Executive Officer
National Board of Australia
AHPRA
GPO Box 9958
Melbourne 3001

Dear Sir/Madam

Re Scope of Practice registration standard
Recommended amendments to the National Board's proposed changes.

The following are my words of concern for more thought into, and my reasoning and suggestions for amendments to the proposed changes.

1. I completely support a “team approach to dental care”.
However, to avoid confusion, there needs to be only ONE team, not many, or the philosophy and delivery of care becomes very obscure to the recipients. Every team requires ONE leader or facilitator, who logically must always be the most competent (but flexible) member of that team; that is, in dental care, at the very minimum, a full dental degree. It is especially true that a truly competent diagnosis of an adult patient can only be based on a combination of knowledge and skill; only gained through a dentist’s degree. Dental therapist (DT), dental hygienist (DH), oral health therapist (OHT) and dental prosthetist (DP) qualifications do not provide the necessary knowledge of basic sciences such as anatomy, pathology, bacteriology, and pharmacology all of which need to be utilised as necessary to diagnose. They are capable merely of noting and recording. They can only learn to “diagnose” by completing a full 5-7 year dental degree. I believe the Board should endorse and encourage the provision of courses which make this possible; to give these people a clear career path, rather than current the willy-nilly production of personnel, some of whom now enter this profession for all the wrong reasons.

2. The proposal to “remove supervision requirements in recognition of the team approach” is quite flawed.
Tooth substance, especially dentine, once lost, cannot be replaced.
DHs, DTs and OHTs have made a great contribution in improving the motivation and education of a population which seems to have little interest in, or responsibility for, its own welfare. Some of these (DT and OHT) are currently permitted to (but surely should not) invade teeth below surface enamel level. To increase their autonomy would send the wrong message to them and to the population at large. The profession is already trying to get the public to comprehend the dangers of untrained personnel providing “tooth whitening” to an ignorant public.
We need these people to do what they do well, not to take on duties they cannot learn properly in the time available in their courses.

3. The existing “prescriptive nature of the standard” must be retained, not reduced. It must be remembered that the public is quite dentally ignorant. Funds should be utilised to address this ignorance, not to endorse a lesser quality of care. Public safety, once compromised, is difficult to restore.

4. Whilst it is stated that “The guidelines are intended to provide greater certainty and clarity to dental practitioners and the public”, and to “provide further clarification on the standard”, they are actually more confusing.
Whilst, for instance, the processes of dental disease have not changed over centuries, the means of enhancing, alleviating and controlling both have changed enormously during my 50 plus years of practice. The practice of Dentistry is therefore a quite labile during any practitioner's working life, but can only be progressed on the basis of that practitioner's formal learning.
The only formal education and training which would allow an extension of the scope of practice for DHs, DTs, OHTs and DPs would be a course structure to proceed to a dental degree.

4. Whilst it is stated that “The guidelines are intended to provide greater certainty and clarity to dental practitioners and the public”… and to “provide further clarification on the standard”, they are actually more confusing.

The practice of Dentistry is a quite labile. Whilst, for instance, the processes of caries and periodontal disease have not changed over centuries, the means of enhancing, alleviating and controlling both have changed enormously during my 50 plus years of practice. My dental degrees (together with professional development maintenance) have made it possible for me to proceed from using a foot pedal drill and a scalpal to high speed machines and a laser.
The only formal education and training which would allow an extension of the scope of practice for DHs, DTs, OHTs and DPs would be a course structure to proceed to a dental degree.

5. The term dental practitioners' should be reserved for dentists and specialists. It should not be used in the guidelines to refer to all the subsets of dental practice, as that is very misleading to the public.
What the public really needs is a clear statement of the limitation and boundaries of practice for DTs, DHs, OHTs and DPs, all of whom can offer only a very limited scope in alleviating dental deterioration and, so, need to have those elements of their scope of practice well defined and matched to the community need.

I believe a simplification by use of a single label "Oral Health Therapists" at 3 levels, for DH, DT and OHT personnel (of which DHs and DTs would be levels 1 and 2) would improve public clarification of these roles.

I encourage the Dental Board of Australia in amending their proposal, to embrace the facts and recommendations I have made.

Yours very truly,

Vivienne Cowlishaw
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