SUBMISISON TO SELECT COMMITTEE INQUIRY INTO THE PROVISION OF AND ACCESS TO DENTAL SERVICES IN AUSTRALIA

(PARLIAMENT OF AUSTRALIA)

Organisation Name and/or Logo:
Seniors Dental Care Australia /
Oral Health Care Training and Education

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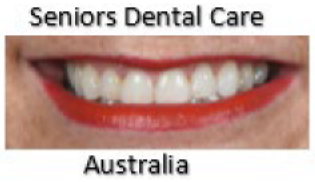

Seniors Dental Care Australia (SDCAust) offers oral health training and education for health workers in the aged, home and disability sectors. We work collaboratively to improve oral health outcomes for older Australians through research, knowledge and skill development. Our team at SDCAust is passionate and keen to conduct translational research by consulting, educating and supporting multidisciplinary health workers to improve oral health care for aged persons in urban, regional and rural areas around Australia. With combined skill sets, SDCAust has the experience and expertise as clinicians, teachers and trainers as well as inspirational mentors and motivators.

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Leonie Short –

Leonie has held academic positions at six universities and helped establish Australia's first dual-skilled Bachelor of Oral Health degree at the University of Queensland in 1998, Australia's first new dental school for 57 years at Griffith University in 2004, and the Bachelor of Oral Health degree at CQUniversity in 2012. In her early career Leonie was a lecturer in Dental Assisting for Redfern TAFE in the 1980s and developed a Certificate III in Dental Assisting and a Certificate IV in Oral Health Education for Southbank TAFE in 2003. She was also instrumental in establishing a Certificate III in Dental Assisting at CQUniversity in 2018.

Whilst based at CQUniversity, Leonie worked with Bachelor of Oral Health students for seven years, instigating and providing oral health care training for staff in five residential and aged care facilities (RACFs); and providing oral health care assessments, care plans, preventive dental treatment and referral to GPs, dentists and dental specialists for residents in five RACFs in Rockhampton and on the Capricorn Coast.

Leonie also educated and assisted adults with intellectual and/or physical disabilities through the Healthy Lifestyle and Living Centre with the Endeavor Foundation in Rockhampton.

She knows and understands first-hand the personal issues that can arise to maintain her mother's dental and gingival health (with a fully-functioning natural dentition) as her mother was in residential dementia care for five and a half years up to her death at 94 years of age in December 2019.

Leonie has been awarded a Bachelor of Arts degree (*Wollongong*), a Diploma of Clinical Hypnotherapy, a Master of Health Planning (*UNSW*) and a Graduate Certificate in Health Service Management (Aged Care) (*UTAS*), and is a registered dental practitioner – dental therapist – with the Dental Board of Australia.

Leonie has been awarded $1.8m in grants and written numerous publications in refereed journals. She was the first dental therapist to be appointed as Director to the Australian Dental Council and to become a member of the Australasian Council of Dental Schools.

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Key Areas of inquiry for Select Committee	Stakeholder Comment
The experience of children and adults in accessing and affording dental and related services	For most people, oral health care is not part of Medicare – exceptions are Child Dental Benefits Scheme for 0-17 years for $1052 over 2 years; and Veterans' Affairs (Department of Health, 2019). Medicare covers the whole body except the mouth. Dental treatment is not part of disability services, aged care, or home care. The inability to access care is 'care denied' and not in-keeping with the Australian Charter of Healthcare Rights (ACSQHC, 2020). States and territories are funded each year by the federal government to provide general dental services to people with either a pensioner concession card, health care card or seniors card (1.5 – 3.9 year waiting list) (Department of Health, 2019; Houlahan, 2023). However, public waiting lists in Ipswich, west of Brisbane, in Queensland are 2-3 years for a dental check-up, general dental treatment, dentures, and dental treatment with general anaesthesia (Qld Health, 2023). These waiting times are similar in other parts of Australia, especially in regional rural and remote areas of Australia. In Queensland, it is difficult to attract dentists and other dental practitioners outside South-East Queensland. For example, there is difficulty in attracting dental practitioners to Noosa.
The adequacy and availability of public dental services in Australia, including in outer-metropolitan, rural, regional and remote areas	85% of dental services are provided in the private sector and most of these were subsidised by private health insurance providers (46.1m services in 2020-21) (AIHW, 2022b). Because of the private nature of dentistry in Australia, most dental practices are located in the wealthiest suburbs of capital cities, and they predominantly treat people who can afford

