Re: Scope of Practice Public Consultation

I do not support the direction of the change proposed by the Dental Board of Australia to the Scope of Practice Registration Standard. The proposed changes pose a significant risk to patients and undermine the foundations of the dental team.

First and foremost, I am concerned about the repercussions that will ensue from the removal of a scope of practice for dental therapists (DT), dental hygienists (DH) and oral health therapists (OHT).

A dental degree provides a core skill set that allows further evaluation and integration of additional skills, for example, the complete and accurate diagnosis of adult patients. Without this foundation the complete skill set necessary for accurate diagnosis is not possible. Therefore DTs, DHs or OHTs, all of whom currently offer a restricted scope of practice, need to have all the elements of their scope of practice defined.

DT, DH and OHT degrees do not provide the necessary foundation to allow the addition of a wide-ranging skill set. Therefore, a DT, DH or OHT cannot complete complex dentistry including the diagnosis and treatment planning of adults with dental or orofacial pain, orthodontic or prosthetic dental problems, or oral surgery. These patient problems can only be managed by a dentist. Likewise, endodontics, crown and bridgework, surgical extractions, soft tissue surgery and dental implant therapy can only be undertaken by a dentist. The reasons for this are that dental students study complex periodontal therapy, dental implantology, surgical periodontics, maxillofacial surgery, oral medicine, paediatric dentistry, special needs dentistry, molar endodontics, fixed prosthodontics, occlusion and orofacial pain – to name a few. In short, they develop the skills necessary for comprehensive treatment planning.

The only formal education and training that could allow an extension of the scope of practice for DTs, DHs or OHTs would be that which is equivalent to undertaking a dental degree.

I have several colleagues who went on to study dentistry from oral health therapy. Who better to judge the proposed changes than those who have an exact perspective? I am yet to find a dentist who believes they were well equipped enough from their oral health therapy training to have practice unsupervised. They describe a big difference in knowledge between the two degrees. They were unable to assess their own competency and likely to miss something critical.

I cannot see how the proposed changes are in the interest of public safety, as the Dental Board prescribes to, but in removing the emphasis from good quality, comprehensive dental care.

Finally, I am concerned about the removal of the team structure of dental care. As the most qualified member of the dental team, it is the dentist who must retain the responsibility of the supervision of patient management. To allow less qualified persons to make potentially irreversible treatment decisions is irresponsible. As the leader of the dental team, it is the role of the registered dentist to supervise patient management and delegate tasks to appropriately qualified personnel.

The proposed changes will ultimately be to the detriment of DTs, DHs or OHTs, as they will be removed from the team environment. Furthermore, DTs, DHs and OHTs will potentially be exploited by the public sector attempting to reduce labour costs by pushing scope of practice beyond comfort zone and training.

I trust I have demonstrated a clear case for retention of the structured professional relationship and of 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.

Kind regards,

Dr Sarah Cameron Cameron Dental Care