



— ADIA Submission

Inquiry into availability and accessibility of
diagnostic imaging equipment around Australia

This submission is tendered by the Australian Dental Industry Association (ADIA),
the peak business organisation representing manufacturers and suppliers
of dental products.

It addresses the current restrictive practices in Western Australia that limits
dental patients' access to CBCT / CBVT imaging.

Content —

This submission is tendered to the inquiry into the availability and accessibility of diagnostic imaging equipment around Australia by the Senate Standing Committee on Community Affairs. It has been prepared following extensive engagement with the membership of the Australian Dental Industry Association (ADIA), the peak business organisation representing manufacturers and suppliers of more than 95% of products used in Australian dentistry

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Executive Summary —

The Australian Dental Industry Association (ADIA) welcomes the opportunity to contribute to the Senate Standing Committee on Community Affairs' inquiry into the availability and accessibility of diagnostic imaging equipment around Australia. Cone Beam Computed Tomography (CBCT) / Cone Beam Volumetric Topography (CBVT) digital imaging is changing the way dental practitioners view the oral and maxillofacial complex as well as teeth and the surrounding tissues. CBCT / CBVT produce undistorted images similar to computed tomography (CT), but at a lower equipment cost, simpler image acquisition and lower patient radiation dose.

This leading-edge technology offers many benefits for patients. However, its use in Western Australia is constrained due to outdated and unnecessarily restrictive licensing policy that means virtually no dentist in Western Australia can use this technology. While other Australian states / territories allow professionals (dentists, radiologists, etcetera) and in some cases paraprofessionals (hygienists, therapists, etcetera) with appropriate training to own and operate CBCT / CBVT imaging equipment, current Western Australian policy requires that dentists hold a masters degree in oral and / or maxillofacial radiology to do so.

The current restrictive practices in Western Australia that limit the use of CBCT / CBVT imaging equipment are reducing patient access to this diagnostic option. This is resulting in higher dental care costs and hindering achievement of the government's telemedicine policy objectives.

ADIA is recommending that the Australian Government work with the Western Australian Government in reviewing the latter's current policy in order to reflect contemporary approaches in the ownership and use of CBCT / CBVT imaging equipment. The proposed solution is akin to that adopted by the South Australian government that requires dental professionals, including dentists, dental surgeons, orthodontists, endodontists, hygienists and assistants hold complete appropriate levels of operator training and hold a licence if they wish to operate ionising radiation apparatuses. Specific proposals for reform are set out in Section 5 of this submission.

It is important to separate the issues of CBCT / CBVT ownership and operation from image interpretation and diagnosis. The solution being sought by ADIA allows appropriately trained dental and oral healthcare professionals to use the equipment (i.e. take an image) and then permit the second step of allowing other healthcare specialists such as radiologists in addition to dentists, oral / maxillofacial with appropriate training surgeons to interpret the image. However, the second step is a separate regulatory matter that will be appropriately dealt with at a later stage by the Dental Board of Australia (DBA).

Australian Dental Industry Association
5 October 2017

Section 1 – CBCT / CBVT in dentistry

In contemporary dentistry x-ray examination is an important tool that helps dentists to diagnose, plan treatments and monitor both treatments and lesion development. There are four types of dental radiological procedure: Intraoral (bitewing, periapical and occlusal) radiography; panoramic radiography; cephalometric radiography and CBCT / CBVT.

CBCT / CBVT are a variation of traditional CT systems. The CBCT / CBVT systems used by dental professionals rotate around the patient, capturing data using a cone-shaped x-ray beam. These data is used to reconstruct a three-dimensional image of the oral cavity (e.g. jaws and teeth).

