

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

## Position Summary

Governments should legislate to protect the public against the risks of direct to consumers and do it yourself dentistry. Dental treatment should be preceded by in-person examination, diagnosis and treatment planning.

## 1. Background

- 1.1. Some dental treatments, including the provision of mouthguards, orthodontic treatment, devices for the treatment of snoring and obstructive sleep apnoea (OSA), and teeth whitening using bleaching trays, are increasingly being marketed and sold 'Direct to Consumer (D2C) as "Do it Yourself" (DIY) home kits.
- 1.2. In some 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. 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. In Australia, such skills and the ability to use related dental equipment are deemed to be held only by registered dental and healthcare professionals.
- 1.5. Suppliers of D2C dentistry appliances are usually unregistered providers of health services and often do not provide their consumers with direct access to dental practitioners with the necessary education and training to provide the service.
- 1.6. Consumers bear the health and financial risks of purchasing D2C dental appliances without the prior diagnosis and treatment planning provided by an Australian registered dental practitioner.
- 1.7. D2C obstructive sleep apnoea appliances, mouthguards, and orthodontic treatment, have the potential to cause pain, injury, and permanent damage to teeth and jaws.
- 1.8. With respect to D2C teeth whitening kits, the risks to consumers include injury from the whitening agents (stomach problems, mouth ulcers, gum damage, and nerve damage (if there are cavities in the teeth), uneven whitening as a result of the improper spread of the whitening agent, or a failure to identify the presence of fillings which are failing or are of different shades.
- 1.9. With respect to D2C occlusal appliances, the risks to consumers include 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.
- 1.11. South Australia<sup>1</sup>, Queensland<sup>2</sup>, Victoria<sup>3</sup>, and New South Wales<sup>4</sup> already operate statutory codes

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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).

*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 Prostheses and Appliances, 3.2 Dentists, 3.3 Allied Dental Personnel, 5.8 Dental Acts National Law and Boards*

of conduct schemes to prevent the provision of a health service by unregistered persons. Powers to enforce these schemes include investigating and publishing breaches and issuing prohibition orders.

- 1.12. 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”.
- 1.13. Often diagnosis and treatment planning are made by practitioners who are not registered with AHPRA, such practitioners may not be covered by their indemnity insurance cover for claims when prescribing the use of patient-operated computer applications to allow at-home diagnosis or therapies.

## Definitions

- 1.14. AHPRA is the Australian Health Practitioner Regulation Agency.
- 1.15. BOARD is the Dental Board of Australia.
- 1.16. CONSUMER is a person who purchases goods and services for personal use.
- 1.17. DENTAL PRACTITIONER is a person registered by the Australian Health Practitioner Regulation Agency via the Board to provide dental care.
- 1.18. DIRECT TO CONSUMER DENTISTRY is dental treatment provided to patients and/or consumers without in-person examination, diagnosis and treatment planning by a registered dental practitioner.
- 1.19. 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.
- 1.20. NATIONAL LAW is the Health Practitioner Regulation National Law Acts 2009 as in force in each state and territory.
- 1.21. 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 diagnosis and treatment should only be provided to the public by Dental Practitioners. Patients should have direct access to these Dental Practitioners during their care.
- 2.2. Governments should protect the public by legislation to control the provision of direct to consumer and do it yourself dentistry.
- 2.3. The Board or appropriate statutory authority must take action to enforce such legislation.

### Policy Statement 2.2.10

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