Review of the National Registration and Accreditation Scheme for Health Professions

Re: Dental Board of Australia

Thank you for the opportunity to respond to the Review of the National Registration and Accreditation Scheme for Health Professions.

As a registered dental practitioner – dental therapist – I am familiar with the workings of the Dental Board of Australia. As the Discipline Lead for a Bachelor of Oral Health program at CQUniversity in Rockhampton, I am also familiar with the workings of the Australian Dental Council.

Dental therapists, dental hygienists and oral health therapists are part of the Dental Board of Australia along with dentists, dental specialists and dental prosthetists.

Dental therapists, dental hygienists and oral health therapists are in a very difficult situation as we have been deemed to not be able to work as 'independent' practitioners by the Dental Board of Australia. Graduates are not required to complete an internship or complete further studies after successful completion of an accredited training program listed with the Australian Dental Council. Moreover, dental therapists, dental hygienists and oral health therapists are autonomous decision makers. However we are excluded from 'independent' practice, we are subordinated by being required to have a 'structured professional relationship' with a dentist, and we are limited in not having access to a Medicare Provider Number or a private health insurance provider number.

Dentists, dental specialists and dental prosthetists have been deemed as 'independent' practitioners – they have access to a Medicare Provider Number or a private health insurance provider number. Consequently, they have direct access to patients in terms of Medicare and private health funds in Australia.

Patients are denied direct access to dental therapists, dental hygienists and oral health therapists and this is based on historical grounds as well as through the power and control of vested interests in the dental industry, namely the Australian Dental Association.

Question 20:

The current composition and leadership of the Dental Board of Australia is not supporting a flexible, responsive and sustainable health workforce in Australia in terms of dental therapists, dental hygienists and oral health therapists. The innovations in education and service delivery models in Australia are not being recognised by the Dental Board of Australia. Sadly, the interprofessional education and interprofessional clinical practice undertaken by students in nursing homes and chronic disease integrated health clinics in the Bachelor of Oral Health degree at CQUniversity cannot be translated into clinical practice after graduation.

Question 21:

Yes, the AHWAC should be reconstituted and carry responsibility for informing regulators about health workforce reform priorities and key health service access gaps. The Dental Board of Australia needs another body to give guidance and a wider perspective to their decisions. Self-interest by one professional body should not rule decisions concerning therapists, dental hygienists and oral health therapists.
Question 23:
The Australian Dental Council is the body that liaises between the educational institutions and the Dental Board of Australia. The Board should be responsive to innovations in educational practice – these include programs for adult scope of practice in Bachelor of Oral Health degrees. The Board should be encouraging new models, not putting up barriers to new developments or programs.

Question 25:
Yes, the appointment of the Chairperson of the Dental Board of Australia should be on the basis of merit. The person must be able to represent all dental practitioners. The situation where dental therapists, dental hygienists and oral health therapists are excluded, subordinated and limited to the advantage of other dental practitioners limits competition, is unfair and should not be tolerated.

Question 26:
No, there are not effective division of roles and functions between the Dental Board of Australia and the Australian Dental Council to meet the objectives of the National Law. The Dental Board of Australia should not be involved in accreditation issues for new oral health programs, continuing professional development (CPD) and add-on courses to extend scope of practice. Sadly, only dental therapists, dental hygienists, oral health therapists and dental prosthodontists are required to complete accredited add-on courses to extend scope of practice whereas dentists have no such requirements.

Question 27:
Yes, there is sufficient oversight for decisions made by the Australian Dental Council but there is not sufficient oversight for decisions made by the Dental Board of Australia. If dental therapists, dental hygienists, oral health therapists don’t like the current arrangements, there is no body to turn to for appeal or assistance. An independent arbiter who is across all the health professions should be available to ensure that the Dental Board of Australia is operating in a transparent, accountable, efficient, effective and fair way. Most importantly, there should not be any restriction of competition or limiting access to health services for dental patients in Australia.

Thank you for the opportunity to contribute to this review.

Yours faithfully,

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