



Victorian Medicare Locals Dental Briefing Pack 1

General Information on Dentistry

PURPOSE

To provide Medicare Locals in Victoria with information on dentistry in Victoria and Australia.

RATIONALE

Each of the 17 Medicare Local organisations located in Victoria will have a unique strategy to target health issues that are significant in their individual regions. ADAVB has identified that there is no real capacity for organised dentistry to be represented formally within each of the Medicare Locals.

The ADAVB acknowledges that Medicare Locals have been charged with “connecting health to meet local needs”, and that various approaches are being established to engage local stakeholders in these processes.

The ADAVB calls for a coordinated approach from Medicare Locals to engage with the dental profession across Victoria. The ADAVB has developed this briefing pack to guide Medicare Locals when considering the consultation and liaison with dental professionals. A coordinated approach will ensure that the limited resources within dentistry will be most effectively utilised by Medicare Locals.

Papers in this briefing pack include:

- Paper 1.1 Dentistry and Medicare Locals
- Paper 1.2 Dental health and health care in Victoria and Australia
- Paper 1.3 The dental workforce and dentistry regulation/accreditation

ENQUIRIES

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Victorian Medicare Locals Dental Briefing Pack 1 Paper 1.1

Dentistry and Medicare Locals

PURPOSE

To provide Medicare Locals in Victoria with information on the ADAVB and its objectives, in particular those shared with Medicare Locals, ADAVB affiliated organisations, dental peak bodies, allied health service use and key contacts.

ABOUT THE ADAVB

The Victorian Branch of the Australian Dental Association (ADAVB) is the peak body for the dental profession in Victoria, and represents over 90% of registered dentists, working in both public and private sectors. The ADAVB engages in policy work on all aspects of oral health and dental service delivery.

Our mission is to promote the art, science and ethics of dentistry, and the oral health of all Victorians. The ADAVB is highly respected, providing a variety of services and information to members as well as government representation, ensuring the maintenance of dentistry practice standards for the benefit and protection of the public and dental staff.

The ADAVB has regional groups through the State and we also provide support to hospitals and day procedures centres that require advice on the credentialing of dentists wishing to use their facilities.

AFFILIATES

As the peak professional body for dentistry in Victoria, the ADAVB has a number of affiliated and special interest professional societies. These include the:

- Australian Society of Orthodontists
- Australian Society of Periodontology
- Australian Society of Endodontology
- Australian Prosthodontic Society
- Australian and New Zealand Society of Paediatric Dentistry
- Australian and New Zealand Association of Oral and Maxillofacial Surgeons
- Australian Association of Dental Anaesthesiology
- Australian Association of Dental Aesthetics

ADAVB OBJECTIVES

The objectives of the ADAVB are to:

- encourage the improvement of the oral and general health of the public and to promote the art and science of dentistry to support the provision of safe high quality oral health care for the community;
- promote and encourage the observance of fair and honourable practices by persons engaged in the provision of oral health care;
- establish, promulgate and encourage a Code of Ethics for the observance of Members of the Branch in the conduct of their profession;
- advise upon, participate in, develop and promote continuing professional development for dentists and other persons engaged in the practice of dentistry;
- further promote the interests and objects of the Australian Dental Association Inc (our federal body) and to participate in programmes or activities sponsored or administered by that Association;
- advance and safeguard the general and social interests of the dental profession.

MEDICARE LOCAL OBJECTIVES

The ADAVB understands that the shared objectives of Medicare locals across Australia are to:

- Improve the patient journey through developing integrated and coordinated services
- Provide support to clinicians and service providers to improve patient care
- Identify the health needs of local areas and development of locally focused and responsive services
- Facilitate the implementation and successful performance of primary health care initiatives and programs
- Be efficient and accountable with strong governance and effective management.

SHARED OBJECTIVES FOR ADAVB AND MEDICARE LOCALS

The ADAVB supports efforts to improve the coordination of services and is committed to strengthening relationships between health professionals with the goal of improved health outcomes for all patients.

- *The ADAVB acknowledges that there will be local variations in structure, resourcing and needs across Victorian Medicare Locals and that these will be dictated by those health issues that are identified in each area as a priority.*

Through the work of Medicare Locals, and in particular those in catchment areas in which dental health is identified as a priority, there is a need to ensure that dental services developed or drawn upon are both appropriate and readily available. The dental field, whilst often seen as separate, shares a number of common goals with the medical field. The shared interest between health professions is positive health outcomes for each patient.

- *Through the work of Medicare Locals, the ADAVB would be pleased to explore improved referral arrangements between health professionals, including feedback to referrers.*

ADAVB is aware that a function of Medicare Locals will be to better integrate and coordinate dental services with other services. The ADAVB is committed to achieving this objective and to positive outcomes for all patients.

An example of ADAVB's commitment to coordinating services is through the work of eviDent, a foundation established by the ADAVB and the Commonwealth funded Oral Health Cooperative Research Centre. The foundation aims to encourage relationships between practitioners and academic researchers through a practice based research network. The foundation also recognises the need for health professionals to work collaboratively across sectors for the benefit of the patient

- *A current eviDent project is the 'PREVENT' study, which is run in collaboration with VicReN and aims to train GPs to identify patients at-risk of dry mouth (due to their age and medication profile), perform a simple dry mouth assessment and, for those patients identified as having dry mouth, implement a Dry Mouth Program (including referral to a dentist). Please see [attachment A](#) for more detail.*

ALLIED HEALTH SERVICE USE

The ADAVB would like to draw attention to the fact that Dentistry, Optometry, Physiotherapy and Pharmacy are not allied health disciplines. In fact, dentists work with their own allied workforce of dental hygienists, dental therapists, oral health therapists, dental prosthetists, dental technicians and dental assistants. In recent times, Medicare and some other government agencies have incorrectly grouped dentistry within the allied health providers.

