

From: [REDACTED]
To: [dentalboardconsultation](#)
Subject: Proposed Changes Dental Therapists
Date: Wednesday, 19 June 2013 5:01:16 PM

To AHPRA,

It is with grave concern that I offer a submission in regard to the proposed legislative changes that will allow for increased scope of practice for dental auxiliaries and the removal of current supervision/oversight requirements of the treatment that is provided to the public. The need for formal scientific foundations in the diagnosis, management and treatment of dental disease is recognised as essential for any individual wishing to carry out this treatment/management/diagnosis in their own right and without supervision. This science - in its more general (anatomy, chemistry, physics, biology) sense and more specifically (materials science, pharmacology, physiology, biochemistry) - forms the foundations of all Dental degrees provided within Australia and in almost all cases - university based training of dental practitioners internationally as well.

This knowledge base is rightly expected of Dentists by the Australian public and is underpinned by AHPRA's requirements for all Dentists to undertake formal ongoing education on a regular and prescribed basis.

The training of dental auxiliaries has never been designed to ensure a solid scientific foundation for any of the dental procedures they will perform or for the use of the local anaesthetics that may be required.

This situation is acceptable only where there are arrangements for the supervision of these dental auxiliaries by fully qualified and university trained, dental professionals.

The proposal to remove this requirement of supervision at the same time as the scope of practice for these dental auxiliaries is being increased, is alarming.

Even a Dentist who has been trained at a tertiary level in another country will be required to meet far more stringent conditions than 2 year trained dental auxiliary if they are to practice unsupervised on the Australian public.

Arguments put forward that unrestricted/unsupervised dental auxiliaries will lower the overall costs of dental treatment to the dental public are disingenuous - in that they do not take into account that skilled, professional and appropriate management of dental disease goes well beyond how much it may cost to have a particular dental restoration completed, an appropriate prosthesis made or an extraction carried out.

Where direct referral by auxiliaries to dental specialists such as Orthodontists takes place without the oversight of a Dentist, a moral hazard exists where treatment is often carried out in cases where it is not absolutely necessary or where there are other options available to a more highly trained and skilled practitioner.

The rigorous science based requirements of a University degree in Dentistry ensure that professionals trained within this type of institution (a process of at least 5 years of full time training) - make available to the public a comprehensive set of skills in diagnosis and treatment options that are well beyond what can be taught in the 2 year training course currently provided to dental auxiliaries.

The fact that these skills allow for measured judgments in the timing, type and need for dental treatments as well as effective and individually relevant preventive care advice - makes it possible for more cost effective and appropriate treatment decisions to be made by a fully trained Dentist. Where the provider has been trained only in the "technical" aspects of dental care - it is certain, that without supervision, far more dental treatment will be provided in the form of fillings and other interventions.

This does not just represent an economic cost - in cases where permanent teeth have been treated - patients will be consigned to many years of maintaining/replacing restorations that were not required in the first place.

I have cases within my practice where young patients have required endodontic treatment of permanent first molars, following inappropriate use of more complex restorative techniques by school based dental providers overreaching their limited skill base. In at least a couple of cases this has led to the loss of these permanent teeth at a very young age.

Poorly performed or unnecessary dental interventions (iatrogenic damage) by dental health auxiliaries is far more likely to occur where practitioner training is limited - this is clearly not being considered in the proposal being put to AHPRA.

Any economic rationale that suggests it is acceptable for unnecessary or poor quality treatment to be carried out, as long as it can be done more cheaply, lacks insight and understanding. Cheaper the fillings may be in the first instance. Given, however, that permanent teeth are likely to be retained for most of an individual's lifetime - the long term cost to the health system and to individuals has not been given any serious attention in this flawed proposal. Our children's teeth as well as those of adults who may end up being affected, deserve more respect than the unscientific and poorly conceived changes being proposed to the scope of practice and supervision requirements for 2 year trained dental auxiliaries.

Given that the requirements for Dentists to be accountable for the treatments they provide, have never been higher. Given that AHPRA from the outset is fully aware of the limited training and knowledge base of 2 year trained auxiliaries. How can an independently practicing Dental Auxillary be held to anything approaching the same level of accountability as a registered Dentist when it can be easily argued that adverse outcomes related to their unsupervised practice of dentistry, are purely a result of ignorance and/or of not understanding the full ramifications of the irreversible treatments they will be allowed to provide?
In terms of professional accountability this situation is an ethical and moral travesty.

Dental auxiliaries do have a role to play in the provision of dental care - there is no need, however, to allow independent practising rights to anyone not possessed of the 5-7 years tertiary education required for the appropriate, cost effective and safe performance of independent dental practice.

Yours sincerely,
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