

10 November 2005

Health Workforce Study
Productivity Commission
PO Box 80
BELCONNEN ACT 2616

Dear Commissioners

Response to Productivity Commission's Position Paper on Australia's Health Workforce

Thank you for the opportunity to comment on the Position Paper on Australia's Health Workforce.

The board's key concern is to ensure that safe and quality health care services, particularly in dental care, are provided to Australians. With that as its primary consideration, the Dental Practice Board of Victoria would like to make the following comments on the paper.

Scopes of practice and changing professional roles

It should be noted that in Victoria the scopes of practice for dental care providers other than dentists (this includes dental hygienists, dental therapists, dental prosthetists) have already been reviewed and extended and that a "team" approach to the delivery of dental care has been implemented. Since the *Dental Practice Act 1999* was introduced, all the registered professions have appointments to the board and are regulated by the same body. In fact, actions taken by the Dental Practice Board of Victoria from 2001 onwards have led to similar innovations elsewhere. For instance currently South Australian legislation is modelled on Victoria and the extension of scopes of practice for dental auxiliaries and dental prosthetists has led to a similar extension occurring in New South Wales, Tasmania and Northern Territory. It is therefore naïve to think that the availability of dental services is restricted by registration authorities and the Australian Dental Council (ADC) taking a narrow, restricted and "dentist-centred" view which props up traditional professional roles and boundaries. The fact that the current regulatory regime in Victoria is about to be overturned does not mean that any major deficiencies in the existing system have been identified. In this respect the Victorian government's submission to the Productivity Commission (dated July 2005) is seriously misleading. It is untrue for instance that the new legislation which the Victorian government plans to introduce was developed after extensive consultation. In fact no meaningful rationale for the Victorian government's proposed changes has been put forward.

National accreditation regime

The proposal to create a single national accreditation agency to subsume the functions currently performed by the Australian Dental Council (ADC) would simply create another layer of federal bureaucracy. Many of the advantages claimed in the position paper for the new agency are already demonstrated by the ADC. It should not be assumed that the dental world is modelled on the medical world. The ADC's

national processes incorporate an elaborate system of checks and balances to ensure fairness. The ADC has representatives from all dental sectors (dentists, dental hygienists, dental therapists), with the exception of dental prosthetists who are managed by the Council of Regulating Authorities (although there is close liaison with this organization) and from regulatory authorities, professional associations, universities and colleges. Community representatives are included on its committees; its accreditation committee is a joint Australian and New Zealand committee which has teams across all disciplines and which is independent of the Universities that are being accredited; its examination process uses examiners independent of the ADC and universities; and there is an independent appeals process.

Registration arrangements

It is difficult to believe that making registration boards less autonomous and potentially subject to short-term political direction will not have the effect of lowering professional standards. Proposals to make "special arrangements" for health care provision outside the metropolitan areas and in the public sector will inevitably lead to a two-tier system of healthcare: a high standard for affluent urban populations and a lesser standard that is considered good enough for the poor. It is the view of this board that the registration of health care providers ought to be separate from a political function and needs to be visibly separate.

The board would also suggest that in conjunction with addressing workforce issues, national resources and effort need also to be directed towards prevention and reducing the incidence of the common dental diseases. This will have a long-term and sustained effect of reducing the pressures on the dental health workforce. But the full solution to the health workforce problems will necessarily involve the creation of more university places.

Yours sincerely

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President