President
Dr. A. F. Poli

Chief Executive Officer
Dr. Stuart Gairns

AUSTRALIAN DENTAL ASSOCIATION
(W.A. Branch) Inc.

8th April, 2009

The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra
ACT, 2600

Dear Sir/Madam

Re; Inquiry into the National Registration and Accreditation Scheme for Doctors and other Health Workers.

Please find enclosed a submission from the Australian Dental Association, WA Branch in relation to the above inquiry.

Thank you for this opportunity to contribute to this debate.

Yours sincerely,

Dr S Gairns
Chief Executive Officer
Australian Dental Association, WA Branch (Inc).

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AUSTRALIAN DENTAL ASSOCIATION
(W.A. Branch) Inc.

To:

SENATE COMMUNITY AFFAIRS COMMITTEE

From:

AUSTRALIAN DENTAL ASSOCIATION, WA Branch (Inc).

Re:

"INQUIRY INTO THE NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR DOCTORS AND OTHER HEALTH WORKERS".

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The Branch

The Western Australian Branch of the Australian Dental Association (ADAWA) has approximately 1100 members representing over 90% of practicing dentists in this State. Our stated constitutional aim is to further the art and science of dentistry, to promote the health of the public and the interests of the profession.

ADAWA has made submissions to our Federal body and to the Minister for Health, the Hon Dr K Hames in this State, in regard to the matters concerning national registration and accreditation previously. In addition we have made joint direct submissions in association with the Dental Board of WA to the State Government, a copy of which is appended.

In general, ADAWA has no issue with national registration and would support the formation of a national register. There is considerable doubt as to whether this alone will prevent the clinically negligent behaviour of individual practitioners as has been evident on the Eastern seaboard. The issue there is clearly one of local hospital accreditation which national registration will not address. Nevertheless, there are advantages of transportability which would be in the interests of some dental practitioners albeit a very small number. It is noted that this was the original premise to be considered by COAG but that process has been expanded and modified, so as to be far removed from that point.

The terms of reference:

a. the impact of the scheme on state and territory health services;
b. the impact of the scheme on patient care and safety;
c. the effect of the scheme on standards of training and qualification of relevant health professionals;
d. how the scheme will affect complaints management and disciplinary processes within particular professional streams;
e. the appropriate role, if any, in the scheme for state and territory registration boards; and
f. alternative models for implementation of the scheme.

The impact of the scheme on State and Territory Health Services;

The primary effect of these proposals will be on the accreditation of individuals with overseas training particularly those who enter Australia with a 457 working visa. Currently the State Dental Health Services can employ practitioners who would be eligible to sit the Australian Dental Council examinations in areas of need, without their being fully accredited. Usually these individuals come from countries whose dental school(s) training would lead to full registration. Should a national accreditation be linked directly to registration this avenue of providing dental services to remote areas may be in jeopardy.

It is also noted that the proposed National Board has the power to hear matters of significance itself, which will lead to practitioners in WA being disadvantaged by virtue of their physical distance from the hearing location. If we assume that the Board will sit in Melbourne or Canberra there will be considerable indemnity costs incurred in simply representing our member. This will result in a financial penalty to dental practitioners in this State which will be seen as higher indemnity costs.

The impact of the scheme on patient care and safety;

It is recognised that by linking accreditation and registration in the one body there exists the potential to influence workplace reforms. ADAWA remains concerned that there is no facility for review of the consequences of workplace reform and little mechanism for input from stakeholders.

There is a dangerous assumption that there is a generalised shortage of dentists based on the often quoted number of patients on the waiting lists of public facilities. ADAWA would dispute the overall numbers of waitlisted patients, noting in addition that the distribution is not homogenous across all States and that the shortage is actually a maldistribution of dentists. The current waiting list for public services in WA for routine dentistry is 12,000, for example. A misinterpretation of such numbers could result in a knee jerk reaction which may lead to a lowering of accreditation standards to fill a perceived gap in supply. If the National Board were to be staffed mainly by non-dentists the clinical ramifications of such changes and the threat to safety may well escape examination.

The effect of the scheme on standards of training and qualification of relevant health professionals.

Currently these standards are set, reviewed and policed by the Australian Dental Council and the ADAWA would support the maintenance of that role. The current position is that such organisations would be appointed for a period of three years with no certainty thereafter. Depending on the cycle of re-accreditation of individual Dental Schools, this could see their accreditation re-examined in the following year, by an as yet undefined process. Additionally the international shortage of dental academics makes new appointments and the attracting of new staff to Australian Schools difficult. Added uncertainty in the accreditation process will impact heavily on recruitment.

