From: [redacted]
To: dentalboardconsultation
Subject: Scope of practice registration standard feedback
Date: Sunday, 16 June 2013 9:13:09 AM

Dear Sir/Madam

The National Board has proposed key changes to the Scope of practice registration standard. I write to express my concern with a number of proposed changes and have specific concerns about changes to unsupervised practice and expansion of roles of oral health therapists and prosthesists.

The first is to "support the team approach to dental care".
It should not be necessary to consider this to be a key change. During the years of study to be awarded a degree in dentistry, the team approach was, and is a significant component of that education, and following graduation is a vital factor in the routine performance of dentistry.

The second key change is a proposal to "remove supervision requirements in recognition of the team approach".
This proposal is seriously flawed as it undermines public safety. 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 third key change proposed is to "reduce the prescriptive nature of the standard".
As in the second proposal, any reduction in the supervision of the members of the dental team has the potential to also undermine public safety. For this reason, the existing prescriptive nature must be retained.

The fourth proposal is to "provide further clarification on the standard".
The National Board proposes that "The guidelines are intended to provide greater certainty and clarity to dental practitioners and the public…"

The definition of dentistry for a dentist is overly restrictive. A dentist's degree provides a core skill set which allows further evaluation and integration of additional skills. There is no need for an all-inclusive definition of what constitutes dentistry to exist, to then be applied to a dentist. However, dental therapists, dental hygienists, oral health therapists and dental prosthetists, all of whom offer a restricted scope of practice, need to have all the elements of their scope of practice defined.

Dental therapist, dental hygienist, oral health therapist and dental prosthetist degrees do not provide the necessary foundation to allow the addition of a wide ranging skill set. Complete and accurate diagnosis of adult patients requires a variety of skill sets, which is achieved based on 5-7 years of education through a dental degree. Without this foundation the complete skill set necessary for accurate diagnosis is not possible.

Scope of practice for Prosthesists

Prosthetists appear to be given an expanded scope of practice, by stating on p19 of your document that their range of skills will include: immediate dentures, immediate additions, occlusal splints, sleep apnoea and snoring appliances. However, it states on p17 that they may only do

this with a written referral by a dentist/dental specialist, and even then the dentist/dental specialist must plan, issue and manage the device. This confines the prosthetist to the role of technician whilst seemingly giving them an increased scope of practice. The proposed change is confusing and will no doubt lead to prosthetists misinterpreting the document and practising unlawfully.

The only true increase in scope of practice for prosthetists applies to the diagnosis, planning, fabrication and management of implant-retained over-dentures. This is not in the public interest and will undermine public safety.

It is argued that an implant-retained over-denture (which is considered a very good treatment modality) should not be part of a dental prosthetist's scope of practice. Whilst the success rate of this treatment is very high with dentists and dental specialists with the appropriate knowledge base, there are many areas outside the knowledge base of dental technicians that need to be well comprehended for this treatment to be successful. There is increased risk of treatment failure if treatments are undertaken without this knowledge base.

Prosthetists cannot make a full and accurate diagnosis because they do not have a full skill set regarding management, complications and alternatives. The proposed change of the scope would require diagnostic and management ability which has not been part of their training

Public safety concerns with changes to Scope of Oral Health Therapists

Expanding the scope of practice for Oral Health therapists (OHT), Dental therapists (DT) in the false hope of providing cheaper or more accessible dental care to Australians is a public safety hazard. These practitioner categories exist largely to provide an educative role in decreasing the preventable oral health burden. Expanding the range of treatments that they can perform or raising age limitations denies the complexity of modern adult dentistry. Allowing independent decision making and autonomous practice provisions will result in flawed treatment planning. For practitioners to perform irreversible procedures on people of all ages, a degree as a dentist must be the minimum qualification. Any other outcome will create significant irreversible harm to the dental public.

DT and OHT cannot simply extend their basic paediatric skill set to the treatment of adult patients. Even though they can perform the technical skill of restoring teeth on children, treatment of adult patients relies more on complex diagnostic skills.

Public health
"What is critically needed is for the Health System (Dental Board of Australia) to recognise the importance of prevention of oral disease and allow OHTs to practise to their full current scope of practice" (Ford and Farah 2012).

Removing and/or redistributing the OHT/DT workforce away from an area of need (children) and oral health prevention would compromise equitable distribution of services to the population and effectively amount to a neglect of duty by the Dental Board of Australia. Such action will significantly impact on vulnerable populations for decades to come. This directly contravenes Australia's National Oral Health Plan 2004-2013.

There is a predicted increase in the number of dentists by approximately 25% in the next three years. The Dental Board of Australia must question whether its plan to relax the current scope of practice standard for DT/OHT is necessary when the available number of dentists is increasing so rapidly.

Objections to Unsupervised practice and use of CBCT

It is also rejected that Cone Beam Computed Tomography (CBCT) would need to be ordered by a dental hygienist, dental therapist, oral health therapist or a dental prosthetist given their limited training and scope of practice. The Dental Board of Australia could be seen to be abrogating its responsibility for patient safety in allowing procedures to be undertaken without ensuring an adequate knowledge base.

The current and proposed guidelines essentially dictate that all 'dental practitioners' should be self-regulating in the 'dentistry' they practise. However, only those with the highest level of training should have the capacity to self regulate. Those with limited skill sets need to have their skills well defined and matched to the community need, and must ensure public safety is maintained. The only formal education and training which would allow an extension of the scope of practice for dental therapists, dental hygienists, oral health therapists and dental prosthetists would be that which is equivalent to a undertaking a dental degree.

I am of the opinion that the suggested changes to the existing Scope of Practice will jeopardise the current high standard of dental care that Australians enjoy. I would ask that the Dental Board of Australia reject these changes.

Yours faithfully

Elizabeth Mot (Member of the public)