



## **Victorian Medicare Locals Dental Briefing Pack 4 Paper 4.1**

### ***Credentia*ling**

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#### **What is credentialling and scope of clinical practice?**

Credentialling is verification of the qualifications, experience and professional standing of dentists in order to decide whether they are professionally capable and suitable to provide safe, high quality dental services within specific organisational environments, such as hospitals and day procedure centres. Defining the scope of clinical practice is delineating the extent of an individual dentist's clinical practice within a particular organisation, based on his or her credentials, competence, performance and professional suitability, and the needs and capability of the organisation to support his or her clinical practice.

#### **A guide to credentialling**

The ADAVB has produced a guide to credentialling with the specific intention of guiding Directors of Medical Services and Credentialling Committees at Victorian Public and Private Hospitals in the process of credentialling and defining the scope of practice of dentists seeking to be engaged by, or to make use of facilities in Victorian hospitals. The document outlines the type of information that is gathered by hospitals in their credentialling processes. It also includes information about hospital credentialling committees and how they operate.

The ADAVB does not credential its members directly. It does offer its Continuing Professional Development program (CPD) to all dentists as an integral part of continuing dental education and quality assurance. This program was established long before mandatory CPD in Victoria. Whilst the ADAVB has endeavored to provide accessible information on credentialling to its members, we have become aware that some members remain unaware of the nature of current credentialling practices.

#### **The role of Medicare Locals**

The ADAVB recognises that Medicare Locals have a role to play in disseminating information about credentialling. The full ADAVB guide to credentialling is attached to this paper to assist Medicare Locals sharing information on credentialling with dentists within local networks. A copy of this document can also be found at [www.adavb.net](http://www.adavb.net) under FAQs.



## **Victorian Medicare Locals Dental Briefing Pack 4 Paper 4.2**

### ***Allied Health***

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The ADAVB has previously drawn attention to the fact that Dentistry, Optometry, Physiotherapy and Pharmacy are not allied health disciplines and that dentists work with their own allied workforce of dental hygienists, dental therapists, oral health therapists, dental prosthetists, dental technicians and dental assistants.

Occasionally, Medicare and other government agencies have incorrectly grouped dentistry within allied health providers. However, other organisations, such as Allied Health Professions Australia (AHPA), note that it is well accepted that the allied health sub-set of the Australian health professions does not include medical, nursing or dental professionals.

The Australian Government recently announced the establishment of a new position of Chief Allied Health Officer. With dentistry not included in the remit of allied health, a number of organisations, including the Australian Healthcare and Hospitals Association, have called for the establishment of a Chief Dental Officer.

The new Australian Government has announced its commitment to proceed with the implementation of a number of new dental initiatives over the next two years, and these programs will be administered through various means. There is a significant risk of duplication and inefficiency if an uncoordinated approach is taken to the planning and implementation of these programs. There is also a risk of poor integration with existing programs.

#### **Dental Advisory Committee Proposed**

The Australian Dental Association Inc. has highlighted the need for a Federal Dental Advisory Committee. The ADA Inc., and its Branches, believe there is a significant need for a high level committee to provide advice and direction to Government on oral health policy and service provision.

The introduction of an advisory committee would be timely given the development of the new national dental schemes (to commence in 2014) and the potential to utilise findings of the recent parliamentary inquiry into adult dental services in Australia (see [http://www.aph.gov.au/parliamentary\\_business/committees/house\\_of\\_representati](http://www.aph.gov.au/parliamentary_business/committees/house_of_representati)

[ves\\_committees?url=haa/dental/report.htm](#))\*. A Dental Advisory Committee could provide regular advice on the design, implementation and progress of the Commonwealth's dental programs in an effort to ensure that the Australian community receives the best possible value for its investment in public dental care.

\*The ADAVB notes with regret that this report refers to out of date workforce data to assert that there is a continuing shortage of dental professionals, whereas Health Workforce Australia and the Workforce Planning Unit within the Victorian Health Department both recognise that we currently have an oversupply problem.



## **Victorian Medicare Locals Dental Briefing Pack 4 Paper 4.3**

### ***Dentist referral pathway – Maternal and Child Health Service***

#### **Introduction**

The Maternal and Child Health Service is a universal primary care service for Victorian families and children from birth to school age. The service is provided in partnership with the Municipal Association of Victoria, local government and the Department of Education and Early Childhood Development and aims to promote healthy outcomes for children and their families. The service provides a comprehensive and focused approach for the promotion, prevention, early detection of and intervention into the physical, emotional or social factors affecting young children and their families in contemporary communities.

