

# Policy Statement 2.2.10 – Do It Yourself/Direct to Consumer Dentistry

## Position Summary

Governments should legislate to protect the public by controlling the provision of dental treatment direct to consumers without professional examination, diagnosis and treatment planning.

## 1. Background

- 1.1. Some dental treatments, including the provision of mouthguards, orthodontic treatment, provision of devices for the treatment of snoring and Obstructive Sleep Apnoea (OSA), and teeth whitening using bleaching trays, are increasingly being marketed to consumers as “do it yourself” (DIY) home kits.
- 1.2. In many cases, the consumer takes an impression of their teeth and returns this back to the manufacturer who fabricates an appliance and sends it to the patient to be self-fitted and managed.
- 1.3. There is minimal regulation of the manufacturers of these home treatment kits. Consumers have little or no redress for problems or damage caused to their oral health and oral structures by these kits, particularly if they are provided by overseas manufacturers.
- 1.4. The practice of dentistry is restricted to registered dental and medical practitioners. It requires skills and equipment not easily acquired. Dental treatment needs to be preceded by careful examination including assessment of any underlying pathology, good treatment planning, and followed by careful execution of any treatment with ongoing follow up and care.
- 1.5. With respect to OSA there are two major areas of concern. The unregulated devices may improve snoring but mask the symptoms of OSA. In doing so, these devices can pose a serious risk to health and safety. Secondly, consumers may be left with permanent changes to their teeth, damage to their jaws, and substantial levels of pain within their orofacial muscles unless these devices are fitted and monitored by appropriately trained dentists.
- 1.6. With respect to mouthguards, the consumer has no way of knowing if the extension of the impression, or the extension or fit of the mouthguard is adequate for protection of the teeth. Nor are they aware of the quality of fabrication or materials of the product. Over the counter mouthguards may be loose and uncomfortable and therefore not worn, particularly by children, hence exposing them to injury.
- 1.7. With respect to orthodontic treatment, there are many dangers and limitations of consumers attempting to move their own teeth with at-home kits. Orthodontic treatment by qualified dentists is only provided following a series of steps: clinical examination, special investigations (such as X-rays), diagnosis, and then expert treatment planning. These preliminary stages can reveal to a dentist whether a patient has problems that will be made worse by orthodontic treatment (such as undiagnosed gum disease), or unseen problems that will interfere with the orthodontic treatment (such as unerupted extra teeth), or whether the orthodontic complaint is related to a more serious underlying condition (such as cancer or bone disorders).
- 1.8. With respect to teeth whitening kits, there are many risks to users of DIY kits, including injury from the whitening agents (stomach problems, mouth ulcers, gum damage, and nerve damage if there are cavities in the teeth) and uneven whitening as a result of the uneven spread of the whitening agent, or a failure to identify the presence of failing fillings and fillings of different shades.
- 1.9. With respect to occlusal splints there is a risk of injury to the temporomandibular joint and the muscles of mastication as well as occlusal dysfunction from poor appliances.
- 1.10. Provision of any of these DIY appliances is provision of a health service and is the practice of dentistry.

*This Policy Statement is linked to other Policy Statements: 2.2.6 Elective Overseas Dental Treatment, 2.2.8 Teeth Whitening By Persons Other Than Dental Practitioners, 6.12 Custom-made Dental Prosthesis and Appliances, 3.2 Dentists, 3.3 Allied Dental Personnel, 5.8 Dental Acts National Law and Boards*

- 1.11. A statutory code of conduct scheme in relation to the provision of a health service by a person who does not need to be registered with a registration authority in order to provide this service already operates in South Australia<sup>1</sup>, Queensland<sup>2</sup>, Victoria<sup>3</sup>, and New South Wales<sup>4</sup>. Powers to enforce these schemes include investigating and publishing breaches and issuing prohibition orders.
- 1.12. In 2015, the Council of Australian Governments (COAG) agreed to proceed with implementation of a new National Code of Conduct for Health Care Workers who are not regulated by AHPRA. A National Code of Conduct for health service providers is being developed as a nationally consistent legislative model and is expected to be implemented in all jurisdictions in 2018.
- 1.13. Suppliers of do it yourself dentistry appliances are usually unregistered providers of health services and do not provide direct access to dental practitioners with the necessary education and training to provide the service.
- 1.14. Consumers bear the health and financial risks of purchasing DIY appliances manufactured outside of Australia without the protection of having diagnosis and treatment by an Australian registered dental practitioner.
- 1.15. The FDI Policy Statement “Malocclusion in Orthodontics and Oral Health” states “The provision of ‘do it yourself’ or ‘direct to consumer’ orthodontic appliances, and where there is no direct interaction with orthodontists or qualified dentists, may have a significant adverse impact on patients’ oral health and must be proactively prevented”.

## Definitions

- 1.16. AHPRA is the Australian Health Practitioner Regulation Agency.
- 1.17. BOARD is the Dental Board of Australia.
- 1.18. CONSUMER is a person who purchases goods and services for personal use.
- 1.19. DENTAL PRACTITIONER is a person registered by the Board to provide dental care.
- 1.20. DO IT YOURSELF DENTISTRY is the provision of dental treatment direct to the consumer, without professional examination, diagnosis and treatment planning by a dental practitioner with the necessary education and training to provide the service. It often involves the consumer or a non-dental practitioner taking dental records and submitting them to a person or manufacturer who provides appliances direct to the consumer for self-treatment.
- 1.21. NATIONAL LAW is the Health Practitioner Regulation National Law Acts 2009 as in force in each state and territory.
- 1.22. PATIENT is a person receiving health care or any substitute authorised decision maker for those who do not have the capacity to make their own decisions.

## 2. Position

- 2.1. Dental treatment should only be provided to the public by dental practitioners, where the patient has direct access to them.
- 2.2. Governments should protect the public by legislation to control the provision of do it yourself dentistry.

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<sup>1</sup> Code of Conduct for Unregistered Health Practitioners (2013).

<sup>2</sup> National Code of Conduct for Health Care Workers (Queensland) 2014.

<sup>3</sup> Code of Conduct for Health Service Providers (2017)

<sup>4</sup> NSW Code of Conduct for Unregistered Health Practitioners (2008).

2.3. The Board or appropriate statutory authority must take action to enforce such legislation.

**Policy Statement 2.2.10**

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