



8 May 2023

Select Committee into the Provision of and Access to Dental Services in Australia
PO Box 6100
Parliament House
Canberra ACT 2600

dental.services.sen@aph.gov.au

Dear Select Committee

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

The Dental Board of Australia (the Board) welcomes the opportunity to make a submission to the Select Committee into the Provision of and Access to Dental Services in Australia (the Committee).

Our response provides an overview of the aspects of our work relevant to the terms of reference of the Committee and our experience as a regulator. The most relevant section of the Committee's terms of reference is *i. workforce and training matters relevant to the provision of dental services*.

The Board is a statutory health practitioner regulator working under legislation; it is not a provider who delivers dental services. Despite this, we welcome the opportunity to provide a regulator's perspective. While the Board's role is not to advocate for the profession, the Board does make submissions, where relevant to promote consistency with the objectives of the National Scheme and with the Board's regulatory framework.

Our work is governed by the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) and our primary role is public protection.

The role of the Dental Board of Australia

The [Australian Health Practitioner Regulation Agency](https://www.dentalboard.gov.au/) (Ahpra) and the 15 National Boards regulate practitioners in 16 health professions through the National Registration and Accreditation Scheme (the National Scheme). The [Dental Board of Australia](https://www.dentalboard.gov.au/) is one of the National Boards. The Board regulates dental practitioners including dentists, dental specialists, dental hygienists, dental therapists, oral health therapists, and dental prosthetists. The five divisions of general registration are detailed further in Table 1 below.

Table 1: dental practitioner divisions¹

Division	Scope of practice
Dentists	Focus: general and can include any activities within the definition of dentistry. Services: assessment, diagnosis, treatment, management, prevention Patients: all ages

¹ Dental Board of Australia (1 July 2020). Guidelines for scope of practice. Accessed from: <https://www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines/Guidelines-Scope-of-practice.aspx>

Division	Scope of practice
Dental hygienists	Focus: oral health Services: assessment, diagnosis, treatment, management, education to prevent oral disease, promotion of healthy oral behaviours. May include: periodontal or gum treatment, preventive services, other oral care. Patients: all ages
Dental prosthetists	Focus: patient removable prostheses, including implant-retained overdentures, and flexible mouthguards for sport. May include: taking impressions and records for manufacturing splints, stents, sleep apnoea or anti-snoring devices, and immediate dentures. Patients: all ages
Dental therapists	Focus: oral health Services: assessment, diagnosis, treatment, management, prevention May include: restorative treatment, fillings, tooth removal, promotion of oral health, other oral care. Patients: mainly children and adolescents, but some adults
Oral health therapists	Focus: oral health, with qualifications in dental therapy and dental hygiene Services: assessment, diagnosis, treatment, management, prevention May include: restorative treatment, fillings, tooth removal, periodontal treatment, other oral care to promote healthy oral behaviours Patients: all ages

Dentists who are qualified and eligible can register as dental specialists in one of the 13 recognised dental specialties in Australia.² These specialties include:

- dento-maxillofacial radiology
- endodontics
- forensic odontology
- oral and maxillofacial surgery
- oral medicine
- oral and maxillofacial pathology
- oral surgery
- orthodontics
- paediatric dentistry
- periodontics
- prosthodontics
- public health dentistry (community dentistry), and
- special needs dentistry.

Dentists and dental specialists that are qualified can apply for endorsement of their registration in the approved area of practice of conscious sedation. Conscious sedation is a technique used in dental practice to induce a depression of consciousness during which patients can respond purposefully to verbal commands or light tactile stimulation. Only dentists and dental specialists whose registration is endorsed for conscious sedation can use this technique in their practice.

Each National Board sets a regulatory framework for the profession it regulates in addition to requirements in the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). Standards, codes, and guidelines set out the respective National Board's requirements and expectations in relation to:

- registration - registration standards define the requirements that applicants, registrants or students need to meet to be registered
- accreditation – accreditation standards ensure graduating students are suitably qualified and skilled to apply to register as a health practitioner

² Dental Board of Australia (1 October 2017). List of recognised specialties, related specialist titles and Definitions. Available from: <https://www.dentalboard.gov.au/Registration-Standards.aspx>

- professional standards, codes, and guidelines - define the professional obligations that practitioners must meet to deliver effective regulated health services within an ethical framework and provide guidance to the profession

Our comprehensive and integrated regulatory framework enables rigorous assessment for entry to the profession and requires registrants to meet clear requirements to remain registered.

How dental care is funded and accessed in Australia

Dental care delivered in private practices is predominantly funded by individuals or subsidised by health funds. In Australia, approximately 86% of all dental care is provided in the private practice setting. Of the \$11.7 billion spent on dental services in Australia in the 2020-2021 financial year, \$6.49 billion was from individuals and \$2.24 billion spent by health insurance funds. By comparison, Australian Governments spent a combined \$2.29 billion on dental services over the same period.³

The total spent on dental services continues to increase year on year at an annual growth rate of approximately 2.0% between 2009-10 and 2019-20. The increase in spending is funded from individuals and health funds according to AIHW (March 2022). The AIHW reports a decline in government expenditure on dental services at an average annual rate of 0.8% between 2009-10 and 2019-20.

