

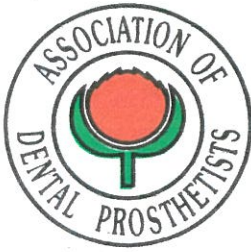
Submission
No 124

INQUIRY INTO DENTAL SERVICES IN NSW

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Date Received: 7/06/2005

Theme:

Summary



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3 June 2005

The Hon Jan Burnswoods MLC
Chairperson
Legislative Council on Social Issues
Parliament House
SYDNEY NSW 2000

SOCIAL ISSUES COMMITTEE

7 JUN 2005

RECEIVED

Submission to Inquiry into Dental Services in New South Wales

Dear Ms Burnswoods,

I write on behalf of members of this Association to raise with your Committee serious concerns with the NSW Oral Health Scheme administered by NSW Health. The attached submission details the Association's concerns.

The NSW Government previously recognised the then emerging profession of Dental Prosthetics when it expanded the existing Dentures for Pensioners and Other Necessitous Persons Scheme to include not only Dentists but also Dental Prosthetists. The Government acknowledged then that education and training courses were about to be developed. Training courses that have been accepted as the best in Australia have been operating now for quite some years. The time is overdue for further State Government recognition that highly qualified Dental Prosthetists are now being registered and long standing anomalies in the Oral Health Scheme must now be rectified.

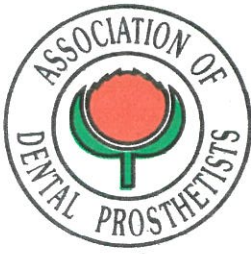
This submission is presented in six sections:

- Development;
- Education & Scope of Practice;
- Operation of the Scheme;
- Fees;
- Problems;
- Solutions.

These are further broken down into point headings for the sake of clarity.

Yours sincerely,

Martin Dunn AdvDipDP(Syd) DipDT(Syd),
President



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Submission to the Legislative Council Standing Committee on Social Issues Inquiry into Dental Services in New South Wales

Development

Many improvements have been introduced since Dental Prosthetists started to treat Pensioners and Health Care Card holders.

- Advanced education changed the perception of Dental Prosthetists because it provided them with the professionalism and knowledge to match a Dentist's training in removable prosthetics.
- Instruction in infection control standards in the interests of public health is an integral part of training and is constantly being updated by the registration and training authorities.
- The environment in today's modern prosthetic practice reflecting increased awareness of the need for infection control, the realisation that the Dental Prosthetist is an integral part of the healthcare profession, the raising of professional standards and practices, and heightened public expectations have all contributed to major change.
- All health funds now recognise Dental Prosthetists and offer benefits to members who use their services.
- Medibank Private provides benefits to members at exactly the same rates as it offers its contributors who visit a Dentist.
- Some state governments that have 'Pensioner Denture Schemes' have the same benefits rates for Dental Prosthetists and Dentists. This is the case in Victoria and Tasmania, whilst in the A.C.T only Dental Prosthetists provide these services. These states are also linked to DVA fees.

Education and Scope of Practice

- Today's Dental Prosthetists are highly educated professionals. They have gained a Diploma of Dental Technology and an Advanced Diploma of Dental Prosthetics.
- The time spent gaining these qualifications is at least four times greater than the time dental students spend on the prosthetics elements of their Bachelor's degree and may be up to six times more, depending on the amount of practical work dental students undertake.

- It should also be pointed out that under current articulation rules in tertiary education the two qualifications Dental Prosthetists must hold equate to more than a first degree from a university. Griffith University offers two-thirds recognition when a qualified Dental Technician applies to enter their degree program. Dental Prosthetists have a separate Advanced Diploma of Dental Prosthetics on top of their Diploma of Dental Technology.
- Griffith University and Otago University, New Zealand, both have Bachelor of Dental Technology degrees with postgraduate studies in dental prosthetics. At Griffith University, the Dental Prosthetist program is a full Masters degree. Other Universities around Australia are in discussion with the profession for degrees as well.
- Many Dentists now refer patients immediately to Dental Prosthetists based on their high level of training and skill. They are also working closer with Dental Prosthetists in all areas of removable prosthetics including Implant Retained Overdentures. These Dentists simply don't want to provide denture services.
- Many new graduate Dentists do not consider themselves particularly competent in prosthetics and automatically refer denture patients to Dental Prosthetists. This reflects an evolution within the dental profession.
- Some dental degree courses have dropped nearly all of the denture components of their curriculum, further evidence of this evolution.

Operation of the Scheme

- Public patients in need of denture treatment are being severely disadvantaged by interminably long waiting lists in the NSW Oral Health Scheme.
- At the present time a public patient is assessed by a Dentist at the nearest public hospital that has a dental clinic. But due to lack of funding it can be up to 3 years before the Dental Prosthetist who has agreed to participate in the scheme is given authorisation to commence treatment of the patient. By this time the patient's denture problem has deteriorated and the original prescription, written at the time of the initial assessment, is out of date and of limited or no use to the patient.
- The Dental Prosthetist then has to refer the patient back to the hospital dental clinic (for which there is no fee for the wasted appointment or referral) for reassessment and seek new authorisation to provide treatment to rectify the current problem, not the problem as it existed some years before.
- The Oral Health Scheme should be adjusted to provide that Dental Prosthetists who are authorised to participate in the Scheme are enabled to assess patients and then provide treatment immediately upon receipt of authorisation, based on eligibility recorded on a database similar to the model operated by the Commonwealth Department of Veterans Affairs. Obviously this will require a realistic amount of money allocated to the Scheme but an immediate drop in patient waiting lists would be the very acceptable outcome.

