

**Australian Dental
Industry Association**

**Australian Health Practitioner Regulation Agency
Senate Inquiry Submission**

Submission To The
Senate Finance and Public Administration Committee
Inquiry Into The Administration of Health Practitioner Registration
By The Australian Health Practitioner Regulation Agency

From The
Australian Dental Industry Association
— April 2011

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ADIA Senate Committee Inquiry Submission

This submission from the Australian Dental Industry Association (ADIA) to the Senate Finance and Public Administration Committee inquiry into the administration of health practitioner registration by the Australian Health Practitioner Regulation Agency (AHPRA) includes the following components:

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ADIA Submission Executive Summary

ADIA welcomes this opportunity to outline opportunities to strengthen the work of the Australian Health Practitioner Regulation Agency (AHPRA) and the subordinate National Health Practitioner Boards (NHPB), specifically the Dental Board of Australia (DBA). The submission references three of the Senate Committee's issues for inquiry, these being:

- b. performance of AHPRA in administering the registration of health practitioners;
- c. impact of AHPRA processes and administration on health practitioners, patients, hospitals and service providers;
- h. AHPRA's complaint handling processes; and
- j. any other related matters.

From the outset it should be noted that ADIA, as an industry association, neither represents healthcare practitioners nor makes any representations on their behalf. In the dental and oral healthcare area this task falls to the Australian Dental Association (ADA), the Australian Dental Prosthetists Association (ADPA), the Dental Hygienists Association of Australia (DHAA) the Australian Dental Oral Health Therapists Association (ADOHTA) and related professional bodies.

With respect to the work of the NHPBs, ADIA makes the following recommendations:

Recommendation 1: To ensure the development of technically accurate policies associated with the use of therapeutic product, a NHPB undertake appropriate consultation with industry in the drafting process.

Recommendation 2: To ensure the viability of overseas professionals delivering seminar / conference papers in Australia, the requirement for these professionals to obtain Limited Registration be discontinued where these professionals are not performing procedures.

Recommendation 3: That in order to assist the dental industry meet its obligations with respect to the supply of therapeutic product, a NHPB publish a concise list of health practitioners whose registration has been cancelled.

Recommendation 4: That AHPRA explicitly acknowledge the importance of industry in the development of policy relevant to healthcare professional registration and that industry engagement be a deliberate brief and reporting obligation of each NHPB.

Finally, ADIA takes this opportunity to affirm broad support for a national registration process. It is consistent with the reform agenda of the Council of Australian Governments (COAG) to initiate, develop and monitor the implementation of policy reforms that are of national significance and which require cooperative action by Australian governments. The work of AHPRA has gone a long way to increase the efficiency of healthcare professional registration.

Troy R Williams MAICD AFAIM
ADIA Executive Officer

— 14 April 2011

Introduction

Australian Dental Industry Association

Formed in 1925, ADIA is the peak national association representing the suppliers of quality dental product and services to dentists and allied oral healthcare professionals. The ADIA membership represents businesses that supply around ninety-eight percent of the nation's purchases of dental product and consumables which are valued at an estimated \$860 million per annum.

The *2010-15 ADIA Strategic Plan* outlines a range of initiatives to assist the dental industry understand and influence the commercial, technical and regulatory environment in which the dental industry operates. The stated outcome of the strategic plan is to strengthen the membership by providing the dental industry with effective representation and support services necessary to ensure the supply of quality products that assist in the delivery of affordable dental care for ordinary Australians.

ADIA members have the opportunity to contribute to the development of not only the Association, but also the broader dental industry, through a number of national committees that address regulatory, technical, skills and industry promotional issues. A national board of seven leading professionals attends to governance matters and sets the strategic direction of the Association.

ADIA supports a regulatory framework for dental products and services that is based upon a risk-management approach designed to ensure public health and safety, while at the same time freeing business from an unnecessary regulatory burden. The Association provides advice to agencies including the Therapeutic Goods Administration (TGA) and the National eHealth Transition Authority (NeHTA), often nominating industry representatives to government committees and working groups. The Association also supports its members in the development of technical standards for dental products and consumables, nominating industry representatives to committees of both Standards Australia and the International Standards Organisation (ISO).

