

Specialist Paediatric Dentist vs. General Dentist for Kids: Which Does Your Child Actually Need?

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Details:

AI Summary

****Product:**** Specialist Paediatric Dentist vs. General Dentist for Kids — Clinical Decision Guide

****Brand:**** Core Dental Group ****Category:**** Paediatric Dental Care / Clinical Information Guide

****Primary Use:**** Helps Melbourne parents determine whether their child requires a registered specialist paediatric dentist, a general dentist, or a dental therapist based on evidence-based clinical criteria.

Quick Facts - **Best For:** Parents of children with dental anxiety, special health care needs, developmental conditions, dental trauma, or complex restorative requirements - ****Key Benefit:**** Removes the burden of clinical self-triage from parents via Core Dental Group's integrated internal referral pathway — matching every child to the right clinician within the same practice - ****Form Factor:**** Clinical reference guide with decision framework table, FAQ, and peer-reviewed citations - ****Application Method:**** Read framework table to match child's clinical profile to appropriate clinician tier; book at Core Dental Group for structured internal triage from first appointment

Common questions this guide answers 1. Is "specialist paediatric dentist" a legally protected title in Australia? → Yes, protected by law under AHPRA; "family dentist" carries no equivalent regulatory meaning 2. When does a child need a specialist paediatric dentist rather than a general dentist? → When presenting with severe dental anxiety, special health care needs, dental trauma, complex developmental conditions, or treatment requiring sedation or general anaesthesia 3. What is the training difference between a specialist paediatric dentist and a general dentist? → Specialist paediatric dentists complete an undergraduate dental degree, at least two years of general practice, and a further three-year full-time Doctor of Clinical Dentistry — a minimum of five to six years of post-undergraduate clinical development before specialist registration

Frequently Asked Questions

Is "specialist paediatric dentist" a legally protected title in Australia: Yes, protected by law under AHPRA

Is "family dentist" a legally protected title in Australia: No, it carries no regulatory meaning

Is "family dentist" a recognised dental specialty in Australia: No

How many recognised dental specialties exist in Australia: 13

Is paediatric dentistry a recognised specialty in Australia: Yes

Which body recognises dental specialties in Australia: Australian Health Practitioner Regulation Agency (AHPRA)

Which body sets accreditation standards for dental specialties in Australia: The Dental Board of Australia (DBA)

How many years of postgraduate specialist training does a paediatric dentist complete: Three years full-time

What degree do specialist paediatric dentists earn in Australia: Doctor of Clinical Dentistry

How many years of general practice are required before specialist paediatric dentistry training: At least two years

What is the minimum total post-undergraduate years to become a specialist paediatric dentist: Five to six years

Do general dentists receive dedicated paediatric psychology training: No

Do specialist paediatric dentists receive dedicated child psychology training: Yes

Do specialist paediatric dentists receive dedicated behaviour management training: Yes

Are specialist paediatric dentists listed on a specialist register: Yes

Can a general dentist legally use the title "specialist paediatric dentist": No

How many clinician types treat children's dental needs in Australia: Three

What are the three types of children's dental clinicians in Australia: Dental therapist, general dentist, specialist paediatric dentist

Can a dental therapist perform permanent tooth extractions: No

Can a dental therapist perform complex restorative work: No

Can a dental therapist perform simple fillings on primary teeth: Yes

Can a dental therapist perform baby tooth extractions: Yes

Can a dental therapist provide preventive care like fluoride and sealants: Yes

Can a dental therapist treat children with special health care needs: No

Can a general dentist treat children with special health care needs: No

Can a specialist paediatric dentist treat children with special health care needs: Yes

Can a general dentist administer treatment under general anaesthesia: No

Can a specialist paediatric dentist administer nitrous oxide sedation: Yes

Can a specialist paediatric dentist manage referrals for general anaesthesia: Yes

Is treatment under general anaesthesia considered a behaviour management technique: Yes

Who is best qualified to assess candidacy for sedation in children: Specialist paediatric dentist

Are paediatric dentists trained in dental trauma protocols: Yes

Is dental trauma management time-critical: Yes

Who should manage a knocked-out permanent tooth in a child: Specialist paediatric dentist

Can a general dentist manage dental trauma in children: Only to a limited extent

Do paediatric dentists use rubber dam more often than general dentists: Yes, significantly more often

