GOVERNMENT RESPONSE TO THE SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE INQUIRY INTO PUBLIC DENTAL SERVICES

FEBRUARY 1999

Introduction

1. On 28 May 1998, the Senate Community Affairs References Committee Inquiry into Public Dental Services released its report. The terms of reference for the inquiry covered:

- current and future dental needs of low income earners;
- the effect of the abolition of the Commonwealth Dental Health Program (CDHP;
- the nature of the Commonwealth's responsibility under the Australian Constitution to make laws for the provision of dental services;
- the Commonwealth's role in setting and monitoring national goals for oral health in Australia; and
- options for reforming the delivery of public dental services.

2. The Committee made nine recommendations, some of which suggested some future Commonwealth involvement in aspects of public dental care, particularly through the Public Health Partnerships. Significantly, however, the Committee did not recommend the reintroduction of the Commonwealth Dental Health Program (CDHP) or some similar large scale funding intervention. The Coalition members of the Committee noted in their minority report that the recommendations appeared to be "an expensive and ineffective method of tackling a problem which has traditionally been the responsibility of the States". They were also reluctant for the Commonwealth "to issue directives to the States, which should be free to deliver services in the manner they see fit".

3. Notwithstanding the Committee's finding that some low income earners currently have difficulty accessing public dental services, the Government's position continues to be that the provision of public dental services is a State responsibility and that the States must resolve the structural, management and financial problems in their dental services. Unfortunately, the advantages gained by the CDHP in reducing waiting times and improving access were largely offset by the unwillingness of the States to use the time to enhance their public dental services, despite knowing that there was no guarantee that the CDHP would be extended. To its credit, Queensland accepted its responsibility when the CDHP was wound up and provided additional funding to maintain services. The fact that the access problems in some States are not evident in Queensland shows the problems are not as intractable as suggested in the report. Nor, by implication, is it necessary for the Commonwealth to intervene yet again in what is essentially a State matter. The Government also notes that the Committee concluded that while the Commonwealth has the constitutional power to provide or regulate dental services it can exercise that power at its own discretion.

4. With the introduction of the GST, States will be better off than they would be under existing Commonwealth/State financial arrangements. The additional revenue that will accrue to the States through the GST will be at the disposal of the States to augment the range of health services available to the public, including public dental services. It is the Government's intention to allow States to determine their own priorities in the level of public dental services they provide within their jurisdictions, as they traditionally have done.

5. The Government's overall response to the recommendations of the report is that by and large, Commonwealth involvement in their implementation would be ineffective. The States must take up those recommendations they consider will improve access and service delivery. For its part the Commonwealth is prepared to assist the States to deliver better services by facilitating the inclusion of reliable oral health data in the National Public Health Information Development Plan, if this is what the States want.

6. The Government provides the following specific responses to the recommendations presented in the Senate Committee's report.

Recommendation 1: That the Commonwealth, in consultation with the States and Territories and other key stakeholders in the public and private dental sectors, support the development of programs to improve the promotion of oral health throughout Australia.

7. Under the National Public Health Partnership Memorandum of Understanding, to which all Australian Health Ministers are signatories, State and Territories are responsible for the provision of health promotion services to meet the needs of their respective populations. If a jurisdiction determines that oral health promotion is a high priority, it is able to develop specific programs within the context of the full range of health promotion services offered within the State. Oral health has not been established by Australian Health Ministers as a National Health Priority Area, which is the precursor to planning for coordinated national action to achieve agreed national targets and performance measures.

Recommendation 2: That the Commonwealth Government support the introduction of a vocational training program for new dental graduates, especially to assist in the delivery of oral health services to people in rural or remote areas.

8. The Government supports the implementation of a vocational training program and notes that given each State's responsibility to maintain an adequate workforce in the public health sector, it is a State responsibility to cover the cost of establishing or maintaining such a program.

