

List of template submissions

Scope of practice registration standard consultation (closed 19 June 2013)

The following submissions were based on template letters which were broadly similar to the sample provided.

List of Submissions

Australasian Academy of Dento-Facial Aesthetics	Dennis, Gail
Allen, Monica	Devayya, Vijay
Anonymous	Digges, David
Arnold, Cameson	Dimos, Chris
Ash, Rod	Doust, John Michael
Asian, Sevda	Edwards, Jenny
Avis, Maria	Edwards, Roseline
Bach, Chloe	Evers, Wolfgang
Baker, Glen	Farmer, Dorothy
Banicevic, Lora	Fine, Russell
Banwell, Casey	Finimano, Sophie
Berggren, Jacki	Fitzpatrick, Alan
Bertossa, Peter	Galoustain, Flora
Bhara, Herjeet	Gee, Hannah
Bing, Luke	Gibbons, Robert
Black, Melissa	Gillis, Barbara
Bortolanza, Mario	Gladman, Georgia
Bothwell, Toni	Gormz, Doug
Bourke, Kath	Goodman, Kris
Bourne, Kirsty	Gopalakrishnan, Sushma
Braysich, Kathryn	Gordon, Kallie
Campbell, Georgia	Gray, Jason
Cardona-Orth, Ceslo	Grunwald, Andre H
Chammas, G	Grunwald, Roxanne
Chang, Dennis	Gullotta, Nino
Channapait, Raghunath	Hallion, Barry
Chen, Tony	Hamilton, Aimee
Cheryl, Page	Hanna, Emad
Cheung, Monique	Harper, Ian
Chloe, Xiao Wie Chan	Harris, Jamie
Chong, Neal Chiu	Hayes, Michael
Church, Louise	Hayes, Wendy S
Ciach, Silvia	Haynes Loanne
Close, Paul	Herbert, Elise
Collinson, Vita	Higgins Laurelyn
Cook, Damian	Hinton, Kylie
Corcombe, Suzanne	Holmes, Janet
Crabb, Lisa	Hong, Andrew
Croxford, Graham Peter	House, Ken
da Silva, Katherine	Huang, Lily
Dahlin, Gaynor	Inglis, Nancy
Davies, Emily	Irwin, Emer
Dayman, Peter	Irwin, Shannon

Irwin, Stephen John
Irwin, Susan
Jacob, Simi Sara
Jae Kim, Young
Jezzard, Rebecca
Joffe, Brian
Kale, Allison
Kalis, Bill
Kan, Janice
Kang, Yunlong
Kankotiya, Hareh
Kariappa, Kaveri
Kaushik, Ankita
Kerr, David
Kim, D
Krips, Don
Kyriacou, Jack
Larcombe, Geoffery
Larcombe, Tracy
Lau, Lawernce
Lee, Derrick
Lee, Simon
Leske, Amanda
Letts, Adele
Lewis-Bant, Michelle
Lim, Eugene
Lin, Jeff
Lindee, Christer
Little, Stephanie
Loveday, Peter
Lu, Daniel
Lucas, Andrew
Mackay, Susan
Manoharan, Darren
Mattiussi, Paul
McCaffrey, Joe
Miller, Graham W R
Molloy, Andrew
Moore, Brian
Moroney, David
Mulla, Henry
Mutch, Samantha
Nathoo, Kunal
Newlyn, Kate
Ng, Su Peng
Nguyen, Thi Hong Nhung
Noronha, Frank
Norris, Fletcher
O'Malley, David
Ooi, Young Yit
Ovsaka, Lea
Pang, Jason
Parmar, Sherina
Parsons, Geoffrey
Pearson, S J
Pell, Leila
Perks, Geeta
Pham, Tien
Pietrobon, Maurice
Pilkington, Bernadette
Quinton, Andrew