There exists the potential for a National Board controlling both accreditation and registration to either lower accreditation standards or adjust registration requirements to suit a lowest common denominator approach. This could manifest as the acceptance of a lower standard of educator, a lower standard curriculum or facilities, or a lower quality registrant in response to workplace pressures. The only satisfactory solution to this pressure is separate the accreditation and registration functions, thus maintaining the confidence of the profession and ultimately the public.

How will the scheme affect complaints management and disciplinary processes within particular professional streams.

ADAWA has already alluded to the increased costs for WA dentists. ADAWA has handled indemnity requirements for all members for 16 years and is regarded as a leader in this field in terms of process, fairness, efficiency and outcome. The consultation paper (proposed arrangements for handling complaints and dealing with performance, health and conduct matters) sets down a reasonable mechanism for the identification and handling of such matters. What is not addressed in this paper is a recognition of the sheer volume of complaints that will need to be considered and the difficulty in effecting a *timely* solution. This last matter is of grave importance as the lack of a timely solution will almost always lead to an escalation of the case into a legal arena. Again this will be reflected in increased insurance premiums for members. If one takes at face value the commitment to ensure cost neutrality in the COAG proposal there will be issues of some magnitude develop in this area.

ADAWA estimates that there will be something of the order of 750 cases received by the National Board in the first year. Many of these cases will be complex requiring both time and expertise to unravel. This results in an ever growing portfolio of cases year on year with a limited number of dentally trained people willing and competent to take on the responsibility of adjudication. These matters must be dealt with locally, to ensure that the provision of referred reports and opinion is in line with judicial practice in that State. A model whereby all local Boards are centralised to share facilities and processes is preferred.

Arriving at a determination in a case is not a simple process. There are few trained individuals in Australia capable of carrying out this function, in addition to being dentally qualified. ADAWA would be concerned that this will result in long delays in the management and resolution of such cases.

The fate of other entities such as the Office of Health Review is unknown. These statutory bodies play a valuable role in mediation of patient complaints and often work symbiotically with local Boards. It seems likely that these bodies will cease to exist with the establishment of a national scheme. Local Boards also play a valuable role in counselling dentists whose conduct or performance is thought to be below par. ADAWA would consider the loss of such practitioner feedback and behaviour modification, to be a retrograde step and a loss to the profession.

Finally, the management of penalties imposed, such as a determination of the need for further supervised practice or study, or a limitation or restriction of practice in a specific area, would be impossible to assess adequately from a central location such as Melbourne. In light of the above ADAWA asks what additional benefit would the proposed scheme be to practitioners, against that already available? If there are no additional benefits why would change be necessary from a system which responds well to current public need?

There also appears to be an element of prejudging a complaint as to its veracity in that, the National Board can refer a matter to a State Board (Committee) if it believes the matter is significant. A State Board is therefore unlikely to find a matter insignificant on this basis and in essence acts from a biased perspective.

It is recognised that many of the mechanisms for complaint resolution could be devolved to a local committee level, but the need for central control and reporting will still be paramount, all which will serve to increase the costs of complaints handling. This increase in costs will be borne largely by the profession not the complainants.

The appropriate role, if any for state and territory registration Boards;

