



AUSTRALIAN DENTAL AND ORAL HEALTH  
THERAPISTS' ASSOCIATION Inc.  
C/ 17 Chapel Road  
MODBURY NORTH SA 5092  
8 November 2005

The Australian Health Workforce  
Productivity Commission

RE: Productivity Commission Position Paper

Dear Sir

The Australian Dental and Oral Health Therapists' Association (ADOHTA) is the only national body representing dental therapists and oral health therapists and providing leadership, collaboration and advocacy to enhance the profession and the oral health outcomes for the community. Dental Therapists are multifaceted members of the oral health team providing quality primary dental care to various sections of the community. Oral Health Therapists are dual skilled in the disciplines of both Dental Therapy and Dental Hygiene. Dental Auxiliaries, that is Dental Therapists and Dental Hygienists have practised in Australia for over 30 years and their skills are still underutilised. The recent Legislative Review process and National Competition Policy review has led to compulsory Dental Board registration of Dental Auxiliaries Australia wide and an easing of the restrictions under which they practice however the profession is still heavily regulated.

The ADOHTA welcomes the opportunity to comment on the Productivity Commission Position Paper. Many of the issues highlighted in the position paper are of concern to the ADOHTA. Our profession faces problems associated with an aging workforce which is predominantly female, limited opportunities to re-enter the workforce after a period away (usually raising families), lack of opportunity for further education – many Dental Therapists have a certificate or diploma which is not recognised by tertiary institutions and therefore cannot claim recognition of prior learning, lack of recognition of our skills, lack of appropriate remuneration and the decision makers for our profession are predominantly male dentists. The national body, the Australian Dental Council which accredits dental undergraduate and postgraduate university programs and training programs for dental hygienists and dental therapists contains only one Dental Therapist and one Dental Hygienist representative who are clearly outnumbered. Therefore this body does not represent the majority of Dental Auxiliary's views.

Draft Proposals 3.1 & 3.2

The ADOHTA supports these proposals.

Draft Proposal 4.1

The ADOHTA supports this proposal however would like to direct the Productivity Commission to the National Advisory Committee on Oral Health (NACOH) produced National Oral Health Plan 2004. This plan makes recommendations regarding the Oral Health workforce after extensive consultations with the Oral Health community and therefore has already covered many issues which an *advisory health workforce improvement agency* would examine.

Draft Proposals 5.1, 5.2 & 5.3

The ADOHTA supports these proposals.

Draft Proposals 6.1 & 6.2

The ADOHTA supports the establishment of a *national accreditation agency for university-based and postgraduate health workforce education and training*. and *The new national accreditation agency should develop a national approach to the assessment of overseas trained health professionals*.

Currently there is no assessment process for overseas qualified dental auxiliaries. Requests to the Australian Dental Council to establish an assessment process similar to that used for overseas trained dentists has seen a committee formed which has yet to meet. Currently overseas qualified dental auxiliaries must apply for registration from the dental board in the state/territory in which they wish to work and their competency will be assessed by the dental board. The inherent inconsistencies with this process are compounded when the dental auxiliary then applies for registration in a different state/territory under mutual recognition.

With a national shortage of dental auxiliaries, Australia can ill afford to turn away potential personnel however the workforce shortages should not dictate a lowering of standards. In the interests of public safety nationally accepted minimum skills and competency levels should be set.

A national accreditation agency would ensure consistent assessment of overseas qualified applicants.

Draft Proposal 7.1

Each state/territory Dental Board places different regulations on Dental Auxiliaries ranging from confining employment to government practice only in NSW, to autonomous operation and ability to own a dental practice in Tasmania. Restrictions make employment opportunities less attractive and therefore more difficult for some areas to recruit and retain dental auxiliaries. Age limits are another area that varies widely between state/territory dental boards. In Victoria dental therapists may treat up to the age of 25 under the prescription of a dentist while in the Northern Territory Dental Therapists currently can only treat primary school children.

*Uniform national standards* would ensure the portability of the dental therapists' or oral health therapists' qualifications and the ability to utilise their skills. Public confidence would benefit from consistent national guidelines also.

Draft Proposal 7.2

The ADOHTA supports this proposal.

#### Draft Proposal 7.3

The establishment of a *formal regulatory framework for task delegation* would enable dental auxiliaries to expand their role and the services they provide thereby alleviating some of the pressure on dentists to supply services. For example an extension allowing dental therapists to perform the tasks they are competent in on a wider group of the population eg under prescription for adults. This currently occurs in Victoria up to age 25, however a national standard needs to be established to avoid public confusion.

#### Draft Proposals 8.1 & 8.2

Patients receiving services provided by Dental Auxiliaries are currently being charged the same rate as if a Dentist had provided the service. This does not provide the patient with a lower cost option for their treatment and effectively earns the dental practice a higher profit from the procedure as dental auxiliaries are paid substantially lower than dentists. Also the service provided by a dental auxiliary is currently unable to receive a *Medicare Benefits Schedule (MBS)* rebate. There is also a concern that dental services provided by auxiliaries do not attract any Private Health Insurance rebates.

#### Draft Proposals 9.1, 9.2 & 10.1

The ADOHTA supports these proposals.

#### **Draft Proposal 10.2**

With the *formal regulatory framework for task delegation* and *uniform national standards* there also needs to be the flexibility to enable job redesign to occur without any reduction of standards for rural and remote populations.

#### Draft Proposals 10.3 & 11.1

The ADOHTA supports these proposals.

While the ADOHTA does not believe that the Productivity Commission's Proposals will answer all of our concerns, they certainly appear to be a step in the right direction.

The ADOHTA appreciates the opportunity to comment on this Position Paper.



Ms Julie Barker  
ADOHTA President