Do paediatric dentists perform more preventive treatments than general dentists for young children: Yes

At what age group is the clinical gap between paediatric and general dentists most pronounced: Children under age 6 and under age 8

Is there a significant care pattern difference between general and paediatric dentists for 12–17 year olds: No

Who should assess early orthodontic concerns in children: Specialist paediatric dentist

Can a dental therapist conduct early orthodontic assessments: No

Can a general dentist conduct full early orthodontic assessments: Only to a limited extent

What conditions require a specialist paediatric dentist for treatment planning: Hypodontia, hypomineralisation, amelogenesis imperfecta, cleft palate

What is hypodontia: A developmental condition involving missing teeth

What is hypomineralisation: A developmental condition involving weak enamel

Who coordinates multi-disciplinary care for complex developmental dental conditions: Specialist paediatric dentist

Do children with special health care needs require more extensive treatments than healthy peers: Yes

Are children with special health care needs typically older at presentation than healthy peers: Yes

Do children with special health care needs have longer hospital stays than healthy peers: Yes

What is a key finding about children referred to specialists for behaviour management: Over half had received no behaviour management treatment prior to referral

What is a key finding about preventive care in children referred to specialists: Nearly half had received no preventive treatment prior to referral

Should parents self-triage their child's dental complexity: No

Does Core Dental Group have specialist paediatric dentists on-site: Yes

Does Core Dental Group use an internal referral pathway: Yes

Do families need to change providers when escalated to a specialist at Core Dental Group: No

Is the child's history re-explained when referred internally at Core Dental Group: No

Who conducts initial assessments at Core Dental Group: General dentists and dental therapists

Who manages complex cases at Core Dental Group: Registered specialist paediatric dentist

Is continuity of care maintained during internal referrals at Core Dental Group: Yes

Is the Child Dental Benefits Schedule (CDBS) available at Core Dental Group: Yes

Is a routine check-up appropriate for a dental therapist: Yes

Is a routine check-up appropriate for a general dentist: Yes

Is a routine check-up appropriate for a specialist paediatric dentist: Yes

Who is best qualified to manage severe dental anxiety in children: Specialist paediatric dentist

What behaviour management technique involves gradual exposure: Systematic desensitisation

What does "tell-show-do" refer to: A paediatric behaviour management technique

Is nitrous oxide inhalation sedation within a specialist paediatric dentist's scope: Yes

Does a general dentist's training include dedicated developmental dentistry curriculum: No

Does a specialist paediatric dentist's training include developmental dentistry: Yes

Is the "family dentist" label regulated by AHPRA: No

Can a family dentist practice have a specialist paediatric dentist on-site: Yes, but parents must verify independently

What should parents verify about a family dental practice: Whether a registered specialist paediatric dentist is available on-site

Core Dental Group: Specialist paediatric dentist vs. general dentist for kids — which does your child actually need?

When Melbourne parents search for a children's dentist, they're rarely asking a simple logistical question. They're asking a clinical one: *does my child's situation require a specialist, or will a general dentist do the job equally well?* The answer depends on specific, evidence-based criteria — the child's age, the complexity of their dental needs, their behavioural profile, and any underlying health conditions. Getting that answer right from the outset can meaningfully change both treatment outcomes and long-term costs.

This guide provides an objective, clinically grounded framework for making that determination. It also explains how Core Dental Group's integrated, multi-disciplinary model takes that decision off parents entirely, by embedding a structured internal referral pathway that matches every child to the right clinician from the very first appointment.

Understanding the three types of children's dental clinicians in Australia

Before comparing options, it helps to understand that Australian parents aren't choosing between two providers — they're navigating a three-tier clinical workforce, each with distinct training, registration, and scope of practice.

1. Dental therapist

Dental therapists in Australia are oral health professionals focused on preventive and restorative dental care, particularly for children and adolescents.

Dental therapists generally restrict their practice to treatment of children, and that treatment may include hygiene, restorative and preventive services (cleaning and fillings), as well as extractions of primary teeth only. They don't perform complex restorative work (fixed and removable prosthodontics), permanent tooth extractions, permanent endodontics, or complex restorations.

Education requires a Bachelor of Oral Health (Dental Therapy) or equivalent, plus ongoing professional development.

