

03 February 2012

Trevor Ruthenberg MP
Chair, Health and Community Services Committee
Queensland Parliament
Parliament House
George Street
Brisbane Old 4000

Dear Mr Ruthenberg,

Professor Newell W Johnson CMG, FMedSci

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HEALTH AND COMMUNITY SERVICES COMMITTEE

Dental Technicians

I write to you from my perspective as an experienced dental clinican and educator, and as Foundation Dean of the School of Dentistry and Oral Health at Griffith University from 2005 until 2009. I write to express my concern at the proposal that Dental Technicians no longer be registered in Queensland.

I realise that the proposal stems from the situation whereby this profession is not currently registrable in all Jurisdictions within Australia. At the establishment of the Australian Health Practitioners Registration Authority [AHPRA] in 2010 it was not, therefore, possible for dental technicians as a whole to transfer to the national system. It was the hope of many, however, that a uniform approach to such national registration would, in time, be found.

Whilst uniformity is clearly an advantage, enabling *inter alia* freedom of movement for practitioners across the nation, many had hoped that this would be achieved through National Registration with AHPRA. Many had hoped that the high standards practiced in Queensland would extend to other jurisdictions.

In my opinion, and that of many of my professional colleagues, registration is important for reasons given below.

Dental technicians are essential and integral members of the team of oral health professionals providing oral health care to patients. They work best alongside dentists and dental specialists, dental hygienists, dental therapists, oral health therapists and especially dental prosthetists. Indeed dental prosthetists who provide direct, interventionist clinical care, must first hold qualifications in dental technology. To allow prospective dental prosthetists to proceed to training and registration without a guarantee of the standard reached first as a registered health care professional in dental technology, threatens dental prosthetics and patient safety.

Griffith University School of Dentistry and Oral Health took its first students in 2004. It graduated its first dental technicians and oral health therapists in 2006 [and its first dentists in 2008]. It was established with the vision to educate members of the dental team together, in the expectation that this would enhance teamwork in the workplace. It was, and remains, the only University in Australia to offer a degree in dental technology. In this respect it had a ground-breaking approach, and was commended by the Accreditation Authority, the

Australian Dental Council as the benchmark for Interprofessional Education [IPE] and training. Indeed the esteem in which this IPE approach is held is evidenced by acceptance of several publications from the School in the international refereed scientific literature [see Footnote]. All this is put at risk by the potential withdrawal of registration in Queensland.

Apart from Registration being the cornerstone of quality in this, as in all learned professions, there are direct implications to patient safety. In an ideal world a dental technician will work to a Prescription written by a clinician: in practice many clinicians leave the design of appliances and the choice of materials to the technician. The technician does not meet the patient. The technician does not usually have the biological training which would enable him to foresee problems of potential trauma to the patient's tissues, or potential toxicities or allergic reactions. The Griffith curricula ensure this knowledge. As most existing dental technicians do not have degrees, Registration is currently the best way of ensuring the necessary knowledge and expertise. Indeed the Dental Technicians Board of Queensland has been exemplary in the fashion with which it has conducted assessments of technicians trained elsewhere, before permitting Registration as a Dental Technician in this State.

All of this constitutes an expert system, and there is outstanding expertise amongst leaders of the profession in our State, which should be retained. Queensland could lead the Nation in improving and guaranteeing standards across the whole oral health team.

I hope your Government will rethink its position.

Yours faithfully,

Professor Newell W Johnson, CMG, FMedSci

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Google Scholar researcher profile BiomedExperts profile

FOOTNOTE:

Traditional and interprofessional curricula: Differences in the perceptions of students in two dental technology programs. Evans J, Henderson A, Johnson NW. J Dent Ed [USA], Accepted 12 July, 2012

Interprofessional learning enhances knowledge of roles but is less able to shift attitudes: a case study from dental education. Evans JL, Henderson A, Johnson NW. Eur J Dent Educ. 2012 Nov;16(4):239-45.

The future of education and training in dental technology: designing a dental curriculum that facilitates teamwork across the oral health professions. Evans J, Henderson A, Johnson N. Br Dent J. 2010 Mar 13;208(5):227-30

Improving assessment in dental education through a paradigm of comprehensive care: a case report. Nulty DD, Short LM, Johnson NW, J Dent Educ. 2010 Dec;74(12):1367-79.