From:	Dinukshi Daniels
To:	dentalboardconsultation
Subject:	Fwd: Scope of Practice Public Consultation
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Dr John Lockwood
Chairman, Dental Board of Australia

I am writing to you in regards to the Dental Board's proposed changes to the Scope of Practice Registration Standard. In my view, the proposed changes can be a **positive** thing for the dental profession and the public, but only if the changes are implemented with consideration as to how to safely integrate OHT's and therapists into an unsupervised role.

I know that the ADA's position is that any changes to Scope of practice must also consider the legal limits to practice and the minimum competency set of all dental practitioners, which is why further training and advice needs to be given to allied dental practitioners wishing to work more independently.

In my 13 years of practice as a general dentist, I have worked in large health fund clinics, small suburban private clinics, tutored dental students at the university of Sydney and now run my own private dental surgery. In all that time and experience, I have found many allied practitioners who work much of the time with little to no supervision and are more than willing to ask their superiors for advice when need be. They have often shown a level of competency on par or above those of recent graduate dentists in areas within their scope of practice such as simple fillings or periodontal treatment and in some cases have shown a level of care and understanding well above seasoned dentists.

One such example was a dentist I worked for who had a good 15 years under her belt when I started working for her and managed to routinely do "***comprehensive*** dental examinations as well as scales and cleans" without the use of a periodontal probe and in the space of 20min max. I know she was not alone as I spoke to a periodontist who used her rooms once a fortnight and was told that she had come across a number of clinics where a periodontal probe were hard to find since they were so rarely used. In fact, I went to a CPD course 2 weeks ago which was run by my indemnity insurer and was told by the presenter that one of the clinics he currently works at in Sydney has much the same situation with perio probes.

At the same time that I was working there, I was also working in a clinic that had dental therapists who took a proper 6 point chart every 6 months and spent a good 30-40min doing a just a clean both with an ultrasonic and hand scaling. You cannot tell me that the two services are even remotely comparable.

The same clinic I worked at that had a number of hygienists and therapists in also had a number of dental specialists as well as GP's. Within the practice, we were all paid a salary and no one was on commission so there was never a reason for one practitioner to do more than they felt was outside their capability and never an issue with referring to someone superior to them as their pay was in no way effected either way. This was a great model of dentistry where the patient was always kept as the core of everything we did. It is after working in such a clinic that I think it is possible for allied dental professionals to work independently as long as they feel they can refer cases to GP's or specialists without getting thrown under a bus or being degraded as being incompetent.

While I am a bit hesitant on allied practitioners increasing their scope of practice, allowing them to practice independently WITHIN their scope is a very different matter. I think the level of skill of the average dental student who is as able to practice independently in their first 6 months of graduation (or more!) is similar to their allied counterparts. Yet, we allow them to do so and "learn" from their experiences as to what they can and cannot do and what they need further improvement in. I certainly had colleagues who were placing implants and starting ortho cases 6 months after gradation

without the slightest idea as to what they were doing (by their own admission). I think that is a far greater risk to the public than allied dental practitioners working independently within the scope of what they have actually learnt.

In all honesty, I think the vast majority of dentists are worried about a drop in their basic bread and butter work ie, check ups and fillings, even if they are currently employing a therapist or hygienist to do the work now anyway. A lot of therapists I have spoken to say they do this work often without a dental assistant and get paid much less of a percentage than an associate dentist does. In this way, dentists are able to increase their profit margins by making therapists work in a similar way to associate dentists without having to pay them as much, which I believe is the real reason they will not support this change.

As I mentioned at the start of this letter, the change to work independently needs to be done with adequate training and advice on what their parameters should be and how to work with their GP colleagues.

What I propose is that the board sit down the following groups and compile a program that can help with this change. These include:

- Course coordinators for the oral health and therapy programs across a number of states. This needs to be done so a conversation can be had to understand exactly what their scope is and how we can help them identify when to refer
- Indemnity insurers. This needs to be done so they can have a clear idea of what procedures they will cover therapists and hygienists for so as to help them work within their scope
- Private health insurance companies. This needs to be done so they can identify which item numbers they will cover. Again, this will help practitioners work within their scope as numbers outside their scope will not be covered.

I actually think this could be a good change that could bring about better and more accessible dental health care for the public. I am more than happy to personally get on board and have these conversations with these groups of people as well as the board and see how this change can come about in a safe and positive manner.

Please let me know if I can be of any practical help. I have some ideas on how we can integrate them into the dental world having worked in large dental companies that had quite a few hygienists and therapists, as well as specialists. We worked together well and had a mutual respect for each other and I think it would be a good thing if we could see this harmonious relationship extended to the greater dental community.

I trust that these examples demonstrate a clear case for revision of the structured professional relationship and reconsider the requirements of ‘independent practitioner’. If done with proper consideration, this will ensure that the best, quality dental care is provided safely to the Australian public. I strongly support consideration of the proposed revised registration and standard (Option TWO) as laid out in the consultation.

Regards,
Dr Dinukshi Daniels