Introduction

It is no surprise to anyone that Australia lags well behind other developed countries in terms of the supply of practicing health professionals. Although this deficiency is very prominent in the case of medical practitioners (doctors), especially in rural areas, this issue is even more critical in the case of dentists. This situation affects the most vulnerable members of our society (e.g., low income earners and the elderly), who often need to rely on public dental hospitals, with waiting lists often several years long, after which time the only available dental options are typically the extraction of teeth that could otherwise have been saved if treated promptly.

In this submission I discuss the situation faced by overseas trained dentists attempting to have their qualifications recognised in Australia, and compare their situation with that of overseas trained doctors, highlighting inconsistencies in the treatment of these two groups. I suggest measures to bring the registration procedures for dentists into line with that of doctors, to provide consistency between these two groups.

History of the Registration Procedures for Overseas Qualified Dentists
The Australian Dental Council (ADC) is the authority that assesses the suitability of overseas trained dentists to practice in Australia. Overseas trained dentists need to go through the ADC assessment process to obtain the ADC Certificate, which in turn, allows them to lodge their registration application with the Australian Dental Board.

For assessment purposes, the ADC classifies the overseas qualified dentists into three different groups.

1. In the first group are dentists who graduated in the United Kingdom, Ireland, Canada (after 31 March 2010) or New Zealand. This group is eligible for direct registration in Australia without further assessment.

2. In the second group is the so called Public Sector Dental Workforce Scheme (PSDWS), introduced to help alleviate workforce shortages in the public sector, particularly in rural and remote areas. This group includes dentists who graduated from various dental programs in Canada, Hong Kong, Malaysia, Singapore, South Africa and the US. Members of this group are eligible for exemption from the ADC Preliminary Examination, and they receive a restricted form of registration which allows them to practise in the public sector for a period of up to 3 years, during which time they must pass the ADC Final Examination.

3. In the third group are dentists who graduated from dental schools in other countries not listed above. This group must go through the full ADC examinations procedure before they can practice in Australia.

The ADC examinations procedure requires candidates to sit the Occupational English Exam (OET) (no alternative option or credit is given for the IELTS Academic) and to pass the four skills (Writing, Listening, Reading and Speaking), all in a single sitting. The results from the OET test are valid for only two years. After passing the OET exam, the candidate can then apply for and sit the ADC Preliminary theory test.

After passing the OET and the ADC Preliminary tests, candidates need to apply for the ADC Final Examination (Clinical Exam), which consists of a full week of practical tests.
After applying for this ADC Final Examination, there is typically a delay of 12 months or more before candidates are given a date for this exam.

Given the limited opportunities to sit these two exams, and the intensive study required (noting it may have been some years since the candidate graduated in their home country, and that English may not be the candidates first language), it is not unusual for the two year validity period of the OET to lapse, and for these results to expire (especially when the candidate is also juggling family and work commitments). The candidate is then required to resit the OET before being able to apply for the ADC Final Examination.

After the candidate passes the ADC Final Examination, the ADC issues them the ADC Certificate. However before the candidate is able to apply for registration with the National Dental Board, they must again provide evidence of English proficiency, in this case through submitting results of either OET or IELTS Academic.

Thus in many instances overseas qualified dentists are required to sit formal English exams three times (or more if they don't pass all the skills in the one sitting), despite the fact that it is impossible to pass the written and clinical exams without a high level of proficiency in English. While English proficiency is obviously a necessary skill, I believe that the overly complex and repetitive nature of the qualification process is unjustified. The financial burden is also not insignificant.

To make matters worse, the ADC has been moving the bar during the recent years. Until the end of 2005, the ADC exempted applicants from sitting OET if their first language was English or if their dental training was carried out in English. Prior to 2010, the ADC allowed applicants to pass OET in several sittings, provided that all four skills where passed within two years. Also in early 2010 it was decreed that the OET results must not have expired when applying to sit the ADC Final (Clinical) exam. These changes were brought in with no notice, or consideration for dentists midway through the qualification process.
The change from allowing the different language skills to be demonstrated on different occasions, to requiring all skills to be demonstrated at a single sitting, is not a trivial one. Any examination is a stressful event, and the subsequent increase in resitting exams only serves to obstruct the candidate progression and to benefit the training and testing industry.

All these changes have the appearance of arbitrary barriers to protect the closed shop culture that exists in Australia. This is exacerbated by the fact that the testing agencies have a financial incentive to fail candidates.

The centre for Adult Education (CAE), which is the parent organisation of The OET Centre, mentions on its 2009 Annual Report that (sic) "Global test registrations for 2009 increased by over 21% compared with 2008. Demand for the OET continues to be strong in all Australian cities, New Zealand, Egypt, Iran and South America. Sales of practice materials via the OET online bookshop increased by 9.53% in 2009". This reinforces the suspicion that these additional barriers only serve to financially benefit the assessing and regulating bodies (The OET Centre, the Australian Dental Council, the Australian Health Practitioner Regulation Agency AHPRA, the Dental Board of Australia) which are flourishing financially at the expense of applicants’ exam fees. Meanwhile Australia’s dental health continues to suffer from the serious undersupply of dentists.