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	their services. In this regard, the inverse care law applies to dentistry: that the availability of good dental care tends to vary inversely with the need of the population served (Hart, 1971). 'Dental acts' or services are regulated under the Health Practitioner Regulation National Law (the National Law) (Queensland Government, 2009). 'Who' are dental practitioners – specialist dentists, dentists, dental prosthetists, oral health therapists, dental therapists and dental hygienists, as well as practice managers, receptionists and dental assistants. It needs to be noted that half the dental workforce are dental assistants - low-paid females – and dentists only make up 80% of registered dental practitioners in Australia. 70% of the work of dentists can be performed by oral health therapists, dental therapists and dental hygienists. 'Who' - general practitioners (GPs) are regulated to perform 'dental acts' but this is usually reserved for remote locations or emergency situations only. However, they do prescribe antibiotics and pain-relief medicines for persons with symptoms of dental diseases. 'Who' – primary health care nurses, and Indigenous health workers with isolated practice authorisation (IPA) can apply fluoride varnish. Nurses and carers perform 'mouth care' as part of personal hygiene but cannot diagnose or treat dental diseases as these 'acts' are restricted by the National Law and defined in the scope of practice for dental practitioners (Queensland Government, 2009; Dental Board of Australia, 2020). Public waiting lists in Ipswich, west of Brisbane, in Queensland are 2-3 years for a dental check-up, general dental treatment, dentures, and dental treatment with general anaesthesia (Qld Health, 2023). The State and Territories Departments of Health are incapable to responding to the current needs of eligible persons in their state/territory, and should not be seen as the solution to the current crisis.

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The interaction between Commonwealth, state and territory government legislation, strategies and programs in meeting community need for dental services	State and territory governments cannot meet the dental needs of their populations, especially for persons receiving aged, home and disability care. These persons who are receiving care are the worse served in Australia – they can neither access nor afford dental services. Furthermore, clinical referral pathways to the appropriate dental practitioner from medical general practitioners, registered nurses, assistants in nursing, pharmacists, social workers, allied health professionals, personal carers and disability support workers is non-existent. Anyone saying "you should go to the dentist" is like telling a person to fly to the moon. Like other referrals, referrals for dental treatment should be given in writing and to a specific appropriate dental practitioner(s). For example, persons with dentures should be referred to a dental prosthetist, not a dentist. And persons wanting diagnostic and preventive dental services (examination, periodontal charting, and scale and clean) should be referred to an oral health therapist, dental therapist or dental therapist. This needs to change. Dental treatment is not part of disability services, aged care, or home care. Currently, oral health care is being delivered by substitute carers with little or no understanding or skills in oral health care. Assistants in nursing, personal carers and disability support workers are well meaning and do their best but are completely out of their scope of practice in terms of knowledge, skills, attitudes and behaviours. This needs to change. In February 2021, the Royal Commission into Aged Care Quality and Safety presented their final report. The report unveils the complex issues leading to widespread substandard care. This report recognises the neglect of oral health care in residential aged care facilities. The report emphasises the importance of oral health in 5 of the 148 recommendations: • Recommendation 19: Urgent review of the Aged Care Quality Standards, in particular best-practice oral care, with sufficient detail on what these requirements involve and how they are to be achieved. • Recommendation 38: Residential aged care to employ or retain allied health professionals, including oral health practitioners.

