

4 May 2023

Select Committee into the Provision of and Access to Dental Services in Australia
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Dear Select Committee,

Submission to the Select Committee into the Provision of and Access to Dental Services in Australia

The Australian Dental Council (ADC) welcomes the opportunity to provide a submission to the Select Committee into the Provision of and Access to Dental Services in Australia.

This response provides an overview of the aspects of the ADC's work relevant to the terms of reference of the Select Committee and the ADC's experience as the dental accreditation authority. The most relevant sections of the Committee's terms of reference are *i. workforce and training matters relevant to the provision of dental services* and *k. any related matters*.

The role of the Australian Dental Council

The ADC is the body assigned the accreditation functions for the dental professions by the Dental Board of Australia (DBA) under the National Registration and Accreditation Scheme (NRAS). The ADC is responsible for the accreditation of education and training programs and the assessment of overseas qualified dental practitioners wishing to practise in Australia. Accreditation protects the public by ensuring only suitably trained and qualified health practitioners can register and practice in Australia.

Program accreditation

To be accredited a program must meet the [Accreditation Standards](#). Education providers must also show how students will be assessed as having the knowledge, skills and [Professional Competencies](#) needed to be eligible to apply for registration in Australia. There are currently 65 ADC accredited dental practitioner programs in Australia delivered by 18 dental education providers.

Table 1 outlines the number of programs and students enrolled in programs by registration division in 2022.

Table 1. The number of programs and total students enrolled by registration division in 2022

Registration division	Number of programs	Total number of students
Dentist	10	2537
Specialist	40	113
Dental Prosthetist	4	157
Dental Hygienist, Dental Therapist, Oral Health Therapist	10	1032
Endorsement – conscious sedation	1	11

Overseas dental practitioner assessments

The ADC dental practitioner assessment process is one of the pathways for registration with the [Dental Board of Australia](#) for overseas qualified dental practitioners. The process involves the assessment of qualifications and professional skills and ensures overseas qualified dental practitioners have the professional qualities, knowledge, judgement and clinical skills needed to practise safely in Australia.

In addition to the assessment process, the ADC is the assessing authority responsible for the skills assessments for migration purposes for general dentists and dental specialists. Overseas qualified dental practitioners in the other divisions (dental hygienists, dental therapists, oral health therapists and dental prosthetists) need to complete their skills assessment for migration purposes through VET Assess or Trades Recognition Australia, depending on their profession.

i. Workforce and training matters relevant to the provision of dental services

The ADC recognises the workforce challenges faced by the dental profession; a concern that directly impacts the provision of and access to dental services. The ADC in its role as the accreditation authority works to protect the health and safety of the public by ensuring dental practitioners meet the high standards required of dental professionals in Australia whilst ensuring accreditation processes are streamlined and proportionate to risk. The standard of dental care in Australia is continually evolving and dental practitioners need to keep pace with a range of new therapies, materials, procedures, devices, and new organisational systems to meet the changing needs of the Australian population.

COVID-19 impacts

The ADC was able to continue to fulfil its accreditation function throughout the COVID-19 pandemic, ensuring new dental practitioners could enter the workforce, either through completion of an accredited Australian qualification or the ADC assessment process for overseas qualified dental practitioners. The ADC did not change the threshold at which it assessed overseas qualified dental practitioners or accredited dental practitioner programs. The ADC understands that it was the only comparable international jurisdiction to continue to assess overseas qualified dental practitioners at this time. Canada, UK and New Zealand (using the Canadian examination) did not run examinations for two years.

The ADC has also experienced a significant increase in applications from overseas qualified dental practitioners seeking to register in Australia via the assessment pathway. Application numbers for general dentistry and dental hygiene have more than doubled since 2019.

The ADC now receives over 1200 new applications a year from overseas qualified practitioners who have migrated or are in the process of migrating to Australia. Between 2019 and 2022, 900 people completed the ADC process and became eligible to apply for registration with the [Australian Health Practitioner Regulation Agency](#) and enter the workforce. Of these practitioners, 50% were from the subcontinent, 15% from the middle east, 10% from South America, with the remaining candidates coming from other global regions.

Outcomes-based accreditation

The ADC takes an outcomes-based approach to accreditation which provides flexibility to respond to changes in community health care needs, technology and innovations in health practice. Education providers are asked to demonstrate that the program of study will produce high-quality graduates with the knowledge, skills and professional attributes necessary to practise the profession. This approach promotes innovation and quality improvement, removes restrictions and barriers for how education providers can demonstrate the Accreditation Standards have been met, enables variability between education providers and allows education providers to be multi-faceted and align with local needs. This approach also applies to clinical placements and removes the requirement for providers to meet certain numbers of procedures or treatments per student. The tertiary learning sector is changing rapidly, and new ways of learning and assessing are emerging. For example, pathways to academic careers, changes to scope of practice, accessibility of education, micro learning and so on are all emerging trends. Developing an outcomes-based mindset and approach to accreditation ensures accreditation processes and standards are flexible and can meet the needs of future learning environments.

