



Dental Technicians
Board of Queensland

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Sub # 2.

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HEALTH AND COMMUNITY
SERVICES COMMITTEE

30 January 2013

Mr Trevor Ruthenberg MP
Chair
Health and Community Services Committee
hcsc@parliament.qld.gov.au

Dear Mr Ruthenberg

Dental Technicians Board of Queensland submission to the Health and Community Services Committee regarding its inquiries into the *Health Practitioner and Other Legislation Amendment Bill 2012*

The Dental Technicians Board of Queensland is grateful for the opportunity to comment on the *Health Practitioner and Other Legislation Amendment Bill 2012*, which was introduced in the Legislative Assembly on 27 November, 2012 by The Hon. LJ. Springborg MP, Minister for Health, and was referred to your Committee on the same date.

The Board notes that the Bill is intended to give effect to the government's decision to abolish state registration of dental technicians and speech pathologists, and all consequences of that decision. As such, the Bill would appear to meet the broad policy objectives of the government ie the repeal of the legislative scheme, the distribution of the assets and liabilities of the two Boards and the Office of Health Practitioner Registration Boards, and provisions for other consequential and transitional matters. In this respect my Board has not identified any issues with the drafting of the Bill.

My board is convinced however that it is in the public interest for dental technology to continue as a regulated profession. While this should preferably be within the framework of the National Scheme, until this is achieved continuing regulation under State legislation is desirable and most appropriate.

In order to provide a better understanding of the role of the dental technician it may be helpful to present an overview of the scope of practice and the practice environment of the members of the profession. A dental technician, on prescription of a dentist, medical practitioner or clinical dental prosthetist makes any prosthesis or appliance for the head and neck. This could consist of:

- Artificial teeth such as complete dentures, partial dentures, crowns and bridges and implant supported dentures in various materials such as acrylics, alloys, and ceramics;
- Removable orthodontic appliances consisting of springs and retainers in acrylic bases for the movement of teeth. The orthodontic appliances could be either intra-oral or extra oral depending on the complexity of the case;
- Mouth guards to protect against sports injuries; and

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- Maxillofacial appliances such as artificial eyes, ears, and facial prostheses that may be required after surgical treatment.

Dental technicians work closely within the oral group consisting of dentists, dental prosthetists, oral health therapists and oral hygienists. The dental technology profession is in fact the technical side of dentistry. Dental technicians work in a dental laboratory on their own or in small work groups where the various prosthetic appliances are custom made. They might be thought of as artisans who, with a thorough understanding of dental materials science, apply a unique set of skills to fabricate the form, colour and function of individual teeth or maxillofacial prostheses for a patient.

These appliances must be anatomically correct and bio-compatible to ensure the safety of the patient. The fact that the product can affect the health and appearance of a person demands of the technician a high level of responsibility and accuracy.

Dental technology has been a regulated profession in Queensland since 1988, initially through the Dental Board and under a separate board since 1992. Three other Australian jurisdictions required registration for dental technicians prior to the implementation of the first phase of the National Scheme in 2010. These were New South Wales, South Australia and the ACT. The dental technology profession was not identified for accession to the National Scheme, either with the initial implementation on 1 July 2010 or in the extended scheme which was implemented on 1 July 2012. The regulation of the profession over the past decades has arguably resulted in significant improvements in the ethics, art and science of dental technology. Entry and training standards have become consistent and among the world's best as a result. Regulation has clearly contributed to safe, high quality professional oral health care for the public.

Although a partially regulated profession, the profession consistently maintained there was a compelling case for entering the National Scheme in both phases of its implementation. Under the National Scheme a number of allied dental groups are now registered by the Dental Board of Australia. These are: dental therapists, dental hygienists, dental prosthetists and oral health therapists. Our close professional colleagues, the dental prosthetists, of course must also be dental technicians, and so the reason for distinction between these two groups in eligibility for national regulation is unclear.

In summary, the Board believes that the public interest would be better served if dental technology were to remain as a regulated profession in Queensland, notwithstanding that the profession has been deregulated in all other Australian jurisdictions, and is probably the only allied dental group to have been excluded from the National Scheme.

I trust the above comments will add to the committee's knowledge and understanding of these important issues which are relevant to the committee's inquiry, and assist it in its deliberations. Should you require any further clarification, I or the Board's Executive Officer Mr Michael Demy-Geroe would be pleased to assist.

Yours sincerely



John Mackay
Chairperson