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**Submission to the Senate Enquiry into the Commonwealth Chronic
Disease Dental Scheme (CDDS)**

I am a general dental practitioner with 37 years experience. I am in solo practice and have been in the same location for 33 years.

Before the CDDS was introduced, the only treatment that I had provided under a Government Scheme was that of Veterans Affairs. I have been successfully treating veterans for all of those 33 years, with no problems ever encountered.

When the CDDS was introduced, I assumed its administration would run on similar grounds to that of Veterans Affairs, and I commenced treating patients under the scheme.

At NO time did I receive detailed guidelines as to the precise and specific manner in which the scheme needs to be administered.

The first hint of a problem surfaced when I read about 18 months ago in an Australian Dental Association newsletter that dentists were being investigated for breaching administrative compliance of the scheme.

I immediately changed my protocols and commenced writing a report and treatment plan to the referring GP for every subsequent patient treated.

As nearly all the patients treated were bulk-billed with no gap payment required, I thought it unnecessary to provide each patient with a written quote. And it never entered my head that I should only do an examination at the first visit, and that I would be in breach if I commenced treatment at that visit, or did a routine Scale and Polish. How wrong I was!

When the Dental Association brought the seriousness of this lack of compliance to my attention, I immediately changed my modus operandi to comply with the "letter of the law".

However, the total lack of logic in this administration compliance leading to wasted appointment times, and the enormous amount of time taken to follow the exact guidelines, has made it unviable for me to continue treating under the scheme.

As well, the constant threat of being audited, and KNOWING that I had inadvertently been non-compliant on all the patients treated before the exact protocols were brought to my attention, became a worrying possibility.

I therefore wrote in March of this year to every patient I have treated under the scheme, as well to every referring GP, advising them that I would cease treating under the CDDS from the 1st April 2012.

And that is where I now stand. Over the more than two years that I did do work under the scheme, I treated over 200 patients, and they all received much needed dental treatment. There were some instances where I feel the patients' GP, being the "gatekeeper" of the scheme, abused the spirit of the scheme, but that is another matter entirely.

IF the administration of the scheme was streamlined, and the threat of audit removed, I may possibly reconsider starting again to treat under the CDDS, but at present I am much happier and my administration time is much reduced by not treating.

I think it is a disgrace that dentists who have been audited and found to be in breach of the guidelines, have been made to re-pay fees for treatment honestly provided in good faith with their only breach being an administrative one.

I earnestly ask the enquiry to consider the points made in this submission.

Yours faithfully,

Dr Brian Ruttenberg.