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Sent: Sunday, 6 May 2018 10:17 PM
To: dentalboardconsultation <dentalboardconsultation@ahpra.gov.au>
Subject: Comment regarding scope of practice for Dental Hygienists, oral health therapists, dental therapist.

To whom it may concern,

Please find my comment below regarding the scope of practice of allied dental professionals:

Under the current system, Dental Therapists, Dental Hygienists and Oral Health Therapists, also known as Allied Dental Professional, are required to operate under the supervision of a qualified and registered Dental Practitioner in what is known as a Structured Professional Relationship (SPR). The role of the Dental Practitioner is to undertake comprehensive examination, produce a diagnosis of disease and therefore formulate an appropriate treatment plan specific to that patient. The Dental Therapist, Dental Hygienist or Oral Health Therapist is then instructed to undertake specific treatments or therapies within their Scope of Practice. Dental Therapists, Dental Hygienists or Oral Health Therapists receive only basic education in how to conduct a thorough clinical examination, diagnose disease and subsequently produce an appropriate treatment plan. It is inappropriate to suggest that Allied Dental Professionals receive a comparable education to Dentists and Dental Specialists when they undertake a course of shorter duration and historically examination and diagnosis were not offered as part of the course structure. Without comprehensive and appropriate instruction in these key criteria, it is not possible to implement the most appropriate treatment in the best interest of the patient. Furthermore, it is irresponsible to expect Allied Dental Professionals to do so in independent practice under the auspice of “self-reflective” learning.

There are many different classifications of Allied Dental Professionals. They range from a TAFE Dental Hygienists course in regional South Australia right through to La Trobe University’s Adult Dental Therapy course that teaches restorations on adults. If we as a Dental Specialists who employ Dental Therapists, Dental Hygienists and Oral Health Therapists do not fully understand their Scope of Practice, it must surely be near impossible for a member of the public to do so. The Dental Board of Australia and AHPRA must remain vigilant in maintaining regulatory standards and protect the public from harm.

SELF-REFLECTIVE LEARNING

There is a significant difference between continuing education to consolidate an existing Scope of Practice, and continuing education to increase a Scope of Practice. These should not be confused and it is the role of the Dental Board of Australia and AHPRA to clearly define and maintain these differences.

Under the current model, Continuing Professional Development (CPD) is largely undertaken outside accredited Universities and Colleges and can be delivered by any person, with or without

dental qualifications, with no requirement to subject the content to peer reviewed scrutiny. This avenue of education should only be utilised to consolidate a clinician's existing knowledge base, rather than increasing a Scope of Practice. There is little evidence that attending a CPD course actually changes a clinician's competency. A weekend, or similar short duration, course is simply inadequate. Similarly the rise of the Facebook forum as a means of education and pushing clinical boundaries is concerning and risky. It takes a very structured theoretical and practical course, accredited by peers and the relevant authorities, conducted over many months, to actually influence a clinician's Scope of Practice. The only regulated, structured and accredited training courses are those already provided by the Universities and Royal Australian College of Dental Surgeons.

In the field of psychology, the Dunning–Kruger effect is a well-known cognitive bias wherein people of low ability, and/or knowledge, have illusory superiority, mistakenly assessing their cognitive ability as greater than it is. In effect, it is not possible for an individual to “self-reflect” on their learning and assess their own capabilities because “they do not know what they do not know”. Allied Dental Professionals are not able to clearly distinguish between appropriate and inappropriate CPD, then reflect on whether the education has been appropriate to increase their Scope of Practice. The role of the Dental Board of Australia and AHPRA is to protect the public from harm. Such a de-regulation of the profession will directly result in patient harm through a lack of appropriate and structured education, leading to an incorrect or incomplete diagnosis and subsequently inappropriate treatment with resultant patient harm.

Removing prescriptive terminology allows greater flexibility of interpretation of Scope of Practice. Whilst most clinicians will adhere to broad guidelines, there will always be a number who believe their own abilities are far greater than they are. In the absence of clear prescriptions the risk of interpretation is too great resulting in increased risk of public harm. The Dental Specialists Society of WA asserts that the Code of Conduct as a standalone guideline is not sufficient for Dental Therapists, Dental Hygienists and Oral Health Therapists to ensure they continue to work within their Scope of Practice. The Code of Conduct must be supported by a clearly defined and regulated Scope of Practice.

The ADA and dental profession in general has enjoyed a symbiotic relationship in the delivery of Continuing Professional Development to Dental Therapists, Dental Hygienists and Oral Health Therapists. With the proposed deregulation of dentistry, the doors to appropriate dental education will be closed to Allied Dental Professionals. Instead of promoting inclusive education for the enhancement of patient care there will be no incentive for Dentists and Dental Specialists to educate Dental Therapists, Dental Hygienists and Oral Health Therapists other than for quick, personal, financial gain. It not only compromises patient care in the long term but allows individuals after a “quick buck” to develop education programs without any regulation of standards and without accreditation.

To allow the proposed deregulation of dentistry is to follow in the path of the banking sector which is now the subject of a Royal Commission. Deregulation of the banking sector allowed the “average” Australian to be ruined by the greed and arrogance of large financial institutions.

Whilst money can be recovered to some extent, dental health once lost leaves the “average” Australian dentally disabled and irreparably damaged. It is the role of the Dental Board of Australia and AHPRA to protect the public from harm. Health professions, just like the financial sector, require firmly set guidelines and legislated boundaries to define the Scope of Practice. To provide a lesser standard is to open each individuals Scope of Practice to wide interpretation. It is deplorable that members of the dental profession are begging for the Dental Board of Australia and AHPRA to maintain standards of dental education, to uphold the existing Structured Professional Relationships and to protect the public from harm. The dental profession does not want or need a Royal Commission into the failure of the Dental Board of Australia and AHPRA to protect the public.

Regards,

Dr Lalima Tiwari