From:	[redacted]
To:	dentalboardconsultation
Subject:	Scope of Practice changes
Date:	Sunday, 16 June 2013 6:23:40 PM

Dear Sir/Madam

The National Board has proposed key changes to the Scope of practice registration standard. I write to express my concern.

I am disappointed the Dental Board made no effort to generate awareness of the draft document to its registered members via email or letter. It was only due to the publicity by the ADA that the document became public knowledge, and I do not hazard to presume that many dentists, oral health therapists, hygienists and prosthetists are yet unaware. This is particularly distressing as many of the proposed changes will have a profound effect on our profession and current workforce issues.

My concerns are as follows:

1. The proposal to "remove supervision requirements in recognition of the team approach" is seriously flawed. It raises issues of public safety, and makes it very unclear where legal responsibility for diagnosis and treatment will rest. As the most qualified member of the dental team, the dentist must retain the responsibility (legal and otherwise) of the supervision of patient management. To allow less qualified persons to make potentially irreversible treatment decisions, without taking into consideration the numerous other signs of oral health in which they are not trained (and cannot be expected to have awareness of), is irresponsible. As the leader of the dental team, it is the role of the registered dentist to supervise patient management and delegate tasks to appropriately qualified personnel.
2. Changing the definition of "structured professional relationship" to allow an "arrangement" between a dentist and dental auxillaries leaves scope for a clinic of auxillaries to be geographically distant from the dentist/dental specialist. This is *not* adequate care for patients, who may present with a clinical situation requiring attention from a dentist. It is bizarre to expect the public to negotiate the confusing difference between "dental practitioners" and dentists, and geographical distance, in order to find a clinic where they may receive treatment.
3. To "reduce the prescriptive nature of the standard"; any reduction in the supervision of members of the dental team has the potential to undermine public safety. Given the significant workforce problem due to the oversupply of dentists (young dentists (due to increased dental schools and university places) and the extension of visas for overseas trained dentists), there is *no need* to expand the scope of dental auxillaries. Changes to our profession *must* be based on an *evidenced* need for change, and HWA is yet to complete projection data for our profession. Increasing the scope of practice and reducing the prescriptive nature of the standard will further exacerbate current workforce issues. Hygienists, therapists and prosthetists are roles created to address a specific need in our community and profession: changing the standard negates the specific reasons for which these roles were created. For these reasons, the existing prescriptive nature must be retained.
4. To "provide further clarification on the standard"; the definition of dentistry for a dentist is overly restrictive. A dentist's degree provides a core skill set which allows further evaluation and integration of additional skills. There is no need for an all-inclusive definition of what constitutes dentistry to exist, to then be applied to a dentist. This is opposed to a 2-3 year degree where the emphasis is on a restricted field of dentistry, without the necessary foundations for a wide ranging skill set. Complete and accurate diagnosis of adult patients requires a variety of skill sets and knowledge which is achieved through 5-7 years of education through a dental degree. Without this foundation, the complete skill set necessary for accurate diagnosis and correct treatment planning of adult patients, *is not possible.* Dental therapists, hygienists, oral health therapists and prosthetists, all of whom offer a restricted scope of practice, need to have all the elements of their scope of practice defined.

The revision to the standard will not provide greater clarity to dental practitioners and removing the prescriptive nature is a lazy way to try and achieve clarity. The Australian Dental Council must have a higher standard for courses it approves, and regulate at a national and university level. Simply revising the standard is a lazy solution, and will further complicate our current workforce issues. Scope of practice is most clear when it is taught at the university level, when students/practitioners have opportunity to discuss the limits of their scope with their clinical teachers.

The balance between protecting the public and regulating the profession is far off centre. The public look to the dentist who is the clinical team leader for advice on treatment planning and referral to auxillaries and specialists. Expanding the scope of auxillaries and removing the prescriptive nature only blurs the lines between dentist and auxiliary, making it ***more*** confusing for the public. If the definition of a "structured professional relationship" is changed as proposed, then clinics without a dentist on site will be ***more*** confusing for the public to negotiate than not having a general description for "dental practitioners".

In summary, the Dental Board of Australia should reject the proposed changes.

Yours faithfully

Dr Rebecca Williams
16th June 2013