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DISCUSSION PAPER

for the Parliamentary Standing Committee for Health and Ageing's enquiry into Adult Dental Services:

HOW ORAL HEALTH PRACTITIONERS CAN ASSIST WITH REDUCING PUBLIC WAIT TIMES

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1. Introduction

The growth in demand for dental work can be attributed to a number of factors, including an ageing population and the increasingly dentate population, as people are keeping their natural teeth for longer.

The Australian Dental and Oral Health Therapists' Association (ADOHTA) recognises that a large proportion of the population has inadequate access to dental health care, and demands on the system are increasing.

Factors which contribute to longer wait times can be significantly minimised by the recognition of the ability of oral health practitioners[1] to carry out work on all patients, regardless of age.

[1] 'Oral health practitioners' refers to dental therapists, dental hygienists and dual qualified hygienists and therapists, professionally known as oral health therapists.

Dental and oral health therapists have the expertise to meet the needs of the community, as they provide care to the same high quality as dentists yet in a smaller range of services.

Expanding the scope of practice for dental and oral health therapists and introducing consistency across the states and territories will allow oral health practitioners to carry out their invaluable work on an increased clientele.

2. Background

In Australia, dental therapists have practiced independently of an on-site dentist since their foundation, and in many cases geographically remote from a dentist. They have also managed their own practices – often mobile or fixed dental clinics in areas with high oral health needs, including Indigenous communities and rural areas. Since that time Dental Therapists have been examining, diagnosing, planning and providing dental treatment within their scope of practice for children, adolescents and young adults in collaborative and referral models of team care with Dentists.

Dental and oral health therapists have a long history of responsibly recognising the boundaries of their scope and referring appropriately to dentists. The quality of care they provide is to the same standard as that of a dentist within the range of services they provide, and it is regulated within the same frameworks. Consultation and referral can be, and historically has been, conducted by telephone or can be done face to face depending on the local context.

More recently, as dental and oral health therapists have moved into a wider range of practice settings, regulation of practice has recognised these practicing relationships and has required that they be formalised by a formal agreement with a dentist to provide this consultation and referral, ensuring that appropriate infrastructures exist in the interests of patient care.

In the 1990s the education of dental therapists moved to the tertiary sector, and the addition of the hygiene and oral health promotion components led to the creation of oral health therapists whose skills include those of a dental hygienist. With a preventative focus and enhanced clinical skills, oral health therapists bring an added dimension to the dental workforce.

A 2011 Australian Institute of Health and Welfare (AIHW) report *Oral Health Practitioner Labour Force Projection 2006-2025* projected that in that period the number of practicing oral health therapists and dental hygienists will increase substantially.

3. Solution 1: Increasing the number of Oral Health practitioners

The number of oral health practitioners falls well short of the number needed to meet the current community need. Workforce shortages are being experienced in all oral health disciplines. The future projections concerning the oral health workforce's ability to deal with the increasing population eligible for public sector services are bleak.

An unequal equation of supply and demand for dental services exists. The increasing population of aged clients who are partially edentulous – most of whom are eligible for the rationed public sector services – is not currently being met by the supply of dental practitioners capable of providing these services.

The recent creation of new dental schools is aimed at increasing the number of university places in the training of dentists, however it will be some time before the graduates of these new schools will have an impact on the population's demand for dental care. This issue is not exclusive to any one state or territory in Australia, but rather this is reflective of the workforce shortage on a national scale.
With the increasing demand for all dental professionals, ADOHTA supports the education and training of oral health therapy graduates to help meet this need. Dental and oral health therapists can be utilised as integral members of any dental team. They have the capacity and flexibility to:

- Lower demand by providing effective health promotion, prevention and maintenance services and basic treatment services
- Increase supply and access to care through lower cost services. A shorter undergraduate time means they can be providing services after a minimum of 3 years, as opposed to 5 years for Dentists
- Respond to sectors where unmet needs are greatest e.g. in rural and remote areas, to people with a disability, and to low income and ageing populations

4. Solution 2: Removing impediments to the provision of care by Dental and Oral Health Therapists

There are a number of impediments to access to dental services for members of the public. Costs of care, regulatory barriers, workforce distribution and public knowledge can all be obstructions to access to oral health care.

