

Dear Members of the Dental Board,

I am a recent graduate from the University of Queensland (BDSce). As a dentist, after reading the proposed changes for Scope of Practice for therapists and hygienists, I oppose the proposals for the following reasons.

In short, the changes proposed will allow and encourage a decrease in the quality of dentistry. As an example, only dentists have trained 5 full years to be able to diagnose and to provide endodontic treatment. How is this relevant you ask? Well, to answer that question, an example question that needs to be asked is: 'How does a therapist or hygienist know if a tooth needs "just a filling" or "RCT" if they have no training in any of these major disciplines?' A dental practitioner must know how an RCT works and how a filling works and know which one is required in which situations.

I have no doubt that a therapist can restore a tooth to a good functional quality. In fact, I believe they are an essential and important part of a dental team and their skills need to be used effectively but under supervision. They have not been educated or trained to the skill level of general dentists who have spent 5 years of intense training gaining and most especially in diagnosis. To be honest, many of us still graduate feeling a little nervous with certain parts of dentistry after going through 5 years. My mentor once said to a group of us while I was in training in Darwin, "Any Grade 10 person can pick up a drill and you can teach them how to make a good cavity prep, but what you go to dental school for is to learn to diagnose". Without formal training, how will a therapist know what is required for a myriad of adult conditions including: cracked tooth, aggressive and chronic perio, dentinal hypersensitivity, a bruxer, severe wear (attrition, abrasion, erosion, and abfraction), periapical abscess, parafunction, sinusitis, TMJ disorders, myofascial pain, neuralgia, burning mouth syndrome (just to name a few from the top of my head), which can all appear like toothache from caries?

There will come a time in the future where the solution to every problem in the eyes of a therapist will be a filling because of their lack of understanding and training in diagnoses and also limitations in what they can or can't do. You may find many cases of retreatment required as therapists complete their filling, find out the diagnosis is wrong, and a patient is referred to a dentist to get the "real issue" sorted. This is not in the public interest, wastes money and is inefficient. Let's be honest; the public will see a therapist as a "cheaper dentist" (no matter what sort of spiel and education we try to provide the public that a hygienist is not a dentist) and they will go to therapists thinking they can have all their treatment done for a lower fee. There will be MANY situations where a therapist will try to do something they cannot because they want to retain patients. This will pose a public safety risk. Why not get it right the first time by not giving the public an option of going to the wrong dental practitioner?

If hygienists or therapists are allowed to practise independently and assuming they can diagnose caries, the main problems will be that patients will attend at a hygienist or therapist, have their teeth checked for decay, and leave with a false sense of security that they have had a comprehensive oral examination (item number: 011). But have they had a comprehensive exam? Some conditions (in addition to the list above, some of which are deadly!) need to be checked for like oral SCC, fungal infections, odontogenic and non-odontogenic cysts and tumours etc. Certainly, many hygienists can say to their patients that they need to go to a dentist to get a check-up for many other conditions (apart from caries), but will the patients

go? The self evident answer is that the vast majority will not. The point of an examination is to prevent early detected oral conditions from progressing (not just caries). To improve the education of oral health to EVERYONE, we must not be so narrow minded in producing therapist practitioners who only "drill-and-fill".

Hygienists and therapists have limited skills and in the public interest these need to be clearly prescribed if public safety is to be maintained.

Yours sincerely,

Keith Willis  
Dental Excellence at The Gap