The ADAVB regularly meets with representatives from allied and other non-medical provider organisations in order to share information and experiences. While dentistry is not an allied health discipline, the ADAVB is happy to be dealt with alongside allied health groups.

NATIONAL PERFORMANCE INDICATORS

The ADAVB is aware that National Performance Indicators for Medicare Locals have been introduced by the National Performance Authority. Of particular interest to the dental profession are those outlined below (with supporting rationale for ADAVB interest):

6.3.1.1. Selected potentially avoidable hospitalisations

Dental conditions are the third most common reason for potentially preventable acute or Ambulatory Care Sensitive Conditions (ACSC). A total of 60,590 Australians were treated in hospital for dental conditions in 2010 – 2011 and in Victoria 15,938 people were admitted. In Victoria, dental ACSC are the highest cause of all ACSC for 0 – 19 year olds. Lower ranked ACSC in this age group in 2009 – 10 included asthma and Ear Nose and Throat conditions. (Australian Institute of Health and Welfare 2012. Australian hospital statistics 2010 – 11. Health Services Series no.43. cat. No. HSE 117. Canberra: AIHW)

6.3.3.1 Access to services by type of service compared to need

Between April and June 2011, there were 224,918 visits to public dental services recorded (Department of Health, Victoria). Dental Health Services Victoria has estimated that only 14% of those people eligible for public dental care seek public care in any one year.

5.3.3.6 Waiting times for community health services

The latest Victorian figures available (between April and June 2011) show average waiting times for publicly funded general dental care as 17 months (Department of Health, Victoria). Waiting times vary but in some regions eligible patients are still waiting up to three years for general dental care. Emergency patients are usually seen within 48 hours.

The ADAVB is committed to working with Medicare Locals to highlight the funding and other resources required to achieve performance indicators for dentistry.

LIAISON WITH PEAK DENTAL BODIES

ADA Inc

www.ada.org.au

The objectives of the ADA federal organisation are to promote the improvement of the dental health of the public; the art and science of dentistry; and the highest standards of professional dental care.

ADA NSW (recognising that three Medicare locals operate in both Victoria and NSW)

www.adansw.com.au

The ADA NSW's mission is to 'educate, advocate and innovate'. ADA NSW works closely with state and federal governments, special interest groups and agencies to promote oral health awareness and advocate the development of high-quality, sustainable dental programs that provide access to those who need it most.

KEY CONTACTS				
	Contact	Address	Phone	Email address
ADA Inc	Mr Robert Boyd Boland, Chief Executive Officer	14-16 Chandos St, St Leonards, NSW 2065	(02) 9906 4412	ceo@ada.org.au
ADA NSW	Dr Matthew Fisher (PhD), Chief Executive Officer	69 Nicholson Street, St Leonards, NSW 2065	(02) 8436 9900	adansw@adansw.com.au
ADAVB	Mr Garry Pearson, Chief Executive Officer	Level 3, 10 Yarra Street, South Yarra, VIC, 3141	(03) 8825 4600	garry.pearson@adavb.org.au

Attachments

Attachment A: Information on the 'PREVENT' study - reducing the X factor (understanding the relationship between general practice prescribing and xerostomia)

Project 004 - The PREVENT study: Reducing the X factor - understanding the relationship between general practice prescribing and xerostomia

Project overview: General Medical Practitioners frequently prescribe medications that adversely affect saliva flow and quality, with consequent oral health problems. This study aims to stimulate GP awareness of the possible oral health risks of a large group of their patients and to develop a model designed to improve their patients' oral and general health outcomes. In this study (run in collaboration with VicReN) GPs will be trained to identify patients at-risk of dry mouth (due to their age and medication profile), perform a simple dry mouth assessment and, for those patients identified as having dry mouth, implement a Dry Mouth Program (including referral to a dentist).

This project involves four consecutive parts:

1. Gauge current GP knowledge and practices
2. Hold education sessions for GPs
3. Trial a specifically developed dry mouth assessment and management program
4. Review the viability of the model including experiences of the participating GPs, patients and dentists

Progress to date:

1. 20 GPs have been interviewed. GPs reported limited and sometimes incorrect knowledge regarding dry mouth and its management. They also highlighted poor communication practices between GPs and dentists.
2. Two successful education sessions have been held, and an electronic copy of the learning module has been created for ongoing use. The dry mouth section of the Therapeutic Guidelines has been updated to reflect the content of these sessions.
3. 12 GPs across Melbourne are using the dry mouth assessment during patient appointments.
4. GP, patient and dentist questionnaires are being returned reporting back their experiences with the study.

Fact Sheets:

Fact sheets have been developed for 'what is dry mouth' and 'care of a dry mouth' as part of this project (attached).

Enquiries: Medicare Locals with queries about this project are encouraged to contact

Ms Meaghan Quinn, Executive Officer, eviDent Foundation on (03) 8825 4603 or meaghan.quinn@adavb.org

FACT SHEET: WHAT IS DRY MOUTH?