- Those public hospitals that have dental clinics should employ Dental Prosthetists (many hospitals already do) to provide denture treatment for public patients. This will further reduce waiting times. Further, NSW Health should commence meaningful negotiations to prepare an award for the dental prosthetists in their employ.
- These steps will greatly improve access to denture care treatment by public patients in country areas.

Fees

- A flawed argument for lower fees for Dental Prosthetists was that they did not require the same amount of equipment, staff and facilities to produce removable dental prostheses. However, it is demonstrably the case that the majority of costs of equipment, staff and facilities incurred in a dental practice are incurred in treating patients who do not receive removable prosthetic treatment.
- Similarly, there was an argument that, since Dental Prosthetists carried out the laboratory work as well as the clinical work, they benefited from a saving on purchasing laboratory services. However, the question of possible savings on laboratory fees is no longer relevant (see next point).
- The separation of clinical and laboratory components of treatment is well defined and that definition is set out by the Australian Taxation Office. Their ruling in 2000 resulted in the Commonwealth Department of Veterans Affairs issuing separate fee schedules to satisfy GST charging requirements for laboratory procedures, which attract that tax. The tax has since been reviewed but the separation still exists.
- The original NSW Oral Health Scheme provided for annual reviews of fees in consultation with this Association. These discussions have never been held on a regular basis and the Association proposes a simpler solution to fee reviews in the future – NSW Oral Health Scheme fees should be linked directly to Veterans Affairs Scheme fees.
- The Department of Veterans Affairs (DVA) operates a scheme to provide dental care to Veterans Affairs beneficiaries. Dental Prosthetists throughout Australia participate in that Scheme. This Association's national body, the Australian Dental Prosthetists Association, is a signatory to the Scheme, along with the Australian Dental Association. The Department of Veterans Affairs reviews fees from time to time and it would be a simple matter for NSW Health to link to those fees on a permanent basis.
- The Committee on Social Issues may be interested to note that the Department of Veteran's Affairs Scheme has no waiting list.

Problems

- Different fee scales can not be justified

- Hygienists, for example, who must work under supervision of a Dentist are able to claim through their Dentist employers the same rate as the Dentist for services provided. Dental Prosthetists however, who DO work autonomously, and have their own individual provider numbers, are unable to claim the same benefit as the Dentist. That is to say that a member of the public can go direct to a Dental Prosthetists' practice and receive treatment immediately without any referrals or approvals, but the Dental Prosthetist receives a different benefit.
- NSW Health advisers in dental matters are overwhelmingly Dentists and therein lies a possible cause of conflict of interest when Dental Prosthetists issues are being considered. Dental Prosthetists should be advisers on Dental Prosthetists issues.
- Nowadays a number of Dental Prosthetists are members of Dental Practices. This has led to a further anomaly: if prosthetic work is ordered by a Dentist member of the practice and carried out by the Dental Prosthetist member, the fee payable to the practice is greater than if the work is commissioned directly from the Dental Prosthetist by the patient. The temptation for practices to organise the ordering of their work so as to maximize their income will be evident.
- Over time, adjustments to fee schedules have heightened the inequity. Because it is calculated as a percentage of the Dentists' fee, the gap between Dentists and Dental Prosthetists keeps widening with every fee rise.
- At the Association's Annual General Meeting in August 2004, the members voted to withdraw their services to the NSW Oral Health Scheme because it was no longer economically viable to continue. This motion was presented with great reluctance on the part of members, but they can only survive in business by undertaking charity work on a very limited basis and the Denture for Pensioners Scheme has developed into charity work.

Solutions

- The most straightforward way to eliminate the difference would be to introduce parity with immediate effect. Taking into account the body of evidence that at present the number of eligible denture patients is diminishing, the effect of any fee adjustment on budgets would be relatively low.
- Alternatively, NSW Health might wish to lessen the budgetary impact of achieving parity further by using a budgetary buffer to implement parity over 2 or 3 years
- The differential between the fees paid to Dentists and Dental Prosthetists in the NSW Oral Health Scheme and the DVA Scheme could be eliminated over time by the following, or some similar, mechanism:
 - a) Dental Prosthetists' fees are increased to take account of CPI increases plus an increased additional percent that can be agreed to by the Association.
 - b) When parity is reached both groups receive the same increases as DVA when they are offered.
 - c) Negotiate an adequate award for Dental Prosthetists in the public sector so that hospitals can employ Dental Prosthetists directly and counteract the massive shortage in the public dental workforce. After twenty six years there has been no such award.

- The major implications of the proposed changes to address these issues are obviously economic.
Their effect would be limited in size by the decreasing level of demand for dentures in the community.

- Implementation in such a way would benefit the Department by:
 - a) rationalizing the number of rates it has to apply to any particular service,
 - b) providing a small but useful short-term saving which it could claim as part of its next Budget review,
 - c) allowing it to demonstrate the fairness and impartiality of its fees for service,
 - d) improving relationships between it and the principal providers of these services,
 - e) counteracting the shortage of Dentists, especially outside the Sydney metropolitan area, by using Dental Prosthetists, which allows Dentists to concentrate on preventive and restorative dentistry.

- We propose that a working party consisting of NSW Health and Association of Dental Prosthetists representatives be set up to deal with the exact details of this proposal and its implementation.

Close

- Thank you for your consideration of this submission. We look forward to the Committee's positive response to our proposals. If you have any questions regarding this matter please contact me on 0414 777 026 or 9418 4922.

Martin Dunn
President
Association of Dental Prosthetist Inc. NSW