4.1 Restrictions on training

Currently, limits are placed upon dental and oral health therapists based upon the level of tertiary training in the state they work in. In Victoria a dental therapist is allowed to treat patients up to the age of 25, whereas dental and oral health therapists in Queensland are restricted to working on patients from between four and 18 years of age. Health Workforce Australia's *Scope of Practice Review for Oral Health Practitioners* (2012) has made recommendations relating to ensuring oral health practitioners are adequately trained.

An AIHW report on workforce distribution shows that dental therapists are more likely to live and work in rural and remote regions than other oral health workers, such as dentists. With a limitation on services, dental therapists in these regions can see a child under the age of 18, but if their parent comes in with a toothache the adult is unable to be seen by the dental therapist. This is an inconceivable waste of resources, given the time and effort that is put in by the dental therapist getting to these regions, many of which are not frequently visited by a dentist.

Dental therapists have the ability to examine and assess the patient, provide restorative or remedial treatment and liaise with a dentist via telephone or electronic communication to determine the best course of care for the patient. This would prevent the patient having to wait untreated for extended periods of time before they can see the dentist.

4.2 Inability to be issued with Medicare provider numbers

Direct billing to patients, insurance companies and Medicare is a feature of service delivery in most health care practice areas. Direct access to the services of dental and oral health therapists' services include the ability to directly bill for their services.

ADOHTA takes the view that Medicare provider numbers are paramount to dental therapists, oral health therapists and dental hygienists having the ability to independently bill insurance companies and Medicare directly for their own service provision. Direct billing for services in this way would remove the extra access layer (and potential fee) imposed through indirect billing and allow the price of dental and oral health therapists' services to reflect the real cost of their provision.

Some health specialists, including massage therapists, are not required to hold national registration with a professional body, however are eligible for Medicare provider numbers.

4.3 Impediments on patients' direct access to services

Some barriers to direct access to services currently exist in a range of conditions, some of which are described below:

- A dental therapist who works for the school dental service to provide advice and services in a rural clinic where a dentist visits weekly
- A dental therapist who owns a practice and employs a dentist to provide advice and services beyond the scope of practice of the therapist
- A dental therapist employed by a community health centre who provides outreach examinations and referrals for care back to the community health centre dental clinic where they work, and then provides the treatment
- A dental therapist who owns a practice and has a collaborative relationship with a dentist in a nearby practice where they refer patients for advice and services beyond the scope of practice of the therapist

5. Conclusion

Dental and oral health therapists in many states of Australia can own their own practices under existing legislation. The regulatory impediments to clients ability to directly access services from dental and oral health therapists is grounded in protection of the market, and is in opposition to the principles of competition. It also impedes access to service provision outside of existing models to underserved groups.

Dental and oral health therapists can play an important role in reducing public dental health wait times through the expansion of their scope of practice and recognition of their capacity to treat patients with the same level of care as dentists. While ever there is a high demand for dental health services for adult patients, limitations on practitioners restricting them to treating children is impractical.

In keeping with the National Advisory Committee on Oral Health's findings in 2004 and Health Workforce Australia's *Scope of Practice Review for Oral Health Practitioners* (2012), ADOHTA endorses the recommendation that in order to maximise the use of the existing dental workforce and access to dental services the regulatory impediments to the full use of dental therapists, hygienists and oral health therapists should be removed.

6. Recommended resources:

AIHW *Trends in the Australian Dental Labour Force, 2000 to 2009: dental labour force collection, 2009*. Available at: http://www.aihw.gov.au/publication-detail/?id=10737421917

AIHW *Oral health and dental care in Australia: key facts and figures 2011*. Available at: http://www.aihw.gov.au/publication-detail/?id=10737420710

AIHW *Oral health practitioners labour force projection 2006-2025*. Available at: http://www.aihw.gov.au/publication-detail/?id=10737419626

AIHW *Trends in access to dental care among Australian adults 1994-2008*. Available at: http://www.aihw.gov.au/publication-detail/?id=10737419090

HWA *Scope of Practice Review, Oral Health Practitioners*. Available at: https://www.hwa.gov.au/sites/uploads/hwa-oral-health-review-report-201208.pdf

The Australian Dental and Oral Health Therapists' Association appreciate the opportunity to provide comment on this issue.

I am available to provide more information or answer any questions either via email (preferred) or phone.

Regards

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