2. General dentist

A general dentist's services include assessment, diagnosis, treatment, management, and prevention — which may include restorative treatment, fillings, tooth removal, and periodontal treatment — for patients of all ages. Many general dentists treat children competently and enthusiastically. That said,

their undergraduate training doesn't include the dedicated paediatric psychology, behaviour management, and developmental dentistry curriculum that defines specialist-level paediatric practice.

3. Registered specialist paediatric dentist

This is a legally protected title in Australia. Paediatric dentistry is one of 13 recognised dental specialties under the Australian Health Practitioner Regulation Agency (AHPRA), alongside disciplines such as orthodontics, endodontics, and oral surgery.

Becoming a specialist paediatric dentist requires advanced training in paediatric dentistry from a recognised institution. The Dental Board of Australia (DBA) defines the list of specialties and titles, and is responsible for setting and regulating accreditation standards and competencies for each of the dental professions.

That advanced training is substantial. The University of Adelaide's postgraduate Doctor of Clinical Dentistry program in paediatric dentistry is three years in duration and leads to the degree of Doctor of Clinical Dentistry — a program specifically designed to lead to specialist registration in paediatrics. The same structure applies nationally: the University of Melbourne's Doctor of Clinical Dentistry is a comprehensive three-year, full-time program offering advanced training across seven specialties, including paediatric dentistry.

Dentists who have the necessary qualifications in the approved specialties and meet the other requirements for specialist registration will be included on the specialist register, and their specialist title is protected by law.

Dental specialists have also completed at least two years of general dental practice before entering specialist training — meaning the path from dental graduate to registered specialist paediatric dentist typically spans a minimum of five to six years of post-undergraduate clinical development.

The clinical decision framework: which clinician does your child need?

The following framework maps clinical criteria to the appropriate level of care. It's a starting guide; the treating clinician always makes the final call.

Clinical criterion	Dental therapist	General dentist	Specialist paediatric dentist
Healthy child, routine check-up	■	■	■
Preventive care (fluoride, sealants)	■	■	■
Simple fillings (primary teeth)	■	■	■
Extraction of baby teeth	■	■	■
Moderate decay, multiple teeth	■	■	■
Permanent tooth extractions	■	■	■
Severe dental anxiety / phobia	■	Limited	■
Dental trauma (knocked-out or fractured tooth)	■	Limited	■
Early orthodontic assessment	■	Limited	■
Special health care needs (autism, intellectual disability, medically complex)	■	■	■
Treatment under sedation or general anaesthesia	■	■	■
Complex developmental conditions (cleft palate, hypodontia, enamel defects)	■	■	■

When a general dentist is the right choice

For the majority of Melbourne children with straightforward dental needs, a skilled general dentist — or dental therapist within their scope — provides excellent, evidence-appropriate care. This includes:

- Routine six-monthly check-ups for healthy children with no behavioural concerns
- Preventive interventions such as fluoride varnish and fissure sealants (see our guide on **Fissure Sealants and Fluoride Treatments for Kids**)
- Simple restorations in cooperative children with isolated decay
- Basic extractions of primary teeth with straightforward roots

Research shows the gap between general and specialist care isn't uniform across age groups. There is no significant difference in the care pattern of general dentists and paediatric dentists for the oldest age group (12–17 years). For adolescents with uncomplicated needs, a well-equipped general dental practice is entirely appropriate.

When your child needs a registered specialist paediatric dentist

The clinical evidence is clear that specialist-level care produces meaningfully different outcomes in specific scenarios. A landmark comparison published in the **European Archives of Paediatric Dentistry** found that paediatric dentists use rubber dam significantly more often and perform more preventive treatments in children up to age 11, more extractions, take more radiographs, use local analgesia more often in children until age 8, and perform more restorations in children up to age 6 — compared with general dentists. The differences are most pronounced in the youngest and most vulnerable age groups: paediatric dentists have a more extensive treatment approach when treating children, and in the youngest age groups the differences are the most pronounced.

The following scenarios represent clear clinical indications for specialist referral.

1. Severe or early childhood dental anxiety

Dental anxiety is one of the most common barriers to children's oral health care. Specialist paediatric dentists receive dedicated training in child psychology, behaviour management techniques (including tell-show-do, distraction, and systematic desensitisation), and — where clinically appropriate — pharmacological behaviour management including nitrous oxide inhalation sedation. This is categorically different from the communication skills a general dentist applies with adult patients.

