

From: [REDACTED]
To: [dentalboardconsultation](#)
Subject: Public Consultation of Dental Board's Scope of Practice Registration Standard
Date: Wednesday, 19 June 2013 9:44:10 PM

Dear Sir/Madam,

Re: Public Consultation over the Dental Board's Scope of Practice Registration Standard.

Please have a read, and consider the following points:

1. Dentists and Scope of Practice

Dentistry is a specialty of the teeth and their supporting periodontal structures.

Unlike a general medical doctor who studies the whole body in general, dentistry is an **anatomic specialty** of the **teeth and their supporting structures**.

Dentistry is already a very narrow field.

We should not try to make dentistry any narrower.

Dentistry, dental disease/pathology, and technology are all "constantly **changing with times**".

Since the 1960's, dental decay has diminished rapidly.

Today, only the Baby Boomers have signs of extensive decay.

Most of the new Generation X and Generation Y have minimal tooth decay.

Fluoridation in Queensland.

Since 2012, Brisbane's drinking water has been fluoridated.

This will lead to a decreasing incidence in dental caries.

Dental Disease in Decline.

Since the 1960's, tooth decay has declined markedly due to the introduction of fluoride tooth pastes.

Since 2012, Brisbane's drinking water has been fluoridated.

This will lead to further decreasing the incidence in dental caries.

Baby Boomers are Slowly Passing Away.

Be aware that dental caries mainly affected the baby boomer population.

However, with time, this population group is passing away.

The modern generation of Generation X born in the 1960's and the Generation Y's born in the 1980's have a much lower incidence of tooth decay.

Technology Makes it Easier to Treat Patients

For example, the invention of superflexible nickle titanium instruments, makes it easier for dentists to perform root canal treatment.

Without the invention of superflexible nickle titanium files, many dentists would refer

root canal treatment to endodontists.

The advent of microscopes makes root canal treatment easier again.

The advent of MTA mineral trioxide aggregate makes sealing of perforated root canal treatments easier again.

Likewise, the advent of the straight-wire technique for orthodontics pioneered by Lawrence Frederick Andrews back in 1976, has made it so much easier for dentists to perform orthodontic treatment.

Before 1976's Andrews straight wire technique, dentists and orthodontists would have to individually bend the tip and torque for each individual tooth.

Nowadays, with the Andrews straight wire technique, the angles for tip and torque are already built into the orthodontic brackets of each tooth, making orthodontic treatment so much easier and faster.

Ask me personally, and I can give you many examples of how technology makes dentistry easier.

Thus, dentists are able to handle more cases, that were previously considered difficult.

Continuing Education.

Therefore, dental education which teaches both the disease and the treatment technologies cannot be limited to just 5 years of university.

Dental education must constantly change with the times too.

Dental education must be continuous and for life.

That is the purpose of AHPRA's CPD Continuing Education Scheme.

Modes of Education: Universities versus Private Education.

There are two major schools of education.

1) Universities.

Universities provide formal education, and the general basics required for the industry.

2) Private Education.

Private education provides the latest up to date information and technologies from overseas.

Private education provides advanced education for the experienced dentist to follow areas of personal interest, that develops after numbers years of experience in working as a dentist.

The universities merely provide the basics.

It is impossible for the universities to teach everything to the students in 5 years.

It also depends on the dentists personal interest.

Some love to remove wisdom teeth; others hate the sight of blood etc.

At a post-graduate level, and with continuing education, the dentist can train privately in their many chosen areas of interest.

It is therefore illogical, and unethical to limit the scope of dental practice, to the

curricula set by the universities at an undergraduate level.

If it ain't broke, don't fix it.

Dentistry is running very well in Australia.

Why change it?

There is no good reason for changing the scope of practise in dentistry.

Dentistry is the treatment of the teeth, and their supporting structures.

As such, injecting botox to prevent or reduce a gummy smile is dentistry.

However, injecting botox to prevent forehead wrinkles, or crows feet around the eyes, does NOT constitute the practise of dentistry.

The forehead and the eyes are not teeth, nor dental supporting structures.

I thought that this has been clear for years, has it not???

Complaints about Dental Quality of Workmanship?

The universities can only do so much to train a dentist.

APHRA can only do so much to ensure 60 hours of continuing education every 3 years.

There will always be theft, robbery, fraud, assaults, rape and murder.

There will always be dodgy dentists.

Changing the scope of dentistry will not eliminate the dodgy dentists.

Complaints about Fees?

My front door neighbours just came back from a \$26,000 trip for two weeks in Europe.

They also drive a brand new Mercedes C250D.

Yet they complain of dentists fees.

However, please take note:

The wife has NO natural teeth remaining; she wears an acrylic upper and lower denture.

