



**AUSTRALIAN DENTAL  
ASSOCIATION INC.**

**Submission to the Council of Australian  
Governments Health Working Group**

**Authorised by  
J E Matthews  
Federal President**

**Australian Dental Association Inc.  
75 Lithgow St  
St Leonards NSW 2065  
PO Box 520  
St Leonards NSW 1590  
Tel: (02) 9906 4412  
Fax: (02) 9906 4676  
Email: [adainc@ada.org.au](mailto:adainc@ada.org.au)  
Website: [www.ada.org.au](http://www.ada.org.au)**

## ADA SUBMISSION TO THE COAG HEALTH WORKING GROUP

The Australian Dental Association Inc. (ADA) is pleased to respond to COAG's request for information as to how COAG can implement the establishment of a single national registration and single national accreditation scheme in the health sectors.

The ADA represents 9,500 registered dental practitioners in Australia which is over 90% of all dentists. The primary objective of the ADA is to encourage the improvement of the health of the public and to promote the art and science of dentistry.

Further information about the ADA can be found at [www.ada.org.au](http://www.ada.org.au).

As the national professional body representing dentists in Australia, the ADA has a keen interest in how the national registration and national accreditation schemes proposed by COAG can be implemented.

It is appreciated that submissions on this topic are to be kept brief and every effort will be made to accommodate this request.

Any reform must have as its central objective the maintenance of standards to ensure that health delivery is provided in a professional and safe way for the maximum benefit of the recipient of the health service. The model proposed has at its heart this objective and at the same time seeks to achieve consistency, safety and reduction of red tape.

### **Single Schemes for Health Professionals**

Currently registration in dentistry is state or territory based. Creation of a single national registration scheme for dentistry is viewed favourably as the expectation is that administrative efficiency will be created by utilization of a single national registration process. The ADA is therefore happy to work with COAG in the creation of a single cross profession national health practitioner registration scheme. The proposed national council will need to focus on high level policy issues and delegate or leave much of the detailed deliberation about occupation specific matters to the advisory committees flagged in the COAG Communiqué.

#### Creation of Uniform legislation.

The ADA believes that the first step in the process of consolidation of registration and accreditation within a national scheme is, in respect of dentistry, the creation of one National Dental Practice Act (NDPA) which will deal with the following areas<sup>1</sup>:

- A. Registration of dental care providers.
- B. Professional Standard issues and investigations into the professional conduct and fitness to practise of registered dental care providers. The ADA submits that to maintain public confidence in professions the NDPA must include obligations on registrants and anyone who may influence the quality of care.<sup>2</sup>

---

<sup>1</sup> The ADA envisages that for all the nine occupational groups a national piece of legislation would be required.

<sup>2</sup> These obligations should include advertising constraints and other matters which may interfere with professional standards.

C. Regulation of the provision of dental care services-this would include the provision of restrictive practice models for the various dental disciplines.

D. Establishment of an appropriate accreditation authority and registering authority for education and training institutions.

The purpose of the NDPA would be to protect the health and safety of members of the public by providing a mechanism to ensure that health practitioners are competent and fit to practise their profession. The legislation would provide for one national framework on scopes of practice in respect to all allied dental personnel, as is the case for dentists.

In framing a NDPA consideration should be given to the model of regulation to be adopted. The various state Dental Acts have been under regular review for over 100 years with nearly all providing a restrictive practice model as well as a title protection model. ADA recommends that the historical reasons for these models be recognized and adopted.<sup>4</sup>

Scopes of practice provided in such legislation would be created to ensure that all health consumers will be able to know that persons currently registered are trained and capable of performing all duties within this scope. Different scopes currently exist between states and territories for some classifications of health professionals. Any alteration to the existing framework should not be allowed to create any dilution of the standards that currently exist. Any modification to standards or modes of allowable practice must be soundly based to ensure that quality of treatment of the public does not become compromised.

It is envisaged that there may need to be some transitional provisions within the legislation to ensure that adequate training and testing is completed before any practitioner can carry out any function for which they have not previously been trained. This new framework should not provide a basis for a health professional to obtain registration for tasks for which they have not formally been trained.

