

From: Frank Farrelly [REDACTED]
Sent: Monday, 7 May 2018 5:16 PM
To: dentalboardconsultation <dentalboardconsultation@ahpra.gov.au>
Subject: Allied dental practitioners working independently

Dear Sir/Madam

I am writing to express my concern about the change in scope of practice proposal before the board. This would affect allied dental health practitioners, allowing them to work independently of dentists. I think there is a real risk that this compromises the patient's treatment and safety. The whole purpose of allied practitioners is to work as a team with the dentist leading the team. If they are independent both in scope and physically, in a separate practice, this teamwork vanishes instantly. There is a very real risk that patients undergo routine hygiene appointments as a matter of course without ever seeing a dentist for comprehensive examination and diagnosis. This would lead to their belief that they are getting quality care, when in fact they are not. However excellent their allied health provider is, their scope of practice is by definition more limited. For patients of more complex treatment need and medical risk, their risk would also increase. We have the potential of more adverse outcomes and less optimal outcomes.

I am sure the more prudent allied health providers would advise their patients to attend their dentist too, but it is my experience that many will not, as already happens with specialist referral coming from a general dentist, which is often going unheeded. This would have the same effect, just one rung down, as the patient defers investigation. The patient, thus, has more difficult access to primary care, either having two separate appointments, at two separate healthcare location, or as could be worse, one appointment with the hygienist, and no dental oversight. The current arrangement allows the convenience of a single appointment with two separate providers, in the same location.

I understand that the proposal is designed to allow better access, expanding available options to have a primary access to dental care. This would have an effect in both the private and public spheres. Certainly that is a laudable outcome, but the experience overseas where it has been tried, shows no improvement to access or improvement to patient outcomes.

When the hoped outcome has been shown to not occur in other countries, we would want a defined benefit, for patients and for the population at large to accept this increase risk. As none has been shown, I think it is only prudent and right to advocate for patients and to deny this proposal.

Kind regards

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Dr Frank Farrelly

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