Senate Finance and Public Administration Committees
PO Box 6100 Parliament House
Canberra ACT 2600 Australia
11/4/2012

Dear Sirs,

I am a dentist of 35 years working in Private practice. I have always been a supporter of Veteran's Affairs patients and have been able to treat them in the same way as my private patients with minor paper work changes to normal. There have been Dental Advisors available to discuss acceptable treatment plans.
With the CDDS it seemed a more complicated scheme, not particularly targeted to those in need of dental treatment from a financial point of view but those with a general range of medical impediments but not necessarily of financial dependence. In the first couple of years my involvement was minimal but later, many of my existing elderly patients were told about the scheme by their GP or heard about it in social settings (golf or bowls clubs) and then got the referral from their GP. If I didn't take them on under the scheme they may have moved to another practice.
These long- term patients have been used to having their preventive work done at the time of their 6 monthly checkup. Because of their medical frailty or that they were carers for a partner, it was inappropriate for them to only have an assessment on their first visit but this is what the scheme says and is now rigorously enforcing.
It may have been their first visit under the scheme but many had been patients for over 10 years and in one case over 50 years to the practice, travelling from Newport to Manly by public transport.
Another issue is the treatment plan to the GP. It is easier to comply with this requirement by just sending the financial treatment plan rather than a communication during the course of the treatment as to whether the patient has dental signs of reflux or erosion from vitamin supplements. The GP rarely reads and possibly rarely sees this communication, as it has no clinical importance. It is just filed in the patient notes by the practice manager.
Obviously if the system was being rorted by treatment outside the intent of the scheme, the fees should be revoked but to be potentially liable for thousands of dollars in fees due to administrative oversight or just plainly trying to help a patient in trouble seems terribly inequitable.
I would urge the committee to evaluate the Audit legislation and amend it to take into consideration honest oversights.

Dr Geoffrey Thomas