

From: [REDACTED]
To: [dentalboardconsultation](#)
Subject: Dental Board Consultation Submission
Date: Wednesday, 19 June 2013 9:10:41 AM

To the Executive Officer,
National Board of Australia,
AHPRA, GPO Box 9958,
Melbourne, 3001.

Dear Sir/Madam

Reference your draft proposal, I would like the board to consider my submission wrt to my profession as a dentist in private practice.

In addition to your general feedback, the National Board is seeking your views about the preferred proposal outlined above for the revision of the standard and introduction of supporting guidelines. Please consider the following questions.

Do you agree that the revision to the standard will provide greater clarity and certainty for dental practitioners to work within their scope of practice? (Why or why not?)

What increased clarity is the dental board after? If the dental board wants to change the scope of the definition of dentistry than there is some clarity on that. If the dental board what's to exclude certain aspects of current dental treatment as not in the scope of dental treatments dentists can provide, then they should be clear and up front about that rather than trying to change the definition for some supposed clarity and certainty for dental practitioners. I feel I already have crystal clear clarity and certainty in my scope of practice of dentistry, so I don't see what increased clarity the dental board is after. As stated above if the board has concerns about certain things they should specifically outline them. There appears to be more clarity when applied to the team approach but more emphasis is required o state the dentist as the decision maker with treatment planning and implementation. Allied practitioners (hygienists etc) must only treat patients under care and supervision of the referring dentist and not independents.

Do you agree that the introduction of the guidelines further supports this clarity for dental practitioners and the public? (Why or why not?)

The public has traditionally always been exceptionally well served by the dental profession in Australia. The most basic empirical research will testify to this in the present high standards the dental profession maintains clinically as well as with continuing education. Creating more guidelines as suggested appears to be nothing more than a "managerial disease" of overstating the obvious, creation of unrequired administrative layers and unnecessary work to "justify" employment. In my fifteen years of practice I have seen my dental board registration increase 1000% and as yet I have not seen any noticeable improvement in the services provided. The move to national board is one achievement that I applaud, but even that has taken a long time and has resulted in increased administrative roles and generally increased costs in maintaining dental registration. So to what avail is a national board if it only serves to be an employment agency for people who as most are non-dentists believe they have the best knowledge about how the dental profession should be run and managed. As stated earlier the dental profession has always taken care of the public interest and set high standards for all its members and acted swiftly and accordingly when certain members standards have dropped.

Are there additional factors which could be included in the guidelines to support the standard?
See question 4.

Do you agree with the list of skills in the guidelines relating to programs to extend scope? Are there additional skills which the National Board should consider adding to the list?

When did the dental board of Australia decide that it was most qualified and responsible to decide the fate of continuing education for dentists in Australia. If I understand correctly the dental body was set up to maintain a register of dentists who have met the requirements to practice dentistry and to deal with any complaints and misadventures by the registrants, so why is the dental board in a big grab for power wanting to make itself the overriding body in relation to all thing dental? This is just another indication of a non-dental body trying to take the reins of the profession away from the profession itself. We have the Australia dental association (impotent thou it may be) to represent the profession. The dental profession has set high standards and introduced many aspects to general dental surgeries that even the medical community has lagged behind i.e. sterilization of instruments and tracking of instruments well before they were mandated or taken up by the general practitioners of general medicine. . I strongly object to the National Board and academia dictating the scope of educational programs that does not include accredited CPD courses. I object to universities being allowed to dictate the add on post graduate educational programs with the NB. CPD programs should be accredited and allowed also, giving the dental practitioner the right to choose and decide on which courses to undertake. The mostly public universities have shown poor form in hugely expanding dental student numbers in the last five years, resulting in the very obvious LOWERING of dental education standards of new graduates. A bit like putting the foxes in charge of the chickens. The team leader dentist MUST be allowed the choice of maintaining their skills by using their judgement to choose how to do so. Any objections from the NB only exposes the inherent hypocrisy of standards if they cannot trust that the undergraduate programs are sufficiently good or of high standards to teach this.

Does the preferred proposal balance the need to protect the public with the needs of regulating the profession? (Why or why not?)

Any proposal to protect the public need only be considered if standards have fallen drastically or there is obvious danger to the public from low quality dental practice standards in Australia. If so, then these proposals are useless and more drastic standards are required, starting first at overhauling undergraduate training programs at universities. As we all agree that the present dental practice AND compliance standards are high in Australia (and when compared to the world), I submit that these guidelines/proposals are just administrative layers being added at extra cost. Most if this cost is borne the very dental practitioner the NB relies on for it's funding and existence. The dental profession has done an exemplary job of maintaining standards and does not require more guidelines or administrative layers added.

Yours sincerely,

Dr Mandev Singh
Gurbaksh Singh

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