Dry mouth (sometimes called xerostomia) is the feeling that there is not enough saliva in your mouth. At some point, everyone feels the symptoms of dry mouth, but for some people this problem can be persistent and unpleasant and can lead to health problems.

Why is saliva important?

Saliva has many important functions. Saliva helps to keep the mouth comfortable; it acts as a lubricant whilst eating and speaking; it helps us taste and digest food. Saliva also keeps the teeth, the gums and the lining of the mouth healthy.

What health problems can dry mouth cause?

Apart from feeling uncomfortable or painful, a dry mouth can lead to:

- Difficulty in speaking, chewing and swallowing
- An altered sense of taste
- Tooth decay and tooth erosion
- Infections in and around the mouth
- Difficulties wearing dentures
- Sleep disturbances

What causes dry mouth?

There are many different causes of dry mouth and it may be due to a combination of different factors. The most common causes are:

- Some medications (especially sedatives, anti-psychotics, anti-depressants, diuretics and antihistamines)
- Dehydration
- Some medical conditions (such as diabetes and Sjögrens syndrome)
- Anxiety
- Radiotherapy to the head and neck
- Menopause

What can I do to manage my dry mouth?

There are lots of things you can do to help control and manage your dry mouth. Please see our fact sheet "Care of a Dry Mouth" and speak to your doctor or dentist.



FACT SHEET: CARE OF A DRY MOUTH

There are many things that you can do to help improve your dry mouth symptoms and reduce your risk of dry mouth-related health problems.

Things to do

- DRINK LOTS OF TAP WATER. Aim to drink at least 1.5 litres of tap water a day.
- Drink water by the glass or half glass. Try to avoid constant sipping as this washes away any protective effect of the remaining saliva in your mouth.
- Eat breakfast. Choose something chewy e.g. crunchy cereal or toast. Chewing helps to stimulate the flow of saliva.
- Chew MINT flavoured sugar-free gum or suck MINT flavoured sugar-free lollies. Fruit-flavoured gum or lollies can be acidic, damaging the lining of your mouth or dissolving the surface of your teeth.
- Keep your mouth clean. Brush at least twice a day with fluoride toothpaste. If possible, brush after every meal.

Things to avoid

- Avoid snacking on sugary foods or drinks between meals. This will help reduce your risk of tooth decay.
- Avoid acidic foods and drinks, such as fizzy drinks, fruit juice, fruit teas and pickles. If you must have them, reduce their effects by keeping them to meal times. The safest drinks are tap water and milk.
- Avoid salty or spicy foods. These may irritate the lining of your mouth.
- Avoid alcohol, tobacco, tea and coffee as these can reduce the flow of saliva.
- If you do drink tea and coffee, add cow's milk; this will help reduce the drying effects.

See your dentist

Your dentist will be able to check for any signs of oral health problems related to your dry mouth, so see your dentist regularly.

Your dentist may suggest some products that may help reduce your risk of tooth decay and acid erosion of your teeth. They may also suggest suitable rinses and mouth sprays to help with lubrication and protection.





Victorian Medicare Locals Dental Briefing Pack 1 Paper 1.2

Dental health care in Victoria

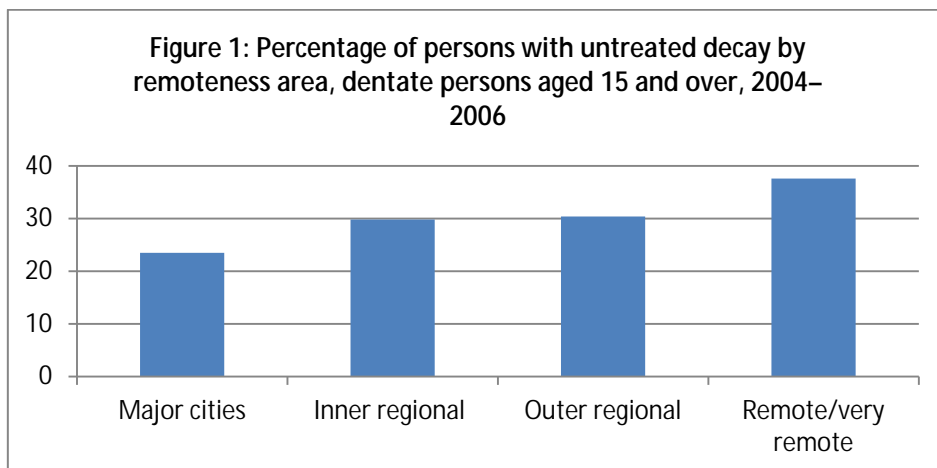
PURPOSE

To provide Medicare Locals in Victoria with information on dental health and dental health care in Australia and Victoria, dental visit patterns, state and federal dental funding and dental expenditure.