In Victoria, child and maternal health nurses receive training in oral health assessment through the TEETH child and maternal health manual, which includes advice about conducting a 'lift the lip' exercise. The revised TEETH resource was developed by the health promotion team at Dental Health Services Victoria (DHSV) to assist maternal and child health nurses in their health promotion, prevention, early detection and intervention role for oral health.

#### **The TEETH framework**

The revised maternal and child health key ages and stages service activity framework was rolled out Statewide in 2009. This framework introduced a new approach to the ten key ages and stages consultations provided to parents and children by the universal and child health service. The framework comprises three key components; monitoring, promotion of health and development and intervention. It identifies the core activities for the ten universal consultations that the Maternal and Child Health Service should offer to all Victorian children and their families.

This framework is intended to be complemented by opportunistic activity by maternal and child health nurses, on the basis of their clinical judgement, in response to other parental concerns and nurse observation. Evidence based written health information; consistent with the health promotion activities listed in the framework and distributed at each key age and stage consultations.

## **'Lift the lip' Screening Tool**

The TEETH manual includes information about the lift-the-lip screening tool, which involves looking for oral health problems during a routine appointment. Screening for tooth decay involves simply lifting the top lip and checking the outer surfaces of the top front teeth. Early signs of tooth decay are easy to identify as it usually starts in the outer surfaces of the top front teeth. Maternal and child health nurses in Victoria are encouraged to refer children to an oral health professional at the two-year visit. An immediate referral to an oral health professional is recommended where the maternal and child health nurse identifies an oral health problem during a 'lift the lip' screening.

Lift the Lip screening tools have been implemented in New South Wales, South Australia, Tasmania, the Northern Territory and Western Australia. The Victorian Refugee Health Network has also adopted a version of the 'lift the lip' screening tool, by developing a series of translated materials to support people's oral health care, dental health prevention and health promotion. These resources are designed both for adults to check their own teeth and for adults to check children's teeth. The ADAVB sees similar resources as potentially useful for aged care homes (see :

<http://refugeehealthnetwork.org.au/tag/lift-the-lip/>)

For more information about the TEETH manual, and the lift the lip protocol, please go to: <http://www.dhsv.org.au/oral-health-resources/guides-and-resources/#Teeth>



## **Victorian Medicare Locals Dental Briefing Pack 4 Paper 4.4**

### ***'Scrap the Cap' campaign***

The previous Federal Government deferred the introduction of the proposed \$2,000 cap on work-related self-education expenses until July 2015. The deferment will allow for appropriate consultation across the professions that would be affected if the cap were to be imposed.

In opposing the cap initially, the Australian Dental Association joined other organisations in supporting the 'Scrap the Cap' campaign through the Scrap the Cap Alliance. The Scrap the Cap Alliance is a collaborative initiative that brings together more than 80 key stakeholders to encourage the new Federal Government to urgently reverse the introduction of the \$2,000 cap on self-education.

The main messages promoted jointly by the organisations involved in the Scrap the Cap Alliance are:

- The cap would be a tax on learning, innovation, aspiration, and continuing professional development (a mandated requirement for professional registration);
- It is incompatible with achieving a smarter Australia built on a knowledge economy and undermines the nation's key advantages in terms of the safety and quality of services that it provides;
- There is unity among Australia's professional and business groups that the cap is bad policy and should be opposed outright;
- The cap is a short-sighted measure and bad tax policy that fails to take account of the long-term national economic and productivity consequences;
- There is no sector-by-sector analysis and the level of information and evidence supplied in Treasury's discussion paper is inadequate;
- Regional Australia will be particularly disadvantaged because of the higher costs involved in further study and professional development;
- Groups representing the largest slice of the Australian economy will continue to voice their concerns and communicate the consequences of this poorly conceived measure.

The ADA Inc. and its branches will continue to support the Scrap the Cap campaign until the cap is removed from Government policy.



