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Mutual Recognition Schemes  
Productivity Commission  
LB 2, Collins St East  
Melbourne VIC 8003

By email: [mutual.recognition@pc.gov.au](mailto:mutual.recognition@pc.gov.au)

Dear Sir/Madam,

The Australian Dental Association (ADA) thanks the Productivity Commission for its Draft Report of June 2015 and the ability to comment upon it.

#### **GENERAL COMMENTS ON THE DRAFT REPORT**

This response to the Draft Report needs to be read in conjunction with our earlier submission to the Commission of 19 February 2015.

As indicated in our original submission the ADA addressed only limited aspects of the original Terms of Reference namely:

*b recommend ways to further improve the inter-jurisdictional movement of goods and skilled workers, and reduce red tape, including examining the scope for automatic mutual recognition where applicable.*

The response then focused upon question 26 of the Productivity Commission's Issues paper:

*26 How well does mutual recognition between Australia and New Zealand work for health professionals other than doctors?*

The ADA raises the following issues with the Draft Report:

i) Non response to Question 26.

The Terms of Reference raised the issues identified above and the ADA attempted to provide information that would assist the Productivity Commission determine the impact of TTMRA on the dental profession. It is disappointed that the very question asked by the Commission in question 26 and responded to by the ADA was barely covered in the Draft Report in response.

In responding to question 26 as to how well mutual recognition between Australia and New Zealand worked for health professionals, other than doctors, the ADA provided information from the dental practitioners' perspective. Extensive data was provided as to the existing dental workforce, details of dental student places to identify yet to be registered practitioners, the registration of overseas dental practitioners in Australia and the extensive study of the dental workforce undertaken by Health Workforce Australia.

Rather than consider this information in analysing the impact continued mutual recognition arrangements would have on the dental profession, the Draft Report made light of the impact. It referred to the ADA misunderstanding the purpose of mutual recognition.<sup>1</sup>

The ADA would contend that identifying the impact of allowing a free exchange of dental practitioners between Australia and New Zealand was central to the question asked in question 26 the Terms of Reference.

ii) Lack of concern for maintenance of safety and quality in the health workforce.

Another major matter of concern was reference to a similar apparent misunderstanding in other submissions made to the Commission in response to the earlier request. At page 119 of the Draft Report it states:

*Some regulators misunderstand the purpose of mutual recognition*

*The fundamental principle of mutual recognition of occupations is that registration in one jurisdiction is sufficient grounds for registration in an equivalent occupation in another jurisdiction. Differences in the occupational standards — such as qualifications, skills and experience — required to obtain (and retain) registration are not grounds to reject an application. In other words, the jurisdictions that participate in the mutual recognition schemes have agreed to accept each other's standards, even when those standards are different.*

If the Productivity Commission is focused on the welfare of Australians then this comment is seriously at odds to that interest.

*"Differences in the occupational standards— such as qualifications, skills and experience" cannot be permitted when it comes to health practitioners. Central to the delivery of health in Australia is the creation and maintenance of standards that ensure Australians have providers that deliver safe and high quality services. The comment from the Draft Report quoted seems to disregard this totally as it suggests each jurisdiction must "accept each other's standards, even when those standards are different."*

Adoption of such a philosophy will create a situation where job title becomes paramount and that if a person is classified as a 'dentist' in one country then regardless of that person's qualifications, skills and experience they will be recognised as the equivalent in the other country.

If this is the intention of mutual recognition then the ADA is firmly opposed to it applying to dentistry in particular and to health professions generally. The ADA cannot reconcile this apparent

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<sup>1</sup> Mutual Recognition Schemes Draft Report p120

intent of mutual recognition with a maintenance of the current high standards that exist in the dental profession.

The Draft Report actually elsewhere supports the ADA's contention. At page 29 the statement is made:

*"...the overarching concern for the review has been whether potential changes to the mutual recognition schemes would achieve a net improvement in the wellbeing of the community as a whole, rather than just the interests of a particular industry or group."*

Allowing for compromise in comparative qualifications, skills and experience flies in the face of this expressed sentiment. Lowering of qualifications etc. will not achieve an improvement to the wellbeing of the community. It is nonsense to suggest this.

The Dental Council of NZ was alive to this issue where it commented upon the underlying unfavourable impact and loss of confidence the public would have if there was not a maintenance of standards.<sup>2</sup>

iii) Exemptions.

Finally it was noted that the Commission was suggesting that provision of "exemptions" to mutual recognition "should be avoided." This seemed to be because organisations such as the ADA would only seek more exemptions. Again views were sought in the original Terms of Reference and in question 26 to consider how mutual recognition would work for health professions other than doctors.

The ADA suggested an exemption that would both support mutual recognition and also support the interests of Australians in ensuring the Australian workforce was protected against a potential influx of "shopping and hopping" dentists with qualifications received outside of Australia or New Zealand obtaining automatic recognition in Australia.

The Commission should review its position on this as it would serve the Australian community well.

The ADA therefore repeats its earlier recommendations:

1. With recent changes to the accrediting processes implemented by the DCNZ for overseas trained dental practitioners, the TTMRA exclude from eligibility those dental practitioners that have been accredited by the DCNZ since the date of change to the new accreditation model which is now aligning its accreditation standards with bodies other than the ADC;
2. Immediate modification to the TTMRA to provide that in the case of dental practitioners, only dentists and allied dental practitioners with primary dental qualifications obtained in New Zealand and Australia be permitted automatic registration under the TTMRA. Dental practitioners trained in countries other than Australia and New Zealand should be exempted from mutual recognition under the TTMRA;

<sup>2</sup> Dental Council of New Zealand, sub. 21, p. 2

3. With the current and long-term supply of dental practitioners dramatically exceeding the demand for services, the ADA recommends later refinement to the TTMRA by the temporary exclusion of all dental practitioners from the provisions of the TTMRA;
4. A two yearly review of the dental workforce be undertaken to determine if workforce supply and demand has varied to such an extent that the TTMRA be re-instated for dental practitioners.

Yours faithfully,

Dr Rick Olive AM RFD  
President