The ADA does not believe that a national registration authority should be burdened with the oversight of each State's or Territory's legislation. The ADA is happy to offer its assistance in relation to preparation of a NDPA.

### **National Registration Council**

The ADA recommends the creation of an overarching authority within this new framework which for the purposes of this submission it will call the "National Registration Council" (NRC).

The nine occupational groups identified in the consultation paper include a "dental group" which constitutes dentists, dental hygienists, dental therapists and dental prosthetists. In the interests of efficiency, the ADA is prepared to accept this as one occupational group. However, it wishes to point out that within that one occupational group there are four distinct groups of practitioners and also the dentist's group can be further divided as some 12-15% are registered as dental specialists. Retention of this division within the occupational groups may necessitate additional representation of the groups within the NRC.

---

<sup>4</sup> See-Thomas, M. *Dental Board of Queensland- 100 Years of Regulation 1902-2002*. and Franki, G:*A History of Dentistry in NSW 1945-1995*.

### *Constitution of the National Registration Council.*

The ADA would suggest that the NRC comprise representatives from each of the nine occupational groups with a further Chair appointed from within the occupational groups.

### *Role of the Council.*

The Council would oversee the implementation of and compliance with each occupational group's specific piece of legislation<sup>6</sup>. This Council may have responsibility for the:

1. Maintenance of the Occupational Group's Act;<sup>7</sup>
2. Ensuring practitioners are compliant with the Act;<sup>8</sup>
3. Registration of practitioners;<sup>9</sup>
4. Development and maintenance of professional standards and codes of practice on advice from occupation specific advisory committees;
5. Evaluation of the capacity of each occupational group to deliver services to the community;<sup>10</sup>
6. Oversight of the Accreditation Authority to ensure it is correctly carrying out its role;
7. Reporting to Government on the state of each occupational group and its effectiveness in health delivery;<sup>11</sup> and
8. Oversight of issues common to the Occupational groups.

### **Occupational Specific Board**

There would need to be some degree of delegation from the NRC to an occupational group or, a specific sub-group, which would be skilled and empowered to make recommendations to the NRC on facets of the practice of the occupational group's profession and the legislation governing it.

The ADA proposes that in respect of each occupational group there be a sub-group which would consider these issues. This would be an Occupational Specific Board (OSB)<sup>12</sup>. The Board would regularly report to the NRC on its actions with particular reference to Education and Training, Workforce and Codes of Practice.

### *Constitution of the Occupational Specific Board.*

This sub group would be constituted by a member of the Accrediting Authority for that occupational group, the relevant NRC member for that occupational group and representatives of

---

<sup>6</sup> Or alternatively, the supervision of an omnibus piece of legislation dealing with each of the occupational groups

<sup>7</sup> This would entail ensuring that the relevant Act requires compliance with appropriate professional standards and adequately protects and serves the interests of the public.

<sup>8</sup> See later where the issue of discipline/ complaints is discussed.

<sup>9</sup> This function would entail: assessing applications for registration; compliance with any conditions of registration; promotion of standards of professional practice; See generally functions as described in Section 11 of Qld. Dental Practitioners' Act 2001.

<sup>10</sup> This function would extend to determining adequacy in workforce numbers for delivery of health services.

<sup>11</sup> This would include provision of national statistics/information to Government departments to better inform government as to workforce needs and demands.

<sup>12</sup> There would be a National Dental Board in the case of the dental occupational group.

the dental professional groups on a proportionally representative basis having regard to the numbers of members in each such group.

#### *Role of the Occupational Specific Board.*

It is anticipated that the OSB would be asked by the NRC to deal with:

- protection of the public by upholding of professional standards;.
- registration function of practitioners<sup>13</sup>;
- ensuring practitioners are compliant with the Act<sup>14</sup>;
- development and maintenance of professional standards and codes of practice on advice from occupation specific advisory committees;
- evaluation of the capacity of each occupational group to deliver services to the community<sup>15</sup>;
- maintenance of public confidence in the profession's occupational group;
- issues that arise within the National Framework of health delivery;
- submissions from institutions and individuals on issues of reform etc; and
- review and oversight of the Complaints and Disciplinary Commission<sup>16</sup>.

