

**SUBMISSION TO THE SENATE
COMMUNITY AFFAIRS COMMITTEE
REGARDING NATIONAL REGISTRATION
AND ACCREDITATION SCHEME FOR
DOCTORS AND OTHER HEALTH
WORKERS**

PRESENTED – 3 APRIL 2009

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The Australian Dental Association (NSW Branch) Ltd welcomes the opportunity to provide further comment on the National Registration and Accreditation Scheme to the Senate Community Affairs Committee. The Australian Dental Association (NSW Branch) Limited (“ADA NSW”) is the professional association representing dentists, whether practising in the public or private sector, in New South Wales and the Australian Capital Territory. The Branch has over 3800 members which represent approximately 80% of registered dentists in NSW and the ACT.

The Vision of ADA NSW Branch Ltd is to **add value to the community** as the oral health authority in NSW & ACT. The Association brings forward a benefit to the community through our members who play a central role in the community and deliver value through the services they provide and the position that they hold as trusted, caring professionals. Our value proposition to the community is to advocate on their behalf to access services that are safe, of high quality, affordable and ethical. This will be achieved by working with government and other sectors in addition to the membership, to promote leading models of care.

COMMENTS ON NATIONAL REGISTRATION AND ACCREDITATION SCHEME

The first comment that the Branch will make is that the practice of Dentistry in NSW and the ACT is very safely practised which may be attributed to the existing legislative frameworks of the NSW and ACT jurisdictions and the competence (technical and ethical) of the profession.

- To provide a perspective, a conservative estimate of services delivered on any given day in NSW and the ACT, is that at least 30,000 people are in direct receipt of dental services, leading to an estimate of at least 6 million occasions of service each year, yet the error rate as reported to statutory Boards (including the HCCC) and through professional indemnity insurance providers is significantly less than 1% of services rendered and events of any significant public health nature being negligible.

This brings into question the need for change to the existing provisions that ensure the public are already in receipt of safe services of high quality.

The key question for the proposed reform remains:

- **Will the practice of dentistry be improved by this?**
- **Will the community experience demonstrable benefit (access, availability, affordability and safety) to warrant change?**

With regards to the terms of reference of the Senate Committee, the Branch will make the following comments:

- a. **the impact of the scheme on state and territory health services**



One of the key issues faced by dentistry is the ability of the workforce to provide for the demand for services (both current unmet demand and future demand). The AIHW has documented this shortage of system capacity and the reforms in the NRAIP will not address this. With regards to increasing the capacity, funding is a key factor (please refer to appendix 1 State and Territory Oral Health Budgets 2008-2009) and again this will not be resolved by the NRAIP. If improved dental workforce mobility is seen as a benefit to the NRAIP, the key issue here is workforce numbers given the AIHW has assessed a current and future shortage in all dental worker categories. This reform will not improve mobility.

b. the impact of the scheme on patient care and safety

As stated in the opening comments on page 1 above, dentistry is very safely practiced and the NRAIP as presented does not demonstrate further improvement and dependent on how the complaints handling/disciplinary action is handled, it may lead to a more cumbersome system. The initiatives being promoted by the Australian Commission on Safety and Quality in Healthcare and the Clinical Excellence Commission in NSW would appear to potentially have a significant impact on patient care and safety that is outside the scope of the NRAIP.

c. the effect of the scheme on standards of training and qualification of relevant health professionals

The NRAIP as proposed may have its greatest impact here dependent on how it is implemented. The key issue will always remain that practitioners need to be competently trained to enable them to accept the privilege of practising in the community within the scope of their competencies and legislated capability. Practitioners will always have the requirement for life-long learning to ensure their (recency of) practice and to engender confidence in the public seeking their expertise. The concern is that the NRAIP is to be used to reform other aspects of the healthcare system (workforce, role substitution, mobility), particularly medicine, therefore most other professions become “collateral damage” in this reform.

