

# Consumer direct dental services

New products bring new risks



There are an increasing number of dental services available which are direct to the consumer, meaning the consumer hasn't consulted directly with a registered dental practitioner. While the convenience of these services is obvious, they aren't without risk for both the consumer and any registered dental practitioner involved.

These direct services are available for several dental treatment areas such as orthodontic aligners, splints and sleep appliances. These services can be initiated by the consumer creating their own impression using materials and information provided to them. In other cases, the patient may have a digital scan carried out by the service provider at a designated location (shopfront or pharmacy), often by someone who is not a registered dental practitioner. Following this, a treatment plan is developed and the device(s) required will then be provided to the patient for use. Some of these services also offer mechanisms for remote supervision of treatment progress by a dental professional.

One of the concerns with this type of treatment model is that other dental issues, not directly related to the appliance, may not be detected due to the patient not being regularly assessed and treated in-person by an appropriately registered dental practitioner. There are also concerns about how patient suitability (or standard of care case selection) is determined. While some companies providing these services do have

a process of assessing the suitability of the appliance for each patient, this is often done by the patient completing an online assessment form themselves; therefore, there is no assessment for suitability by a registered dental practitioner.

There may be occasions where a dentist, who isn't involved in this treatment model, has a patient ask them about their views on it or asks them for support in completing forms required to purchase one of these devices. Dentists should be aware that if they provide clinical advice, they are involved in the treatment. It's therefore recommended that dentists contact their ADA Peer Advisor (NSW/ACT) or Community Relations Officer (Victoria, South Australia and Tasmania) if they find themselves in this situation so they can obtain advice on how to best manage this situation.

Dentists who choose to participate in these treatment models need to understand and appreciate their level of responsibility and possible liability. Regardless of whether or not a dentist has seen or consulted with the patient themselves directly, involvement in design of such appliances or other aspects of their provision and use may be deemed by regulatory bodies to be provision of a dental service. Registered practitioners, when providing a dental service, must ensure their professional obligations are always being met.

If a consumer is dissatisfied with the outcomes of their treatment and they're aware of a registered dental practitioner who was involved in their treatment in some capacity, they have the same rights as other patients to formally complain to regulatory authorities or make civil claims about the treatment provided by this practitioner. To defend against allegations of wrong-doing, this practitioner would need to show that:

- > the treatment and/or advice they provided was to the professional standard expected;
- > they are appropriately qualified and experienced to be providing that treatment and/or advice;
- > the treatment and/or advice was clinically justified;
- > the patient was aware of the risks, expected outcomes and limitations of the treatment; and
- > detailed clinical records have been maintained, showing exactly what was done and why.

It is therefore strongly recommended that any registered dental practitioner choosing to become involved in any capacity in providing treatment through this direct model considers the risks involved and be certain these risks will be appropriately managed.

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