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Australian  
Dental  
Council

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***SUBMISSION***

***TO THE***

***JOINT COMMITTEE ON MIGRATION***

***PARLIAMENT ON AUSTRALIA***

**27 JUNE 2005**

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The Australian Dental Council (ADC) appreciates the opportunity to make this submission and agrees with the sentiments expressed in the background to this enquiry but feels that priority should not be shifted from the vital support for Australian trained professionals.

This submission will be discussed under the following headings

1. Numbers
2. Assessment
3. Preparatory programs
4. Quality Assurance
5. Access
6. Public Sector Dental Workforce Scheme
7. Long Term sustainability of dental workforce

### **1. Numbers**

The number of overseas trained dentists (OTDs) seeking to practise in Australia has increased dramatically over the past 3 to 4 years. In 2000, 122 applications for assessment of qualifications were received. This had increased to 423 by 2004. This rapid increase has not been experienced by all health professions and it is difficult to understand why the remarkable increase applies to OTDs, especially from India and to a lesser extent the Philippines and other countries.

These numbers have placed a great strain on the facilities of the ADC and the essential support of the professions of dentistry, dental hygiene and dental therapy.

At present the numbers presenting for assessment are still increasing but the rate of increase has slowed. There are not yet any signs that a plateau has been reached.

The number of OTDs who successfully complete the ADC examination programme has increased and will continue to increase in the foreseeable future. The number achieving the ADC certificate each year now exceeds the number of graduates of any university dental school in Australia.

### **2. Assessment**

Graduates of the United Kingdom and the Republic of Ireland university dental schools are not required to undertake the ADC examinations and can be registered by the State and Territory Dental Boards. New Zealand registrants may be registered without examination under the Trans Tasman Mutual Recognition Agreement.

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For all others, the process followed by the ADC is:

- (i) Assessment of Qualifications,
- (ii) Occupational English Test
- (iii) Preliminary Examination
- (iv) Final (Clinical) Examination

(i) *Assessment of Qualifications*

This is an exercise to ensure that the applicant has completed a course of study in dentistry of at least 4 years full time duration. Also required is detail of curriculum, initial and continuing overseas registration, and work history. This task is carried out by the administrative staff of the ADC. There have been warnings of fraudulent or forged papers and in fact one such case was detected by the staff recently and the person expelled from the ADC examination process.

(ii) *Occupational English Test*

English remains the major problem area for non English speaking applicants. A high standard of English is essential to practise safely and effectively. In particular, competence in English is essential for the taking of a history, to obtain informed consent, to write letters of referral, and for general communication. As Australia has an increasingly cosmopolitan population, OTDs frequently have to communicate with patients for whom English is not their first language.

The Occupational English Test (OET) has recently been taken over by the Council of Adult Education (CAE) and changes being made will further enhance the test which aims to test not only general communication but profession specific communication.

The OET may be taken in all capital cities of Australia and in a range of overseas countries. In the past a disadvantage has been that the OET has only been provided twice each year but the CAE has indicated that next year the test will be provided four times.

The ADC believes that no compromise should be made in the assessment of competence in English as communication is the basis of all sound care.

(iii) *Preliminary Examination*

Once qualifications are assessed, applicants are informed that they are eligible to undertake the ADC examinations. Evidence of successful completion of the OET must be provided for an examination entry to be accepted.

The Preliminary Examination takes the form of two multiple choice question papers and one short answer paper. This examination is designed to test general dental knowledge. The examination may be taken in the capital cities of Australia, some provincial cities, and in 20 to 25 venues overseas. The examination is conducted twice each year, in March and September, and numbers are not restricted. The number of times an OTD can sit the examination is also not restricted

The examination is divided into sections which represent different areas of dentistry, such that when results are given, a candidate can readily assess areas of strength or weakness. The short answer questions total 5 of which one is compulsory and there is a choice of 2 of the remaining 4.

The multiple choice questions are marked by scanning, and the short answer questions by using standardised marking techniques. Failing and borderline papers are cross marked. Results are presented to the Preliminary Examination Sub Committee of the ADC who further consider all borderline cases before making recommendations for endorsement by the Overseas Trained Dentists Assessment and Advisory Committee (OTDAAC) of the ADC. Results are notified by mail and successful completion establishes the eligibility of the candidate to undertake the final examination.