All registered dental professionals in NSW and the ACT with the exception of technicians and prosthetists, are university trained. The choke point becomes the number of available university training places and the capacity of the public system to provide training facilities and resources such as staff to ensure appropriate numbers and competency development. Graduate numbers are not controlled by post-graduate colleges in dentistry.

d. how the scheme will affect complaints management and disciplinary processes within particular professional streams;

The Branch has made a submission to the NRAIP regarding this key area and it is attached as Appendix 2. Given the extent of operation of the Health Care Complaints Commission in NSW is not evidenced in other jurisdictions; the Branch will provide



comment here. In a recent review on the Operation of the Health Care Complaints Act 1993 in NSW, the Branch put forward:

“The Branch has in the past and continues to support the Commission operating as an independent investigator and prosecutor of serious health care complaints working in conjunction with the Dental Board of NSW. The Branch views this approach will ensure the acknowledged high standards of dentistry are maintained. ADANSW has been active in its work with the Commission to ensure an understanding of the practice of dentistry and to ensure that the public is protected. This outcome is attained whilst the profession is supported in achieving its obligations to the public. There have been historic failures in the operation of the Commission but these appear to have been analysed and appropriate reform using remedial measures implemented. This has led to a greater confidence being restored in the Commission and signifies that there is a commitment to continuous improvement. In the end there needs to be an efficient investigative process that respects natural justice principles; this process needs to interface with the profession specific board to provide appropriate context and resolution to complaints made to the Commission.

The Dental Board of NSW and the Commission appear to work well in determining appropriate responses to matters that are the subject of investigation and the Commission appears to recognise the expertise that resides in the Dental Board. In our submission to the Health Care Complaints Commission's Code of Practice on 16 April 2008, the Branch was particularly supportive of provisions in the code which enable the Commission's Inquiry Service to suggest 'more appropriate avenues' for people concerned about dental care provided to them. Of 2,722 complaints received by the Commission in 2006-07, just 173 related to dentists. Over two-thirds of these complaints were referred to the NSW Dental Board for appropriate action (another 20 per cent were discontinued as they did not raise significant issues of health and safety for the patient). By the Commission's own statement, the number of complaints referred to the Dental Board reflects the robust structures and programs the Board has in place for addressing treatment and professional conduct in dentistry. The Branch agrees with this sentiment wholeheartedly and supports the concept of interaction to ensure public interest and safety is maintained. The ability of the Commission to refer complaints to the Board helps engender confidence in our members that complaints against them will be investigated and assessed by an organisation with specialist and appropriate dental knowledge.

Any review of the Commission needs to ensure its interaction with profession specific boards is retained as this should also help to promote confidence from the public that complaints about (dental) care are resolved in the most appropriate manner.

The Branch supports the object and principle of administration of the Act to establish the Health Care Complaints Commission as an independent body for the purposes of:

- receiving and assessing complaints under this Act relating to health services and health service providers in New South Wales, and



- investigating and assessing whether any such complaint is serious and if so, whether it should be prosecuted, and
- prosecuting serious complaints, and
- resolving or overseeing the resolution of complaints”.

Again it is unclear if the proposed NRAIP will deliver benefit to the community and the professions providing health services to the public of Australia.

e. the appropriate role, if any, in the scheme for state and territory registration boards

The Branch believes that the community has been well served by the existing registration boards in NSW and the ACT given the level of complaint and/or harm evidenced in these jurisdictions. The dismantling of the Boards will lead to a loss of corporate memory and an increase in cost to the public.

f. alternative models for implementation of the scheme.

The Branch recognises that consumers of health services have a key role in overseeing standards. However the balance must be struck between the understanding of professional standards and regulation applied by peers versus consumer sentiment and the consequent judgements that maybe applied due to the so-called “power imbalance” due to understanding. It is widely acknowledged that peers in dentistry are often more harsh in their judgements in comparison to that applied by consumers, particularly with regards to clinical standards. Consumers may in fact be looking for a different satisfaction from the complaints resolution process. The Branch recognises and supports the requirement for natural justice processes to be applied equally through varied authorities, whether that is a registration board, a health care complaints body or consumer fair trading body. Avoiding an overly legalistic, cost effective and administratively simple system would be a good outcome.

This could be achieved by enabling the existing Boards to exchange information more freely (even within the context of existing Privacy Laws) to oversight matters of public safety. This could extend to the creation of an appropriate national public register that respects the rights of practitioners and balances this with the rights of the public to ensure standards are maintained. This does not require the dismantling of existing legislative mechanisms in NSW and the ACT pertaining to dentistry.

Summary

ADA (NSW Branch) Ltd looks forward to contributing further to the proposed reform to ensure that the benefits as proposed by the original Productivity Commission report and subsequent Intergovernmental Agreement for a National Registration and Accreditation Scheme for the Health Professions fulfils its intended objective of improving safety and quality standards without increasing cost and complexity for the public and health professions.