

Dr John Lockwood
Chairman, Dental Board of Australia



Est. 1950

Re: Scope of Practice Public Consultation

We all have a choice to make about the kind of world we want to live in. One with strong standards, regulations, and protections; for the vulnerable, for those unable to protect themselves, we all know someone like that.

And there will always be people who want to erode those standards; for money, for personal gain, for power, for reasons that may not be obvious to us.

And in the middle there will always be people who get played to achieve this....

The question is; what legacy do we want to leave?

The Board's proposal in option 2 gives the provisions for - independent practice, with an undefined self-assessed scope, plus self-reflective tool (validated?) to all dental practitioners irrespective of their base of education. This change will effectively blur the differences between mid-level providers (dental hygienists, dental therapists and oral health therapists) and dentists. Differentiation will largely be on title alone.

Underlying this change is the assumption that all current mid-level graduates and future graduates whether they have completed a 2 year Advanced Diploma of Oral Health (AQF level 6) or a Bachelor of Oral Health (AQF level 8) have a sufficient base of knowledge in order to self-assess and self-limit scope appropriately. Aristotle said it best

'The more you know, the more you know you don't know'

I would assert that it is reasonable to set limitations on scope of practice for mid-level providers and not in the interest of public safety not to. I am still awaiting evidence to be presented by the board as to how this change is of benefit to public safety and/or benefit to public health.

There could also be unforeseen consequences by allowing this change. For example an overseas 'dentist' could come to Australia, complete a 2 year diploma and then claim cpd relevant to the placement of dental implants and be correct under the scope of practice provisions set out by the board in option 2.

I empathise with the boards desire to streamline the scope of practice requirements across the dental profession. And I think the DBA has done an exemplary job in the service it has provided in nationalising standards. I agree that the scope needs to be expanded for mid-level providers, but not like this.

In conclusion, the test of any society is how it treats its most vulnerable members. The DBA's job as stated by the DBA is to 'act in the interest of **public health and safety**'. Option 2, potentially redistributes a workforce away from a vulnerable area of need. De-regulates an existing standard which has provided exemplary public protection. And significantly weakens the team approach to dentistry.

Now imagine someone vulnerable; now decide who this change serves.

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Sincerely,



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