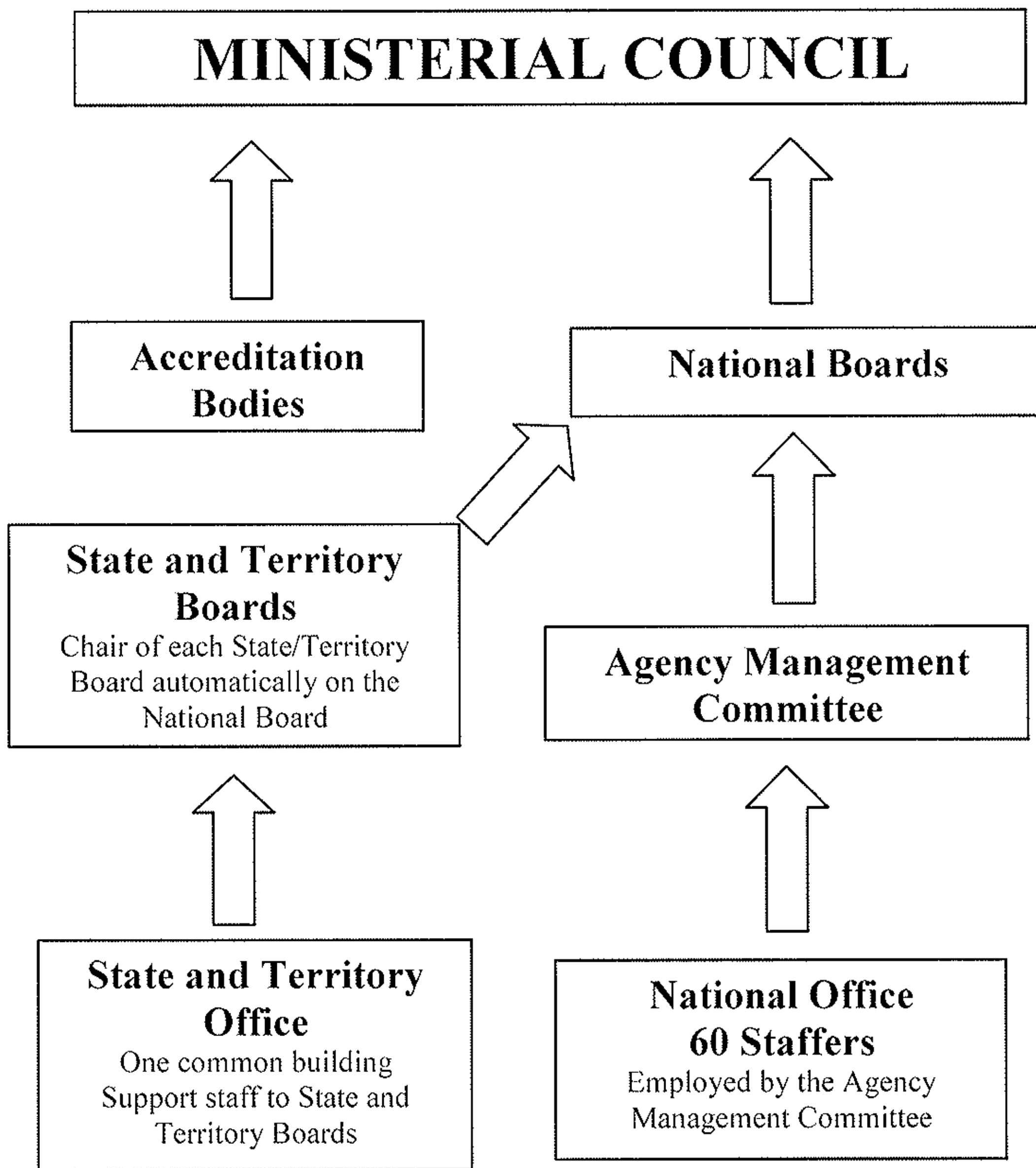
ADAWA has already expounded a role for the State Boards in the handling of complaints however we would also see the following roles as appropriate;

- the collection of registration fees
- maintenance of the Register
- supervision of the local Dental Act
- design, collection and application of local survey data
- counselling post inquiry
- monitoring of product standards and use
- assessment of the scope of practice of auxiliaries
- watching brief of curriculum and student training
- act as a conduit for public concern over dental matters
- to provide re-examination for clinicians re-entering the workforce
- to monitor advertising and give advice where appropriate
- as a participator in continuing professional development
- to assist the Minister in matters dental.

The functions above cannot be adequately monitored or provided by a National Board. Again the question needs to be asked as to what benefit the new scheme will provide to registrants, or by way of protection, to the public.

Alternative models for implementation of the scheme;

ADAWA has at the core of its objection to the current scheme the combining of accreditation and registration. An alternative is proposed in the diagram hereunder.



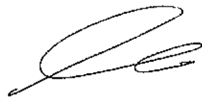
In this scheme the National Boards and the Accreditation body report separately to the Ministerial Council. It is recognised that the Council may independently act to effect workplace changes and in fact individual Ministers have that power currently. For them to act in a manner which was not supported by evidence from the accreditation body would be irresponsible and politically insensitive. The National Board would comprise the Chairpersons of the State Boards and in this way informed, appropriate debate could be initiated. The support for the State Boards would be drawn from common facilities and staff with the rationalisation leading to cost savings. ADAWA believes this model

has been proposed to the Health Ministers Advisory Council by the Hon Dr K Hames recently.

The separation in roles of the accrediting and registering bodies could also be reflected in budgetary considerations in that the National Board should hold the assets of registration fees while accreditation and examination fees would be the purview of the Australian Dental Council.

This Association remains concerned that this expensive, bureaucratic, ponderous mechanism will do nothing to improve the already very satisfactory State based Board system we currently support in association with the accreditation role of the Australian Dental Council.

ADAWA remains at your disposal should clarification or additional information be required and thanks the Committee for considering this response.



Dr A Poli
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AUSTRALIAN DENTAL ASSOCIATION
(W.A. Branch) Inc.

27th November, 2008

The Hon. Mr C Barnett
The Premier of Western Australia
24th Floor
197 St Georges Terrace
PERTH WA 6000

Dear Premier,

Re: COAG, the IGA and the Health Professions

The Australian Dental Association WA Branch (ADAWA) and the Dental Board of Western Australia (DBWA) has observed the passage of the above legislation and the extension of these philosophies into areas previously associated with the State Boards and the Australian Dental Council (ADC). Whilst the Association supports proposal for a National Register, we cannot support the proposals for control of accreditation nor the control of Board functions to do with discipline and control of dental practitioners.