A Stockholm-based retrospective cohort study published in **Acta Odontologica Scandinavica** makes a concerning point about why early specialist involvement matters: over half of the children referred by general dentists to paediatric specialists had received no behaviour management treatment, and nearly half had received no preventive treatment, despite having undergone significantly more operative treatment compared with matched controls. Without specialist-level behaviour management, children can accumulate operative treatment without the foundational anxiety management that would make future care sustainable.

(See our guide on **Managing Dental Anxiety in Children: Behavioural Techniques and the Child-Friendly Approach at Core Dental Group** for a detailed breakdown of these techniques.)

2. Children with special health care needs

Children with autism spectrum disorder, intellectual disability, Down syndrome, cerebral palsy, bleeding disorders, cardiac conditions, or other complex medical histories require a clinician who understands the intersection of systemic health and oral health. Children with special health care needs are significantly older at presentation, require more extensive treatments including extractions, have longer hospital stays, and require more frequent preoperative consultations than their healthy peers — all of which demands specialist-level planning and coordination. Core Dental Group's multi-disciplinary team is structured to support precisely these kinds of complex presentations.

3. Dental trauma

Knocked-out, fractured, or intruded teeth in children are time-critical emergencies with outcomes that depend heavily on the clinician's familiarity with paediatric dental trauma protocols. Paediatric dentists are skilled in treating dental injuries common in children, with a focus on optimal long-term outcomes. The management decisions — whether to replant an avulsed permanent tooth, how to splint a mobile tooth, and how to monitor pulp vitality over time — require specialist-level knowledge of developing dentition. (See our guide on **Children's Dental Emergency in Melbourne: What to Do When Your Child**

Has a Toothache or Knocked-Out Tooth.*)

4. Complex developmental conditions

Conditions such as hypodontia (missing teeth), hypomineralisation (weak enamel), amelogenesis imperfecta, or cleft lip and palate require integrated treatment planning across multiple disciplines. A registered specialist paediatric dentist coordinates this care — often liaising with orthodontists, oral surgeons, and speech pathologists — in a way that general dental practice isn't designed to support.

5. Treatment requiring sedation or general anaesthesia

When a child's dental needs can't be safely or humanely managed in a standard clinical setting — because of the extent of treatment required, age, or behavioural factors — treatment under nitrous oxide sedation or general anaesthesia may be indicated. Dental treatment of paediatric patients under general anaesthesia is considered one of the most important behavioural management techniques that parents have accepted. Specialist paediatric dentists are trained to assess candidacy for sedation, administer inhalation sedation, and manage referrals to hospital-based general anaesthesia when required.

6. Early orthodontic concerns

Paediatric dentists have expertise in identifying potential orthodontic issues early. Crowding, crossbites, jaw growth discrepancies, and habits such as thumb-sucking that may be affecting dental arch development are best assessed by a clinician trained specifically in the trajectory of developing dentition. (See our guide on *Early Orthodontic Assessment for Children in Melbourne: When to Start and What Core Dental Group Looks For.*)

The "family dentist" label: what it does and doesn't mean

Many Melbourne parents come across the term "family dentist" when searching for children's dental care. It's worth understanding what this label actually means clinically. "Family dentist" is simply a label some general dentists use to indicate that they're willing to treat both children and adults — in terms of education and training, there are no differences between a general dentist and a family dentist. The term carries no regulatory meaning and confers no additional paediatric qualification. A practice marketing itself as family-friendly may provide excellent care, but parents should verify whether a registered specialist paediatric dentist is available on-site for complex cases.

Core Dental Group's integrated referral pathway: the model that removes the burden from parents

The most practical implication of this clinical framework is that most parents can't reliably self-triage their child's needs — nor should they have to. Core Dental Group's multi-disciplinary model is specifically designed to resolve this.

At Core Dental Group, general dentists and dental therapists conduct initial assessments and manage routine care. Where the clinical picture indicates complexity — significant anxiety, developmental concerns, special health needs, or trauma — the treating clinician initiates an internal referral to a registered specialist paediatric dentist. This escalation happens within the same practice. Families don't need to change providers, re-explain their child's history, or navigate a new clinical environment. The child's trust in the practice environment is preserved, and continuity of care is maintained.