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	• Recommendation 60: Establish a Senior Dental Benefits Scheme for people who live in residential aged care or in the community. • Recommendation 79: Review Certificate III and IV courses to consider including oral health as a core competency. • Recommendation 114: Immediate funding for education and training to improve the quality of care, including oral health.
The provision of dental services under Medicare, including the Child Dental Benefits Schedule	For most people, oral health care is not part of Medicare – exceptions are Child Dental Benefits Scheme for 0-17 years for $1052 over 2 years; and Veterans' Affairs (Department of Health, 2019). Most of the dental treatment provided under the Child Dental Benefits Schedule is provided by oral health therapists, dental therapists or dental therapists. If a Senior Dental Benefits Scheme was introduced, most of the diagnostic and preventive dental services can be provided by oral health therapists, dental therapists or dental therapists. As dentists predominantly treat people who are well, look after their teeth/gums, and can afford dental treatment, it is going to be difficult for them to adjust to treating people who are not well, who haven't looked after their teeth/gums, and who can't afford dental treatment. This needs to change. Similarly, if a Senior Dental Benefits Scheme was to be introduced, eligible persons will need assistance in appreciating the knowledge, skills and expertise of dental practitioners. Saying "I hate dentists" is not going to go down well. This needs to change.
The social and economic impact of improved dental healthcare	Dental caries remains the most prevalent chronic disease in both children and adults, even though it is largely preventable (NIH, 2022; AIHW, 2019). Dentures only have 20% of the bite force of natural teeth and are more costly to maintain (relined $450-$900 or replaced every 5-10 years $2,500-$5,500). Natural teeth provide

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	stronger bite force, improved chewing and swallowing, wider food choices, and better nutrition. Periodontal diseases mainly result from infections and refer to a group of chronic inflammatory conditions that affect the gums and supporting structures of the teeth (CDC, 2013). Gingivitis is the mildest form - sore, bleeding gums (NIH, 2022). This is reversible. In advanced stages, periodontal disease can lead to receding gums; bad breath; loose teeth; painful chewing; and tooth loss (NIH, 2022). This is not reversible – it can only be minimised and managed. Oral pathologies – xerostomia, angular cheilitis, candidiasis, oral cancer, ulcers. Poor oral health can also lead to potentially preventable hospitalisations and deaths from pneumonia, aspiration pneumonia or infective endocarditis (AIHW, 2022a; Goldberg et al., 2019; Munro et al, 2018; Shannon et al, 2018; Lockhart, et al, 2009; Sjögren et al., 2008). Oral health care is an integral component of personal hygiene and should be performed to improve whole body health (FDI, 2023). To maintain a healthy mouth and to prevent dental diseases, people are advised to clean their teeth and/or dentures, gums, tongue, and mouth morning and night. For persons living with intellectual disability, registered nurses, enrolled nurses, assistants in nursing, personal carers and disability support workers are expected to be guided by, and assist with, their client's individualised oral health care plan. In-clinic dental treatment can only repair the damage from dental caries and periodontal diseases – it does not prevent it. Twice-daily at-home oral health care is the best way to prevent dental caries and periodontal diseases.

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	Regular diagnostic and preventive appointments (69.2%) include examination, oral pathology, radiographs, and scale and clean (ADIA, 2022); and provide feedback and advice on brushing, interproximal cleaning, dental medicaments and aids, saliva, diet, smoking / vaping, alcohol, medications and systemic health. The inability to access or afford fee-for-service dental treatment adversely affects people with poor health literacy, lower socio-economic status, high users of health services, persons with complex psychosocial backgrounds, and those living in regional, rural and remote areas (AIHW, 2022b). Poor oral health compounds issues for Indigenous Australians and people with mental health issues, multiple co-morbidities, polypharmacy, special needs, intellectual and/or physical disability, and complex health conditions (AIHW, 2022b).
The impact of the COVID-19 pandemic and cost-of-living crisis on access to dental and related services	The COVID-19 pandemic has been a major disruptor in terms of dental practices, staff and patients. In line with other professions, dentistry transitioned from the concept of universal precautions to risk-based management with standard and transmission-based precautions (Thomas, 2023). Dental practices were advised to restrict dental treatment to non-aerosol generating procedures and consider the type of patients that receive treatment wherever possible (Level 2) (ADA, 2020). Depending on the state/territory and the rate of infection in the community, some practices could only offer non-aerosol generating emergency treatment from between six weeks to several months during 2020. Dental clinical placements for students ceased during the restrictions, learning and teaching strategies moved online, and innovative ways of assessment were developed. On top of all these changes and stress, students lost their part-time jobs and were disadvantaged financially. During the restrictions, some dental staff also lost their jobs, unvaccinated staff went on leave, others left, and some have not returned. However, the impact of COVID-19 on dental

