# The Dental Board of Western Australia

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29 April 2009

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

Dear Sir,

**Inquiry into the National Registration and Accreditation Scheme for Doctors and other Health Professionals**

Thank you for requesting our submission.

To date, input from Dental Boards around Australia has been deploringly inadequate during the whole process.

The Dental Boards of Australia only became aware of the COAG developments when presented with the current model, by a Commonwealth Officer, invited to attend the 24th Conference of Board Presidents and Registrars, at our Hobart Meeting, 13th October 2006.

It concerns the Board greatly that the Productivity Commission recommended accreditation and registration remains separate, but the COAG scheme has somehow seen in its wisdom to amalgamate these two vastly different areas into a National Registration and Accreditation Scheme.

Accreditation is a role of the professions. Since 1991, the Australian Dental Council, seed funded initially by the Australian Dental Association and subsequently continually funded by the Dental Boards of Australia via registration fees, has been a very successful entity.

Please find attached the joint letter from the Dental Board of Western Australia and the Australian Dental Association (WA Branch), to our Premier Mr Colin Barnett MLA, dated 8th November 2008.

The Dental Board of Western Australia has met with and formally expressed our concerns to the Minister for Health, Dr Kim Hames MLA on the proposed model while acknowledging his model had some significant improvements in the area of National Registration and uniformity.

These concerns included:

1. Registration versus regulation. The proposed national scheme focuses on the registration of health professionals, and does not give sufficient recognition that Board members' time is involved in a wide range of activities of which only one is registration matters and most of which are, of necessity, locally based. These include assessing applications for registration, reviewing supervision reports for registration, issuing guidelines to registered practitioners that outline the Board's interpretation or position on professional practice issues, working with national accreditation bodies, setting up codes of conduct for the profession, presenting to undergraduates and postgraduates on ethical and legal issues, and working with professional associations on common matters that protect the public.

   One of the aims of the proposed national registration scheme has been to enable greater mobility of the professions throughout Australia. In our experience, this mobility has not been restricted for dentists, approved specialists or our registered dental auxiliaries, due to the mutual recognition and Trans Tasman processes well established between all state boards. The proposed scheme also does not increase the protection of patients from "rogue" doctors, dentists or any other health care professionals. In actual fact, the proposed system will facilitate their portability around Australia, eventually resulting in a National crisis rather than a State crisis like Dr Patel.

2. Cost. The current state based system is self-funding through annual registration fees. The proposed system requires Government funding (implementation costs), and our concern is that there may be a significant increase in annual registration fees. The Board queries the efficiency of the proposed model compared to the current State-based regime. The Board has not seen any financial models to reassure us that costs can be controlled and that registration fees will not significantly increase. In that regard I advise that the fees paid for registration in this State in 2008 were $250 (dentists) and $125 (dental auxiliaries), both very modest registration fees.

   The Board recognises that an aim of the proposed system is to have consistency of standards between the various States/Territories, which is a laudable goal. National uniformity of training and scopes of practise are highly desirable.

3. Efficiency. The current State based system has proven efficient from an administrative aspect. Decisions can be made locally and in a manner that is not bureaucratic. The proposed scheme has the potential for administration to become cumbersome and for Western Australia to be sidelined from the process. A recent example of this is the meeting called on 15 January, 2009 in either Melbourne, Sydney or Adelaide for late January or early February to discuss business requirements for the proposed system. No meeting was proposed to be held in Perth. Drawing this to the Minister's attention resulted in the inclusion of Perth on the 11th February.

4. Loss of Current Board's Corporate Intellectual Knowledge. Seven of the ten Boards in Western Australia contract their administrative arrangements. Those contractors and their staff, along with the Board members, have developed a substantial and invaluable amount of corporate knowledge and expertise. However, as contractors will not be involved in the national scheme that accumulated knowledge and expertise is likely to be lost.

5. Lowering of Professional Standards. The IGA indicates that one of the considerations that the Productivity Commission looked at was "the supply of and demand for, health workforce professionals". We are gravely concerned that the initial impetus for national registration was a workforce philosophy aimed at increasing the number of health professionals that are available for the public. If those considerations hold sway, the focus could be on reducing the requirements for professional training, and so increasing the risk to the public of consulting professionals who are registered, but insufficiently qualified to practice.

6. Control of Professions by other Parties. There is significant concern that some smaller professions may be controlled or unduly influenced by the larger professions, the Government and public servants, to the detriment of the professions and the public. Examples of this include the views of some medical practitioners who consider that a number of other health professionals, including chiropractors, podiatrists, psychologists and nurses, are practising in areas that should be restricted to medical practitioners. Although dentistry has traditionally had more distinct lines of demarcation, there are areas within dentistry that are of an issue. Dental Prosthetists, for example, are a group of dental practitioners who are poorly trained and have very limited knowledge of the basic sciences. Expansion of their duties to include partial dentures and implant loaded prostheses is a very real concern to the Board. Every State has a wide range of issues in this specific area.

