



The Dental  
Hygienists'  
Association of  
Australia Inc

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## **Submission to Productivity Commission Comment on Position Paper *Australia's Health Workforce***

The Dental Hygienists' Association of Australia Inc. (DHAA Inc.) appreciates the opportunity to comment on the Commission's Position Paper on Australia's Health Workforce.

Dental hygienists are in an ideal position to offer oral health preventative services to Australians in urban, rural and remote areas. Hygienists have a synergistic and complementary relationship with dental practitioners in providing such services. Private practitioners are rapidly recognizing that hygienists bring many benefits to their practices and patients. The public health system would also benefit by maximizing the utilization of this very valuable resource for offering preventative services (thus avoiding treatment of oral disease) to the public.

### **Draft Proposal 4.1**

The DHAA Inc. supports the work of the NACOH Oral Health Plan 2004-2013 and hopes the Productivity Commission implements the recommendations made in the comprehensive plan for future oral health in Australia.

### **Draft Proposal 5.1**

No comment.

### **Draft Proposal 5.2**

Universities must be allowed to establish curricula independent of government bodies. The ADC carries out exhaustive accreditation processes which assure a high standard of graduate from each program, but allows for a variety of educational delivery mechanisms and program curricula. The DHAA Inc. would not support an AHMC council which dictates curricula.

### Draft Proposal 5.3

The DHAA Inc. supports any measures taken which lead to more efficient delivery of training services, without jeopardizing the quality of graduate.

### Draft Proposal 6.1

There are now 8 programs (at tertiary level) offering training for dental hygienists around Australia. The Australian Dental Council (ADC) efficiently carries out accreditation of these programs (at no cost to the government) and another level of regulation and bureaucracy is absolutely unnecessary. Dental hygienists are registered and regulated by the state dental boards, many of which include a hygienist on the board. The DHAA Inc. believes our profession is regulated satisfactorily and would not favour further levels of government regulation.

### Draft Proposal 6.2

The ADC performs these functions efficiently in the dental profession and is looking at supervising the uniformity of examination of overseas-trained hygienists in future. There is no need for a national accreditation agency for assessing overseas trained dental professionals.

### Draft Proposal 7.1

The DHAA Inc. would support uniform national standards for registration to allow for efficiencies in registration and regulation. It would seem that there would be cost efficiencies in establishing national standards which now are often duplicated at state level.

### Draft Proposal 7.2

No comment

### Draft Proposal 7.3

More detail regarding this proposal is necessary before the DHAA Inc. would approve a formal regulatory framework for task delegation. Dental hygienists do work under the delegation of dental practitioners but take responsibility for any delegated duties as responsible professional registrants.

### Draft Proposal 8.1, 8.2

The DHAA Inc. would encourage the Australian Government to include oral health care services in the MBS in future. Oral health is integral to and inextricably linked to general health.

Draft Proposal 9.1

No comment

Draft Proposal 9.2

No comment

Draft Proposal 10.1

Australia's National Oral Health Plan 2004-2013 explicitly outlines action areas to include rural and remote and indigenous communities.

Draft Proposal 10.2

No comment

Draft Proposal 10.3

The DHAA Inc. encourages more efficient and productive health workforce services in rural and remote Australia.

Draft Proposal 11.1

The DHAA Inc. strongly supports the provision of oral health care, at national level, to special needs groups, and suggests that dental hygienists should be incorporated into the framework for delivery of preventative services to many of these groups.

The DHAA Inc. hopes that these comments are of some benefit to the Commission and look forward to further communication with the Commission and involvement in this project.

The Dental Hygienists' Association of Australia Inc.  
November 12, 2005