Australian Health Ministers’ Advisory Council
Department of Health
GPO Box 4541
MELBOURNE VIC 3001

30th September 2014

To whom it may concern,

I am writing to provide feedback with regards to the Review on the National Registration and Accreditation Scheme for the Health Professions established under the Health Practitioner Regulation National Law Act (the National Law). It will be detailed according to the structure outlined in the Terms of Reference, with a particular focus on the practice of dentistry as my area of expertise.

The Objectives

2 (1) (a) to provide for the protection of the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered

(b) to facilitate workforce mobility across Australia by reducing the administrative burden for health practitioners wishing to move between participating jurisdictions or to practise in more than one participating jurisdiction

(c) to facilitate the provision of high quality education and training of health practitioners

(d) to facilitate the rigorous and responsive assessment of overseas-trained health practitioners

I agree the above objectives have been met by the implementation of the National Law. However, it is clear the Australian Dental Council under the direction of the Dental Board of Australia (the Dental Board) should invest in more progress to enable dental practitioners who are unable meet the requirements of recency to practice a transparent pathway to pursue and achieve requirements for registration.

2 (1) (d) to facilitate access to services provided by health practitioners in accordance with the public interest

The Dental Board has failed to meet the above objective. In the recently approved Scope of Practice Standard, the Dental Board has continued to impose unnecessary regulation on the practice of dental therapists, dental hygienists and oral health therapists by retaining the term that they are not independent practitioners, and the requirement for a structural professional relationship with a dentist. No other health professions have such strict regulation simply because it serves no additional purpose to the protection of the public. As previously stated in the first version of the Scope of Practice Standard, dental therapists, dental hygienists and oral health therapists practice autonomously and are therefore responsible for any dental treatment performed. In 2011, it has been recommended by Health Workforce Australia to remove the bar on ‘independent practice’ within five years from the Standard¹, however, no clear explanation has been given to the rationale for this time period. Consistent with the independent practice of dental therapists, dental hygienists and oral health therapists internationally, the Dental Board should remove the bar on independent practice. A recent review from the United Kingdom (UK) demonstrated there was overwhelming evidence that these dental practitioners practice safely and can improve dental access to care², which led to the removal of the restriction of direct access for patients. That is, patients in the UK are able to see dental therapists, dental hygienists or oral health therapists without the need to be seen by a dentist first, a practice that already exists in Australia prior to the National Law. Furthermore, the ability for these dental practitioners to practice autonomously and who are wholly responsible for their patients care implies they practice as independent practitioners.
The review committee may ask why there is a need to remove the bar on independent practice. Firstly, it is necessary because it operates under the guiding principles of the National Scheme and offers clarity on the role of these dental practitioners. Secondly, it will enable foundational groundwork for dental therapists, dental hygienists and oral health therapists to obtain Medicare provider numbers, thereby resulting in improved access to dental care for the public and dental workforce monitoring in Australia. Thirdly, the provision of Medicare provider numbers will educate the private health insurance industry to permit patient claims for dental services provided by dental therapists, dental hygienists and oral health therapists. To date, some private health insurance companies will pay for dental services if a dentist provider number is used, and some companies will explicitly decline to pay for dental services that are not performed by a dentist. Evidently, current dental practice promotes tight competition favouring dentists, and is to the detriment of the public interest. Dentists are also placed at increased public liability as a result of potential fraud claims due to their unidentified use of their provider number in routine dental practice.

My personal investigations into the matter of claims paid by private health insurance for dental services rendered by an oral health therapist clearly shows inconsistencies and flaws in the delivery of dental services in private practice. Understandably the private health insurance industry has a significant role in the delivery of health care but due to the lack of leadership of the Dental Board, the priorities advocating for the public interest will continue to be dismissed. I have provided a summary of my findings for the committee reviews' reference below for inquiries conducted in Victoria. Note that that The Doctor's Health Fund required pre-approval for claims to be paid for services provided by a dental therapist, dental hygienist or oral health therapist. This process is an added barrier for patients to receive timely dental treatment. Of the received replies from various private health insurance companies, only 45% of respondents approve claims for services using a dentist provider number.

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<th>Private Health Insurance Fund</th>
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<th>Approved Claims Using Individual Provider Number</th>
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The above objective has been partially met. I commend the Australian Dental Council’s efforts to approve dental programs that enable the expanded scope of dental therapists and oral health therapists to treat patients using restorative procedures for all age groups. This is consistent with the scope of practice of these professions internationally. However, the Dental Board has a role to ensure dental practitioners who have been formally trained overseas with an expanded scope of practice for these competencies to be recognised in Australia. At present, the Dental Board only recognises approved courses completed in Australia. As a result, some patients are unable to receive appropriate access to dental care basically due to a regulatory burden rather than competency recognised standards. The Dental Board should have due processes for any formal qualifications achieved internationally with expanded scope of practice to be recognised in Australia. In addition, there is further opportunity for the Dental Board to collaborate with higher education institutions to train and upskill the existing dental workforce of dental therapists and dental hygienists to the role of an oral health therapist who hold both dual qualifications, and meet the responsive needs of the community.

**The Guiding Principles of the National Scheme**

2 (2) (a) the National Scheme is to operate in a transparent, accountable, efficient, effective and fair way

The Dental Board has failed to achieve the above guiding principle. The revised Scope of Practice Standard for Dental Practitioners has taken more than one year before approval. This is hardly timely or efficient, and the Dental Board has provided limited explanation with regards to their rationale for the revised Scope of Practice Standard. Particularly, the Dental Board has not extensively had consultations with the Australian Dental and Oral Health Therapists’ Association or the Dental Hygienists’ Association of
Australia, to which the Scope of Standard has strong relevance to their members' prior to the approval of the revised Standard.

(b) fees required to be paid under the National Scheme are to be reasonable having regard to the efficient and effective operation of the National Scheme

I cannot provide further comment on the above guiding principle as it is not my area of expertise.

(c) restrictions on the practice of a health profession are to be imposed under the National Law only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

As expressed previously, the Dental Board has failed to meet the above guiding principle of the National Scheme by restricting the competition and access to dental care within the dental profession, and this is to the detriment to the public interest.

I trust my views and opinions expressed above will be taken into consideration.

Yours sincerely,

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Executive Director
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