Uses in contemporary dentistry

Dental CBCT / CBVT digital images are used by dental professionals for various clinical applications including dental implant planning, visualisation of abnormal teeth, evaluation of the jaws and face, cleft palate assessment, diagnosis of dental caries (cavities), endodontic (root canal) diagnosis, and diagnosis of dental trauma. Its use in dentistry is supported by the Australian Dental Association (ADA):

Dentists and their patients should have access to dento-maxillofacial CBVT services.^[1]

The use of CBCT / CBVT has particular uses in specialist areas such as in the treatment of endodontic disease. As part of an overall treatment plan, radiography is essential for the successful diagnosis of odontogenic and non-odontogenic pathoses, treatment of the pulp chamber and canals of a compromised tooth, biomechanical instrumentation, evaluation of final canal obturation, and assessment of healing. Prior to the advent of CBCT / CBVT, radiographic assessments in endodontic treatment have been limited to intraoral and panoramic radiography, which only provide two-dimensional representations of three dimensional structures. However, if any element of the geometric configuration is compromised, the image can demonstrate errors. In more complex cases, radiographic projections with different beam angulations can allow parallax localisation but there is a problem insofar as complex anatomy and surrounding structures can make interpretation of planar shadows difficult.

Benefits and risks

As with any x-ray exposure, CBCT / CBVT use poses potential risks to the patient. It is essential that any x-ray examination should show a net potential benefit to the patient, weighing the total potential diagnostic benefits it produces against the individual detriment that the exposure might cause. Like all stakeholders in the healthcare sector, ADIA believes that the efficacy, benefits and risk of available alternative techniques to x-rays should be considered.

ADIA also believes that dentists should apply the ALARA principle (As Low as Reasonably Achievable) to reduce radiation exposure to their patients by: determining the need for

^[1] Policy Statement 6.22: Dento-Maxillofacial Cone Beam Volumetric Tomography, Australian Dental Association (27 & 28 August 2015)

and type of radiographs to take; using "best practices" during imaging, including the application of quality control procedures; and, interpreting the images completely and accurately. In this context, ADIA supports the ADA position that states:

The principle of attaining the lowest reasonably achievable radiation exposure and maximum diagnostic outcome is applicable to all dental radiology.^[2]

The American Dental Association (ADA-US) council on scientific affairs has published a statement concerning the use of the technology which has ADIA's full support:

CBCT technologies offer an advanced point-of-care imaging modality that clinicians should use selectively as an adjunct to conventional dental radiography. The selection of CBCT for dental and maxillofacial imaging should be based on professional judgment in accordance with the best available scientific evidence, weighing potential patient benefits against the risks associated with the level of radiation dose. Clinicians must apply the ALARA principle in protecting patients and staff during the acquisition of CBCT images. This includes appropriate justification of CBCT use, optimizing technical factors, using the smallest FOV necessary for diagnostic purposes and using appropriate personal protective shielding.^[3]

The Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) has published the *Code of Practice and Safety Guide – Radiation protection in dentistry* which establishes the responsibilities of those involved in dental radiology, and lays down requirements for equipment and siting, image receptors and film processing, and procedures to minimise exposure to ionizing radiation. The ARPANSA guidelines also require the designation of a radiation safety officer and maintenance of a radiation safety plan which includes a patient's exposure to be recorded with the taking of each image.

It has been incorrectly asserted that because CBCT / CBVT machines may produce a higher concentration dose compared to conventional dental x-rays, only radiologists should operate the machines. Compared to other CT technologies the total radiation dose is lower, as noted by the ADA-US:

Although CBCT units produce a higher radiation dose than one would receive from a single traditional dental radiograph, the radiation dose delivered typically is less than that produced during a medical multichannel computed tomographic scan.^[4]

Other states / territories have considered the safety issues associated with CBCT / CBVT. The independent expert advice available to those jurisdictions results in a framework that is not as restrictive as it is in Western Australia insofar as dentists who use CBCT / CBVT digital imaging equipment need not hold post-graduate qualifications to gain a user's license, but simply need to successfully complete a state / territory government approved course.

