

Subject: submission to Dental Services Bill 2012

In regards to the Dental Services Bill

To whom it may concern

I am an overseas trained Doctor, working currently as a GP registrar in Tasmania.

Some of my experiences with Medicare, especially the CDDS.

As a registrar i.e. trainee, there is a constant worry unknowingly to not comply with Medicare rules and one day to be audited with the daunting prospect of having to pay back an unknown amount for services ordered based on good medical practice.

Repeated enquiries to Medicare in regards to these possibilities have always yielded the same reply - IF there would be an audit based finding first time against the doctor then the first step would be a warning and an educational/training approach and no punishment.

Despite this reassurance there are untold stories about doctors acting in good faith who end up with high Medicare pay back demands.

In regards to the chronic disease dental scheme this was the first time patients with worsening chronic conditions to get access to dental care at all (covered by Medicare) and it was highly welcomed by GPs.

Being overseas trained it was and is shocking to see the nearly non existing dental care public patients receive in this country. If you would look just at the dental state of the majority of people you might wonder if you are in a third world country. Please note that the overall **medical** care in this country is outstanding in my eyes.

Having heard many stories especially about the CDDS I was very reluctant to refer ANYONE despite that lots of my patients needed dental treatment badly.

The one time I tried to refer someone I called Medicare to make sure the patient's chronic disease qualified for the program.

When I eventually ! got hold of someone from medicare on the phone the stereotype answer was - no matter how much I tried to explain my concerns and the patients disease - that it was my decision and that if I thought the patient qualified then this would be the inclusion criteria .
When I tried to explain that I heard otherwise and that medicare had audited doctors and found their criteria did not match medicare's criteria and therefore I wanted to know the criteria used by medicare I only got the same reply over and over again - if I thought the patient qualified then the patient would qualify
It felt completely crazy to me.
In the end I did not refer out of concern I might have missed the medicare criteria

Now I was not even aware that one of the conditions was that the dentist would have to send me a treatment plan.

What would I have done with it ??

I am not a dentist - hence the referral. While a referral to a medical specialist leads normally to a response letter, this is at least partly in my expertise and I would understand the treatment plan. This is totally different for a dental letter - I would not understand any of it - and most of my colleagues probably neither.

So it would be obediently filed away what is the use of that, apart from causing more paperwork - of which we all have more than enough.

And in regards to unnecessary dental treatment - given the dental state in this country I doubt there are many "unnecessary" dental treatments anyway - I have never come across a patient who got crowns or any other more fancy treatment under this scheme - or in the public system at all, for all that matters.....

With kind regards

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