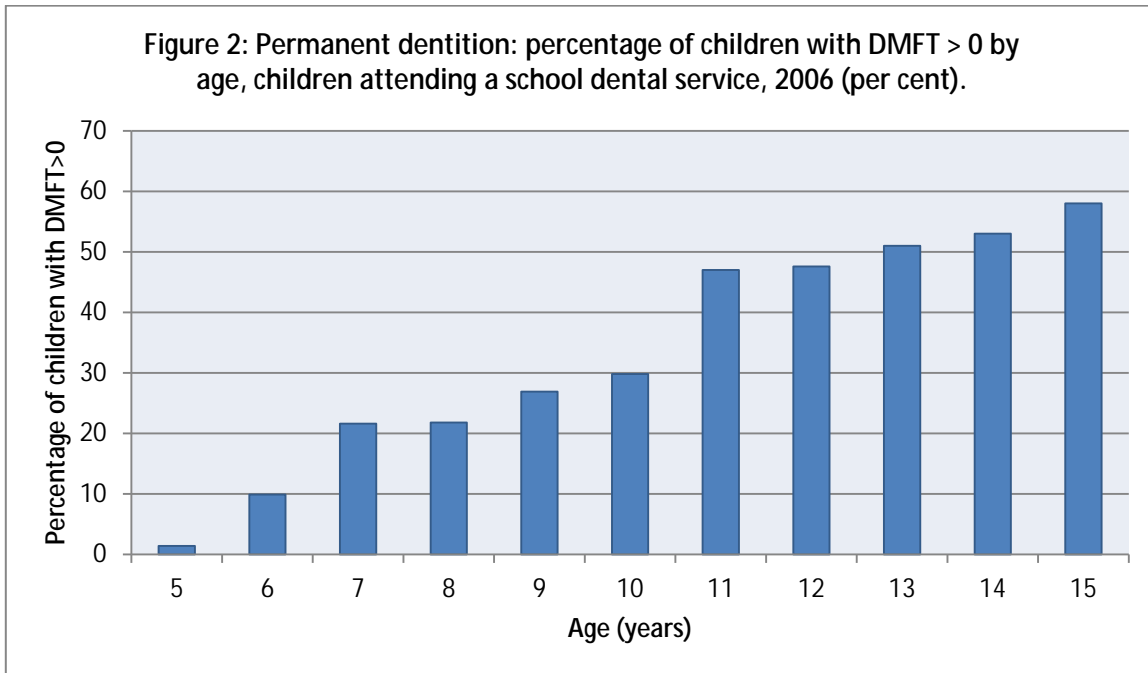
DENTAL HEALTH AND DENTAL VISIT PATTERNS

Oral health – the overall health of the whole mouth, including the teeth, gums, jaw and oral cavity – is an important component of having a good quality of life. Poor oral health can negatively affect a range of different outcomes for all population groups. The most prevalent dental diseases in Australia are dental decay, gum disease, oral cancer and trauma. These conditions often result in tooth loss which impacts a person’s ability to eat, speak and socialise.

In 2004–2006, among dentate adults, approximately 29% of those aged 25–44 had untreated decay (29%). In those aged 65 and over, untreated decay was around 22%. Adults living in remote/very remote areas had higher rates of untreated decay (38%) than those in major cities (24%) (see figure 1 below)ⁱ.

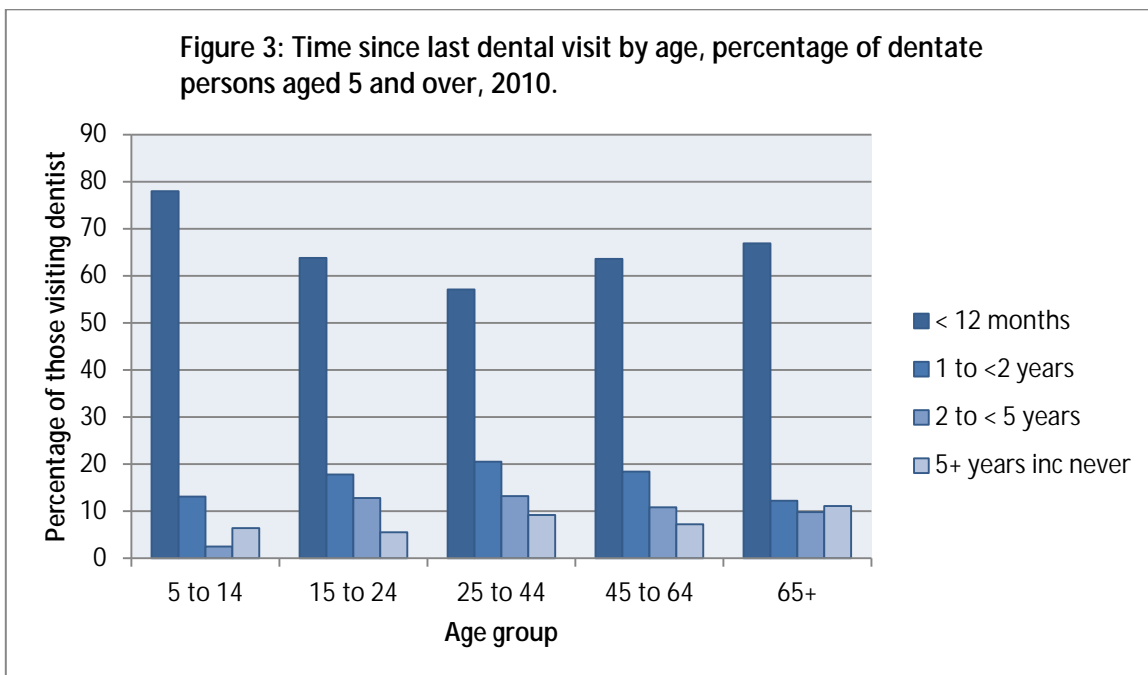


In 2006, the proportion of Australian children with caries experience in their deciduous teeth ranged from 40% in 4–5 year olds to 60% in 6–8 year oldsⁱⁱ. Caries experience in permanent teeth ranged from 1% in 5 year olds to 58% in 15 year olds (see Figure 2 below).



