

I am excited at the prospect of change and better utilisation of the full range of skills of AHP's for better health outcomes for Tasmanians

Due to clinical demand I am unable to attend tomorrow's forum at the LGH but I have the following suggestions:

Oral Health Services Tasmania (OHST) currently employs dentists (DO's) to see adults who have a concession card

Dental therapists (DT's) and Oral Health therapists (OHT's) are employed to see children under 18. A small number of hours are allocated for OHT's to do scale and cleans for adults so that they retain these skills.

The adult service treats dental emergencies and does offer some routine examinations and dental treatment for adults. If the focus on prevention was greater for adults, it would reduce the number of emergency appointments.

The University of Melbourne offers a post grad course for DT's and OHT's, run over 20 weeks, resulting in a post grad certificate in advanced clinical care, whereby DT's and OHT's can see adults for dental examinations, take xrays, do routine fillings within their scope of practice, and scale & clean and preventive treatments including fissure sealants and fluoride treatments. All treatment beyond their scope of practice would still be referred to DO's, as is the case currently when treating children. The cost of employing OHT's and DT's is considerably less than dentists, and it is time that a team approach was taken, training and allowing DT's and OHT's with the post grad certificate to treat adults, thus shortening waiting lists and utilising a dentist's time to do the more complex dental procedures (complex fillings, permanent extractions, root canal treatments, oral surgery etc). I applied to do this course last year and was accepted (only 8 places were offered for DT's and 8 for OHT's in Australia) but had to decline as OHST would not support me with 60 hours of dentist mentoring to see adults at the OHST Launceston clinic, and stated that OHST does not intend to utilise such skills within the current framework. It is time for change, allowing the full range of skills by all members of the dental team to contribute to the oral health of Tasmanians.

Nurses who graduated with a certificate in nursing, were offered and strongly encouraged to upgrade their skills to complete a Bachelor of Nursing. Unfortunately the same cannot be said for Dental Therapists who have not been offered an upgrade course to the current equivalent of Bachelor of Oral Health which all new Oral Health Therapists graduate with. Dental Therapists in Tasmania have expressed a strong interest to do an upgrade course, which I believe is being considered, but with no definite dates or outcomes.

The Tasmanian Govt could employ 2 OHT/DT's for the cost of 1 dentist, and many more adults could be seen, reducing the appalling rates of dental disease experienced by many Tasmanian adults. Studies have shown that dental caries is a bacterial disease and is transmitted from parents & caregivers of infants, and that the best way to reduce the transmission of dental disease to infants is to reduce the harmful mutans streptococcus bacteria being passed from caregiver to infant. Evidence shows that infants under 2 years who have the harmful bacteria causing early childhood caries (often requiring treatment under GA in our hospitals) go on to experience a lifetime of dental disease.

Other state and territory Oral Health Plans are detailed and include workforce development and innovative ways of better delivering oral health services to Australians - Now is the time for a fresh look at OHST Strategic Planning and workforce direction.

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