The husband does have some natural teeth left, but there are many gaps in the back of his mouth.

The lesson here is that patients have different priorities in life.

Some people take care of their teeth. Other people prioritise cars, holidays, big plasma tv's etc.

Consumers buy iPhones, iPads, and they constantly eat out at restaurants – and they will always complain about the dental fees.

We can help low income earners to make dentistry more accessible, by **economically** employing **more public dentists on a "fixed salary"**, and NOT by subcontracting a fee for service to private dentists who unnecessarily overservice the patient; more on this another time.

Summary

Dentistry is an anatomical specialty of the teeth and their supporting structures; and that's the way it should stay.

Thus, a dentist's scope of practice cannot be limited to an university's 5 year

undergraduate curriculum.

The 5 years undergraduate at the university is merely the basics.

Over time, disease and pathology changes.

Technology changes too. Techniques changes. Technology makes procedures easier for dentists.

In 100 years time, dentures may no longer exist?

In 100 years time, braces may no longer exist? Everyone will have some type of advanced Invisalign, more advanced than the Invisalign used today?

Dentists must continue postgraduate education via APHRA's CPD Scheme for life.

After several years experience as a dentist, dentist should be entitle to continuing education in whichever field they like.

Some dentists may learn to do more complex surgery.

Other dentists who hate the sight of blood may learn more orthodontics etc.

2. Dental Auxiliaries and Scope of Practice

Dentists More Properly Trained and Superior Clinicians than Dental Auxiliaries.

Dentists by virtue of 5 years of training, are properly trained, and hence better clinicians, than dental auxiliaries like: dental prosthetists, hygienists, therapists and oral health therapists.

In the year 2012, I actually employed 4 different oral health therapists, in the one year! One after the other.

I can give you the names of these four oral health therapists on request.

The four oral health therapists did the [dodgy] unsatisfactory work that is not in the interest of the public, but fortunately the public did not know!

Early in 2012, one therapist consistently traumatically scaled all my patients, even my gingivally healthy patients, leading to blood going everywhere!

When the patient returned 12 months later, I thought I was so lucky she came back, for I thought I would never see her again after the oral health therapist and all that blood for nothing.

When I asked her how she felt about the therapist last year, the patient said that the therapist was very rough, and the patient also said that she was very disappointed when the therapist cleaned her teeth, because she said that she thought I was going to clean her teeth.

The therapists did quick dodgy scale and cleans, leaving tartar and staining behind; they often tried to only photograph [with my intra-oral camera] the areas they cleaned well, and they tried to conceal and not photograph the areas that they cleaned improperly, but I caught them out every time.

The therapists used to excessively overdrill the tooth, prior to placing fissure sealants; the sealants will just fall out leading to unnecessary tooth decay.

The therapists also excessively overdrilled Class I cavity preparations; this will lead to premature fracture of the tooth, and will require premature use of crowns.

The therapists were absolutely hopeless in taking alginate impressions of teeth. There were many, many mistakes. Ultimately, the patient eg Mrs MacDonald use to tell me “Paul, I don’t want my daughter to see Xxx anymore, can you please do her filling for her”?

Dental Auxiliaries Require Supervision!

I believe that dental auxiliaries are not properly trained, and that they require supervision by a 5 year trained dentist. Today, with the oversupply of dentists, there are more dentists than ever, to supervise the dental auxiliaries. And that’s great for the public.

Therapists should keep the present limit of 4 years to 17 years.

Therapists are inadequately trained to handle toddlers below 4 years of age, who often require general anaesthetic. Therapists are also inadequately trained to handle adults who have much more complex problems in their dentition. Tooth decay in adults is much more severe than decay in children. Therapists are simply inadequately trained. If a hygienist or therapist wishes to increase their scope of practice, it is very simple – study 5 years of dentistry – do the real thing. There is an oversupply in the annual quota for dentistry these days, so there is an abundance of opportunity for hygienists and therapists to study 5 years of dentistry.

Dental Prosthetists Prohibited from Independence and Partial Dentures.

I believe that dental prosthetists should be prohibited from practising independently altogether.

If prosthetists do practise independently, they should be prohibited from fabricating all **partial dentures**.

I believe that with partial dentures, only a dentist is properly trained to diagnose and treatment plan the remaining natural teeth, and its relationship to the partial denture. Furthermore, prosthetists **cannot use the drill to cut enamel**, to provide space for rest seats and clasps, required on partial dentures.

I believe that prosthetists should also be prohibited from fabricating **implant supported dentures**, simply because they are not trained to understand the implants and the remaining natural teeth required to support the denture.

I myself wear a **snoring and sleep apnoea appliance**.