NB: Caries experience (DMFT) is recorded as the number of deciduous teeth that are either decayed (d), missing (m) or filled (f) because of dental caries.

In 2010, 64% of persons aged 5 and over visited a dentist in the previous year, ranging from 78% in children aged 5–14, to 57% in adults aged 25–44 (see Figure 3 below)ⁱⁱⁱ.



DENTAL CARE IN VICTORIA

PUBLIC DENTAL CARE

The Dental Health Program under the Victorian Department of Health provides public dental care to eligible Victorians. The Department of Health funds Dental Health Services Victoria to deliver dental care through the Royal Dental Hospital Melbourne and to purchase dental care from community health services and rural hospitals.

Community Clinics

There are more than 60 community dental clinics located throughout metropolitan Melbourne and rural Victoria. To access services from these clinics, patients need to be eligible to receive public dental care. For a list of community dental clinics in Victoria, please see [attachment A](#).

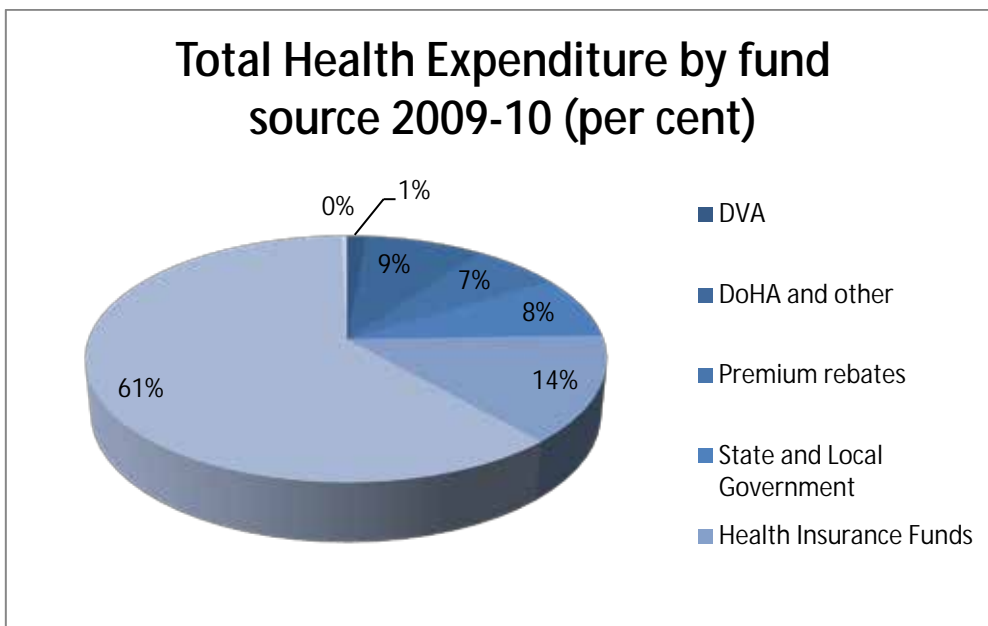
Hospital services

The Royal Dental Hospital of Melbourne (RDHM) provides general, specialist and emergency dental care to all eligible Victorians. A number of hospitals in Victoria offer dental services, including treatment under general anaesthetic.

PRIVATE DENTAL CARE

Most dental services in Victoria are provided by private practitioners and are paid for by patients with or without the assistance of private health insurance. The numbers and geographical locations of private dental practitioners and specialists, and the models of care they use are difficult to determine. Most however are listed in the Human Services Directory and so will be visible to Medicare Locals using the National Health Services Directory.

Figure 4 below shows the proportion of government funded Private Health Insurance and patient funded care.



STATE AND FEDERAL BUDGET FUNDING FOR DENTAL HEALTH 2012-13

In the 2012-13 Federal budget, The Australian Government has committed \$515.3 million over four years in a dental health package that includes:

- \$345.9 million for a public dental waiting list blitz (NB. only \$70m in 2012/13, of which Victoria may only receive a small amount – see Figure 4 below); and
- \$169.4 million for investments that will increase capacity of the dental workforce, expand dental services for rural Australians and promote oral health.

In 2012-13, the Victorian State Government has targeted \$188.4 million for dental services for 2012-13 compared to \$167.1 million for 2011-12 which represents an increase of 11.3 per cent. Less than \$150m of these funds actually cover costs of dental service delivery.

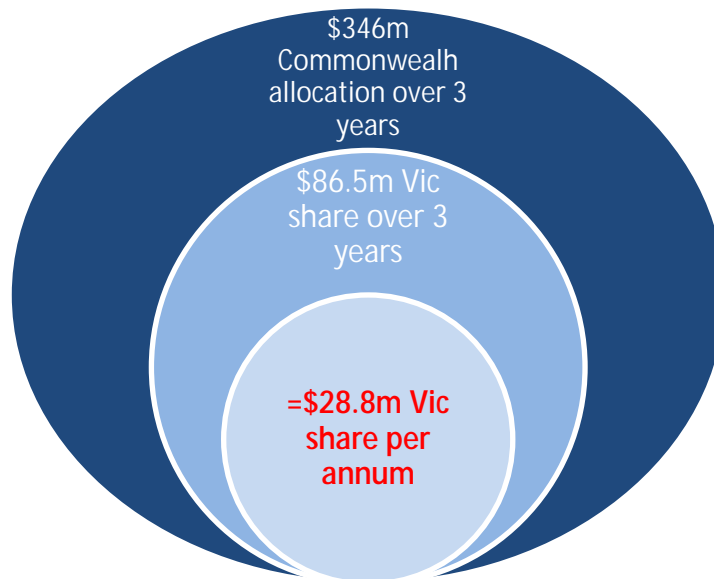


Figure 4: Approximate funding allocated to Victoria out of the Commonwealth dental waiting list blitz. In addition, if the Chronic Disease Dental Scheme (CDDS) is removed and not replaced with a suitable scheme, there will be a large funding gap apparent into the future (see figure 5 below).