Such matters would be best dealt with by the occupational group, as it would be this Board that would possess the relevant specialist knowledge to deal with the issues.

#### **Complaints and Disciplinary Commission.**

The nature of complaints and disciplinary action cover a wide range from the less serious patient complaint requiring a financial solution,<sup>17</sup> or minor disciplinary action<sup>18</sup> to the other end of the scale being matters requiring significant disciplinary action that may extend to withdrawal of registration.

(It is also recognized that in some cases complaints may be best dealt with in civil courts between patient and health provider. This paper does not suggest that such avenue of complaint handling be altered. All too often complainants utilise a number of avenues for redress against a practitioner and the ADA suggests that the legislation created preclude the ability of complainants pursuing multiple actions.<sup>19</sup>)

The ADA proposes a two tier system of dealing with such complaints:

1. In respect of matters that will entail penalties or action short of possible de-registration, the ADA proposes the creation of a State and Territory located body to deal with these claims. It envisages that this State or Territory body (Complaints and Disciplinary Commission) would deal with receipt and evaluation of such complaints/notification by way of an initial investigatory informal process in a fashion similar to that which is carried out under the Dental Practice Act (NSW) by its Dental Care Assessment Committee. Complainants to this body would be either

---

<sup>13</sup> This function would entail: assessing applications for registration; compliance with any conditions of registration; promotion of standards of professional practice; See generally functions as described in Section 11 of Queensland Dental Practitioners Registration Act 2001.

<sup>14</sup> See later where the issue of discipline/complaints is discussed.

<sup>15</sup> This function would extend to determining adequacy in workforce numbers for delivery of health services.

<sup>16</sup> See reference to this body later in the submission.

<sup>17</sup> Refund of fee or payment for rectification work.

<sup>18</sup> Requirement to undergo remedial training or education.

<sup>19</sup> For example frequently health professionals are subjected to simultaneous complaints being brought by patients before Boards, health complaints commissions and the civil courts.

individuals or corporations or an appropriate state or territory based health rights commission that may exist.

The Commission would act informally in its processes. The ADA has in mind that this commission would determine issues before it and provide recommendations or orders to the parties who appear before it. The parties would then have the option of either accepting those recommendations or, alternatively, proceeding to have the complaint/notification or disciplinary matter dealt with by a more formal process.

If either party decides that they wish to reject the Commission's findings and proceed further with a formal hearing, then, the ADA would recommend that such hearing go before a Federal Administrative Appeal Tribunal<sup>20</sup>. The process would therefore dovetail within the existing legislative/judicial processes that are available in the general community.

2. For the type of complaints that may result in severe disciplinary action or require de-registration, the ADA proposes that complainants be required to take those matters to a Federal Administrative Appeals Tribunal for determination. Such tribunal has the judicial expertise to deal with such serious matters. Complaints to this Tribunal could again be instituted by the parties or bodies referred to above.

The Complaints and Disciplinary Commission would be the entity charged with the determination of the category a complaint falls within<sup>21</sup>.

*Constitution of the Commission:*

To maintain efficiency and to reduce administrative costs and red tape, the ADA again believes that such a body ought to be comprised of practitioners within the occupational group.

It suggests that in each State or Territory, a Commission be set up with one Board member from the OSB, one or two local practitioners (perhaps from a panel to allow rotation), a legal advisor and a member of the community.

***Funding of the National Registration Council, Occupational Specific Board and Commission.***

Fees for registration of a professional should closely reflect the costs of the administration of the NRC's functions for that occupational group. Care must be taken that administrative costs for some occupational groups do not subsidise the costs of registration processes for other occupational groups. Registration fees should be set based on costs incurred in the previous year for that occupational group, with an adjustment based on anticipated additional costs likely to be incurred.

---

<sup>20</sup> This would reflect the situation that exists for appeals in Victoria. Consideration could be given to the inclusion of a member of the occupational group on this tribunal to enable the tribunal to have some expert input to assist it in its determinations.