ADIA builds partnerships between dentists and the suppliers of dental products and services. The Association is the organiser of the nation's premier dental trade show, the highly acclaimed *ADX Dental Exhibition*, which attracts more than four thousand dentists and allied oral healthcare professionals every year. Through the *ADX Online* product database dentists and allied oral healthcare professionals are able to source quality dental product.

At an international level, ADIA is a founding member of the International Dental Manufacturers (IDM), the Geneva-based global confederation of national dental trade associations. ADIA is also a supporting member of the World Dental Federation (*Fr. Federation Dentaire Internationale – FDI*), the global organisation supporting dentists and the oral healthcare sector.

Working with members to ensure that the dental industry has ongoing access to a workforce of skilled professionals, the Association supports the development of both TAFE and university courses relevant to the dental industry and the Association delivers the widely acclaimed *ADIA Introduction To Dentistry Course* and a national seminar series.

The ADIA national office is based in Sydney and the Association is active in all states.

More information can be found online at www.adia.org.au

Overview — Australia's Dental Industry

The Australian dental industry supplies equipment, product and services to dentists and allied oral healthcare professionals employed both in private practice and with government healthcare providers. In a broad sense, the dental industry is defined as the businesses in Australia that supply:

- Dental equipment and consumables;
- Consulting, legal and regulatory affairs services;
- Software used in dental surgeries and laboratories; and
- Dental surgery and laboratory design and fit-out services.

Under Australian law most types of dental equipment and consumables are classified as “medical devices” that need to be supplied in accordance with the framework established by the *Therapeutic Goods Act (Cth) 1989*. This legislation is administered by the TGA which regulates the quality, safety and performance of medical devices (e.g. dental equipment) that are manufactured, imported and / or supplied in Australia.

As with the general healthcare sector, fluctuations in economic conditions do not greatly affect the Australian dental industry which typically grows by six percent to eight percent per annum.

The estimated value of the Australian dental industry is \$860 million per year which includes the value-added component of dental product imported from overseas in addition to equipment servicing and dental practice management services including software and equipment financing.

Local manufacturing accounts for less than three percent of the dental product in Australia by volume and is largely limited to tooth filling material and dental equipment such as dentists' chairs. A review of the Australian Bureau of Statistics (ABS) data shows dental exports of approximately \$68 million in 2009. The top destinations for exported products were New Zealand, the United States of America, Germany, Brazil and Taiwan which represented approximately seventy-three percent of the market.

Imports of dental product were valued at approximately \$417 million in 2009 with the top five sources of imported product being the United States, Germany, Thailand, Switzerland and Ireland which accounted for sixty-two percent of total imports.

The products and services offered by Australia's dental industry are offered by slightly more than two hundred businesses. Of these businesses, more than nine out of ten are ADIA members and they supply approximately ninety-eight percent of the product and services by value.

The Australian dental industry employs approximately 1,600 people in three prime functional areas, these being: Sales and marketing; warehousing and logistics in addition to finance and administration.

Cooperation — The Dental Professions & The Dental Industry

From the outset it must be stated that ADIA defers to the ADA and its counterpart professional bodies in the dental and oral healthcare sector on matters associated with the registration of professionals. It is quite properly in their domain to represent dental professionals, however when it comes to the administration of professional registration schemes industry is not a disinterested observer. This has been noted by the ADA:

*Dentists and the dental industry have, for many years, worked cooperatively for their mutual benefit. This has been evident, not only at an individual level, but also at the organisational level where the Australian Dental Association (ADA) and the Australian Dental Industry Association (ADIA) have had a long-term relationship.*¹

By its nature the relationship between dental professionals and the dental industry is symbiotic as one cannot exist without the other. Although dentists and allied oral healthcare professionals are at the peak of the supply dental care supply chain (*i.e.* dentists supply professional services to patients) they rely on the timely supply of quality product by the dental industry.

To this end, the dental industry invests heavily in the development of innovative products to allow dental professionals provide optimal solutions. Similarly, the industry faces a significant and not inexpensive regulatory burden associated with the supply of products to support contemporary dental practice within Australia.