Vic. CDDS Gap 2012-15

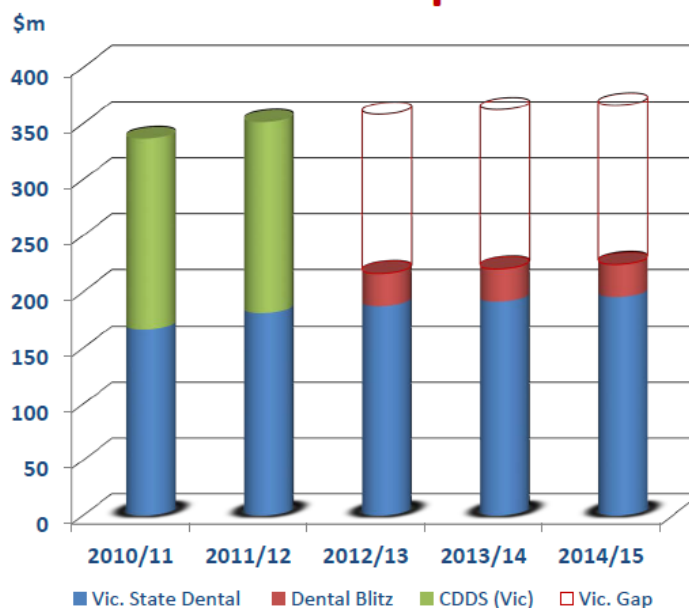


Figure 5: Potential gap in dental funding for Victoria 2012-15.

DENTAL EXPENDITURE AND COST TO THE INDIVIDUAL

In Australia, the total national recurrent health expenditure for dental services in 2009 to 2010 was \$7.7 billion. In Victoria it was \$2.2 billion. Dental services (largely provided by private providers) had the second highest percentage growth in 2009 – 2010: up 7.5 per cent, chiefly attributable to the Medicare Chronic Disease Dental Scheme^{iv}.

The financial impact of oral disease for individuals includes the out-of-pocket costs for private care, estimated to be \$4.7 billion per annum as at 2009 – 10. Acute dental conditions can also restrict an adult's participation in the workforce through lost work days due to dental related illness^v.

Attachments:

Attachment A: Contact details for community dental clinics in Victoria.

ⁱ AIHW 2011. Oral health and dental care in Australia: key facts and figures 2011. Cat. no. DEN 214. Canberra: AIHW *ibid*

ⁱⁱ *ibid*

ⁱⁱⁱ *ibid*

^{iv} AIHW 2011. Health expenditure Australia 2009-10. Health and welfare expenditure series no. 46. Cat. no. HWE 55. Canberra: AIHW

^v Report of the National Advisory Committee on Oral Health, February 2012

Name	Region	Address	Phone	Fax	Service
Metropolitan					
Banyule Community Health	Metropolitan	21 Alamein Road WEST HEIDELBERG 3081	9450 2000	9459 5808	All ages
Bentleigh Bayside Community Health	Metropolitan	Gardners Rd BENTLEIGH EAST 3165	9575 5333	9579 3623	All ages
Central Bayside Community Health Services	Metropolitan	335 Nepean Highway PARKDALE 3195	8587 0350	8587 0349	All ages
Darebin Community Health Service (East Reservoir)	Metropolitan	125 Blake Street EAST RESERVOIR 3073	8470 1111	8470 1107	All ages
Darebin Community Health Service (Northcote)	Metropolitan	42 Separation Street NORTHCOTE 3070	9403 1200	9482 3690	All ages
Darebin Community Health Service (PANCH)	Metropolitan	300 Bell Street PRESTON 3072	9485 9060	9485 9010	All ages
Dianella Community Health	Metropolitan	35 Johnstone Street BROADMEADOWS 3047	8345 5410	8345 5115	All ages
Djerriwarrh Health Service	Metropolitan	195-209 Barries Road MELTON WEST	9747 7609	8746 0668	All ages
Doutta Galla Community Health Service (Kensington)	Metropolitan	6 Gower Street KENSINGTON 3031	8378 1670	9376 6675	All ages
Doutta Galla Community Health Service (Niddrie)	Metropolitan	3-15 Matthews Avenue NIDDRIE 3042	8378 3566	9374 2866	All ages
EACH	Metropolitan	124 Mt Dandenong Road RINGWOOD EAST 3135	9259 4900	9879 8641	Preschool, secondary school, adults only
Inner East Community Health Service	Metropolitan	7 Samarinda Avenue ASHBURTON 3147	9885 6822	9885 6844	All ages
Inner South Community Health Service (Prahran)	Metropolitan	240 Malvern Road PRAHRAN 3181	9520 3177	9521 2474	All ages
Inner South Community Health Service (South Melbourne)	Metropolitan	341 Coventry Street SOUTH MELBOURNE 3205	9684 4222	9686 1084	All ages
ISIS Primary Care (Altona Meadows)*	Metropolitan	330 Queen St ALTONA MEADOWS 3028	8368 3000	9360 7534	Children only
ISIS Primary Care (Brimbank)	Metropolitan	1 Andrea Street ST ALBANS 3021	9296 1360	9296 1363	All ages
ISIS Primary Care (Wyndham)	Metropolitan	117 - 129 Warringa Cres HOPPERS CROSSING 3029	8734 1400	8734 1460	All ages
Knox Community Health Service	Metropolitan	1063 Burwood Highway FERNTREE GULLY 3156	9757 6201	9756 0144	All ages
Merri Community Health Services	Metropolitan	11 Glenlyon Road BRUNSWICK 3056	9387 6711	9387 5417	All ages
MonashLink Community Health Service	Metropolitan	Level 1, 9-15 Cooke Street CLAYTON 3168	1300 654 889	9544 9821	All ages
Nillumbik Community Health Service	Metropolitan	917 Main Road ELTHAM 3095	9431 1333	9431 0339	All ages
North Richmond Community Health (Fitzroy)	Metropolitan	75 Brunswick Street FITZROY 3065	9411 3505	9411 3500	All ages
North Richmond Community Health (North Richmond)	Metropolitan	23 Lennox Street RICHMOND NORTH 3121	9418 9873	9428 2269	All ages

