Dr John Lockwood Chairman, Dental Board of Australia

Re: Scope of Practice Public Consultation

We write on behalf of the Australian Society of Implant Dentistry to express real concern over the Dental Board's proposed changes to the Scope of Practice Registration Standard. In our view, the proposed changes pose a significant risk to patients and undermine the foundations of the dental team. Further, it is clear to us that the proposed changes have been considered in isolation and neglect to address the broader context. Any changes to Scope of Practice must also consider the legal limits to practise and the minimum competency set of all dental practitioners.

The area of Implant Dentistry is one that is growing as patients seek a fixed solution to the issue of loss of teeth. This is evidenced by the growing number of patients presenting in our practices for maintenance of their dental implants. Once a dental implant is placed the patient is then required to maintain it for the long term. At present we are seeing that many oral hygiene therapists are not trained in the very unique differences between a tooth and a dental implant and hence the differences required for maintenance. The consequences can be devastating when an implant is failing and only a dental practitioner with the requisite knowledge and experience can properly assess what is required in each particular situation – dental auxiliaries may play a part in this but would have no possible way to assess and triage what is required. In fact the wrong treatment (even as simple as ultrasonic cleaning around an implant) can rapidly result in a catastrophe for the patient (infection, Periimplantitits and loss of the implant or implants).

There are many other examples of why dental auxiliaries should work in a team environment but suffice to say that without the years of training and experience in how to handle ALL dental and medical situations it would be unreasonable to expect that they would be able to safely handle solo practice.

We feel <u>very strongly</u> that if the Dental Board decides to grant solo practice to dental auxiliaries there will be an enormous potential for harm to the public. The end result will be bad for the public for whom we are all charged to protect. This will reflect poorly on those members of the Dental Board who have (potentially) allowed this to happen. I fear the consequences.

A <u>structured professional relationship based on proper 'Scope of Practice' rules</u> would be a wonderful legacy for the current dental board to leave. To put the public at risk and destroy the relationships that have resulted in dental treatment in Australia being the envy of the world would not be a good legacy.

I trust that these examples demonstrate a clear case for retention of the structured professional relationship and retain the requirements of 'independent practitioner'. This will ensure that the best, quality dental care is provided safely to the Australian public. I strongly support maintaining the status quo (Option One) as laid out in the consultation and trust that common sense will prevail.

Regards,

On behalf of the Australian Society of Implant Dentistry Committee.

Dr. John Giblin, Dr. Andrew Freelander, Dr. Dean Licenblat, Dr. John Berne, Dr. Tom Giblin, Dr. Lawrence Lau, Dr. Alfred Tsang, Dr. Stephen Pak, Dr. Scott Davis, Dr. Kurt Dean

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