The rules become ever more stringent, and previous avenues available to overseas qualified dentists keep closing. As an example of the latter, I note that the only bridging course for overseas trained dentists, (which accepted them into 4th year of the Bachelor of Dental Science at the University of Adelaide), has been permanently cancelled this year.

It seems that the position of the regulating authorities is to place as many barriers as possible in the way of overseas qualified dentists who might seek to obtain registration in Australia.

Criticism of Current ADC Assessment Procedure and Comparison against AMC Assessment Procedures
Unfortunately the OET Centre, unlike other international English testing organisation (e.g., IELTS), does not publish exam statistics (specifically, the percentage of applicants passing all four skills in the single sitting), so we need to rely on anecdotal evidence. But the feedback I have received, based on conversations with OET tutors, is that it not uncommon for candidates who their tutors consider to be proficient, to have to resit the OET test 6, or 8 times (or even more). Similarly, anecdotal evidence (again, as ADC does not publish pass/fail statistics) indicates that it not uncommon for candidates to sit the ADC Preliminary theory exam and the ADC Final (Clinical) exam two or three times each.

Considering that the ADC Preliminary theory exam is valid for only three years, it is not hard to see that even though the applicants make great efforts to pass these exams, these efforts are severely hampered by several factors: not having the alternative of another English exam (IELTS Academic), short expiry times of exam results, the need to pass all four language skills in one sitting, and the failure to recognise the obvious English proficiency demonstrated by those who have studied bridging courses etc in English.

**Doctors and Dentists – a Comparison.**

Taking all this into consideration, it is not surprising that the registration rates of overseas qualified dentists is significantly lower that the that for overseas qualified Doctors.

Let us briefly compare the registration process of overseas qualified dentists with the registration process of overseas qualified doctors. Firstly, the registration process for overseas qualified doctors has several options:

- Competent Authority Pathway.
- Standard Pathway (AMC Examination).
- Standard Pathway (workplace-based assessment).
- Specialist Assessment Pathway (full comparability/Area of Need).

I will only discuss the Standard Pathway (AMC Examination), and compare it against the standard ADC Examination option for overseas qualified dentists. Both processes require candidates to sit both a theory examination, and then a clinical examination. **But that is**
where the similarities end. Unlike the ADC assessment process, the AMC assessment process, for its Standard AMC Examination pathway, allows candidates to sit the AMC theory examination (which will be given 18 times on 2011, compared to the twice yearly offering of the ADC theory examination) and then the AMC Clinical Examination without having to sit an English exam. **Formal evidence of English proficiency** (which can be either IELTS Academic or OET exam results) is only required at the time of application for the AMC Certificate and as a prerequisite for registration with the National Medical Board.

Overseas qualified Doctors also have several preparation courses provided at a number Australian universities, while the overseas qualified dentist has access to only one preparation course (the highly competitive and onerous Orientation Training Course OTC, provided by the Royal Dental Hospital of Melbourne).

It is evident that the burden of demonstrating English proficiency is much higher for dentists than it is for doctors.

The Australian government has established the Australian Health Practitioner Regulation Agency (AHPRA) to work with the national professional boards to unify registration procedures. The AHPRA should ensure that the assessment of English proficiency is also handled in a consistent and reasonable way. As with every other competency, dentists should only be required to demonstrate English language proficiency once.

**Recommendations**

Based on the foregoing discussion, I recommend that:

- The AHPRA be formally tasked with scrutinising and regulating the assessment processes of the Australian Dental Council in regards of overseas qualified dentists, with a view to establishing transparent, stable, and reasonable processes, that do not place unnecessary hurdles in the path to registration for overseas trained dentists.
• The English proficiency requirements of the Australian Dental Council should be aligned with those of the Australian Medical Council. Specifically, formal evidence of English proficiency should be required only at the registration stage, the arbitrary requirement to pass all four English language skill-sets at the one sitting should be abolished, the IELTS Academic should be recognised as an alternative, and students studying dentistry at an English language institution should be exempt from further formal English requirements.

• The OET Centre be required to make public their exams statistics. This report should be prepared on a quarterly basis, and contain at least:
  ▪ the percentage of applicants obtaining various grades,
  ▪ the number of sittings undertaken by successful applicants who passed all skills in one seating,
  ▪ a breakdown of percentages receiving the different scores, including number of seatings, and whether applicant sat the OET exam in Australia or overseas.

• The Australian Dental Council be required to report on a six monthly basis to the general public the statistics of last ADC Preliminary theory exam and ADC Final (Clinical) exams.

• Encourage the additional support of overseas trained Dentists, by funding formal Dentistry Bridging Courses at every Australian dental program.

• Explore the possibility of implementing an on-the-job supervised assessment process for overseas qualified Dentists.

Final comment

Finally, I would like to say that many individuals that I know personally, and who are affected by these rules and procedures, are reluctant to make formal submissions for fear of reprisals, and further impediments to their registration. While I certainly hope and expect that this is would not be the case in Australia, I mention it to highlight that a low
volume of responses to this enquiry should not be taken to indicate that the issues raised here do not cause a disproportionate amount of grief and difficulty.

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