^[2] *Policy Statement 6.22: Denton-Maxillofacial Cone Beam Volumetric Tomography*, Australian Dental Association (27 & 28 August 2015)

^[3] *The use of cone-beam computed tomography in dentistry*, *Journal of the American Dental Association* (Volume 143, Number 1 – August 2012)

^[4] *Ibid.*

Section 2: Image interpretation and diagnosis

It is important to separate the tasks of taking an image and subsequent diagnosis as it is acknowledged that they are different tasks requiring different qualifications. From a regulatory standards viewpoint, they are also dealt with separately – the use of the equipment (i.e. taking an images) is a matter for the RCWA whereas image interpretation and diagnosis is a matter for the framework administered by the Australian Healthcare Practitioner Regulation Agency (AHPRA), specifically the Medical Radiation Practice Board of Australia (MRPA) and the Dental Board of Australia (DBA).

The task of operating CBCT / CBVT digital imaging equipment and adhering to ALARA principles is relatively straightforward and competency in this area can be readily achieved through a short course of study approved by state / territory government regulators. However, diagnosis of the images is a more complex task appropriately left to specialists.

There is considerable debate on whether dentists are appropriately trained to interpret CBCT / CBVT images. ADIA notes the following finding.

Relative to known error rates in medical radiology, both groups of evaluators [orthodontists and orthodontic residents] had high error rates for missed lesions and false positives before and after training. Given these findings and since the most frequent cause of medical radiology malpractice litigation is due to missed lesions, it is recommended that an appropriately trained radiologist should be involved in reading and interpreting cone-beam computed tomography scans. Efficacy of identifying maxillofacial lesions in cone-beam computed tomographs by orthodontists and orthodontic residents with third-party software.^[5]

Beyond highlighting this observation, ADIA makes no comment on appropriate qualifications for image interpretation and believes this is an area of policy appropriately left to the Australian Dental Association (ADA) and the Royal Australian and New Zealand College of Radiologists (RANZCR) to debate with the MRPBA and the DBA, notwithstanding the RANCR's commercial interest in reserving such work for radiologists alone.

^[5] Ahmed, et al. 'Efficacy of identifying maxillofacial lesions in cone-beam computed tomographs by orthodontists and orthodontic residents with third-party software', *American Journal of Orthodontics and Dentofacial Orthopedics* (Volume 141, Issue 4 – April 2012)

Section 3: CBCT / CBVT use and operation

Statutory responsibility for ownership, use and operation of imaging equipment relying on ionizing radiation falls to the state / territory governments. There is no nationally-uniform position so there are significant differences in requirements for the ownership and operation of CBCT / CBVT digital imaging equipment.

Western Australian policy

The current requirements in Western Australia that limit the use of CBCT / CBVT digital imaging equipment to radiologists and dentists with certain post-graduate qualifications are unnecessarily restrictive, lack a solid scientific underpinning and are inconsistent with Australian Government policy that supports teleradiology. The results of this policy are reduced dental and oral health outcomes in addition to higher costs for both patients and government.

The Radiological Council of Western Australia (RCWA) currently requires that dental CBCT / CBVT digital imaging equipment can only be purchased and owned by radiologists in addition to dentists (holding certain post-graduate qualifications) who hold an appropriate license under the Radiation Safety Act (WA) 1975, and can only be operated by radiographers and dentists who hold a licence for this purpose. To be eligible for this licence, dentists must have a Masters Degree in Oral and / or Maxillofacial Radiology currently offered only by the University of Queensland and University of Adelaide, or an equivalent qualification recognised by the Council. The RCWA has stated that:

This licensing criteria is based upon expert opinion which suggests that this is the only suitable qualification for dentists to attain in Australia, where they would receive sufficient training for the use of CBCT equipment.^[6]

The position of the RCWA is inconsistent with requirements in other states / territories as it limits permitted ownership and operation of CBCT / CBVT digital imaging equipment to a small number of professionals. Indeed, it is estimated that only one percent of the nation's CBCT / CBVT digital imaging machines owned by dentists are located in Western Australia, a statistic that highlights the need for reform. As previously noted, the outcomes of the RCWA's position are reduced dental and oral health outcomes in addition to higher costs for both patients and government.