Cost is cited as a common reason for Australians to avoid or delay visiting a dental practitioner, with 38.8% (almost 4 in 10 people) answering yes when asked 'during the last 12 months, have you avoided or delayed visiting a dental professional because of the cost?'⁴

This decreasing funding comes at a time when median wait times for non-urgent public dental services are increasing. The wait time is over a year in all states and territories in data reported to the AIHW for the 2020-21 financial year. Some patients are waiting over three years in some jurisdictions (e.g., Tasmania and the Northern Territory) to be offered an appointment to receive non-urgent care.⁵

It is difficult to compare public dental wait times due to differences in eligibility to access dental care between states and territories. However, comparing jurisdictions over time indicates increasing averages across all services when comparing waiting times reported for 2019-2020 to 2020-2021.

State and territory health services also report issues with recruiting practitioners to work in the public sector. Discussions with stakeholders, including state and territory services, indicate that recruiting for rural and remote locations remain the most challenging.

Work funded by the Department of Health has been undertaken to determine the feasibility of increasing dental and oral health training in rural and remote Australia to assist in addressing rural and remote dental workforce shortages.⁶ This report identifies academic

³ Australian Institute of Health and Welfare. Health expenditure Australia 2020-21 [Internet]. Canberra: Australian Institute of Health and Welfare, 2022 [cited 14 April 2023]. Available from: www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2020-21

⁴ Chrisopoulos L, Luzzi L, Ellershaw A, 2019. Dental care pp97–124. In: ARCPOH. Australia's Oral Health: National Study of Adult Oral Health 2017–18. Adelaide: The University of Adelaide, South Australia

⁵ This figure excludes people who are treated under jurisdictional priority client schemes and may exclude some other people who are not placed on a public dental waiting list for any other reason.

⁶ KBA Australia. September 2022. Increasing Dental and Oral health training in rural and remote Australia: Feasibility study. [cited 14 April 2023] Available from: www.health.gov.au/topics/dental-health

workforce and supervision capacity as key challenges in expanding and sustaining rural training for dental practitioners. Opportunities available to students to learn in rural and remote communities has been identified as one factor influencing practitioners' decisions to work outside of metropolitan areas after graduation.

Dental academic workforce has been a priority for discussion amongst National Scheme identities. Discussions are ongoing with stakeholders to identify solutions, including health services, education providers, professional associations, and the Board's accreditation authority, the [Australian Dental Council](#) (ADC).

Current challenges faced in recruiting dental professionals

Recruitment challenges presented by the Board speak to point *c* and point *i* of the Committee's terms of reference. The Board will address point *i* first.

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

The Board recognises the workforce challenges faced by the dental profession and many other health professions; a concern that directly impacts the provision of and access to dental services.

The Board's current work to review pathways to registration may help to streamline the recruitment of overseas qualified dental practitioners, including dental specialists, to address these workforce pressures.

Current projections from the National Skills Commission indicate a moderate future demand for dentists, dental hygienists, dental therapists, and dental prosthetists, with each dental occupation in shortage on the 2022 Skills Priority List.⁷ Oral health therapists are not separately identified in this ANZSCO structure, they are considered a specialisation of dental therapist.⁸

Dental specialists are not considered in shortage, however, are included on the Department of Home Affairs Short-term Skilled Occupation List (STSOL), which requires nomination/sponsorship by a state-government and includes eligibility for some visa classes not restricted to regional areas.⁹

The occupations of dentist, dental prosthetist, dental hygienists, and dental therapist are included on only one of the Home Affairs skilled migration lists – the Regional Occupations List (ROL). This means that overseas trained practitioners are only eligible to apply for visas relating to work in regional locations and must be nominated by an employer.

To be able to practice a dental practitioner must first register with the Board. There are multiple ways in which a practitioner can demonstrate they are eligible and qualified for registration.

⁷ Australia Government (2022) National Skills Commission: Skills Priority List 2022. [cited 14 April 2023] Available from: www.nationalskillscommission.gov.au/topics/skills-priority-list

⁸ In the Final Report of the Inquiry into Australia's Skilled Migration Program (released August 2021) it is identified that ANZSCO is outdated and recommended that it be replaced by a more up to date and flexible skills identification system.
https://parlinfo.aph.gov.au/parlInfo/download/committees/reportint/024680/toc_pdf/FinalReportoftheInquiryintoAustralia'sSkilledMigrationProgram.pdf;fileType=application%2Fpdf

⁹ Australian Government (2022) Department of Home Affairs: Skilled occupation list [cited 14 April 2023]. Available from: immi.homeaffairs.gov.au/visas/working-in-australia/skill-occupation-list

c. the interaction between Commonwealth, state and territory government legislation, strategies and programs in meeting community need for dental services

The Department of Home Affairs recognises the ADC as the skills assessing authority for dentists and dental specialists if a skills assessment is required for the purpose of migration. A skills assessing authority is an organisation that checks that your skills meet the standards they set to work in a relevant occupation.