## **Victorian Medicare Locals Dental Briefing Pack 4 Paper 4.5**

### **Overview of Dental Funding 2010-2018**

The new Government has indicated that it will honour the commitments made by the Labor Government in regard to dental funding, including:

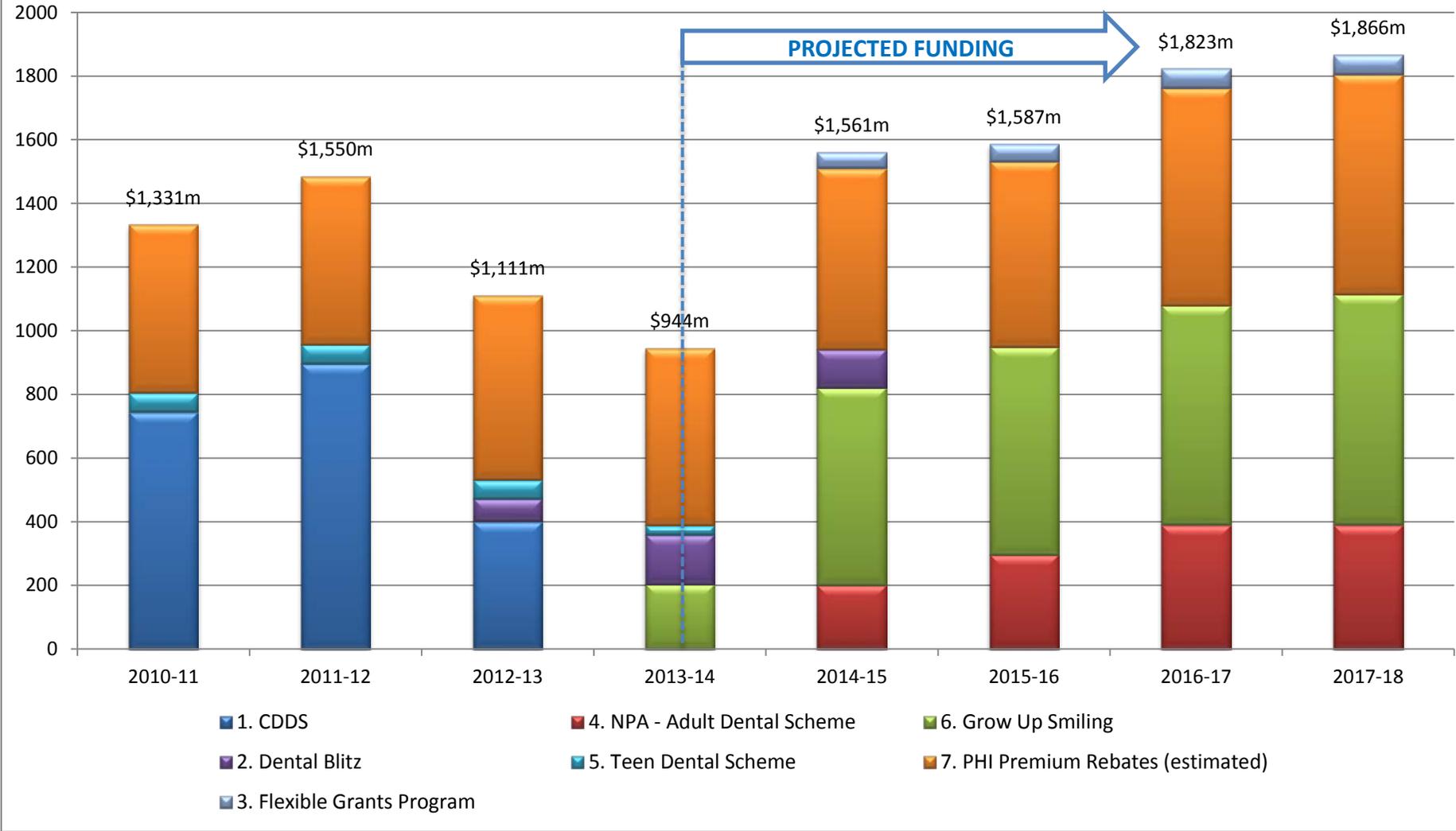
- The Child Dental Benefits Scheme (Grow Up Smiling), due to commence in January 2014, which will provide \$1,000 in Medicare dental benefits for eligible children.
- The Adult Public Dental Scheme, which will be funded through the States under the National Partnership Agreement.

The Coalition Government has indicated that at the expiry of the National Partnership Agreement for Adult Public Dental Services, they will seek to transition respective adult dental services to be included under Medicare. The implementation of the Child Dental Benefits Schedule will inform the expansion of Medicare dental services more broadly for adult services, including initial eligibility requirements for patients, appropriateness of the caps for treatment and schedule fees. See the 'Policy to support Australia's Health System' at: <http://www.liberal.org.au/our-policies> for more information.

