

From: Dr Joshua Zheng
To: [dentalboardconsultation](#)
Subject: Public consultation on proposed revision to scope of practice
Date: Wednesday, 16 May 2018 12:50:28 AM

Dear Board,

I am aware the due date for this submission was 14 May, however I was late to find out about this consultation, and by the time I found out (from a DBA email sent only 4 days before the due submission date), I had no time to write a response. I will aim to keep this response short, as I compiled a detailed response several years ago, which can be found here:

<http://www.dentalboard.gov.au/documents/default.aspx?record=WD13%2f11800&dbid=AP&chksum=hojiPhtlrLXSq%2b2LSenwVA%3d%3d>

If you will accept my submission, I ask that you only include the content below:

I feel that many dentists are overreacting to removal of OHT supervision. As they currently operate, no OHT works with a "supervisor" looking over their shoulder. The only problem I see with removal of supervision and structured professional relationships is the creation of OHT-only clinics. But the only reason why that is a "problem" is because it puts dentists' jobs and businesses under threat. Proponents of this movement need to be more sympathetic to the people whose livelihoods they're affecting. The DBA's consultation paper is unsound to assume "there would be no financial impact for dental practitioners".

But that is not my main concern. My main concern is the revision of OHTs' scope of practice. The Board wants to give OHTs the exact same scope of practice as dentists, ie. "all dental practitioners must only perform dental treatment for which they have been educated and trained, and in which they are competent."

The university curriculum of an OHT student does not contain half the same content that dentists do (which is not because they are half as intelligent, it is because more than half the courses they took, such as Public Health, were not taken by dentistry students). So how can they have unlimited access to the full scope of dentistry, including, for example, endodontics? The only answer I have heard to this question is "No OHT is stupid enough to do endodontics". That is an irrelevant response, because the fact the law does not rule out my question shows that the law is not written correctly.

The role of OHTs, DHs and DTs has always been explained as prevention - which has been classified in the literature into primary, secondary and tertiary tiers. This delineation of scope of practice is the only thing that is missing from the scope of practice standard/guidelines. If the Board defined what OHTs can and cannot do by defining their preventive role, there would be no question about whether they could do endodontics/surgery/prosthodontics, no threat to dentists' jobs, and no more confusion by the public over the question "What is an oral health therapist?". Ironically, this final question was one of the original chief aims of the proposed revisions, but the revisions have utterly failed to achieve this aim.

Sincerely,

Dr Joshua Zheng
BDS (Hons)