<sup>21</sup> This would entail an interpretation of the NDPA, which in turn would provide a definition of the categories of complaints.

<sup>23</sup> The Chair of the Accrediting Authority would be best suited to be the Occupational group's representative on the Accreditation Board.

## NATIONAL ACCREDITATION SCHEME

Accreditation of individuals and institutions within an occupational group clearly requires skilled professionals from that group to perform the evaluation process. As such, no single entity can carry out this function across all occupational groups. A skilled team has to be dedicated to each occupational group.

The ADA suggests that the NRC have oversight of the Accreditation Board and that the Accreditation Board be comprised of members of the 9 separate occupational accreditation bodies. This would be an overarching body dealing with accreditation for all occupational groups. As indicated it would be overseen by the NRC. A representative of each occupational group would be on this Board along with a representative of the NRC. There would then in turn be 9 separate Accrediting Authorities, each having a membership of professionals with the requisite skills required to perform the accreditation process for their occupational group<sup>23</sup>.

### *Role of the Accrediting Authority.*

Each Accrediting Authority for each Occupational group should be comprised of highly qualified members of the relevant professional group. The addition of a member of the NRC to this group would provide conformity and is thus recommended.

The ADA considers that the objective of any accrediting authority in the health area is to ensure that persons seeking registration have undertaken appropriate and detailed courses of study to ensure they enter the workplace with a level of skills that will ensure that they deliver high quality health care.

The ADA remains supportive of the actions by the Australian Dental Council (ADC) that ensure that dental training institutions that are accredited provide premium quality dental education programmes to ensure graduates qualify as practitioners with the commensurate level of skill required to maintain the quality of (dental) services available to Australians. Similarly it considers the ADC's role in both the assessment and examination of overseas trained dentists (OTDs) and the assessment and examination of specialists is carried out in an expert fashion.<sup>24</sup>

The ADA considers that the ADC currently adequately fulfils the accrediting role that it has assumed. It therefore considers the ADC is well placed to continue to carry out this function. It is an entity already fully apprised of what is required for accreditation of institutions and for accreditation of those from overseas seeking registration within Australia. A similar structure to that of the ADC ought to be adopted<sup>25</sup>. To avoid confusion the new entity may be named Australian Dental Accrediting Authority (ADAA).

Whilst the existing non-statutory framework for the ADC has worked well, there has always been a concern that with the authority to register health professionals vested in the States and Territories, pressure could be brought to bear on the ADC to provide accreditation. While it has been fortunate to have always had institutions that were prepared to cooperate and comply with the process, this may not necessarily always occur.

Accordingly, it follows that it would be preferable for the ADAA to be a statutory entity with some form of authority to enable it to enforce its requirements upon an institution undergoing accreditation or accreditation review. Provision of a statutory authority in the ADAA would eliminate the likelihood of external influences. The ADA recognizes that with the provision of a statutory power, the ADAA may lose the element of voluntary cooperation that the ADC has

---

<sup>24</sup> In dentistry there are no specialist colleges that control the creation of specialists. The ADC accredits courses for specialists and the training institution determines the award of specialist qualification.

<sup>25</sup> With the suggested addition of a member of the NRC.

received from the dental profession in the past. Despite this it may be appropriate to ensure that the ADAA has independence to carry out its statutory duty to ensure that practitioners who are accredited will provide the public with premium treatment.

The proposed legislative framework must ensure that the accrediting role of the ADC is left solely to it without any outside influence from either the NRC or State and Territory governments.

*Funding of the Accreditation Board.*

Creation of a statutory authority will mean that the voluntary assistance that has otherwise been made available to the ADC will be lost, thus, additional costs will be incurred; such costs should be shared between the individuals and institutions seeking accreditation. There should not be any cross subsidization of costs/fees with other health disciplines' accrediting processes. Costs of the process in dental accreditation should rest where they fall with no attempt being made to defray costs of other disciplines.