Entwined in these fundamentals are the powers granted to the Ministerial Council, which in this model appears to have greater power than Parliament, which is manifest as an erosion of States' rights and the role of the Statutory Boards. The Uhrig Report commissioned by the Hon John Howard in 2002 and reporting in 2004 found, "boards should be used only when they can be given full power to act" and went on to say that Ministers should not play a key role in the development of policy. In these proposals the Ministers have not only the direction of policy but they may also set standards.

The original premise for the development of a National register as proposed and accepted by the Health Ministers in 2004 and the DBWA, was to allow mobility and portability of qualifications across State boundaries and is related to several notorious cases in other States. This policy is misdirected as there is no control modality in current or proposed legislation that would have prevented these episodes. On the contrary, in some respects the damage could have been on a more wide front if National registration had been in place. Minister Roxon sees this model as curtailing the rogue practitioner when in fact it has been a failure of local hospital accreditation which has caused these issues.

The ADAWA and DBWA take serious issue with the idea that Government should be involved with accreditation of teaching institutions and of curricula. The American Dental Association through the Commission on Dental Accreditation states," Accreditation is a *non-governmental*, voluntary peer review process by which educational institutions or programs may be granted public recognition for compliance with accepted standards of quality and performance". The

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ADA and the DBWA has always supported the accreditation of University training programs by an independent but profession based body. The current proposal to end the scrutiny of the ADC three years after the commencement of the accreditation legislation cannot be justified. This current National Law Act (2008) does not require a Minister to consult prior to issuing instruction related to accreditation or standards. Nor does it provide a mechanism for appeal by anyone including Parliamentary review process. The related agenda of deceasing standards and workplace reforms are a threat to patient safety and internationally accepted standards. It is in fact the ADC that should prepare and maintain a National register in addition to their recognised accreditation functions. The Federation Dentaire Internationale, the international voice of dentistry states, "As a general rule, governmental authorities or professional organizations should not recognise the dental diplomas of candidates whose training, education and experience are of a lower standard than exists for practicing dentists in the state, country or region".

Related to the development of this unwieldy bureaucracy is the development of a national network of Boards and associated committees which must handle all the functions of the current Boards without local knowledge. This will prove to be an enormously expensive exercise and one must ask in this economic climate, is this 'reform' capable of being cost effective? The formation of a National register by the existing ADC is a cost neutral commitment, given the ADC and its other professional counterparts already have these databases. The bypassing of existing expertise in this area makes little sense.

In the latest discussion papers from the Australian Health Ministers Advisory Council there is seen the release of another tranche of documents, this time relating to discipline and patient complaints. There is a tacit assumption in this release that the current Boards can easily be supplanted by a National Board approach. A conservative estimate would indicate approximately 3500 complaints annually, would be directed to this body. Both the ADAWA and DBWA do not believe there is the capacity or expertise to deal with these matters in a timely and competent fashion. The danger is that a lack of timeliness will see these matters escalate to a legal solution with concomitant effects on indemnity premiums. The ADAWA has handled all the indemnity issues for our members for over fifteen years with approximately 350 complaints dealt with annually. As an example of the staffing needed we have three cases consultants, a full time secretary and a Panel of seven to handle these dento-legal matters. Should the National Board refer these matters to a local assessment committee there is a real suggestion that they have been prejudged to warrant referral. This is clearly not procedural fairness at work.

Although the consultation papers released by Dr L Morauta have been informative there is no indication as yet that any of the principles in dispute have been modified to reflect the views of the stakeholders. Indeed the process of pushing these Bills through Queensland with no prospect of a parliamentary review process we believe is underhand.

Summary

The ADAWA and DBWA are supportive of the development of a National register. However there is no indication that extension into other areas is warranted, more cost effective or provides better outcomes for patients. We deplore the subterfuge of attempting to achieve workplace reform by control of accreditation.

In any scheme;
- The safety of the public is paramount
- High quality health care must be protected and advanced

- The balance between consumer and provider rights is appropriate
- That Governments should be accountable and processes transparent; and
- There are no increased costs or administrative burden.

The ADAWA Branch and representative members of the DBWA would welcome an opportunity to meet with you and other stakeholders in the near future. On the basis of current directions we would support a withdrawal from the IGA which is possible under the terms of the IGA with twelve months notice. It should be recognised that once the State Boards are dismantled and control centralised, there is no facility to return to pre-existing arrangements as the resources of the Boards will have been incorporated by the National body.

Yours sincerely,

Dr A Poli
President
Australian Dental Association, WA Branch.

Dr J Owen
President
Dental Board of Western Australia.