Name	Region	Address	Phone	Fax	Service
Peninsula Health (Frankston)	Metropolitan	Hastings Road FRANKSTON 3199	9784 8184	9784 8185	All ages
Peninsula Health (Hastings)	Metropolitan	185 High Street HASTINGS 3195	5971 9120	5986 9201	All ages
Peninsula Health (Rosebud)	Metropolitan	1527 Point Nepean Road ROSEBUD 3939	5986 9200	5986 9201	All ages
Plenty Valley Community Health	Metropolitan	187 Cooper Street EPPING 3076	9409 8766	9408 9508	All ages
Ranges Community Health	Metropolitan	17 Clarke Street LILYDALE 3140	9737 6355	9739 4689	All ages
Southern Health (Berwick)	Metropolitan	28 Parkhill Drive BERWICK 3806	8768 5141	9704 0043	All ages
Southern Health (Cranbourne)	Metropolitan	140-150 Sladen Street CRANBOURNE 3977	5990 6226	5990 6223	All ages
Southern Health (Dandenong Hospital)*	Metropolitan	David Street DANDENONG 3175	9554 1000	9554 1120	Children only
Southern Health (Dandenong)	Metropolitan	Level 3, 229 Thomas Street DANDENONG 3175	8792 2300	8792 2301	All ages
Southern Health (Kingston)	Metropolitan	Cnr Heatherton & Warrigal Road CHELTENHAM 3192	9265 1294	9265 1310	All ages
Southern Health (Pakenham)	Metropolitan	6B Henry Street PACKENHAM 3810	5941 2644	5941 2644	Children only
Southern Health (Springvale)	Metropolitan	55 Buckingham Avenue SPRINGVALE 3171	8558 9165	8558 9017	All ages
Sunbury Community Health Centre	Metropolitan	12-28 Macedon Street SUNBURY 3429	9744 4455	9744 6777	All ages
The Royal Dental Hospital of Melbourne	Metropolitan	720 Swanston Street CARLTON 3053	9341 1000 / 1800 833 039 country callers)	9341 1111	All ages
Western Region Health Centre	Metropolitan	72-78 Paisley Street FOOTSCRAY 3011	8398 4100	9362 0166	All ages
Western Region Health Centre*	Metropolitan	2 Geelong Road FOOTSCRAY 3011	8398 4100	9689 7504	Children only
Whitehorse Community Health Service	Metropolitan	Level 2, 43 Carrington Road BOX HILL 3128	9897 1792	9898 8010	All ages

Regional

Albury Wodonga Health	Hume		02 6051 7925	02 6051 7945	All ages
Bairnsdale Regional Health Service	Gippsland	Ross Street BAIRNSDALE 3875	5152 0278	5152 4464	All ages
Ballarat Health Services	Grampians	Cnr Sturt & Drummond Street Nth BALLARAT 3350	5320 4225	5320 4842	All ages
Barwon Health (Belmont)	Barwon South Western	Cnr Reynolds Rd & Colac Rd BELMONT 3216	5260 3710	5260 3728	All ages
Barwon Health (Corio)	Barwon South Western	2 Gelibrand Street CORIO 3214	5260 3827	5260 3835	All ages

