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the **MARLEY DENTAL GROUP**

19/6/2013

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Dental Board of Australia (DBA)

Scope of Practice registration standard.

Dear Sir/Madam

As you can see I qualified about July 7 1973 and have been in general practice for almost exactly 40 years. About 24 years in UK and 16 years here in Queensland Australia. I therefore am able to have a view which is able to compare how qualifications are viewed in the two countries and in my opinion Australia falls very short in there is a consistent wanting to reduce the prestige of qualifications, make it easier for people to attain these no matter how able they really are.

I did 5 full years at University at an institution which even now is considered one of the very best Dental Schools in UK. The first year was lectures and some clinical work but a large amount of time was doing technical work-learning how to make dentures/crowns etc oneself-something which has stood me in very good stead over the last 40 years-if any technician ever said" one can not do that " I had only to say give it here and show them-let's see a modern graduate do that.

We then continued the course and pretty much spent half of the time in lectures and half in the Dental Hospital which took all and sundry off the streets as well as referrals from GDP's so we had a huge amount of clinical experience ,doing crowns ,many extractions, bridges,dentures,periodontal surgery TMJ clinics, GA's in General Hospital with a consultant anaesthetist etc etc etc over a period of a

further 4 years. We were pretty competent going out into general practice when we qualified I can tell you. I qualified on the Friday and started in practice in Kettering Northants on the Monday morning .The first patient who was booked in for me by the principal(who was both medically,a gynaecologist in the Worcester Royal Infirmary and dentally qualified) at 9 o'clock was a very difficult surgical extraction of a horizontally impacted lower right 8. Because of my exemplary training , and the confidence in my ability I felt quite competent to take this on and carried out the procedure very efficiently with no problems although , of course, I maybe had expected a somewhat easier start.

The principal was working on the premises as well –we both worked 2 surgeries , and I asked him after a fully booked busy first day ,” Why did you book me in such a difficult job to start with ?”

He replied” Baptism of Fire ,Old Boy,Baptism of Fire.” Meaning coping successfully with that nothing would ever phase me in the future.

The point being that he had great confidence in the quality and competence of the graduates being turned out by my University and I had that confidence myself to know I had been given the ability to professionally and ethically carry out and moreover to decide that I was competent to carry out the treatment, to the benefit of the patient.

When we qualified we were told we had been given a core education to start from ,a base to build on and the idea was we picked up the rugby ball and carried it from there, making our own decisions, thinking laterally etc.

Since then in the UK ,of course, once qualified a graduate can no longer go straight out into practice but has to do a ‘Vocational Training year’ in a designated training practice or in hospital so again raising the bar as to the quality of a B.D.S. being produced being deemed to be of a standard required to be treating the public.

I am the owner of a Company with 5 dental practices and having employed numerous dentists over the last 16 years in Australia and having conducted many interviews ,while making no comment on quality of graduates , I do not see the same desire to be constantly working to raise the standards and range of the education and make people more and more qualified for the profession within the B.D.Sc degree , raising the quality of the people one sends out to treat the Australian public. Rather there seems to be an attitude here of thinking that such level of education is not required and one

can get away with less so as to get the job done more cheaply and supply a demand for treatment by utilising lesser qualified people who can be educated quicker and turned out sooner.

I have always been amused by this concept of 'the simple filling' which is bandied around. In 40 years, I do not think I have seen a simple filling, the reason being it is being carried out on a tooth which is attached to a very un-simple human being. Even after 40 successful years with all the skills built up over that time the work is very demanding and the idea that a hygienist or Therapist has anything like the ability or the range of skills to diagnose and treat those human beings the same as a fully educated and rounded dentist, preferably after an extra Vocational Training year, I totally disagree with. We should be demanding a higher standard of competence than us dinosaurs, when we qualified, - with modern technology it would appear to be possible, not less. The public has a right to expect that the person who is treating them is becoming more and more qualified, not less, that standards of care are being raised higher and higher, not dropped for expediency. Nor to satisfy vocal lobby groups such as prosthetists who what do a day a week for 2 years! To talk to them it's like they have suddenly become specialists.

Ancillary staff should only carry out work on the prescription of the dentist. The practice of patients seeing the hygienist and thinking everything is being seen to and only really going on to see a dentist if the hygienist thinks something is needing attention for example is wrong: they should always see the dentist first and then carry out treatment prescribed for them.

The team approach can be very valuable but there has to be a Captain at the helm.

Producing a graduate for either medicine or dentistry is not just about learning facts or techniques. It is a process with many facets (or should be), many experiences in the years at medical/ dental school, many stressful and unpleasant days dealing with stressful situations of all colours so that having the ability and skill to deal with such situations becomes second nature, guided and constructively criticised by one's educators/mentors. This takes time and there is no substitute for this. Making everything easier does not produce the same professional at the end of training.

Who would you want to be treating you? You would want the best educated, most rounded, most tested individual possible, not the opposite. There are going to be plenty of dentists and we should be

educating **them** better, not looking to denigrate their standing and substitute them with lesser qualified people.

Nor should we be trying to restrict in any way the sphere of practice of the dental graduate- we should actually be equipping them for an expanded role if anything and to equip them to think for themselves as a professional .

By and large, the Australian public is an unsophisticated population with regard to dentistry ,many of them are (in the nicest possible way) very ignorant with regard to qualifications and treatment options/possibilities. Every Tom ,Dick and Harry is calling themselves Doctor now so what meaning does it have any more? If the role and distinction of dentist is further diluted the public will just be more and more confused as to who is who and what do all the qualifications/letters after names mean etc etc which is not in the public interest .They should know immediately that this is a properly qualified person to be treating them. There should be no blurring of qualifications –no confusion between dentist /dental practitioner etc etc

My feeling is that Australia has been, and is going in the wrong direction with regard to qualifications and I would guess as with other things this is at odds with other countries who see the need for very qualified people to do those very difficult jobs where a lot of responsibility needs to be assumed . We should not be building them up , not pulling them down for whatever reason.

I wish to see Australia looked up to as far as qualifications are concerned in the future ,but I fear we are going in the wrong direction if this is to be the case.

I hope the DBA may take some notice of the above, at least consider very long and hard before taking any decision which means a lesser qualified person is given more and more latitude to assume a role for which they are not equipped.

Yours sincerely

A handwritten signature in black ink, appearing to read 'D.W. Marley', with a long horizontal flourish underneath.

D.W.Marley B.D.S