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	staff was less than in other healthcare settings (Downey, et al., 2023). Patients' reluctance to attend for dental appointments whilst experiencing COVID-19 symptoms, pre-treatment screening questionnaires, and a history of proficiency and adherence with infection prevention and control guidelines were the key factors for limiting the spread of infections (Downey, et al., 2023).
Pathways to improve oral health outcomes in Australia, including a path to universal access to dental services	1. Fund and implement the 5 specific oral health recommendations from the Royal Commission into Aged Care Quality and Safety (2021): 2. • Recommendation 19: Urgent review of the Aged Care Quality Standards, in particular best-practice oral care, with sufficient detail on what these requirements involve and how they are to be achieved. • Recommendation 38: Residential aged care to employ or retain allied health professionals, including oral health practitioners. • Recommendation 60: Establish a Senior Dental Benefits Scheme for people who live in residential aged care or in the community. • Recommendation 79: Review Certificate III and IV courses to consider including oral health as a core competency. • Recommendation 114: Immediate funding for education and training to improve the quality of care, including oral health. 3. Education program for dental practitioners and eligible patients before the Senior Dental Benefits Scheme is introduced. 4. Mandatory Medicare Provider Numbers for oral health therapists, dental therapists and dental hygienists so that the dental services provided by them can be collected and tracked over time. 5. Pilot programs in the aged, home, disability and Indigenous sectors to assess the efficacy of dental apps like Smilo.ai that use Artificial Intelligence (AI) to pre-screen for dental diseases need to be funded.

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The adequacy of data collection, including access to dental care and oral health outcomes	Australia needs a position of Chief Dental Officer in the Department of Health Ageing to drive the oral health agenda from a strategic point of view. S/he can also review and recommend the adequacy of data collection, including access to dental care and oral health outcomes.
Workforce and training matters relevant to the provision of dental services	As more older persons are retaining their natural teeth with complex dental needs (veneers, crowns, bridges, implants, implant overdentures, orthodontic retainers), health workers, personal carers and disability support workers should be trained and updated by dental practitioners to perform oral health assessments, develop oral health care plans, deliver twice-daily care, and make referrals within their scope of practice. As oral health care is a high-risk procedure (blood, saliva, bacteria, viruses, fungi), the health worker, carer or disability support worker should always wear Personal Protective Equipment (PPE). However, unlike dentistry, infection prevention and control for oral hygiene in the disability, aged and home care sectors is poorly understood and regulated. Health workers, carers and disability support workers in the aged, home and disability sectors need training and upskilling from dental practitioners in oral health care and referral pathways. This needs to change.
International best practice for, and consideration of the economic benefit of, access to dental services	The United Kingdom is more progressive than Australia with respect to oral health care in care home. The Smiling matters: Oral health in care homes – progress report (CQC, 2023) says: “As well as seeing an increase in the proportion of people having their oral health assessed when they move into a care home, we also saw improvements on how this is reviewed, to reflect people's changing needs. More than double the proportion of care plans we reviewed fully covered oral health needs, compared to 3 years before. Care home providers told us how they were now regularly reviewing oral health and its links to weight loss, so that they can take measures to prevent people's health