**Conclusion**

The ADA believes it has provided a framework that meets the objectives of the COAG Communiqué and meets the objectives of the delivery of a model that has as its central theme the maintenance of professional standards, safety and quality in health service delivery, consistency and a reduction of any administrative burden on the members of the occupational groups.

The ADA would be happy to continue discussions with you to facilitate the improvements to be achieved.

Dr John E Matthews  
President  
Australian Dental Association Inc.

3 November 2006.

## **OVERVIEW of REGISTRATION SCHEME.**

### **Step 1. Creation of a National Legislation for each Occupational Group.**

Each Occupational group would have legislation enacted for it or by Omnibus Legislation that would deal with (in the case of dentistry):

1. Registration of dental care providers and investigations into the professional conduct and fitness to practice of registered dental care providers.
2. Professional Standard issues and investigations into the professional conduct and fitness to practise of registered dental care providers. The ADA submits that to maintain public confidence in professions the NDPA must include obligations on registrants and anyone who may influence the quality of care.
3. Regulation of the provision of dental care services-this would include the provision of restrictive practice models for the various dental disciplines.
4. Establishment of an appropriate accreditation authority and registering authority for education and training institutions.

### **Step 2. Creation of revised National Structure for Registration.**

#### **New Structure.**

#### **National Registration Council (NRC)**

- Chairman
- Members of each Occupational Group.

Functions:

1. Maintenance of the Occupational Group's NPDA.
2. Ensuring practitioners are compliant with the Act ;
3. Registration of practitioners;
4. Development and maintenance of Professional standards and codes of practice on advice from occupation specific advisory committees.
5. Evaluation of the capacity of each occupational group to deliver services to the community.
6. Oversight of the Accreditation Authority to ensure it is correctly carrying out its role.
7. Reporting to Government on the state of each occupational group and its effectiveness in health delivery.
8. Oversight of issues common to the Occupational groups.

#### **Occupational Specific Board (OSB)**

- Member of the Accrediting Authority for that occupational group,
- The relevant NRC member for that occupational group and
- Representatives of the dental professional groups on a proportionally representative basis having regard to the numbers of members in each such group

Functions:

- protection of the public by upholding of professional standards;
- registration function of practitioners;
- ensuring practitioners are compliant with the Act;
- development and maintenance of Professional standards and codes of practice on advice from occupation specific advisory committees;
- evaluation of the capacity of each occupational group to deliver services to the community;
- maintenance of public confidence in the profession's occupational group;
- issues that arise within the National Framework of health delivery;
- submissions from institutions and individuals on issues of reform etc; and
- review and oversight of the Complaints and Disciplinary Commission.

### **Complaints and Disciplinary Commission. (CDC)**

- One Board member from the OSB; and
- One or two local practitioners (perhaps from a panel to allow rotation) and a member of the public.

Functions:

1. Categorization of the nature of complaints;
2. Determine issues before it;
3. Provide recommendations or orders to the parties who appear before it in respect of complaints and discipline.

Appeals process by way of application to Federal Administrative Appeals Tribunals.

### Federal Administrative Appeals Tribunal

Deals with:

- appeals from the Complaints and Disciplinary Commission;
- matters with the potential to result in de-registration or other very serious matters.

## **OVERVIEW of ACCREDITATION SCHEME.**

**National Registration Council** to have oversight of the Accreditation Board.

### **Accreditation Board**

- Comprised of members of the 9 separate occupational accreditation bodies
- Representative of the NRC.

Functions:

1. Provide oversight of each accrediting authority.

### Australian Dental Accrediting Authority (ADAA)

- Constituted in a similar fashion to the existing Australian Dental Council with the addition of a member of the NRC.

- Provide statutory authority to the ADAA to carry out its functions.

Functions:

1. Ensure that persons seeking registration have undertaken appropriate and detailed courses of study to ensure they enter the workplace with a level of skills that will ensure that they deliver high quality health care.
2. Ensure dental training institutions that are accredited provide premium quality education programmes to ensure graduates qualify as practitioners with the commensurate level of skill required to maintain the quality of services available to Australians.
3. Accreditation of overseas trained practitioners and the accrediting of specialists is carried out in an expert fashion.