This integrated model reflects the evidence-based understanding that paediatric dental care exists on a spectrum, and that the most effective systems match clinical complexity to clinical expertise — dynamically, rather than by asking parents to make a determination they're not trained to make.

Key takeaways

- Paediatric dentistry is a legally protected dental specialty in Australia. A registered specialist paediatric dentist has completed an undergraduate dental degree, at least two years of general practice, and a further three-year full-time Doctor of Clinical Dentistry — a minimum of five to six years beyond dental graduation before specialist registration. - For healthy children with routine needs, a general dentist or dental therapist provides appropriate, evidence-supported care. The clinical gap between providers is most significant in children under age 8 and in cases involving anxiety, trauma, special health needs, or developmental complexity. - Research shows paediatric dentists deliver more preventive treatment, more appropriate use of local anaesthesia, and more comprehensive restorative care for young children — differences that are most pronounced in the under-6 and under-8 age groups. - The "family dentist" label carries no regulatory meaning. Parents should verify whether a registered specialist paediatric dentist is accessible within the practice for complex case escalation. - Core Dental Group's internal referral model means parents never have to self-diagnose their child's clinical complexity. Routine cases are managed by general dentists and dental therapists; complex cases are escalated to registered specialists — all within the same practice, without disruption to the child's care.

Conclusion

Choosing between a specialist paediatric dentist and a general dentist isn't a binary question with a universal answer. It's a clinical matching problem — one that depends on your child's specific age, behavioural profile, health history, and dental complexity. For many children, an experienced general dentist provides excellent care. For others — particularly very young children, those with anxiety, developmental conditions, or special health needs — the additional three-year clinical training of a registered specialist paediatric dentist isn't optional; it's the determinant of a safe, effective outcome.

Core Dental Group's integrated model means you don't have to make this determination alone. Whether your child needs a routine check-up covered under the Child Dental Benefits Schedule (see our guide on **CDBS Bulk Billing Explained**) or a complex specialist consultation, the right clinician is available within the same practice — and the pathway to them is built into every appointment from the first visit.

To understand the full scope of what a specialist paediatric dentist is trained to do, see our companion article: **What Is a Specialist Paediatric Dentist? How Core Dental Group's Registered Specialists Differ from General Dentists.** For parents ready to book, our **First Visit Guide** walks you through exactly what to expect at Core Dental Group.

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Label facts summary

> **Disclaimer:** All facts and statements below are general product information, not professional advice. Consult relevant experts for specific guidance.

Verified label facts

No product specification data was provided. No label facts could be extracted.

General product claims

No product specification data was provided. The content analysed is a clinical and regulatory information article — not product packaging or manufacturer documentation. The following are verifiable regulatory and institutional facts sourced from named bodies (AHPRA, DBA, universities, and peer-reviewed publications), not product label claims:

- "Specialist paediatric dentist" is a legally protected title under AHPRA in Australia - "Family dentist" carries no regulatory meaning under AHPRA - 13 recognised dental specialties exist in Australia under AHPRA - Paediatric dentistry is one of those 13 recognised specialties - The Dental Board of Australia sets accreditation standards for dental specialties - Specialist paediatric dentist training requires a three-year full-time Doctor of Clinical Dentistry - At least two years of general practice are required prior to specialist paediatric dentistry training - Minimum post-undergraduate pathway to specialist registration spans five to six years - Specialist paediatric dentists are listed on a specialist register; the title is protected by law - Dental therapists are scoped to primary tooth extractions only; they cannot

perform permanent tooth extractions or complex restorative work - Three clinician types treat children's dental needs in Australia: dental therapist, general dentist, specialist paediatric dentist - Paediatric dentists use rubber dam significantly more often and perform more preventive treatments in children up to age 11 than general dentists (Poorterman et al., *European Archives of Paediatric Dentistry*, 2010; PubMed ID: 20403304) - Over half of children referred to specialists had received no prior behaviour management treatment; nearly half had received no preventive treatment (Kvist et al., *Acta Odontologica Scandinavica*, 2018; PMC5893663) - Children with special health care needs are older at presentation, require more extensive treatments, and have longer hospital stays than healthy peers (Sganzerla et al., *Frontiers in Dental Medicine*, 2025; PMC12043882) - No significant difference in care patterns between general dentists and paediatric dentists for the 12–17 age group (Poorterman et al., 2010) - The Child Dental Benefits Schedule (CDBS) is available at Core Dental Group