Collaboration — Industry Engagement Improves Policy Outcomes

It is understood that, from time to time, a NHPB will have a need to develop standards, codes and guidelines relating to the use of dental equipment. The authority for AHPRA to set policies and guidelines rests in Section 39 of the Health Practitioner Regulation National Law Act as in force in each state and territory.

ADIA supports the creation of such guidelines and recognises the preeminent role of professional bodies such as the ADA in tendering advice concerning the scope and operation of such policy and guidelines. To further strengthen the development of such documents, there are considerable advantages in a NHPB engaging, through industry associations such as ADIA, with the suppliers of equipment to ensure that a NHPB has available to it timely and accurate information that is relevant to the development of the policy. This engagement will allow industry to ensure that a NHPB has available to it all relevant technical and product-specific data relevant to the policy being developed.

An excellent opportunity to seek industry input into policy and guidelines came, and regrettably was missed, in March 2011 when DBA published a policy on the use of Cone Beam Computed Tomography (CBCT) scanners. These scanners, also referred to as a Computed Axial Tomography (CAT) scan, involves the use of rotating x-ray equipment, combined with a digital computer, to obtain images of the body. Having reviewed the policy, albeit after endorsement by the DBA, it is noted that ADIA raises no objections with the policy, indeed in its current form it is fairly innocuous. It is noted that CBCT is a relatively complex technology and, through the supply of technical data or advice on equipment operating procedures, industry has a positive role to play in facilitating the development of policy that relates to the products produced by the dental industry.

Recommendation 1: To ensure the development of technically accurate policies associated with the use of therapeutic product, a NHPB undertake appropriate consultation with industry in the drafting process.

Collaboration — Accessible Professional Development

The dental professions in Australia have a strong commitment, both individually and collectively, to Continuing Professional Development (CPD) and ADIA commends them for this commitment.

Given the important role that the dental industry plays in the development of new and innovative product to allow dentists provide the best possible health outcomes, it is only natural that the dental industry provide training in the use of such product. This cooperation is acknowledged by the ADA which has stated:

Cooperation between the dental profession and the dental industry will enhance delivery of Continuing Professional Development (CPD).²

In order to provide the dental professions with advice on the latest products, the Australian dental industry often sponsors speakers from overseas to provide lectures in Australia. This long-standing arrangement has served the Australian community well, however a recent decision by the DBA is likely to severely restrict such CPD offerings into the future.

It is understood that the DBA has determined that the actions of a presenter at a seminar, conference or similar event fall within the definition of “practicing” under the national scheme thus require “Limited Registration In The Public Interest”. The following is the explanatory note of the application of Limited Registration:

Examples of where it might be in the public interest to register a dental practitioner include an unexpected situation where a natural disaster has occurred; an expert demonstrating a procedure, participating in a workshop or providing a lecture; dental services providing for an international sporting event or team.³

ADIA accepts, without qualification, that it is appropriate that Limited Registration is appropriate where an unexpected situation where a natural disaster has occurred, an expert demonstrating a procedure, or is providing dental services for an international sporting event or team. However, to require registration for a professional participating in a non-clinical workshop (e.g. a workshop not involving live patients) or simply providing a lecture is excessive.

The DBA’s current process to secure Limited Registration where a professional is participating in a workshop or providing a lecture is complex requiring completion of a twelve-page form plus supporting documentation which must be certified in accordance with AHPRA guidelines. The added cost associated with this is likely to result in many companies within the dental industry deciding against providing financial support for an overseas presenter to deliver a paper at a conference / seminar. This will deprive Australian dental professionals from receiving updates on innovative procedures, something that will have an adverse impact on the quality of dental care in Australia.

Recommendation 2: To ensure the viability of overseas professionals delivering seminar / conference papers in Australia, the requirement for these professionals to obtain Limited Registration be discontinued where these professionals are not performing procedures.

Communication — Identifying Dental Professionals

A significant amount of dental product can only be marketed and sold to registered healthcare professionals, a legal position supported by ADIA. In order for industry to comply with this requirement, it is necessary for industry to be able to identify whether or not the healthcare professional is registered.

