From: [redacted]
To: dentalboardconsultation
Subject: Feedback re scope of practice changes
Date: Tuesday, 18 June 2013 10:15:13 PM

Dear Sir/Madam,
I completely disagree with the latest proposed changes to the scope of practice of oral health practitioners. The changes are counter-productive and will definitely lead to a deterioration of the quality of dental treatment, which will ultimately be at the expense of the safety of the public.
1) I absolutely DISAGREE that the revision of the standard provides greater clarity for dental practitioners to work within their scope. The update merely causes more confusion. As dentists, we have been employing a team approach to dental care and have collaborated with hygienists, therapists and prosthetists when treatment is deemed appropriate and within the scope of their training, knowledge and experience. The prescriptive nature of our interaction is founded on OUR goal, collectively as practitioners of dentistry, of providing the best possible dental care for our patients. We are not undermining the role and value of hygienists, therapists and prosthetists, but the extensive and elaborate training of dentists deems us rightly qualified to prescribe and supervise other members of our dental team for the best management of our patients. The removal of 'direct supervision' is an offence to the public and the importance of their well being. It is analogous to increasing the responsibility of radiographers (technicians) to that of radiologists-specialists doctors whose judgment the public can trust as they have had abundant training and experience. This removal of 'direct supervision' over therapists and hygienists is equally an insult and devaluing of the training of dentists and places excessive responsibility onto supporting dental staff.
The suggested definition of 'structured professional relationship' complicates matters. The notion that hygienists and therapists (may) consider "*Referral to the dentist and/or specialist dentist when the care required falls outside of the scope of practice of the dental hygienist, dental therapist, oral health therapist and/or dental prosthetist"* is worrying for patients. With the suggested clinical autonomy and expansion in scope of treatments performed by hygienists and therapists, the point at which referral is needed becomes dangerously blurry. Is this all in the best interests of our patients? The suggested guideline of treatments within the scope of therapists is absurd. The guideline for "therapist-approved restorative procedures" is over simplistic and lacks clinical feasibility- four surface restorations can be sometimes be challenging for dentists, let alone lesser trained staff. The criterion of the cavity not involving the pulp radiographically is flawed as caries may extend deeper than what appears in radiographs. The clinical judgment and training of dentists should not be devalued. Dentists MUST have greatest responsibility in the patients' dental management as we have been extensively and appropriately trained. There is definitely a place for hygienists, therapists and prosthetists and their contribution in the management of patients is invaluable. However, we cannot deny the blatant fact that our roles are not equal and should not be blurred. If support staffs seek greater responsibility and the ability to perform treatments that encroaches into the scope of dentists', they should attain a BDS degree.
2) Patients will be definitely more confused with the introduction of these guidelines. Their initial interpretation will be that there is not much difference between the capabilities and training of dentists and support staff as our roles and responsibilities become blurred. Eventually they may realize with the degradation in the quality of dental treatment performed by support staff trained through inadequate bridging courses.
3) I DO NOT agree with the list of skills in the guidelines relating to programs to extend practice. If dental hygienists/therapists/oral health therapists desire to obtain the necessary skills and expertise to safely and effectively manage adult patients- then they must go and completely proper dental training to become a dentist. Bridging programs are INADEQUATE to prepare them with sufficient knowledge and experience. Allowing this would lead to a DRAMATIC DEGRADATION of the quality of dental skills provided for the patient. The dentist has been trained COMPREHENSIVELY through their 5-7 years of arduous under/post graduate degree and this should be the ONLY PATHWAY.
4) The proposal DOES NOT serve to look after the general public at all. It will lead to increased confusion amongst the public as to who they are being treated by. Clarity will not be achieved through deregulation of prescriptives. THE TEAM APPROACH WILL ONLY WORK EFFECTIVELY THROUGH CLEARER DESCRIPTIONS OF ROLES.

Thank for your consideration.

Kind Regards,

Dr. Chan