



AUSTRALIAN DENTAL
ASSOCIATION INC.

**Australian Dental Association Inc. response to
National Registration and Accreditation Scheme
For The Health Professions**

**Review of Draft Research Report Mutual Recognition Schemes
Productivity Commission**

18 December 2008

**Authorised by
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SUBMISSION IN RESPONSE TO DRAFT RESEARCH REPORT ON THE REVIEW OF MUTUAL RECOGNITION SCHEMES

About the Australian Dental Association Inc (ADA)

The ADA is the peak national professional body representing about 10,000 registered dentists engaged in clinical practice. ADA members work in both the public and private sectors. The ADA represents the vast majority of dental care providers. The primary objectives of the ADA are to encourage the improvement of the health of the public and to promote the art and science of dentistry. There are Branches in all States and Territories other than in the ACT, with individual dentists belonging to both their home Branch and the national body. Further information on the activities of the ADA and its Branches can be found at www.ada.org.au

Introduction.

The ADA thanks the Productivity Commission for the opportunity to respond to the Draft Research report on the review of Mutual Recognition Schemes.

The ADA notes that it has made a number of previous submissions to the Productivity Commission in relation to Mutual Recognition and has only limited comments to make in relation to the Draft research report.

Key Issues:

Consumers can relatively easily be protected regarding imported goods as one can check to see if they are made to internationally acceptable standards. However health services and especially the professionals who are to provide them is a completely different case. Safeguards are required to ensure practitioners registered to provide health services have the qualifications, skills and training to provide their services in Australia.

COAG initiatives and the Intergovernmental agreement.

In many respects the issues surrounding mutual recognition processes in Australia are being addressed for the health professions in the reforms being undertaken relating to national registration and accreditation. Many of the issues raised in the research paper have been addressed by the ADA in submissions to AHMAC and the Productivity Commission in respect of this reform agenda¹.

Is modification to existing mutual recognition processes required?

In general terms to date the operation of mutual recognition schemes operating in dentistry in Australia have (with some exceptions) been acceptable. The acceptance of the suitability

¹ See Australian Dental Association Inc. response to National Registration And Accreditation Scheme For The Health Professions consultation paper Proposed arrangements for accreditation 17 December 2008 and Australian Dental Association Submission to Productivity Commission 23 March 2003. (Copies available on request.)

of the processes should not however give rise to any simplification or relaxation of the processes that are in place. Examination of the Draft paper would suggest that in some cases the Productivity Commission is considering relaxation of existing processes.²

In response to this the ADA would say that features of the existing system that provide safeguards that serve to maintain the quality of professionals able to safely practise in Australia should not be removed. Provision of health services as distinct from provision of many other professional services require very specific safeguards to be in place. It is important to recognise that the consumer requires special protection in the matter of health care, especially in dental care, because of the very personal and individual relationship that exists between the patient and the provider and in dentistry's case the irreversible and surgical nature of its practice. 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.

Any reform to the mutual recognition frameworks introduced must have as their key objective the maintenance or improvement of the quality and safety of dental services to the community.

The ADA contends that for reform to be effective it must achieve improvement in the delivery of dental care. If this is not achieved by any reform measures proposed then it is the ADA's view that there would be no benefit obtained and in fact potential danger caused by their introduction.

Workforce mobility.

The ADA accepts that the introduction of the Mutual Recognition Agreement (MRA) covering the Australian States and Territories and the Trans Tasman Mutual Recognition Arrangement (TTMRA) between Australia and New Zealand have facilitated increased ease of movement of the dental workforce between these jurisdictions. These schemes have enhanced both competitiveness and the capacity for Australia and New Zealand to form a more powerful bloc in setting and maintaining international standards. In dentistry the Australian Dental Council evaluates and accredits dental courses in Australia and New Zealand; so it now known that they are of an acceptable standard. However this does not apply to most of the rest of the world where such a relationship does not exist.

However, there are several possible negative consequences which may result from these conventions that need to be considered, 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.
- Registration criteria were not always the same, although now in Australia and New Zealand they are slowly being brought closer together.
- The presumption that this will not lead to a lowering of standards 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.

A relaxation of mutual recognition processes exposes Australia to the consequence that a more "flexible" entry process may lead to concerns about the easy "back door" entry of dentists to Australia. These dentists may have qualifications that are not normally admissible here.

² See Chapter 9 of the draft research paper referring to the relaxation of the permanent exemption for medical practitioners under TTMRA.

For example experience has shown that about 50% of overseas-trained dentists who utilise the entry through the New Zealand Dental Council subsequently move across the Tasman to Australia, where they are then able to register to practise. No doubt, whilst some of these practitioners are sufficiently competent to have passed the Australian Dental Council (ADC) examination they do gain entry to Australian practice by this means. As a result the potential exists for the standard of dental practice to be lowered and the safety and wellbeing of the Australian community to be compromised.

In third world countries where dental practice is not regulated at all or regulated differently and where poorly trained individuals may provide dental "treatment", there is a consequent low standard of care provided 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, considerable care has to be taken in ensuring that access to registration and accreditation of all practitioners in Australia maintains the standards set in Australia so that we continue to be able to provide the high standards of safe dental care that are currently provided. Rigorous assessment protocols must be maintained. As the ADA has often stated in submissions to the Productivity Commission and others on this topic, maintenance of standards are paramount and short term solutions in the name of expediency cannot be tolerated as they cause or contribute to a lowering of standards in quality and safety.

Dentists and Allied Dental Personnel.

An issue that is of particular concern in the delivery of health care is the difference that exists in the scopes of practice of several of the allied dental personnel such as dental hygienists, dental therapists and dental prosthetists.

The existence of such differences in any mutual recognition process gives rise to the potential for inappropriate registration of a practitioner. For example a practitioner in one jurisdiction may have a scope of practice that is less extensive and in some cases very different to that of the equivalent titled practitioner in another Australian state/territory or overseas jurisdiction. Any mutual recognition process must recognise that the registration of that practitioner from another jurisdiction means that that practitioner will be potentially registered to perform health services for which they are not adequately trained. Due to the potential for injury that this may cause, this cannot be permitted and restrictions would need to be imposed within the mutual recognition process. The ADA can see that with national registration and the creation of uniform scopes of practice that this process will entail, this will eventually not be a problem for dentistry within Australia but will remand a significant problem for overseas trained practitioners.

Currently the Australian Dental Council has very good systems in place to ensure that overseas practitioners meet Australian standards. The ADA supports the continuation of their role and notes this role is to be continued under the IGA scheme for national registration of health practitioners.

A handwritten signature in dark ink, appearing to read 'N.D. Hewson', with a long horizontal flourish extending to the right.

Dr N.D. Hewson
President
Australian Dental Association Inc.

18 December 2008.