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	deteriorating." "We are concerned that people living in care homes are missing out on vital care from dental practitioners – both at the right time and in the right place. The proportion of care home providers saying that people who use their services could 'never' access NHS dental care rose by more than 4 times – from just 6% in 2019 to 25% in 2022. Care home providers also highlighted that not enough dentists were able or willing to visit care homes to treat people who may be less mobile. We are concerned that people living in care homes are missing out on vital care from dental practitioners – both at the right time and in the right place. The proportion of care home providers saying that people who use their services could 'never' access NHS dental care rose by more than 4 times – from just 6% in 2019 to 25% in 2022. Care home providers also highlighted that not enough dentists were able or willing to visit care homes to treat people who may be less mobile."
Any related matters.	For adults (except for Veterans' Affairs), dental treatment is not part of aged care, home care or the NDIS. However, persons receiving care in these sectors should be receiving best-practice oral health care and have access to localised clinical referral pathways. Health workers, carers and disability support workers in the aged, home and disability sectors need training and upskilling from dental practitioners in oral health care and referral pathways. This needs to change. Mandatory Medicare Provider Numbers for oral health therapists, dental therapists and dental hygienists so that the dental services provided by them can be collected and tracked over time.

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	Pilot programs in the aged, home, disability and Indigenous sectors to assess the efficacy of dental apps like Smilo.ai that use Artificial Intelligence (AI) to pre-screen for dental diseases need to be funded.

References:

ASSCID Australian Society of Special Care in Dentistry. 2022. A pathway for oral health and intellectual disability, Part 2, webinar, 28 February.

Australian Commission on Safety and Quality in Health Care (ACSQHC). 2017. *National Safety and Quality Health Service (NSQHS) Standards.* Second edition. Sydney: Australian Commission on Safety and Quality in Health Care. https://www.safetyandquality.gov.au/sites/default/files/2021-05/national_safety_and_quality_health_service_nsqhs_standards_second_edition_-_updated_may_2021.pdf [Accessed 4 April 2023]

Australian Commission on Safety and Quality in Health Care (ACSQHC). 2020. *Australian Charter of Healthcare Rights*. Second edition. https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-charter-healthcare-rights-second-edition-a4-accessible [Accessed 4 April 2023]

ADA Australian Dental Association (2020) COVID-19: Restrictions on dental practice. News & Media. 23 March. https://www.ada.org.au/News-Media/News-and-Release/Latest-News/COVID19-restrictions-on-dental-practice [Accessed 27 April 2023]

Australian Dental Industry Association. 2023. *Dental and Health Services in Australia Report 2022*. Canberra: ADIA.

Australian Institute of Health and Welfare. 2022a. Coordination of health care: Patient and primary care factors associated with potentially preventable hospitalisations for chronic conditions. Canberra: Australian Institute of Health and Welfare.

Australian Institute of Health and Welfare. 2022b. Oral health and dental care in Australia. https://www.aihw.gov.au/reports/den/231/oral-health-and-dental-care-in-australia/contents/summary [Accessed 5 April 2022]

Australian Institute of Health and Welfare 2019. *Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015*. Cat. no. BOD 22. Canberra: Australian Institute of Health and Welfare. doi:10.25816/5ebca2a4fa7dc

CDC Centers for Disease Control and Prevention. 2013. Periodontal Disease. https://www.cdc.gov/oralhealth/conditions/periodontal-disease.html

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[Accessed 26 April 2023]

CQC Care Quality Commission, 2023. Smiling matters: Oral health in care homes – progress report. https://www.cqc.org.uk/publications/smiling-matters-oral-health-care-homes-progress-report [Accessed 30 April 2023]

Chalmers, J. 2000. Behavioural management and communication strategies for dental professionals when caring for patients with dementia. *Special Care in Dentistry*, Vol.20, No.4, pp. 147-154.

Dental Board of Australia. 2020. Guidelines for scope of practice. https://www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines/Guidelines-Scope-of-practice.aspx [Accessed 5 April 2022]

Department of Health. 2019. Dental. https://www1.health.gov.au/internet/main/publishing.nsf/Content/dental-1?Open=&utm_source=health.gov.au&utm_medium=redirect&utm_campaign=digital_transformation&utm_content=dental [Accessed 5 April 2022]

Downey E., Fokeladeh, H.S., Catton H. (2023) What the COVID-19 pandemic has exposed: the findings of five global health workforce professions. Geneva: World Health Organization. (Human Resources for Health Observer Series No. 28). Licence: CC BY-NC-SA 3.0 IGO.