The Government has also announced that they will 'alleviate the burden on public hospitals by reinvesting in private health insurance rebates as soon as fiscal circumstances allow.' More detail about this commitment, as well as costings, are not available, nor is a planned date for implementation.

The ADAVB has developed a graph showing dental funding between 2010 and 2018 utilising Mid-year Economic and Fiscal Outlook (MYEFO) reports, Australian Institute of Health and Welfare (AIHW) reports, relevant budget papers and estimated contributions to PHI rebates based on the continuation of a means tested PHI rebate (see [Attachment A](#)). More detail about the sources of information used to develop the graph is at [Attachment B](#).

### Total Government Dental Funding 2010 - 2018 (\$million)



## **Dental Funding 2010-2018 – Information sources**

### **1. Chronic Disease Dental Scheme**

The Health Expenditure Australia 2011-12 report, published in September 2013 by the Australian Institute of Health and Welfare (AIHW), details expenditure by the Australian Government on the Chronic Disease Dental Scheme and the Teen Dental Scheme.

Table A5 and A6 within this report show figures attributed to the CDDS and Teen Dental Program in 2010-11 and 2011-12. \$805m was spent on the CDDS and Teen Dental Program in 2010/11, with \$745m attributed to the CDDS and \$60m to the Teen Dental Program. \$956m was spent on the CDDS and Teen Dental Program in 2011/12 with \$896m attributed to the CDDS and \$60m for the Teen Dental Program (also indicated in the Medicare data for item 88000). See: Health expenditure Australia 2011-12. Australian Institute of Health and Welfare 2013. Health and welfare expenditure series no. 50. Cat. no. HWE 59. Canberra: AIHW.

### **2. Dental Blitz Funding**

Dental Blitz funding was announced in the May 2012 budget. The variable amounts allocated in each of the three years of this program are detailed in Federal Budget for 2012-13 papers.

### **3. Flexible Grants Scheme**

Figures for the flexible grants scheme funding were taken from the 2012-13 MYEFO papers available at [http://www.budget.gov.au/2012-13/content/myefo/html/09\\_appendix\\_a\\_expense-10.htm](http://www.budget.gov.au/2012-13/content/myefo/html/09_appendix_a_expense-10.htm)

### **4. Adult Dental Scheme**

Details as to \$1.3b for the adult scheme will be allocated in each of the years in which this scheme is operational is demonstrated in the 2012-13 Mid-Year economic and fiscal outlook papers. See: [http://www.budget.gov.au/2012-13/content/myefo/html/09\\_appendix\\_a\\_expense-10.htm](http://www.budget.gov.au/2012-13/content/myefo/html/09_appendix_a_expense-10.htm)

### **5. Teen Dental Scheme**

The Teen Dental Scheme is implemented through the use of Medicare Item 88000. The figures for the total cost of the scheme in each financial year are therefore available on the Medicare website. Medicare data shows total benefits attributed to Item 88000 was \$59,800,395 in 2010/11, \$58,030,509 in 2011/12 and \$59,781,000 in 2012-13. – see [https://www.medicareaustralia.gov.au/statistics/mbs\\_item.shtml](https://www.medicareaustralia.gov.au/statistics/mbs_item.shtml)

With the Teen Dental Program concluding on 31 December 2013, an estimate of the half year cost based on the previous year's allocation has been used for 2013/14.

## 6. Child Dental Benefits Scheme

Details as to how the \$2.7b for the Child Scheme will be allocated in each of the years in which this scheme is operational is demonstrated in the 2012-13 Mid-Year economic and fiscal outlook papers. See: [http://www.budget.gov.au/2012-13/content/myefo/html/09\\_appendix\\_a\\_expense-10.htm](http://www.budget.gov.au/2012-13/content/myefo/html/09_appendix_a_expense-10.htm)

## 7. Private Health Insurance Rebates

Table A6 within 'Health Expenditure 2011-12' (AIHW, 2013) lists \$528m being attributed to Private Health Insurance (PHI) rebates for dental procedures by the Australian Government in both 2010/11 and in 2011/12, which is approximately 11% of total PHI rebate funding. Figures within the Portfolio Budget Statements for 2013-14 show total expected rebate expenses between 2012 and 2017. The figures shown within the graph at Attachment A rely on the assumption that dental procedures will continue to account for approximately 11% of the total funding indicated in the 2013-14 Budget Statements.

\*\*Please note DVA expenditure has been excluded from the graph. If DVA figures were included, they too would be likely to see a prospective decline from the 2010/11 level of \$105m as the eligible population of veterans continues to shrink.