7. Loss of Control. There is a concern that with control being passed to a national board, there will be a reduction or loss of the ability to deal with issues that are regional to Western Australia. We recognise that most states have needs and issues that are unique to their state. However, in the case of Western Australia, we consider that our size and our isolation from the other states indicate that there are issues that are specific to Western Australia. As expressed earlier, the way that the consultation process regarding national registration has been conducted to date raises concerns that uniquely Western Australian perspectives, needs, and issues will be overlooked.

Specific to the questions the Inquiry has asked:

**(a) the impact of the scheme on state and territory health services;**

As an example, the Western Australia Dental Board, through its unique temporary registration mechanism and with Australian Dental Council liaison and support, has been able to provide 15 overseas trained dentists, who were not eligible to register in Australia, to work in our rural and remote areas. Workforce was critical and dental services almost non existent in these areas. By sourcing dentists from countries (universities) that historically had high pass rates for their candidates at the Australian Dental Council Assessment examination, the Board introduced a regime of Temporary Registration for these dentists to work under contract with the State Government and work clinically in critically under-serviced rural and remote area of this State. These dentists had three years to complete their Australian dental Council Accreditation and obtain full registration. This has been very successful and the other Boards in Australia have acknowledged our proactivity in this area and the great benefit this has been provided towards dental services in our vast State. We do not believe we would have had the flexibility in a National system / framework, to respond as quickly to what was a state specific crisis.

**(b) the impact of the scheme on patient care and safety;**

Unfortunately, dental and many health care complaints are received after permanent and very often, serious harm has been done to an individual or in the case of incompetent practitioners, to numerous patients.

Aberrant practitioners who register nationally will no longer have "border checks" as currently happen through State Registration. A letter of good standing and advice on cases outstanding is required to be provided by a state board to the next board, under the current mutual recognition arrangements.

Please note that under current Mutual Recognition legislation, once a finding and penalty has been determined in one State, then that finding and penalty applies on a national basis.

Our concern is that mobile practitioners are far less likely to be detected or pursued by the public if they had moved on. If Dr Patel in Bundaberg had relocated after his first two deaths to another state and then repeated this pattern, how much longer would it have taken to become fully aware and lay serious charges?

**(c) the effect of the scheme on standards of training and qualification of relevant health professionals;**

The Board believes the standards of training and qualifications will be altered, probably lowered, to address workforce and political goals. This is not acceptable to this Board and should not be acceptable to the public of Australia. .

**(d) how the scheme will affect complaints management and disciplinary processes within particular professional streams;**

Complaints must be handled locally and even this can be very difficult at times with some complainants and the practitioners being hundreds if not thousands of kilometers away in our vast State. Complaints committees must be comprised primarily of clinicians.

The cost of obtaining advice from external clinical consultants will be prohibitive under the proposed system. Our Board members are currently not paid fees for their investigation of complaints. The Board currently handles approximately 50 complaints per year. There will be a significant increase in costs if the investigation of these complaints requires external advice. If the New South Wales model of handling complaints is adopted, the costs in this area will be even higher again. Will the new structure also need to take complaints that currently are handled by the State Administrative Tribunal and / or, the Office of Health Review? No one has answered the Board's questions in this area.

**(e) the appropriate role, if any, in the scheme for state and territory registration boards;**

It is absolutely essential that the State Boards are retained and be in a position to still command the respect of the profession as well as the public.

The Board emphasizes that registration only takes 5% of the Board member's time; the vast majority of the balance is involved in the handling of complaints.

Currently, Board members see it as a privilege to serve on the Board.

Board members are paid a token sitting fee. If the new structure has salaried / sessional, dental members, remuneration would need to increase at least four fold to attract the calibre of practitioner required. This disadvantage of the proposed regime cannot be underestimated.

**(f) alternative models for implementation of the scheme.**

You have requested that we propose an alternate model and thus we respectfully submit:

1. Maintain internationally recognized independent accreditation arrangements for dental education and training and keep them separate from registration arrangements. Accreditation is a role of the professions, albeit with possible government assistance, not direction, for the smaller professions.
2. Retain state registration boards and deliver a system of national registration recognition and uniformity, data base and information sharing so that dentists and dental auxiliaries, including dental prosthetists, who register in one state, will achieve national registration.
3. Complaints management and disciplinary processes must occur at a State level.
4. Create a National Dental Board that is representative of the States that will ensure state registration boards progress to harmonize the detail and application of registration for a national system.

This model protects patients. This model secures standards and the quality and safety of patient care. It keeps Australian accreditation recognized internationally. It is streamlined and cost effective.

Yours faithfully

**Dr John R Owen**
**President**
**Dental Board of Western Australia.**

President
Dr. A. F. Poli

Chief Executive Officer
Dr. Stuart Gairns

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

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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

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.