9. At the same time, the Commonwealth does provide some support for essential infrastructure in the form of multi-purpose service centres that are available to underpin the provision of oral health services to people in rural and remote areas, should States decide to invest in these services as a priority. Also Government's University Department of Rural Health Program has the potential to assist in the delivery of oral health services to people in rural and remote areas. The establishment of a university department at Whyalla in South Australia provides an example of where the Government's 1996 initiative has established appropriate infrastructure in the nearby city of Port Augusta for a viable dental service. With the cooperation of the university sector, the model established at Port Augusta could be introduced in other rural areas of Australia where there are university departments of rural health: that is, Broken Hill, Mount Isa, Shepparton, Launceston, Geraldton and Alice Springs.

10. Some Aboriginal Medical Services have infrastructure in place which can be used to support dental graduates undertaking vocational training supported by the States. The use of facilities in these services by dental graduates undertaking training will not only provide excellent learning opportunities but will benefit the communities by providing a minimum

level of service. Appropriate supervision arrangements for dental graduates would need to be a key element of the vocational training provided in these areas.

11. The Government notes from the Senate report that a working party with primary interests in the operation of a vocational training program for dental graduates is examining this matter and that the States and Territories will consider the report of the working party when it becomes available. The Senate report does, however, point to the difficulties of the proposal such as supervision of trainees in remote areas and the estimated cost; issues that will need to be considered by any authority adopting the proposal.

Recommendation 3: That the use of dental auxiliaries such as therapists and hygienists be expanded, particularly to cater for the needs of specific disadvantaged groups and that, to this end, the States and Territories be encouraged to review legislation restricting the employment of such auxiliaries.

12. The Government supports this recommendation. As State legislation limits the employment of dental therapists to the public sector and its provider agencies, the report has highlighted a need to examine and amend relevant State legislation, both in regard to where therapists can be employed and the age limitations of the client population they can treat.

13. The specific dental workforce requirements for Aboriginal and Torres Strait Islanders in the community sector will need to be addressed in any legislative changes made by the State/ Territories. These needs can be identified within the context of the Framework agreements for indigenous health between the Commonwealth, the State/Territories and the community sector where regional planning processes are being established. A National Health Workforce Modelling Project underway will also be assessing overall workforce requirements in this area.

14. This recommendation appears to have the support of the key players in the provision of dental services and now requires adoption by States and Territories.

Recommendation 4: That support be given to a national oral health training strategy for health workers and carers, specifically including those working in the fields of aged care and Aboriginal health.

13. The intention of the above recommendation in promoting nationally consistent oral health training is supported. Should the States choose to develop national strategies through a forum such as the Australian Health Ministers' Advisory Council, the Commonwealth would be supportive.

14. The Government recognises the special needs of older people with regard to dental health. The Standards and Guidelines for Residential Aged Care Services state that residents' oral and dental health should be maintained though ensuring that regular assessment, treatment and access to appropriate dental services occurs. Workers in the residential aged care sector have a responsibility to understand that oral health has a major influence on residents' quality of life. The guidelines suggest that staff education should address oral and dental care, including strategies for residents with dementia and challenging behaviour. While the Government encourages the pursuit of best practice in all facets of residential aged care, by both service providers and professional associations, it prefers not to be prescriptive in its approach as to how this can be achieved. However, oral health training strategies could

be incorporated into existing education programs for carers of the aged, or where necessary, programs could be implemented.

15. It is important to consider oral health training, particularly training in prevention, in the context of the overall health needs of Aboriginal and Torres Strait Islander people. Programs in oral health can be introduced into health worker training as part of the overall primary health care approach. A review of health worker training is currently underway and will be considering a range of issues including gaps in training delivery. Oral health care training can be taken into account as part of the review process.

Recommendation 5: That the Commonwealth Government assist the States and Territories to establish, conduct and evaluate highly targeted pilot programs to address the priority oral health needs of the following specific disadvantaged groups: pre school-age children (1 to 5 years), young adult Health Card holders (18 to 25 years), aged adult Health Card holders (65+ years), the home bound, rural and remote communities, and indigenous Australians. Such programs should include a capacity for the individual beneficiary to make a contribution to the treatment costs.