Licensing alternatives – South Australia

In South Australia, the *Radiation Protection and Control Act (SA) 1982* and its regulations require the licensing of individuals to operate ionising apparatus and the requirement to register the same with the Environmental Protection Agency of South Australia (EPA-SA). There are currently no restrictions on the sale of CBCT / CBVT digital imaging equipment in South Australia.

^[6] Correspondence to ADIA, Radiological Council of Western Australia (20 April 2011)

Dental professionals, including dentists, dental surgeons, orthodontists, endodontists, hygienists and assistants must hold a licence from the EPA-SA if they wish to operate ionising radiation apparatus. The specific requirements are as follows:

Dentist, orthodontist and oral surgeon:

- Current South Australian licence to operate an ionising radiation apparatus (OPG Condition; and
- Successful completion of a course approved by the Radiation Protection Branch for CBCT apparatus; and
- The dental practice must have a CBCT apparatus.

Dental Hygienist:

- Current registration with the Australian Health Practitioner Regulation Agency (AHRPA) as a Dental Hygienist; and
- Bachelor of Oral Health from the University of Adelaide; and
- Current South Australian licence to operate radiation apparatus (OPG condition); and
- Successful completion of a course approved by the Radiation Protection Branch for CBCT apparatus; and
- The dental practice must have a CBCT apparatus.

Licensing alternatives – Tasmania

The *Radiation Protection Act (Tas) 2005* requires that "dealings" with radiation sources must be authorised by a licence. The term "dealings" is defined in the legislation and includes the selling, acquisition, possession, use, storage, manufacture, transport, installation, servicing, repairing and disposal of ionising radiation equipment.

CBCT / CBVT equipment must meet the requirements of the Tasmanian Certificate of Compliance: Standard for radiation apparatus, x-ray dental diagnostic OPG (orthopantomograph) and have a current certificate of compliance in order to be used.

Categories recognised for licensing purposes include a dentist, dental therapist, dental hygienist and dental assistant plus other professionals and paraprofessionals in disciplines unrelated to dentistry.

Chapter 4: Teleradiology and e-health

In radiology, advances in technology have meant that the majority of diagnostic imaging is now acquired and stored digitally. This offers extraordinary advantages for patient management, reduced cost for healthcare providers as well as work flow efficiencies. It particularly supports the introduction of CBCT / CBVT imaging equipment in regional Western Australia as a dental patient can have an image taken at a remote location (e.g. Geraldton, Karratha, Broome, etcetera) and diagnosed by a radiologist in Perth. This practice is referred to as telemedicine or more specifically, teleradiology, and the benefits were first identified more than a decade ago:

Teleradiology is the transmission of patient images from one location to another for the purposes of interpretation and/or consultation. Teleradiology allows access to radiologists when none are available in the local area, or specialist radiologists. This can improve patient care by speeding up the reporting cycle or enable the patient to have a test closer to home, particularly for those living in rural areas.

Teleradiology utilises standard network technologies such as internet, telephone lines, wide area network (WAN) or over a local area network (LAN). Specialised software is used to transmit the images and enable the radiologist to effectively analyse the images. Technologies such as advanced graphics processing, voice recognition and image compression are often used.^[7]

The current restrictions in Western Australia on the ownership and operation of CBCT / CBVT digital imaging equipment are a direct impediment to the expansion of teleradiology. The potential for disconnect between good medical practice, technological advances and regulator frameworks was identified nearly a decade ago:

ICT appears in many cases to have promoted improvements in the quality, effectiveness and efficiency of healthcare delivery, enhanced access to treatment, and contributed to improvements in health. But often potential benefits are not being realised despite considerable expenditure, reflecting in large part a lack of systematic planning and evaluation processes.^[8]

It is important to stress that the roadblocks in the adoption of teleradiology are unique to Western Australia as no other Australian state / territory restricts operation of the CBCT / CBVT digital imaging equipment to dentists who holding post-graduate qualifications in oral and / or maxillofacial radiology.