Stakeholder relationships

The ADC has strong relationships with its stakeholders including education providers, other accreditation authorities, government and the dental profession. The ADC conducts wide public consultation to ensure the Accreditation Standards and Professional Competencies remain contemporary, fit for purpose and are aligned with the current and future needs of the Australian population.

Dental academic workforce concerns

An area of concern for the ADC is academic workforce issues that impact on the education sector, with contributing factors including insecure and casual work, barriers to career pathways, the attractiveness of university careers and rising student to staff ratios. In its role as the accreditation authority, the ADC has observed increased student to staff ratios and challenges with recruiting academic staff, particularly at senior levels and for specialists. The ADC conducted a survey in 2022 of Australian Dental School staff which showed that leaders of dental schools across Australia had concerns about the lack of qualified academics, registration barriers, work/life balance and flexibility, succession planning and remuneration and reputation.

The most cited barriers to entering dental academia that were raised in the survey included:

- excessive workload
- disparity in remuneration compared to clinical practice
- lack of suitably qualified academics in Australia
- limited number of scholarships and/or opportunities to do a PhD in Australia
- focus on full registration instead of being an excellent educator

- job insecurities
- the requirement for a PhD precludes many practising clinicians; and,
- lack of coherent clinical academic training pathways in Australia.

Strategic change is needed to ensure the sustainability of dental programs in Australia and to ensure that dental schools have the resources to prepare graduates to meet the current and future needs of the Australian population. In this context, the ADC, in partnership with the Australian Dental Association (ADA), the Dental Board of Australia (DBA) and the Australasian Council of Dental Schools (ACODS), initiated a roundtable discussion in September 2022 with key stakeholders to address issues relevant to the dental academic workforce. The aim was to identify the ongoing challenges and barriers to attract a sustainable dental academic workforce, with a focus on potential areas for change to support high quality dental education in Australia.

Proposed solutions to the issues that were identified included:

- improve the connection between clinical practice and academia, this includes strengthening the alignment between the profession and the tertiary sector
- create career development opportunities for academic staff
- review migration laws to reduce barriers for teaching and research purposes
- increase support for PhD students and early career researchers
- maximise research opportunities through collaboration and joint advocacy between education providers and the profession
- change the type of employment from casual to permanent part time to promote stability.

k. any related matters

The ADC has several areas of focus on its work plan relevant to point *k. any related matters* of the Select Committee's terms of reference. The focus areas align to the four priority population groups that have been identified in the National Oral Health Plan as having poorer oral health than the general population and as experiencing barriers to accessing oral health care.¹ These groups include:

- people who are socially disadvantaged or on low incomes
- Aboriginal and Torres Strait Islander peoples
- people living in regional and remote areas
- people with additional and/or specialist health care needs.

Cultural safety

Recent changes to the National Law include a new objective of the National Scheme. The new objective aims to build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander peoples.

The recent National Law amendments include revised guiding principles, requiring the scheme to ensure the development of a culturally safe and respectful health workforce that—

- (i) is responsive to Aboriginal and Torres Strait Islander peoples and their health; and
- (ii) contributes to the elimination of racism in the provision of health services.

¹ COAG Health Council. Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015–2024. Canberra, ACT: Australian Government, 2015. Accessed from: www.health.gov.au/sites/default/files/documents/2022/04/healthy-mouthshealthy-lives-australia-s-national-oral-health-plan-2015-2024-australia-snational-oral-health-plan-2015-2024.pdf

The ADC's Accreditation Standards include a dedicated domain about cultural safety, which requires education providers to demonstrate how they are preparing their students to provide culturally safe care for Aboriginal and Torres Strait Islander peoples. In 2023, the ADC published [*The role of accreditation in improving Aboriginal and Torres Strait Islander health outcomes: Program monitoring data collected from Australian Dental Council accredited programs in 2021 and 2022*](#),² which analysed data collected from education providers in response to targeted accreditation monitoring questions.

The results demonstrated a clear commitment from education providers to review and develop education programs to better address cultural safety. Promising progress has been made since 2019, shown through the design and management of programs, integration of cultural safety throughout programs and provision of opportunities for clinical experiences. This, in turn, will support the development of a culturally safe workforce and ensure respectful care is provided for Aboriginal and Torres Strait Islander peoples accessing dental services.

