply concerned that more and more the DBA is abrogating its responsibility to protect the public. This was evident in the reply to my submission concerning ankyloglossia treatment where the Board has chosen to take a reactive stance rather than being proactive in protecting the public. Now with this Scope of Practice Review the Board is trivialising the safety charter once again and is fostering the empowerment of mid-level practitioners.

Given that no dentists were invited to the initial Scope of Practice Review meeting organised by the DBA one must question the Board's motives for wanting to remove the requirement for a structural professional relationship when it has worked well with no evidence of any adverse outcomes for public safety.

The AHPRA Service Charter states that: "We act in the interest of public health and safety". The proposed changes involving the removal of the structured professional relationship between mid-level dental providers (dental hygienists, dental therapists and oral health therapists) and dentists are not in the interest of public health and safety, and they degrade the team concept that underpins dentistry.

The mid-level provider categories exist largely to provide a health promotion and prevention focus, to decrease the preventable oral health burden. Expanding the range of treatments that mid-level providers can perform, raising age limitations and removing the need for a structured professional relationship with a dentist goes against the team approach of providing the best possible care within the complexity of modern dentistry.

Allowing independent decision making and autonomous practice provisions will result in treatment planning that is not comprehensive. For practitioners to perform irreversible procedures on people of all ages, it is essential that the minimum qualification must be as a dentist. Any other outcome will create significant irreversible harm to the dental public. A mid-level provider can't know what they don't know.

Mid-level providers cannot simply extend their basic skill set to include advanced treatments on all age groups of patients. Even though they can perform the technical skill of restoring teeth in children, the treatment of adult patients relies more on complex diagnostic skills.

I urge the Dental Board of Australia to reject the suggested changes. Accepting them will jeopardise the high standard of dental care that Australians presently enjoy and can only decrease the safety of the public in the dental arena.

Yours sincerely

5th level, brisbane club tower

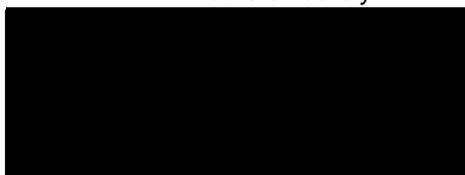
241 adelaide street

brisbane Qld 4000

T (07) 3221 7077

F (07) 3220 1933

E reception@clubpros.com.au



GARY SMITH