^[7] *Diagnostic Imaging (Radiology) Environment Scan. e-Diagnostics*, National eHealth Transition Authority (Version 1.0 – 4 April 2011)

^[8] Research Report – Impacts of advances of medical technology in Australia, Productivity Commission (31 August 2005)

Western Australia implementation of telemedicine

The leadership of the Western Australian Government in being an early adopter of telemedicine technology is acknowledged. It is now commonly used across many health disciplines and its benefits are readily recognised:

More country patients will have easier access to radiology services closer to home thanks to the installation of new equipment in several country hospitals.

Teleradiology systems - computer workstations that allow images to be sent over broadband network lines - were recently installed at Exmouth, Fitzroy Crossing, Halls Creek, Busselton and Margaret River Hospitals, increasing to 35 the number of systems across the WA Country Health Service network.

WA Country Health Service Chief Executive Officer Kim Snowball said the new systems would enable doctors to diagnose and treat patients faster and reduce the need for them to travel to Perth.

"The new equipment allows medical specialists to capture, diagnose, transmit and receive images, including X-rays, CT-Scans, MRIs and Ultrasounds, using internet communications," he said.

"Once images have been captured they can be sent digitally to other medical specialists almost immediately meaning faster reporting by radiologists and review by medical specialists in Perth.

"The system reduces the risk of losing films and also means that many doctors around the hospital, and at other hospitals, can view the image at the same time, rather than needing to wait for films to be delivered.

"Having access to this equipment will enable patients to be diagnosed and treated faster, meaning less time spent in hospital, but it will also ensure they continue to receive the best care close to home." [9]

However, almost ten years since this statement was issued teleradiology in dentistry remains virtually non-existent in Western Australia due to the overly restrictive licensing arrangements associated with the use of CBCT / CBVT digital imaging equipment.

Queensland model highly relevant

Like Western Australia, the Queensland Government's eHealth program is delivering a teleradiology service allowing viewing of radiology reports and images state wide. The solution allows images taken anywhere in Queensland to be viewed by clinicians regardless of their location.

The service is providing better access to specialist radiology services state wide, especially in rural and remote areas. This is appreciated by radiologists

[9] Media Release - New radiology systems mean faster treatment for WACHS patients, Western Australian Department of Health (16 July 2008)

themselves as noted by Dr Anthony Lamont, the Acting Director of Radiology at the Townsville Hospital:

I can ring up a specialist in Brisbane one thousand miles away and ask them to look at a patient's images. He or she can pull the images up instantly. We can talk about it and consult about the patient. This is the wonder of a digital system. It is a great system for communication.^[10]

Benefits for patients include access to specialist radiology support and a decrease in the need for patients to be airlifted to major hospitals. There are associated decreases in financial and travel burdens on patients and their families if diagnosed locally. One additional benefit is instant access to images, patient records and historical data anywhere, anytime.

Inconsistency with the eHealth agenda

The Australian Government and its state / territory counterparts have tasked the Australian Digital Health Agency (ADHA) to identify and foster the design and development of technology to deliver Australia's future e-health system.

ADHA has recognised that there are numerous potential system interfaces in the journey of imaging procedure – from the request, the acquisition of images, the creation and subsequent distribution of reports and images, to the relevant healthcare providers involved in the patient's treatment. It has also noted that responsibility for taking the image and subsequent interpretation may be split:

The radiology provider captures the relevant image as per the request. Relevant prior images if available may be of benefit. The radiographer / sonographer carries out post processing on the captured images especially in the case of (CT) and (MRI). The patient may be given the film / CD / DVD to keep and present when required, or the images may be made available to the requester via a web service. If there is no radiologist on site the images may be reported via teleradiology either within their own organisation or through a 3rd party.^[11]

A decision by the Western Australian Government to allow professionals (dentists, radiologists, etcetera) and in some cases, paraprofessionals (hygienists, therapists, etcetera) with appropriate training to operate CBCT / CBVT digital imaging equipment would support the move towards teleradiology. The crux of it being that there does not need to be a radiologist on site for the image to be captured. This is particularly advantageous for patients in remote areas where there is limited access to the professionals that the Western Australian Government currently deems qualified to operate CBCT / CBVT digital imaging equipment.

