

My name is Adam Durning BDS

I have been a dentist practicing general dentistry for close to 30 years.

I am strongly opposed to the change in scope of practice for dental therapists.

Ultimately we have to be concerned for the health and well being of the patient.

To limit a patient's treatment choice to fillings is not in their best interests.

It appears the overall objective here is to provide more cost fillings to patients and yet those providing the services still need to meet all the dental council requirements that a fully qualified dentist is required to do. This is by no means easy to achieve and is very costly to provide a safe quality environment to provide services. In my extensive experience with running a dental practice this will not be achievable to provide a modern safe environment.

The cost of providing dentistry has increased astronomically over recent years.

The progression to digital records X-rays and system B data logged sterilization to name a few comes at a cost and what is often missed is the ongoing cost as all technology has a limited useful life just like a modern cell phone.

Just for example - We used to be able to buy an X-ray unit and put some very dangerous chemicals in the back cupboard and that was all we needed to take xrays and this method never failed for decade after decade.

Since I moved to digital xrays to remove the toxic carcinogenic chemicals from the practice I have had 3 systems due to failure and - improvements in technology -this also needs improved hard drive and computer technology to match as The life of a computer is approx 5 years. This all comes at a Huge cost.

So if I was to be limited to just doing fillings on my adult patients how could I budget to provide the modern standard of care for diagnostic xrays with in my practice and this is only one expense used as an example.

I have employed therapists over the years and they all request a minimum \$50 per hour to work . At the end of the year when I analyze the figures they run at approx 70-80 percent flat costs and that leaves 20 -30 percent towards running the practice and this is not enough. Many of us already run them as a loss within our practices already to allow us to provide services at a lower cost to our patients.

From a patient Health and well being to have a practitioner with a limited scope of practice is a disaster. To verbalize this on paper is almost too difficult for me as we're to begin

Adult patient dental health is about managing their dental health for a lifetime. No restorative measure can be expected to last for the life time of that tooth. If a tooth is not restored to the highest of standards then it will shorten the lifetime of that tooth overall and the long term implications and physical emotional and financial cost to the patient will increase higher than otherwise would have been necessary.

To have an adult see a health provider with a limited scope will result in fillings being placed in teeth that are beyond a filling being the solution.

Teeth can be filled that should be removed or treated with root therapy as both dental abscesses and infection as well as untreated periodontal disease have a quantifiable link to heart disease which can have a very unfavorable and preventable outcome for the patient and a massive impact on health system.

In a perfect world you would say that they would refer but who to.

Dental services for these more involved services will more than likely increase as the general dentist will be doing less Restorative but the cost of providing the clinical environment doesn't change so to be viable they will need to increase fees on other items to survive.

If you take England as an example. For decades they have had access to free, not just cheaper dental health and ask them how that had worked out for them.

We already have free dental health for under 18 yr old and yet I see the worst level of decay now in our children than at any time In My career.

Your solution was to allow dental therapists to see 13-18yr olds and ask yourself how that has worked out for our patients.

All that happened was many of those that were already being seen by dentists now went to clinics on site at the school as it was easier for the patients. This look good statistically for you as you could show how many children you were treating but you completely missing the boat as you were only treating the majority of children that would otherwise have attended a dentist.

Those kids that were not attending still did not attend and still did not get treated and still develops decay and now need treatment as adults and now your trying to find a way to fix the disaster you have created.

If you really want to make a change to our countries oral health then I can tell you what you need to do.

Pass laws and Make it compulsory for all o13-18yr old children to register with a dentists and attend yearly.

For those that don't a list is compiled and this is the list of children that the therapists treat. The systems are already in place they are already on site at our schools and they go into the class room and get the children that are not enrolled with a dental clinic and they treat these ones not the ones that are enrolled.

Now this will make a real difference. If a child can reach the age of 18yr with a healthy mouth free of disease then this will make a significant difference to our communities

There should not be people getting past 18 yrs with untreated decay that need therapist with increased scope of practice to treat them.

That is just shifting the issue down the time line when the horse had already bolted.

You have the ability to do this and do it well you just need to focus more efficiently of dental derives at a younger age and increase the barriers for our children to sugary and acidic drinks and increase education.

Our country focuses to much on treatment of disease rather than installing measures that prevent it.

It is a sad fact of a lack of efficiency by existing systems for our adolescent children that you are even considering this next change in our health services

This change will definitely not improve our communities dental health and well being it will worsen it.

Adam Durning BDS