(iv) *Final Examination*

The Final Examination must be undertaken in Australia. The venues and timing are largely controlled by the availability of facilities at dental hospitals. The facilities to examine up to 40 candidates per examination only exist in the student training areas of dental hospitals and thus the examinations can only be arranged during non teaching periods and times when continuing education activities permit.

Although a priority system exists for admission to the examination, every effort is made to minimise delay. The number of examinations conducted per year has risen from 2 in 2000 to 6 in 2005, and 7 planned for 2006 to assess the record numbers of candidates. The examination is conducted over a period of 7 days and comprises treatment of patients, simulation exercises and viva voce components.

Apart from clinical competence, vital aspects such as infection control and cardio pulmonary resuscitation are included. The examination requires up to 24 examiners at various stages of the week, all of whom have input into the final result. The Chair of Clinical Examiners attempts to meet all religious and cultural imperatives of candidates, and to do all that is possible to ensure that all candidates have the opportunity to perform to the best of their abilities.

An examiners' conference discusses all candidates during the compilation of results with an emphasis on competence, and the safety of the public. Results are recommended to the OTDAAC. There are three subject areas and if two are satisfactorily completed a supplementary examination may be awarded in the third area, if in the opinion of the examiners, the candidate has the ability to pass in a subsequent examination. Failed candidates are required to re-sit the entire examination. There is no limit to the number of attempts.

### **3. Preparatory programmes**

The ADC would like to see a range of preparatory programmes available to potential examination candidates. At present some opportunities exist for an OTD to enhance his/her prospects for success.

There is an orientation programme available in Melbourne provided by Dental Health Services Victoria. This programme provides 4 and 20 week courses for the Preliminary and Final Examinations respectively.

There are university based programmes which, although specifically designed for OTDs, offer excellent opportunities. These are the Graduate Diplomas of Clinical Dentistry and are either of one year full time or two years' part time duration.

A limited number of places is available each year to enter the University of Adelaide Bachelor of Dental Surgery programme at year 4 level. Successful completion of years 4 and 5 entitles the successful candidate to BDS (Adel) degree.

Those whose training programmes fall well short of Australian standards may elect to undertake the full undergraduate program at an Australian University.

It can be seen that a range of programmes is available and it is hoped that a broader range will become available in the future.

### **4. Quality Assurance**

The ADC examination process is benchmarked against Australian university programmes for dentists. The item bank for the multiple choice questions and the short answer questions are prepared by a committee comprising both academic and general dentists. The questions are designed to be at the standard expected of an Australian dental graduate.

Prior to use, questions are trial tested by final year dental students and practising dentists. Following each examination every question is subject to statistical analysis to ensure that it is not ambiguous, confusing or unfair.

The final examination is conducted using a mixture of examiners comprising mainly general dentists, but including some university teaching staff members and some specialists. The examination panel also includes overseas trained dentists who have successfully completed the examination process in the past.

The programme was reviewed three years ago by an independent panel comprising a senior academic dentist with no previous contact with the ADC examination process, the Director of Examinations for the Dental Council of New Zealand, and two dentists who had previously successfully completed the examination process. The review was very supportive of the process but also made a range of constructive recommendations which have subsequently been incorporated. It is planned that an external review be conducted every five years, the next being due in 2007.

As a result of Trans Tasman Mutual Recognition Agreements, there is a very close liaison with the Dental Council of New Zealand (DCNZ) to ensure that there is equivalence between processes of each Council and discussion is occurring at present with the aim of mutual recognition of the Preliminary Examinations of each country such that candidates could take the final examination in either country.

On successful completion of the final examination, the OTD receives an ADC certificate which is recognised by all State and Territory Dental Boards for full registration to practise in Australia.

Following the Final Examination, post examination advice is offered to all unsuccessful candidates. The Chair of the Board of Examiners and a senior examiner offer advice using photographs, models and examiners' written reports. This is highly valued by all candidates. In addition, if the examiners report that a candidate has passed but would benefit from advice, this is recommended.

## 5. Access

Overseas trained dentists who have completed at least a four year full time programme are eligible to undertake the ADC examination process. Where recency of practice is an issue, applicants are advised of the difficulties this may cause them, but they are not denied access.