^[10] *Radiology Informatics Program*, Queensland Health (April 2009)

^[11] *Ibid.*

Chapter 5: Recommended Government Response

ADIA recommends that the Australian Government work with the Western Australian Government to review arrangements for the ownership and use of CBCT / CBVT equipment that are designed to achieve the following outcomes:

- Increase patient access to CBCT / CBVT imaging in remote and regional Western Australia; and
- Support the move towards teleradiology by allowing appropriately qualified operators to take images using CBCT / CBVT equipment; and

To achieve this, it is anticipated that the RCWA will need to determine appropriate qualifications for the use of CBCT / CBVT imaging equipment. ADIA recommends that these be broadly consistent with other states / territories and offers the South Australia for consideration.

Proposed new licensing framework

ADIA recommends that dental professionals, including dentists, dental surgeons, orthodontists, endodontists, hygienists and assistants must hold a licence from the RCWA if they wish to operate ionising radiation apparatus. The specific requirements are offered for consideration.

Dentist, orthodontist and oral surgeon:

- Current Western Australian licence to operate irradiating apparatus for medical diagnostic purposes; and
- Successful completion of a course approved by the RCWA for CBCT / CBVT apparatus; and
- The dental practice must have a CBCT apparatus.

Dental Hygienist:

- Current registration with the Australian Health Practitioner Regulation Agency (AHRPA) as a Dental Hygienist; and
- Current Western Australian licence to operate irradiating apparatus for medical diagnostic purposes; and
- Successful completion of a course approved by the RCWA for CBCT / CBVT apparatus; and
- The dental practice must have a CBCT apparatus.

The RCWA currently recognises a number of training courses as meeting the prerequisite for specific categories of licence in Western Australia. It will need to work with stakeholders to identify relevant courses, however current programs accepted by the South Australian Government and Queensland Government could be accepted as a means to expeditiously achieve the Western Australian Government's policy objectives.

ADIA An Introduction —

Formed in 1925, the Australian Dental Industry Association (ADIA) is the peak business association representing manufacturers and suppliers of ninety-five percent of the products used in Australian dentistry.

The ADIA membership ranges in size from small business to the local operations of international firms. They share common aspirations for the growth of their business, the creation of jobs and an industry that's sustained through the provision of quality products and services to dental professionals.

ADIA supports a regulatory framework for dental products and services that is based upon a risk-management approach designed to ensure public health and safety, while at the same time freeing business from an unnecessary regulatory burden. To this end, ADIA is a strong advocate for reforms that cut red-tape and allow businesses in the dental industry to grow, create jobs and operate sustainably.

Australia's largest healthcare trade show, *ADX* Sydney, is convened biennially by ADIA and attracts nearly ten thousand stakeholders from across the Asia-Pacific's dental and oral healthcare community. ADIA also convenes regional trade shows in Adelaide, Brisbane, Melbourne and Perth that provide a platform for the growth of member businesses.

Working with members to ensure that the dental industry has ongoing access to a workforce of skilled professionals, the Association supports skills development across the dental industry. An pioneering partnership with MEGT sees the group training model used to employ apprentices and trainees across the industry and the *CSU – ADIA Graduate Certificate in Small Business Management* provides support for mid-career professionals. Consistent with ADIA's role as the peak body for manufacturers and suppliers, ADIA is a member of the Australian Chamber of Commerce & Industry (AusChamber), the nation's foremost grouping of employer organisations. Amongst other affiliations is ADIA's membership of the association of International Dental Manufacturers (IDM), the Swiss-based global body for the dental industry.

The ADIA national office is based in Sydney and the Association is active in all mainland states.