Rafeh, William
Rahman, Rubyet
Rammo, Abir
Rathwasamy, Meglin
Ratter, Andrew
Read, Jennifer
Richards, Daniel
Rimmer, Patricia
Robertson, Craig
Robertson, Graham
Robertson, Lesley
Roser, Carly
Rowda, Charlie
Russell, Heather
Russo, Michael
Saicich, Stevan
Sambevski, John
Sargo, Bree
Saunders Hayley
Selvaraj, Robert
Shahin, Khaled
Shapcott, Rhett
Shelton, Glenys
Shih, Hung-Ta
Sims, David
Singh, Gurbaksh
Smith, Tessa
Sobieralski, Lynne
Song, Jacob
Stevens, Bruce
Stewart, Maree
Straker, Clare
Straub, Tegan
Sullivan, Fortina
Surace, Toni
Taifalos, Gary
Tam, Mimi
Taylor, Luke
Tennant, Jeff
Thambagale, Hasi
Thomas, John
Thomas, Scott
Thompson, Barry
Vei Phoon, Wei Nee
Walker, Chloe
Wall, Ondree
Weichbold, Peter
Wheelhouse, Melissa
Wilson Shannon
Wong, Peter
Yang, Alice
Yazdani, Payam
Young, Barry
Zanello, Belinda
Zeidan, Mamdouh
Zhao, Sarah
Ziepe, Andrew T

May 11, 2013

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To whom it may concern,

Re: Scope of Practice Registration Standard consultation

The Australasian Academy of Dento-Facial Aesthetics (AADFA) represents 810 registered dental practitioners who are dedicated to advancing the art and science of Aesthetic Dentistry. AADFA is the only organization of its kind in Australasia, with our fundamental principle being to promote excellence through comprehensive education. To this end our efforts focus on offering thorough, "hands-on", practical training modules to Dentists in the use of dental and facial aesthetic techniques, with ongoing clinical and administrative support to ensure the highest standards of ethical conduct, clinical excellence and responsible patient care.

While AADFA supports a revision to the current Scope of Practice (SoP) Registration Standard in the interests of providing greater clarity and certainty for dental practitioners and the public; and while we support the majority of changes outlined in the draft proposal; we feel strongly that two key features of this document continue to undermine its goals.

1. The requirement listed as point 2. in the SoP and under point 1. Description of the dental profession in the accompanying Guidelines document:

"Dental practitioners must only perform dental treatment for which they have been formally educated and trained in programs of study approved by the Board".

This statement remains unchanged from the current standard and on previous occasions AADFA has expressed its concern to the Dental Board of Australia (DBA) over the wording of this section. We feel strongly that it only serves to confuse, rather than clarify, the issue for dental practitioners and makes the modern day practice of dentistry unworkable.

While the Guidelines document acknowledges three distinct areas of education for dental practitioners – Approved Programs (formal education programs); Programs to extend scope (formerly known as add-on programs); and CPD Programs - the SoP restricts practitioners to only performing treatments acquired during the Approved Programs of study. As we understand it, presently the only Approved Programs are those tertiary courses providing basic qualifications/competencies for registration; specific "add-on" programs for specific topics and practitioners; and post-graduate specialist training programs.

Furthermore, the DBA has stated in the Guidelines document that, "*The National Board has not specified an approval process for courses or course providers who provide CPD.*" This scenario effectively means that any treatments, skills or services a dental practitioner acquires through continuing education programs are outside the scope of their practice – a situation that is absurd and unworkable.

In line with the evolving nature of dentistry and advances in research, education and training, dental practitioners are required to continually improve the manner in which dental services are rendered to a point where such services are provided more effectively and efficiently than ever before to offer more comprehensive patient care and attain better overall treatment outcomes. This goal is primarily and adequately achieved through CPD Programs. Dental practitioners would attest to the fact that the majority of the techniques, skills and treatments they provide for their patients in their everyday practices have come from acquiring knowledge through CPD Programs after attaining the basic tertiary qualification. In fact, many would say that while their tertiary qualification provided the foundation of knowledge, very little of what is performed daily is directly attributable to what was taught during these basic "approved" programs of study.

Indeed, if current wording is retained, all of the following procedures performed daily in general dental practice would be deemed outside the scope of practice as the majority of dental practitioners did not acquire these skills in "approved" programs of study:

- Teeth Whitening by Dentists
- Surgical placement of dental implants
- Prosthetic restoration of dental implants
- Sinus lift surgery associated with dental implant placement
- Bone augmentation procedures associated with dental implant placement
- Use of rotary instrumentation for endodontics
- Fixed orthodontic treatment
- Clear aligner orthodontics (eg. Invisalign)
- Surgical removal of impacted third molars
- Hard and soft tissue laser use
- And many more.....

Not only does this establish a point of confusion for practitioners but it has the potential for serious implications for public safety. If the SoP and Guidelines continue to effectively state that techniques and knowledge acquired in CPD Programs are outside the scope of practice, it is quite feasible that professional indemnity insurers may be provided with a "loop-hole" in which to decline coverage in the event of an adverse outcome arising from the use of such knowledge or technique, regardless of whether it is common place. This would leave both dental practitioners and the public unprotected.