The number able to sit the OET is not restricted and the accessibility of this test will improve next year, as stated earlier.

The Preliminary Examination is conducted twice each year with no limitation on the number of candidates, or the number of attempts that a candidate can make. The numbers who can sit the Final Examination are limited by the physical facilities at dental hospitals and the times available outside clinical teaching periods. Examinations are conducted in Sydney, Melbourne and Adelaide with Perth and Brisbane currently under consideration. In future it may be possible for some to sit either part of the examination in either Australia or New Zealand.

The rapid expansion in the examination process has been achieved without compromise of standards or imposition of increased delays.

The panel of experienced examiners has been drawn from all parts of Australia. Attention is paid to the mix of examiners to truly reflect all aspects of dentistry and particular value is placed on dentists who have successfully completed the examinations in the past.

## **6. Public Sector Dental Workforce Scheme**

From the National Advisory Committee on Oral Health (NACOH) a working group arranged by the Australian Health Workforce Officials Committee (AHWOC) considered the particular problems faced in rural and remote areas and in the public sector in particular. This resulted in the formation of the Public Sector Dental Workforce Scheme which is in the process of implementation

The scheme permits graduates of programmes that are considered to have sufficiently rigorous accreditation processes to be granted an exemption from the ADC Preliminary Examination. The State and Territory Dental Boards then grant a restricted form of registration for these dentists to work, under supervision, in the public sector for a period of up to three years, during which time they are required to undertake the ADC Final Examination to achieve full registration.

At present the scheme applies to graduate of programmes previously accredited by the General Dental Council (GDC) of the UK and those considered to have sufficiently rigorous accreditation processes. To date this includes, graduates from Hong Kong, Singapore, South Africa and two schools in Malaysia.

The accreditation processes of the USA and Canada are considered to be satisfactory and graduates of their accredited programmes qualify to participate in the scheme.

This has already been of benefit to Western Australia where no legislative amendment was necessary to enable implementation. There is no legislative bar in New South Wales or Tasmania and it is felt that this also applies to the Northern Territory. It is now a matter for action by the State health authorities.

Standards must not be compromised and the responsibility for the assessment of OTDs must be vested in those with the skills, experience and facility for assessment. In the case of dentistry the Dental Boards of the States and Territory have charged the ADC with this responsibility. The recent tragic events at Bundaberg Hospital illustrate the possible consequences of inadequate assessment.

## **7. Long Term Sustainability of the Dental Workforce**

Australia urgently needs more dentists, dental hygienists and dental therapists. In view of an ageing profile, additional dental technicians and prosthetists will also be required. Shortages are critical in rural and remote areas, especially in the public sector but even in the capital cities the public sectors of dentistry have totally unacceptable delays for people attempting to access dental care.

Restrictions of funding have resulted in significantly fewer dentists currently graduating from Australian university dental schools than was the case in the 1970s. The introduction of OTDs into the workforce is a significant short to medium term factor, but the supply of OTDs into the future is not certain. There are legitimate arguments to say that Australia should not be depleting the numbers of health professionals from countries whose needs are greater than ours. Shortages of dentists and other oral health professionals are worldwide and developed nations are all affected.



It is true that in the past two years, the intakes at Australian dental schools have increased significantly, however much of this increase in numbers comes from overseas and local fee paying students. In the case of the former, they will not increase the local workforce. Dentistry is one of the most expensive university programs and annual fees range from \$25,000 to \$40,000. On graduation full fee paying students will have very large debts and it is most unlikely that such dentists will enter the public dental workforce or academic life due to the much lower financial rewards and their needs for debt repayment.

An additional factor which will exacerbate the current shortages is the ageing profile of the dentist, dental hygienist and dental therapist workforce.

Australia urgently needs more dentists, more dental hygienists and dental therapists. Overseas trained professionals are not a long term solution, but are of significance in the short to medium term. There is no shortage of well qualified school leavers and tertiary students who are keen to make a career in dentistry but are unable to gain access to the university dental schools. Increased financial support for the training of oral health professionals represents the only long term option for a sustainable workforce which is capable of meeting the needs of all sections of the community.

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