16. The evaluation of highly targeted pilot programs to address priority oral health needs is highly desirable if the needs of specific disadvantaged groups are to be addressed. Under the former CDHP the Commonwealth funded several demonstration projects with the aim of evaluating strategies for improving service delivery in rural and remote areas, including services for indigenous people. The evaluations provided some useful models of service delivery which States have incorporated into their public dental health care programs. At this stage it is up to the States to pilot programs for any other disadvantaged groups within their jurisdictions that they consider require special attention.

Recommendation 6: That the Commonwealth Government adopt a leadership role in introducing a national oral health policy, and give consideration to the possibility of using the National Public Health Partnership as the vehicle for developing and implementing that policy in partnership with the States and Territories.

17. The National Public Health Partnership is a working arrangement between the Commonwealth and the States and Territories to strengthen the national public health infrastructure and response capacity. Its focus is on public health; that is, disease and injury prevention and control, and health promotion. It does not have a mandate in policies and programs for the treatment, management and care of diseases and illnesses once they have occurred. Recommendations 6 and 7 clearly envisage a national oral health policy, which has a "whole of system" approach; that is, there is an emphasis on access to treatment services, quality and service targets in addition to prevention and promotion. Nevertheless, the National Public Health Partnership, in considering national public health information requirements, is including information about oral health status and service utilisation in its deliberations. This work should, in the longer term, enhance population health outcomes in the States and Territories.

18. In addition, the Commonwealth funds the Australian Institute of Health and Welfare to support the Dental Statistics and Research Unit to collect and analyse data and report on adult access to dental care and adult oral care.

Recommendation 7: That the national oral health policy include the:

- **Setting of national oral health goals;**
- **establishment of national standards for the provision of, and access to, oral health care and the quality of services;**
- **establishment of national strategies and priorities for oral health care reform, with an emphasis on preventive dentistry;**
- **setting of minimum service targets; and**
- **monitoring national oral health goals through the maintenance of a national data collection and evaluation centre and undertaking research into current and projected needs.**

19. This recommendation is partially supported by the Government, in so far as the Australian Institute of Health and Welfare (funded by the Health portfolio) will continue to maintain its data collection, including dental statistics, for the foreseeable future. This data will provide basic information for States' use in planning, policy formulation and evaluation.

20. At present the Commonwealth is unaware of any evidence for declaring oral health a National Health Priority Area, which would be the necessary first step for national policy development, encompassing a "whole of health system" approach, the negotiation of goals and targets, service benchmarks, national monitoring and reporting processes.

21. Nevertheless, the Commonwealth will table recommendations six and seven in the National Public Health Partnership forum to ensure adequate consideration of their public health aspects. Those aspects of the recommendations that relate to treatment as opposed to prevention and promotional activities would need to be separately considered by States and Territories as they are outside the domain of public health and are not the business of the National Public Health Partnership

Recommendation 8: That the Commonwealth allocate resources for a national oral health survey, to be conducted as a priority, to establish data on the oral health status and oral health needs of the Australian community.

22. The Commonwealth supports the collection of data on the oral health status and oral health needs of the Australian community. To this end the Commonwealth funds the Dental Statistics Research Unit of the Australian Institute of Health and Welfare.

23. Good baseline data on oral health is important and the Commonwealth is actively trying to include the collection of such information in the National Public Health Information Development Plan now being finalised as part of the work of the National Public Health Information Working Group.

Recommendation 9: That the Commonwealth Department of Health and Family Services create a dedicated section or appoint an appropriately qualified senior officer with responsibility for oral health matters, and that the necessary resources to fulfil the role and responsibilities of such an office be provided.

24. This recommendation is not supported by the Government. The level of Commonwealth involvement in dental health is appropriate given that the planning, funding and delivery of public dental services are State responsibilities. Policy matters across States are properly raised in the Health Ministers' forum. The National Health and Medical Research Council (NHMRC) convenes specialist working parties when necessary to consider specific dental issues such as fluoridation of water supplies and amalgam and mercury use in dentistry. Appropriate members of the dental profession are then appointed as necessary