There is an obvious failure to appreciate the vital role Continuing Education (CPD Programs) play in expanding the skills, knowledge and services of dental practitioners and in advancing the practice of dentistry. Should dental practitioners remain uncertain that CPD knowledge and skill would be included in their scope of practice, we may additionally see a situation where more modern, minimally invasive techniques are foregone in favour of older technology to the detriment of the public.

In light of this, AADFA proposes that the DBA seriously consider amending point 2 of the SoP and point 1. Of the Guidelines to read:

"Dental Practitioners must only perform dental treatment:

- a) for which they have been educated and trained through either Approved Programs (formal education programs); Programs to extend scope; or CPD Programs (in line with the CPD Registration Standard and Guidelines), and***
- b) in which they are experienced and competent"***

2. The "Definition of Dentistry" as defined in the Guidelines document.

AADFA does not believe it is useful or necessary for the DBA to attempt to define the practice of dentistry and it is our understanding that it is not within the remit of the DBA under the National Law to in any way attempt to control, define or specify which specific procedures, materials and techniques form the practice of dentistry.

Neither the Australian Health Workforce Ministerial Council, nor the Health Workforce Australia report, have at anytime suggested that defining the actual practice of dentistry is required or desirable and certainly not in relation to fulfilling the requirements of providing clearer scope of practice guidance to professionals.

Clear guidelines have been provided in the proposed document for each dental practitioner division, outlining the broad boundaries to their individual scopes of practice and we feel this is sufficient to achieve the National Board goals of providing certainty to all divisions of dental practitioners on their scope of practice and providing protection and certainty to the public in recognizing the divisions of dental practitioners and their scope of practice.

However, should the DBA see the need to include a definition of dentistry in the SoP and Guidelines, we feel that this needs to be further refined from its current form which is far too specific and prescriptive. We propose that if a definition is included, it is amended as follows:

1. Exception is taken to the statement, "***The following range of activities are considered the practice of dentistry and cover the widest range of any procedures that a person educated in dentistry can carry out***". The information following this declaration is far too vague to attempt to make such a decisive statement, especially when using terms such as "***including but not limited to***". Should the DBA wish to include this unequivocal statement, the information that follows is required to be a detailed and exhaustive account of all procedures, under all circumstances, for all dental practitioner divisions regardless of training or experience that is ever likely to arise during the course of dental practice. This would be impossible within the constraints of this document and as such this statement should be removed entirely from any definition, as it is vague, contradictory and unworkable.
2. The proposed definition includes specific examples of areas of practice (listed a through f) and yet is preceded by the statement "***including but not limited to***". AADFA believes that if a definition is to be included for the purposes of the SoP and Guidelines it does not require these examples, especially as the preceding statement negates them, they become unnecessarily specific and can be misleading.
3. The reference to only addressing "***diseases, deficiencies, deformities or lesions***" excludes numerous treatment areas provided currently and traditionally in dental practice. Such terms would effectively mean that providing any cosmetic or aesthetic treatments would fall outside the definition and therefore the scope of dental practice. For example, it cannot be claimed that many cases involving teeth whitening, porcelain veneers and orthodontics are designed to address a disease, deficiency, deformity or lesion. Wording should adequately reflect the need to provide aesthetic treatments to meet the needs and desires of the public.

While AADFA believes the most appropriate direction would be to remove a definition of dentistry entirely, if such a definition must be retained we propose that it be general and inclusive in nature, for example:

"Dentistry involves the evaluation, diagnosis, prevention, management, advice and/or treatment (nonsurgical, surgical or other procedures) of diseases, disorders, deficiencies, deformities, lesions and/or other conditions (including for the purposes of improving aesthetic appearance) of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a registered dental practitioner; within the scope of his/her education, training and experience; and in accordance with the ethics of the profession and applicable law."

Such a broad and inclusive definition is required so as to be consistent with the view of dentistry being both a science and an art and an understanding that dentistry is an evolving profession. As the profession evolves, so will the complexity and scope of procedures dental practitioners perform and any definition of dentistry needs to be broad enough to accommodate these modern developments.

AADFA concurs with all other revisions being proposed to the SoP and accompanying Guidelines.

Should you require anything further in support of this submission, please do not hesitate to contact AADFA at any time via email.

Sincerely,



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Managing Director

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