

Submission to the Dental Board of Australia

Draft

Scope of practice registration standard and guidelines

June 2013

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We are encouraged by the proposed extensions to the scope of practice.

As a long established section of the dental profession, Dental Prosthetists have a proven reputation for over 50 years of successfully providing removable prosthetic services to the public throughout Australia, either as private patients, patients of Department of Veteran Affairs, State denture schemes or the recently closed Medicare Chronic Disease Dental Scheme.

[Our recommendation is that Dental Prosthetists be granted referring rights to Oral Surgeons, Oral Pathologists and Respiratory Physicians.](#)

Referring to the ***Draft Scope of practice registration standards and guidelines***, we would draw your attention the following anomaly:

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*A structured professional relationship means the arrangement established between a dentist and/or specialist dentist(s) or a group of dentists, and a dental hygienist, dental therapist, oral health therapist, and/or dental prosthetist to provide professional advice, in relation to the management of patients within their scope of practice. It provides the framework for the referral of patients from the dentist and/or specialist dentist to the dental hygienist, dental therapist, oral health therapist and/or dental prosthetists, **and referral to the dentist** and/or specialist dentist when the care required falls outside the scope of practice of the dental hygienist, dental therapist, oral health therapist and or/**dental prosthetist**.*

Dental Prosthetists were provided with Medicare numbers to participate in the provision of services to eligible patients during the Federal Government's Medicare Chronic Disease Dental Scheme when it was operating.

At present Dental Prosthetists do not have the authority of Medicare "referring rights" to Oral Surgeons, Oral Pathologists or Respiratory Physicians because Dental Prosthetists are not recognised by Medicare to do this at present.

Brian Stuart-Nairne

Implant retained overdentures are part of Brian Stuart-Nairne's practice which he does in conjunction with an oral surgeon who he has had a long-standing structured professional relationship. The oral surgeon has advised that 99% of his patients are referred to him from the dental profession, with virtually nothing being referred by medical practitioners.

Within that 99%, the only 2 referring parties are Dentists and Dental Prosthetists. The oral surgeon advises referrals from Dental Prosthetists are about 5% of the total, he agrees completely with the proposition for Dental Prosthetists to have "referring rights" for the following reasons:-

- 1) The inconvenience of the patient's time as they will still end up seeing the oral surgeon after seeing their GP.
- 2) This results in additional duplication expenditure to the patient and Medicare, to have a GP consultation and with the GP who in most cases has limited knowledge about oral medicine.
- 3) Unnecessary segmentation between the clinician (Dental Prosthetist) and the specialist.

Graeme Morris

As an example that the urgency of the “referring rights” anomaly should be addressed we can example the case of Graeme Morris and his experience. The patient who, over a 3 week period, had been to 2 general dentists and finally his GP who all advised him to have his dentures adjusted because they were causing ulceration, which in turn was responsible for his discomfort. No previous practitioner bothered to remove his dentures for a closer examination but if they had, they would have discovered a 3 cm void on the lower left mandible. The patient was advised to return immediately to his GP and request referral to an oral surgeon. Within 4 weeks, the patient had undergone massive, life saving surgery. As with this case, time is frequently of the essence and it could have saved time if a referral direct to a specialist were possible. It is widely acknowledged within healthcare that many general health conditions have their first manifestation in the mouth. Since Dental Prosthetists are in a unique position of being one of the very few health care providers who are required to thoroughly examine patients who are completely edentulous (no remaining natural teeth), it follows that they can readily recognize something that is out of the ordinary or at the least unusual. The ability to refer to health care professionals and/or dental specialists who can diagnose is a natural, sensible and necessary progression in the desired team care approach to enable proper health care.

John Taylor

As one who has obstructive sleep apnoea condition John Taylor has done extensive research on the subject.

It is difficult to specify exactly how many Australians suffer from Obstructive Sleep Apnoea (OSA). It is generally thought however that around 9% of women and 25% of men in Australia have clinically significant OSA and that 4% of men and women have systematic OSA. It is suggested that the prevalence of OSA in Australia is probably increasing due to the “obesity epidemic”. Despite this, a large proportion of Australians with OSA remain undiagnosed and untreated.

Patients with OSA have about a 7-fold higher risk of death and heart disease, regardless of the severity of the disease, age or history of heart problems.

This risk is eliminated by correct treatment.

Many patients presenting at Dental Prosthetists practices often enquire about their husband/partner's snoring problems and request advice as to what they can do about it.

For Dental Prosthetists to be able to refer these possible at risk patients with this condition to the relevant health care professional/respiratory physician would avoid the inconvenient time factor and additional costs to the patient.

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