FDI World Dental Federation. 2023. Whole body health. https://www.fdiworlddental.org/whole-body-health [Accessed 4 April 2022]

Goldberg, L.R., Crocombe, L.A., Breen, J.L., Bettiol, S., King, A.E., Kent, K. Lea, E. and Mcinerney, F. 2019. 'Working interprofessionally to improve oral health and reduce aspiration pneumonia risk'. *15th National Rural Health Conference, Better together!* 24-27 March. Hobart, Tasmania.

Hart, J.T. 1971. The inverse care law. *The Lancet*. 27 February.

Houlahan, A. 2023. Dental patients waiting for public health system and Medicare to improve care. *The Canberra Times*. 12 January.

iADH International Association for Disability & Oral Health. 2022. Special Care Dentistry: Reducing inequalities – Bridging the gap. 15 November. https://adee.org/sites/default/files/Einladung-SpecialCareDentistry-EN.pdf [Accessed 21 April 2023]

Leggett, F. 2023. Go-getter, Bite Magazine. April, pp.26-30.

Lockhart, P.B., Brennan, M.T., Thornhill, M., Michalowicz, B.S., Noll, J., Bahrani-Mougeot, F.K. and Sasser, H.C. 2009. Poor oral hygiene as a risk factor for infective endocarditis-related bacteremia. *Journal of American Dental Association*, 140(10):1238-44. doi: 10.14219/jada.archive.2009.0046. PMID: 19797553; PMCID: PMC2770162.

Munro, S., Haile-Mariam, A., Greenwell, C., Demirci, S., Farooqi, O., and Vasudeva, S. 2018. Implementation and Dissemination of a Department of Veterans Affairs Oral Care Initiative to Prevent Hospital-Acquired Pneumonia Among Nonventilated Patients. *Nurs Admin Q.* 42(4); 363–372.

National Disability Insurance Service and the Australian Commission on Safety and Quality in Health Care. 2023. Oral Health Practice Alert. https://www.ndiscommission.gov.au/sites/default/files/2023-02/Oral%20Health%20Practice%20Alert%20Update%202023.pdf [Accessed 21 April 2023]

NIH National Institute of Dental and Craniofacial Research. 2022. Dental Caries (Tooth Decay). https://www.nidcr.nih.gov/research/data-statistics/dental-caries#:~:text=Dental%20caries%20(tooth%20decay)%20remains,though%20it%20is%20largely%20preventable [Accessed 5 April 2022]

Nursing and Midwifery Board of Australia (NMBofA). 2016. Registered nurse standards for practice. https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/registered-nurse-standards-for-practice.aspx [Accessed 5 April 2022]

Queensland Health. 2023. Public dental waiting lists – 2021-2022. https://www.data.qld.gov.au/dataset/https-www-data-qld-gov-au-dataset-public-dental-waiting-lists-2021-2022 [Accessed 23 April 2023]

Queensland Government. 2009. Health Practitioner Regulation National Law Act 2009. https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-045 [Accessed 5 April 2022]

Royal Commission into Aged Care Quality and Safety. 2021. Final Report – List of Recommendations. https://agedcare.royalcommission.gov.au/publications/final-report-list-recommendations [Accessed 20.11.2021]

Shannon, M. et al. 2018. Implementation and dissemination of a department of Veterans Affairs oral care initiative to prevent hospital-acquired pneumonia among nonventilated patients. *Nursing Administration Quarterly*. Vol.24, No. 4, pp363-372.

Sjögren P., Nilsson E., Forsell M., Johansson O. and Hoogstraate J. 2008. A systematic review of the preventive effect of oral hygiene on pneumonia and respiratory tract infection in elderly people in hospitals and nursing homes: effect estimates and methodological quality of randomized controlled trials. *Journal of the American Geriatrics Society*,56(11): 2124 – 2130.

Smilo.ai2023. https://www.smilo.ai/ [Accessed 30 April 2023]

Snow, T. 2019. How to Help a Person Living with Dementia Brush their Teeth - with Teepa Snow. https://www.youtube.com/watch?v=6gLrH8mioCw [Accessed 21 April 2023]

Thomas, M. (2023) Personal communication, email 23 January. Chair, Dental Board of Australia.