I can tell you, this is not commonly documented at all, but the snoring sleep apnoea appliance actually causes orthodontic movement of all the teeth! After a while, my lower teeth drift forwards, so that my incisors now bite edge to edge. I actually must stop wearing my snoring sleep apnoea appliance, to allow my lower

teeth to orthodontically return to its original position.

For this reason, and many others, I believe that dental prosthetists should NOT be allowed to fit snoring and sleep apnoea appliances to the patient directly.

I believe that dental prosthetists are unfit to administer **teeth whitening 5% and above**. Prosthetists have not been properly trained in dentine and the like.

If a dental prosthetist wants to bleach, fabricate partial dentures, implant supported dentures, and snoring/sleep apnoea appliances, it is very simple - he should study 5 years of dentistry!

There are now many many universities and dental schools around Australia where the dental prosthetist can study 5 years to become a real dentist.

Thus, the scope of practice for a dental prosthetist should not be increased; it should in fact be diminished, now that there is an oversupply of fully trained dentists.

Mistakes that Dental Auxiliaries Make will not Surface for Many Years!

I am lucky that I had supervised my four oral health therapists, and identified their mistakes.

I find that the mistakes made by dental auxiliaries like: dental prosthetists, dental hygienists, dental therapists, and oral health therapists – their errors and mistakes in the patient's mouth does NOT surface for many many years – leading to unknowingly greater morbidity, and unknowingly greater expense on the patient's and public's part. Dentistry is a field where the mistakes generally don't show overnight, but over many years.

For example, therapists overcut the dentine.

Dental prosthetists cannot treatment plan, they cannot see dentistry as a whole, so they fabricate dentures, where there are superior alternatives from a real dentist.

Summary

Dentists through 5 years of full time training are **more properly trained** and are a superior clinician, so increasing the scope of practices for dental auxiliaries is NOT required.

There is already an **oversupply** in the number of dentists, so expanding the scope of practice for dental auxiliaries are NOT required.

Dental auxiliaries should require supervision under the oversupplied number of dentists available.

I strongly believe that the scope of practice for dental auxiliaries best be kept as they are – under control.

Expanding the scope for dental auxiliaries any further will cause rampant loss of control, and dodgy work, that is not in the public's best interests.

Due to the oversupply in the quota for dental students, there are huge opportunities for dental auxiliaries wishing to study 5 years of dentistry to become a real dentist.

If you have any further questions, please don't hesitate to contact me.

Kind regards,

Paul D. Ha



PS. More reading, if you like:

Supply must be Proportional to Prevalence of Disease.

The supply of **dentists**, and **dental auxiliaries**, must be proportional to the prevalence of dental disease.

Dentist Numbers - Balance and Moderation.

We don't want too few, but we also don't want too many dentists either. We need balance and moderation.

Oversupply Outstripping Population Growth.

Australia's population in 1992 was 17 million.

Today, in 2013, Australia's population is not yet 23 million.

In 1992, only 37 dentists graduated in Queensland.

By the end of 2013, about 350 dentists are expected to graduate from Queensland alone.

Oversupply Lead to Unemployment.

An oversupply of dentists and dental auxiliaries will cause unemployment.

Oversupply Leads to **Over-servicing**.

Worse, oversupply of dentists and dental auxiliaries means there will be insufficient work for the dentists and the dental auxiliaries, and this will lead to over-servicing.

Overservicing is not in the interests of the public.

The average patients just don't understand that they are being over-serviced.

For example, over-servicing is occurring with Medicare and doctors in Australia.

Overservicing is also common with the failed NHS System in the United Kingdom.

Short Term Cheap, but Long Term Expensive!

Initially, in the short term, having an oversupply of dentists will drive the fees down.

However, in the long term, due to the high costs of running a dental practice, the fees will always return to their usual resting level.

Low Income Earners?

The best way to treat low income earners is to expand the public system to employ more dentists on a **fixed salary**.

The worst way to treat low income earners is to subcontract to the private system via a fee for service scheme – that leads to tremendous unnecessary overservicing!

How to Service Rural Areas

There is an oversupply of dentists in the city.

However, there is an undersupply of dentists in the rural.

An oversupply of dentists won't actually solve this rural problem.

An oversupply of dentists simply means an even greater oversupply of dentists in the city areas.

The way to solve this rural shortage is to make **2-years internship compulsory for all dentist**.

Here are the details.

The first year, the dentist will work under supervision in a provincial city eg Cairns, Townsville, Mt Isa etc.

In the second year, the dentist will work alone in a small country town eg Hughenden, Charleville, Roma, Longreach, Emerald etc.

Both the first year in a provincial city, and the second year in a small country town, will be chosen by "ballot".

The 2 year internship scheme shall be mandatory.