For dental hygienists and dental therapists, an overseas qualified practitioner would need to complete an ADC assessment and examination process for the purposes of registration with the Board and, if required a separate assessment with the Vocational Education and Training Assessment Services (VET Assess) for visa purposes. The ADC's assessment is not recognised for the purpose of migration by the Department of Home Affairs. Similarly for dental prosthetist, Trades Recognition Australia is the recognised assessing authority for migration, but the ADC undertakes the assessment for the purposes of registration. Due to differing assessing authorities, an overseas qualified practitioner could be recognised as qualified for registration, but the same qualification may not be recognised for the purposes of migration.

The ADC reported that last financial year, 1,256 overseas qualified dental practitioners applied to enter the assessment and examination pathway by submitting an initial assessment. This is an almost 50% increase on the numbers of applicants that applied for initial assessment in financial years ending 30 June 2021 and 30 June 2020.¹⁰ The ADC also reported that of the 990 candidates that sat the final stage of the process, the practical examination, 266 passed (27%) during the financial year. These practitioners are considered qualified and can apply for registration with the Board. Practitioners must still meet the Board's other [registration requirements](#).

Domestically, there are approximately 1,000 final year students across all divisions of general registration in any given year. This includes approximately 700 dentistry students, 35% of which are international students. Comparatively, in programs leading to registration in dental hygiene, dental therapy and oral health therapy, there were 316 students in final year in 2022, with the proportion of international students much lower at approximately 3%.

These figures roughly approximate the numbers of applications received for registration by Ahpra between October and December 2022. In this three-month period 1,167 applications were finalised, with 1,139 applications leading to registration without conditions.

¹⁰ Australian Dental Council (2022). Annual report 2021/2022. [cited 14 April 2023]. Available from: <https://annualreport22.adc.org.au/>

An overview of the Board's work

The Board's ongoing work plan details several factors relevant to point *k* of the Committee's terms of reference.

K. any related matters

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.

The Board recognises that safe health care requires care that is culturally safe. The Board is committed to ensuring its registration standards, codes and guidelines reflect these objectives and guiding principles and suggest that as part of the Committee's work it consider how the needs of Aboriginal and Torres Strait Islander Peoples are met in relation to accessing dental services. Specifically, the Committee could consider what further actions can be taken to reduce the health disparity between Aboriginal and Torres Strait Islander people and non-Indigenous Australians as relates to oral health outcomes.

In July 2018 the Board and 36 other partner entities committed to doing their part to help eradicate racism from the health system. Ahpra and the National Boards adopted [The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#). The Board recognises that, for Aboriginal and Torres Strait Islanders to have access to and provision of dental services, they must feel safe to do so. Ahpra and the National Boards take guidance with how cultural safety is defined by Aboriginal and Torres Strait Islander people.¹¹

There is a current focus within dental education to ensure that non-Indigenous health practitioners have the necessary training and skills to provide culturally safe dental care. The Board is committed to ensuring registrants entering the workforce are competent to provide culturally safe care and is looking at opportunities to reinforce the importance of cultural safety to all registered dental practitioners, including through the Board's [Code of conduct](#).

Opportunity for practitioners to expand access to dental services

The Board's revised its [Scope of Practice registration standard](#) and guidelines came into effect in 2020. The revised standard enables dental hygienists, dental therapists and oral health therapists to practise without the needed for a structured professional relationship with a dentist. This change may lead to increased opportunities to access care for some communities as it reduces unnecessary regulatory requirements.

¹¹ Ahpra and the National Boards (2022). Aboriginal and Torres Strait Islander Health Strategy. [cited 14 April 2023]. Available from: <https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx>

The Board, as a regulatory body under the National Scheme, provided a joint submission along with Ahpra and other National Boards to the recent independent review of overseas health practitioner regulatory settings (referred to as the Kruk review). The [interim report](#) was released in April 2023. The Board, with Ahpra will continue to work with Ms. Robyn Kruk AO as necessary and expect that the final recommendations will align with The Board's ongoing commitment to improving pathways for overseas dental practitioners seeking to register in Australia.

An example of this is the recent revision of the Board's list of [approved qualifications from overseas jurisdictions](#) to streamline the process of registration for practitioners that qualified in the United Kingdom, Ireland, and New Zealand. Practitioners who qualified in these jurisdictions will have a streamlined registration process.

The Board is also working to review its [Specialist registration standard](#) and [General registration for overseas-qualified dental practitioners registration standard](#) to identify opportunities to improve pathways to registration for appropriately qualified individuals. These changes aim to ensure greater access to a dental workforce aimed at meeting the Australian populations oral health needs.

Yours sincerely

Dr Murray Thomas
Chair, Dental Board of Australia