More information can be found online at www.adia.org.au



Abbreviations —

ACR	Australian College of Radiologists
ADHA	Australian Digital Health Agency
ADIA	Australian Dental Industry Association
AHRPA	Australian Healthcare Practitioner Regulation Agency
ALARA	As Low as Reasonably Achievable
MRPBA	Medical Radiation Practice Board of Australia
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
CBCT	Cone Beam Computed Tomography
CBVT	Cone Beam Volumetric Tomography
CT	Computed Tomography
DBA	Dental Board of Australia
EPA-SA	Environmental Protection Authority of South Australia
FOV	Field of View
IDM	(Association Of) International Dental Manufacturers
LAN	Local Area Network
OPG	Orthopantomogram
RANZCR	Royal Australian and New Zealand College of Radiologists
RCWA	Radiological Council of Western Australia
WAN	Wide Area Network

■ ADIA MEMBER BUSINESSES ■

3M Oral Care A. R. Medicom Acteon Australia/New Zealand A-dec Australia ADR Dental AHP Dental & Medical Ainsworth Dental Airport Function Centre AJ Barber Alldent Alphabond Dental Amalgadent Dental Supplies Ampac Dental Andent Anthos in Australia ANZ Banking Group Ark Health Auspharm Australasian Dental Practice Australasian Dentist Australian College of Dental Education Australian Imaging Australian Medical Suction Systems Babich Maintenance and Steriliser Services Bambach Saddle Seat Biodegree Bite Magazine Body Logic Resources BOQ Specialist Borg Dental Bourke Dental Supply Carestream Dental Carl Zeiss Cassin & Sons Cattani Australia Centaur Software City Dental Supplies Clare Martin & Associates CMA Ecocycle Colgate Oral Care Coltene-Whaledent International Commodore Joinery Critical Dental Curaden Swiss Data Vision Australia Dentacast Australia Dental Axess Dental Business Brokers Dental Concepts Dental Depot (QLD) Dental Fitout Projects Dental Innovations Dental Installations Dentalive Dentaaurum Australia Dentavision Dentequip Dentplex Dentpro Dentsply Sirona Designer Surgeries Designs for Vision DPL Australia Dunedin Dental Attachments Durodent Dental Supplies DURR DENTAL AG East Coast Dental Services ECOVIS Clark Jacobs Elite Fitout Solutions Empire Dental Devices EMS Erskine Dental First Dental GC Australasia Dental Geistlich Pharma Australia Glamsmile GlaxoSmithKline Gritter Dental Gulmohar Dental Gunz Dental Hayes Handpiece Australia Heine Australia Henry Schein Halas Heraeus Kulzer Australia HICAPS Hogies Australia Horseley Dental Supplies Hu-Friedy Mfg Co. Inc. Impulsdent Australia Independent Dental Supplies Inline Medical & Dental Ivoclar Vivadent Johnson and Johnson Pacific Kavo Kerr Leading Dental Levitch Design Australia Lorchant Dental Macono Orthodontic Laboratories Marda Investments McLaren Dental Med & Dent (WA) Medfin Australia Medical Dental Solutions NQ Medical Equipment Services Medi-Dent Medifit MediGrow Melbourne Dental Miniflam Australia Minimax Implant (Dentium Australia) Mocom Australia Momentum Management Myofunctional Research Co. NAOL Australia Neoss Australia Nobel Biocare NOVA IT Group NSK Oceania Odontex Dental Labs One Dental Optima Healthcare Group Orien Dental Supplies Osseo Dental Osstem Australia Osteon Medical Ozdent Dental Products Australia Pacific Dental Specialties Pegasus Dental Services Philips Oral Healthcare Practice Sale Search Praktika Presidential Prime Practice Professional Dentist Supplies Profile Financial Services Purus Health and Medical Technologies RCR International Ridley Dental Supplies Right Time Business RJ Dental Sales & Service Roland DG Australia RutiniDent Dental Supplies SDI Ltd Sieverts Radiation Protection Consultancy Smile Marketing Software of Excellence South Austral Southern Implants Australia Stoneglass Industries Straumann Supreme Orthodontic Supply (Aust) Surgery Plus Solutions Surgical Images TrollDental Ultimate Dental Supplies Ultimo Health Technologies Ultradent Products Urban IT VOCO Australia W&H Wellsites West Coast Dental Depot Westpac Whiteley Corporation William Green Wisbey Dental Xcellent Dental World XYZ Dental Zimmer Biomet



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