

Subject: CDDS scheme.

To the Senate Finance and Public Administrative committee

I am sending this email to give you my perspective on the CDDS scheme. I would like to join my colleagues in protest of the way this scheme has been handled. Misuse is certainly a direct invasion on both the scheme and to the welfare of patients and I would never support those who have chosen to do harm to either. Neither of which I consider myself guilty of. It therefore saddens me when either myself and my profession is being considered guilty and accused of such acts of vandalism. These “acts of vandalism” being to my understanding oversights in administration protocol.

I have endeavoured at all times to follow regulation in regards to my profession. I read and comply with all infection control, record keeping and any other administrative requirements. I pride both myself and my profession in my standard of work and care for my patients.

I am a part of the Filling the Gap scheme for the aborigines in Queensland and have recently joined the Charlie Perkins/Aurora outback scheme in Northern Territory where I will be participating in May. I will be sent to the outback to treat aborigines and other members of the public who cannot get access to dental care. I will be doing this and will do this on a voluntary basis.

I have also been a part of overseas missions to help orphanages and the Peace Corp.

It is because of my interest in contribution and to be a part of giving back for the wonderful profession that I feel so fortunate to be a part of.

For these reasons I have chosen to be a part of the CDDS scheme. I have participated as it was a way of doing work for my community without going out of business.

I have endeavoured to read every article concerning the scheme but I have never received any direct communication from Medicare in relation to the scheme. It was never made clear how important and necessary the administration surrounding the scheme was. There was never any mail concerning the scheme

received by the office. I have followed the newspaper articles and media coverage and have had to search and become aware of how important the administration of the scheme was. It was through the Liaison officer and the Guild insurance from the ADA that I finally tracked down the necessary steps to follow in relation to the CDDS scheme.

I have been a part of every government assistance scheme for the past 20 years as a means of serving my community. I have never encountered any problems with breach of any ethical needs of administration work. I have always followed the protocol closely and this is the first instance in 20 years that compulsory notification of ensuring that the Medical General Practitioner is informed of the treatment plan.

I am a part of the Veteran Affairs programme and follow its protocol closely.

I have on a few occasions have had to call the Medicare office and only to be met with vague answers and very long waiting time to gain any information. Medicare has never informed me of the stringent needs of informing the Medical General Practitioner. It was never on a recorded message or even when asking direct questions I was NEVER informed of the administration protocol.

I am not a part of the audit but my records are in correct order as I have taken so many steps to gain the information that was needed in order for my records to be in order.

My patients benefit so much from the scheme. My contribution overseas and also within Australia has given me a way of treating my patients where I will always give more and never to take away or deplete from the patient. I have not asked for any gap payments and will endeavour at all costs to give treatment which is at the higher standard without asking for extra remunerations.

I strongly believe that if you penalize my profession in regards of not following administration protocol due to nothing more than oversight is a direct penalty to our patients. I have always given extra, beyond and above ensuring that my patients have a strong bite and functional restorative work. Restorative work which will stand the test of time ensuring that they can eat and maintain their overall health.

I have complied with the rules of the scheme and my patients were not affected in any way. I believe that my colleagues who followed the protocol and follow their oath of "doing no harm" will ensure that their patients are minimally disrupted. As the scheme stands I have to send patients away until I have written the letter, sent it to the Medical General Practitioner, ensure that the GP

has received the treatment plan and then recall the patient back. This I have found to be disruptive to the patients as so many of them live in nursing homes, some patients cannot walk well and making another trip is exhaustive for them.

The dental practice has had to employ staff to deal with the administrative requirements concerning the scheme. A strict code of practice has been implemented and the administrative staff at the practice follow a protocol. Every CDDS patient record has been checked to ensure that it meets with the requirement. I am in possession of the information necessary to meet the requirement of the CDDS scheme only due to my own searches and awareness on my part and not through routine or any other announcements from Medicare.

The current legislation makes the health profession liable for minor administrative oversights and ignores all the members of the profession who have provided good treatment in good faith and added so much value to both the profession and the patients.

Yours sincerely
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