26 March 2003

Mr Tony Hinton
Commissioner for Review of Mutual Recognition
Productivity Commission
PO Box 80
BELCONNEN ACT 2616

Dear Commissioner

The Australian Dental Association Incorporated (ADA) wishes to make this brief submission to the Review of Mutual Recognition, conducted by the Productivity Commission.

Introduction

The ADA is an organisation whose membership consists of registered dentists, who represent over 90% of those in active practice. It has two objectives in its Constitution – to promote the art and science of dentistry (i.e. dental standards) and to promote the health of the public. In this particular matter, we are concerned that dental practice standards are maintained at the current high level in order to protect the health and safety of the public.

In third world countries where there is no regulation of dental practice and where any individual may provide dental "treatment", there is a consequent lowering of the standards of care to a level which would not be tolerated by the Australian community. It is for this reason that developed countries provide for an infrastructure of regulation of health care, in this case – dentistry.

It is important to recognise that the consumer requires special protection in the matter of health care, including dental care, because of the "information asymmetry" between the patient and the provider. The technical, medical and scientific criteria that underpin dental care are beyond the comprehension of the general consumer and it is important that these consumers are able to be assured that the person treating them is both qualified and competent to do so. The current system of registration of dentists in Australian and New Zealand is designed to do just this.

Workforce mobility

The Mutual Recognition Agreement (MRA) covering the Australian States and Territories and the Trans Tasman Mutual Recognition Arrangement (TTMRA) between Australia and New Zealand are designed to facilitate movement of the workforce between these jurisdictions. Both MRA and TTMRA have the capacity to accomplish this. They also enhance both competitiveness and the capacity for Australia and New Zealand to form a more powerful bloc in setting and maintaining international standards.

However, there are several negative factors which may result from these conventions, namely:

- The flow of the workforce to the more desirable jurisdictions, with the consequent imbalance creating deficiencies in the ability to deliver health care in the less desirable and often needier jurisdictions
- The reliance of this convention of mutual recognition on the presumption that this will not lead to a lowering of standards, and
- The inevitability that, where standards vary between jurisdictions, providers may simply choose to register with the jurisdiction with the lowest standard and, thus, be entitled to practise in any of the other jurisdictions where higher standards apply.

There is a need to consider the consequences of the above factors in any review of the current conventions.

Maintenance of standards and protection of the community

The variability of criteria for admission to practise dentistry in the various Australian jurisdictions is not significant, although some problems of interpretation and subsequent categorisation of dental health care providers have resulted in the past. An example of this occurred when one Australian State used the term “Oral and Maxillofacial Surgeon” for all dentists that would have been categorised separately as either “Oral Surgeons” or “Oral and Maxillofacial Surgeons” in other jurisdictions. The difference in training and clinical privileges are very significant between what most understand as applicable to these two different descriptors. As a consequence, some practitioners, under MRA, were able to register as “Oral and Maxillofacial Surgeons” in other States when their qualifications and experience would otherwise not have entitled them to do so.

A much more serious and significant variation exists between the differing Australian and New Zealand approaches to the registration of overseas-trained dentists. In Australia, those qualifications recognised as equivalent to our own standards are defined in State and Territory regulations and are consistent across the country. All other overseas-trained dentists are obliged to pass the examination conducted by the Australian Dental Council (ADC) in order to be able to practise in this country. This is also consistent with the original approach taken in New Zealand. However, the New Zealand Dental Council (NZDC) has now adopted a more subjective approach to

the registration of overseas-trained dentists. The requirement to sit the Council examinations may be waived on subjective assessment, an option not available in Australia. The consequence is that the more "flexible" (some would say "lower standard") entry possible through the NZDC and the application of TTMRA lead to concerns about the easy "back door" entry of dentists to Australia, who have qualifications that are not normally admissible here. There are also significant differences in the training of specialists between the two countries and the ADA is also concerned that there will be a lowering of standards through TTMRA, as far as specialist practice is concerned.

The experience has shown that around 60% of overseas-trained dentists who utilise the easier entry through the NZDC subsequently move across the Tasman to Australia, where they are then able to register to practise. No doubt, some of these practitioners are sufficiently competent to have passed the ADC examination but this would not automatically apply to all of them. As a result the standard of dental practice may be lowered and the safety and wellbeing of the Australian community may be compromised.

There is also a need to recognise the principle that the regulation and standards applicable to dental practice in the Australian States and Territories should be a matter for these jurisdictions to determine. They should not be imposed by the regulations and standards of the NZDC.

The situations described above happen to reflect Australian concerns about the "back door" entry of practitioners taking the easy route through New Zealand. It must also be recognised that there is the potential for the reverse to occur if the Australian authorities were to lower their entry standards.

Summary

The ADA supports the activities of the Australian Dental Council in maintaining high standards of dental practice to ensure the safety and protection of the Australian community. The ADC is representative of the Australian jurisdictions and there is thus a ready mechanism to ensure uniformity of standards for dental practice. In fact, one of its key committees was formed for this very purpose. This ensures that the essential criterion of uniformity of standards sustains the principles espoused in MMRA. Any problems that occur from time to time in maintenance of these standards can be resolved by the ADC, in the interests of maintenance of the MMRA.

On the other hand, although the dialogue between ADC and NZDC appears to be very healthy, these two bodies serve different agenda and different countries. It certainly cannot be said that commonality of standards exists between these two jurisdictions. The differences mean that the application of TTMRA will result in a lowering of standards to those of the country with the less stringent requirements. This is not part of the original intention of this convention.

Recommendations

Thus, the ADA, mindful of the maintenance of standards and the protection of the community, recommends:

1. The role of the ADC in setting and maintaining dental practice standards be supported.

2. The Trans Tasman Mutual Recognition Arrangement be modified so as to exclude registration to practise dentistry.

Yours sincerely

Robert J F Butler
Executive Director