10 October 2014

RE: REVIEW OF THE NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR HEALTH PROFESSIONS

The Australian Dental and Oral Health Therapists’ Association (ADOHTA) is the peak national body for dental and oral health therapists and dental hygienists—collectively referred to for the purpose of this submission as oral health practitioners.

On behalf of ADOHTA I wish to express our continued support for the establishment and strategic direction of the National Accreditation Scheme. The regulation of health professionals is fundamental to ensuring that services continue to be provided by practitioners who are trained and qualified to deliver them.

The excessive regulation of oral health practitioners however has resulted in a significant section of the dental workforce being underutilised. This review has highlighted the necessity for flexibility, accessibility and competition in the provision of health services. ADOHTA hopes to illustrate how current restrictions placed on the practice of its members is significantly limiting patient access to health services.

In relation to workforce reform and access, the National Scheme aims to facilitate access to services provided by a flexible, responsive and sustainable workforce. Under the National Scheme, restrictions are only imposed in order to ensure safe and quality health services are provided.

The review has highlighted two areas within the reform agenda in which regulators have a role to play:

1. Addressing workforce issues in relation to poor access to services, maldistribution of the workforce and increased specialisation of the workforce
2. Producing a future workforce capable of responding to the increased demand for health services from an ageing population.

In relation to point one, ADOHTA members are qualified and competent to assist in the delivery of oral health services around Australia, particularly in rural and remote regions where demand is high, yet the presence of permanent dentists is low.

A number of regulatory barriers continue to prevent the full utilisation of oral health practitioners within the dental workforce:

1. Currently only dentists, dental specialists and dental prosthetists are issued with Medicare provider numbers. This results in dental and oral health therapists and dental hygienists being unable to bill for the services they provide
2. State and territory regulations continue to prevent dental and oral health therapists from prescribing intra-oral radiographs or extra-oral OPGs—depending on jurisdiction—and from
possessing and administering some medicines and poisons necessary for practice, and within
the scope of an oral health practitioner

3. The Dental Board of Australia (DBA)’s prescriptive wording within the Scope of Practice for
Oral Health Practitioners states that dental and oral health therapists and dental hygienists
must work within ‘structured professional relationships’ with dentists, despite being
competent, autonomous practitioners

Dental and oral health therapists and dental hygienists are qualified health providers capable of
providing the full range of services within their scope of practice without unnecessary oversight from
alternate dental practitioners.

On point two, ADOHTA recognises that not only is there a larger aged population than ever before,
but the population is also increasingly dentate. With greater emphasis on maintaining good oral
hygiene as well as access to fluoridated water supplies, the population are keeping their teeth for
longer, which means that their will continue to be a demand for oral health services in older
populations.

Two Bachelor of Oral Health programs have been recognised and accredited by the Australian Dental
Council as qualifying students to practice within an adult scope. ADOHTA hopes that current state and
territory regulations restricting the age to which a therapist may treat a patient will follow. This will
allow therapists to assist with the delivery of oral health services to an aged population, within the
scope of their education and training.

**Question 20. To what extent are National Boards and Accrediting Authorities meeting the statutory
objectives and guiding principles of the National Law, particularly with respect to facilitating access
to services, the development of a flexible, responsive and sustainable health workforce, and
innovation in education and service delivery?**

Representatives for ADOHTA have approached the DBA to suggest working collaboratively to increase
the role of therapists and hygienists – and in turn the provision of services – within the current scope
of their education and training. These talks are shut down based on the Board’s limited understanding
of the role of therapists within the workforce.

A full realisation of the capacity for ADOHTA members to provide services which they are educated,
trained and capable to deliver will see significant gains in the ability to meet current demands.

I hope you might consider the feedback contained within this submission. ADOHTA supports the re-
formation of The Australian Health Workforce Advisory Council (AHWAC), in order to allow for an extra
layer of accountability in the decision-making processes of the various boards.

Clair Parsons
Executive officer