Rural and remote communities

The ADC acknowledges that there is a maldistribution of dental practitioners, and a particular need to support rural and remote communities in accessing oral health services. Australians living in remote and very remote communities are more likely to experience tooth decay and tooth loss compared to those living in metropolitan centres.³ There are barriers to the access of dental care in rural and remote Australia, including access to fewer dental practitioners, greater distances to travel to health care hubs, higher costs of healthy food options and oral hygiene products, and increased fuel costs.³

The preparedness of newly qualified practitioners to service the distinct needs of rural and remote communities and the challenges that this presents may impact on the ability of the dental workforce to address the health disparities experienced by these communities. To address these health disparities, dental schools must ensure that programs prepare graduates to be competent in servicing the distinct needs of these populations through improved models of care, the utilisation of the broader health care team, telehealth, and cultural safety.

The preparedness of newly qualified dental practitioners to work in rural and remote settings was first raised during the Accreditation Standards review undertaken by the ADC in 2020. Rural and remote communities were also a focus area for the review of the *Professional competencies of the newly qualified dental practitioner* (the revised Competencies) that were launched in April 2022 and will be implemented from 1 July 2023. The revised Competencies include specific reference to 'those living in regional and remote areas', within the definition of 'Groups or populations at increased risk of harm or poor oral health', which states that 'all Professional competencies must take into account people, groups and populations at greater risk of harm and/or poor oral health outcomes, that face greater challenges in accessing oral health care, as existing systems, policies and process may not meet their needs'. The ADC has produced a set of guidance notes to support dental education providers with the implementation of the revised Competencies including a [*guidance note for rural and remote communities*](#).

² Australian Dental Council. The role of accreditation in improving Aboriginal and Torres Strait Islander health outcomes in dental education: Program monitoring data collected from Australian Dental Council accredited programs in 2021 and 2022. Melbourne, Vic: ADC, 2023

³ Australian Institute of Health and Welfare. Oral health and dental care in Australia. Canberra, ACT: AIHW, 2020. Accessed from: www.aihw.gov.au/reports-data/health-conditions-disability-deaths/dentaloral-health/reports

Social responsibility and person-centred care

Dental practitioners have a responsibility to the communities they serve to behave in a professional and ethical manner, and it is important that public safety and trust in health professionals is maintained.⁴ A focus area for the revised Competencies was to define the relationship between care at an individual level and the broader societal context to further improve dental practitioners' readiness to enter an increasingly complex health system. A focus on person-centred care requires a broader understanding of the social determinants of health and how health needs are prioritised by all those involved in the delivery of health care. Prioritising health needs is a shared responsibility and requires input from health practitioners, health service organisations, government, and the broader public, including patients. Dental practitioners play a role in addressing the inequities of healthcare access as well as the responsible provision of care as it relates to economic and environmental impacts of the health system.

The name of Domain 1 of the Competencies has been revised to 'Social responsibility and professionalism', which recognises the level of control that a newly qualified practitioner can exert, while also considering that professional practice is undertaken within a social context. For trust in the profession to be maintained, a practitioner must act in a way that meets the expectations not just of the profession, but also of the broader community in which the practitioner works.

Intellectual disability

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Disability Royal Commission) was established in April 2019 in response to community concern about widespread reports of violence against, and the neglect, abuse and exploitation of, people with disability. The Disability Royal Commission's Report on Public Hearing 4 identified the training and education of health professionals as a key issue to address to improve the health of people with intellectual disability. As part of its role as the accreditation authority for the Australian dental professions, the ADC was approached by the Disability Royal Commission to provide a statement on its processes and procedures as they relate to individuals with physical and cognitive disabilities. The ADC was also invited to provide evidence in the public hearing.

The ADC is a member of the Australian Government Department of Health's Intellectual Disability Education and Training Advisory Group. The Advisory Group was established in December 2021 to provide expert advice and guidance to the Commonwealth Department of Health on the implementation of education and training related actions under the National Roadmap for Improving Health of People with Intellectual Disability. The Roadmap takes into consideration a range of issues that have been raised and includes a comprehensive range of actions to improve the health of people with intellectual disability.

Yours sincerely

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⁴ COAG Health Council. Policy Direction 2019-1. Rundle Mall, SA: COAG Health Council, 2020. Accessed from: www.ahpra.gov.au/documents/default.aspx?record=WD20%2f29447&dbid=AP&checksum=zAwX6DuV0pz9ombMcgfkpQ%3d%3d