Presently, in order for a supplier of dental product to identify whether a member of the dental professions has had their registration cancelled it is necessary to undertake a search on a case by case basis (or conversely verify if their registration is current by undertaking a search on a case-by-case basis). This isn't always practical and for a supplier of dental product to approach the issue in this way incurs an administrative overhead that would result in an increased cost for dental product, and as a consequence increase the cost of delivery healthcare for ordinary Australian.

ADIA contends that it is necessary for the DBA to have publically available a list of dental professionals who have been deregistered. ADIA notes suggestions that it is simply sufficient for a dental profession who has been deregistered to have their details removed from the register in the same way that a person who has retired or become deceased will be removed from the register. There is an important difference in the three cases – whereas a retired or deceased dentist will not seek to purchase product thus the need to validate their credentials simply will not exist, it is possible that a deregistered dental professional may continue to purchase product. As this is no longer possible in the event of deregistration, the ability to clearly identify the deregistered professional is clear.

From an industry perspective, it would not be unhelpful if each NHPB could publish a list of health practitioners whose registration had been cancelled, as opposed to requiring a search on a case-by-case basis. Given the relatively small number of professionals that this would affect, the availability of this information in a single document would greatly assist the dental industry, and other sectors that supply therapeutic product, meet its statutory obligations in a manner that does not incur the additional financial burden of undertaking a case-by-case basis.

Recommendation 3: That in order to assist the dental industry meet its obligations with respect to the supply of therapeutic product, each NHPB publish a concise list of health practitioners whose registration has been cancelled.

Consultation — A commitment to industry engagement

ADIA seeks to develop and maintain positive working relationships with key stakeholders responsible for the delivery of dental and oral healthcare services in Australia, including the DBA. There are a number of issues of shared interest and this submission has identified a number of key priorities.

Recognising the benefits associated with open communication channels between the DBA and industry, ADIA has tried to establish a cooperative working relationship with the DBA. In July 2010 ADIA wrote to the DBA, acknowledging the importance of the DBA's work to the Australian dental industry and also the importance of the dental industry having an understanding of the role and priorities for the DBA. ADIA proposed the establishment of a regularly scheduled meeting of DBA and ADIA representatives which would allow the DBA to outline its current and future priorities and so allow the Australian dental industry to respond with appropriate supporting measures. ADIA suggested that in the first instance we work towards scheduling such meetings every six months, an invitation subsequently declined by the DBA.

Naturally, ADIA understands and respects the role of the ADA, ADPA, DHAA, ADOHTA and other professional associations representing various allied oral healthcare professionals. In no way do we see the proposed consultations as usurping the DBA's liaison with the representatives of the professional bodies, and ADIA are happy to support the DBA's work in this area.

Recommendation 4: That APHRA explicitly acknowledge the importance of industry in the development of policy relevant to healthcare professional registration and that industry engagement be a deliberate brief and reporting obligation of each NHPB.

Abbreviations

ABS	Australian Bureau of Statistics
ADA	Australian Dental Association
ADPA	Australian Dental Prosthetists Association
ADOHTA	Australian Dental & Oral Health Therapists Association
AHPRA	Australian Health Practitioner Regulation Agency
ADIA	Australian Dental Industry Association
ARTG	Australian Register of Therapeutic Goods
CAT	Computed Axial Tomography
CBCT	Cone Beam Computed Tomography
COAG	Council of Australian Governments
CPD	Continuing Professional Development
DHAA	Dental Hygienists Association of Australia
FDI	Federation Dentaire Internationale (<i>Eng.</i> World Dental Federation).
IDM	International Dental Manufacturers
ISO	International Standards Organisation
NeHTA	National eHealth Transition Authority
NHPB	National Health Practitioners Board
TGA	Therapeutic Goods Administration

References

- 1 *Policy Statement 5.6 – Dental Industry*
Australian Dental Association Incorporated (Sydney, 17 April 2009)
- 2 *ibid.*
- 3 *Form ALPI-20: Application for limited registration in the public interest*
Dental Board of Australia (Melbourne, 5 November 2010)



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