Name	Region	Address	Phone	Fax	Service
Barwon Health (Newcomb)	Barwon South Western	104-108 Bellarine Highway NEWCOMB 3219	5260 3540	5260 3518	All ages
Barwon Health (Wathaurong Aboriginal Cooperative)**	Barwon South Western	62 Morgan St BELL PARK 3215	5278 3178	5278 4123	Aboriginal and Torres Strait Islanders only
Bass Coast Regional Health	Gippsland	120 Graham Street WONTHAGGI 3995	5671 3268	5671 3300	All ages
Bellarine Community Health	Barwon South Western	Nelson Road POINT LONSDALE 3225	5258 0828	5258 2900	All ages
Bendigo Health Care Group	Loddon Mallee	100 – 104 Barnard Street BENDIGO 3552	5454 7994	5454 7995	All ages
Boort District Health	Loddon Mallee	2 Coutts Street BOORT 3537	5451 5230	5455 2388	All ages
Central Gippsland Health Service	Gippsland	155 Guthridge Parade SALE 3850	5143 8618	5143 8886	All ages
Colac Area Health	Barwon South Western	13 Miller Street COLAC 3250	5232 5352	5232 5366	All ages
East Grampians Health Service	Grampians	Girdlestone Street ARARAT 3377	5352 9380	5352 9379	All ages
East Wimmera Health Service	Grampians	52 Northwestern Road ST ARNAUD 3478	5477 2175	5495 2139	All ages
Echuca Regional Health	Loddon Mallee	229 Leichardt Street ECHUCA 3564	5485 5820	5485 5833	All ages
Edenhope and District Memorial Hospital	Grampians	Lake Street EDENHOPE 3318	5585 9800	5585 9891	All ages
Goulburn Valley Health	Hume	Graham Street SHEPPARTON 3630	5832 3050	5832 3060	All ages
Hepburn Health Service (Creswick)	Grampians	1 Hill Street CRESWICK 3363	5345 8165	5345 1326	All ages
Hepburn Health Service (Daylesford)	Grampians	13 Hospital Street DAYLESFORD 3460	5348 2523	5348 1785	All ages
Latrobe Community Health Service (Churchill)	Gippsland	11 Philip Parade CHURCHILL 3842	5122 0444	5122 0433	All ages
Latrobe Community Health Service (Moe)	Gippsland	42-44 Fowler Street MOE 3825	5127 9189	5126 3085	All ages
Latrobe Community Health Service (Morwell)	Gippsland	81-87 Buckley Street MORWELL	5127 9189	5126 3085	All ages
Latrobe Community Health Service (Warragul)*	Gippsland	31-35 Gladstone Street WARRAGUL	5127 9189	5126 3085	Children only
Mallee Track Health and Community Service	Loddon Mallee	Britt Street OUYEN 3490	5092 1121	5092 1123	All ages
Maryborough District Health Service	Loddon Mallee	Clarendon Street MARYBOROUGH 3465	5461 0388	5461 0387	All ages
Northeast Health (Benalla)	Hume	45 Coster Street BENALLA 3672	5761 2201	5761 2201	All ages
Northeast Health (Wangaratta)	Hume	24 Green Street WANGARATTA 3676	5722 0325	5722 0402	All ages
Omeo District Health	Gippsland	12 Easton Street OMEO 3898	5159 0100	5159 0194	All ages

Name	Region	Address	Phone	Fax	Service
Orbost Regional Health	Gippsland	Centre Boundary Road ORBOST 3888	5154 6625	5154 2366	All ages
Portland District Health	Barwon South Western	Bentinck Street PORTLAND 3305	5521 0390	5521 0358	All ages
Rumbalara Aboriginal Cooperative**	Hume	20 Rumbalara Road MOOROOPNA 3629	5825 1333	5825 4493	Aboriginal and Torres Strait Islanders only
Seymour District Memorial Hospital*	Hume	Bretonneux Street SEYMOUR 3660	5793 6126	5792 4193	Children only
South West Healthcare	Barwon South Western	26 Ryot Street WARRNAMBOOL 3280	5564 4250	5563 1500	All ages
Sunraysia Community Health Services	Loddon Mallee	Cnr 13 th Street & Deakin Avenue MILDURA 3500	5021 0944	5023 6915	All ages
Swan Hill District Health	Loddon Mallee	30 High Street SWAN HILL 3585	5033 9336	5036 4561	All ages
West Wimmera Health Service	Grampians	51 Nelson Street NHILL 3418	5391 4266	5391 4228	All ages
Western District Health Service	Barwon South Western	2 Roberts Street HAMILTON 3300	5551 8347	5551 8595	All ages
Wimmera Health Care Group (Dimboola)	Grampians	Lloyd Street DIMBOOLA 3414	5363 7138	5389 1132	All ages
Wimmera Health Care Group (Horsham)	Grampians	Baillie Street HORSHAM 3400	5381 9248	5381 9330	All ages



Victorian Medicare Locals Dental Briefing Pack 1 Paper 1. 3

The Dental Workforce Regulation and Accreditation

PURPOSE

To provide Medicare Locals in Victoria with information on the dental workforce and regulation/ accreditation requirements for dentists.

WORKFORCE DEMOGRAPHICS

According to the most recent information available from the Dental Board of Australia, there are 14,223 dentists registered in Australia. There are 3,338 dentists registered in the state of Victoria.

	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
Dental Practitioner	345	5,925	134	3,703	1,599	331	4,315	2,228	318	18,898
Dental Hygienist	47	348	7	118	219	16	173	274	14	1,216
Dental Hygienist and Dental Prosthetist		1		1						2
Dental Hygienist and Dental Prosthetist and Dental Therapist		1					1			2
Dental Hygienist and Dental Therapist	10	55	8	180	75	1	131	51	3	514
Dental Prosthetist	15	409	5	223	46	51	326	88	2	1,165
Dental Therapist	15	242	15	209	106	55	178	341	1	1,162
Dentist	250	4,706	96	2,714	1,094	206	3,388	1,472	297	14,223
Oral Health Therapist	8	163	3	258	59	2	118	2	1	614
Total	345	5925	134	3703	1599	331	4315	2228	318	18,898

Dental Board of Australia Data Tables: March 2012

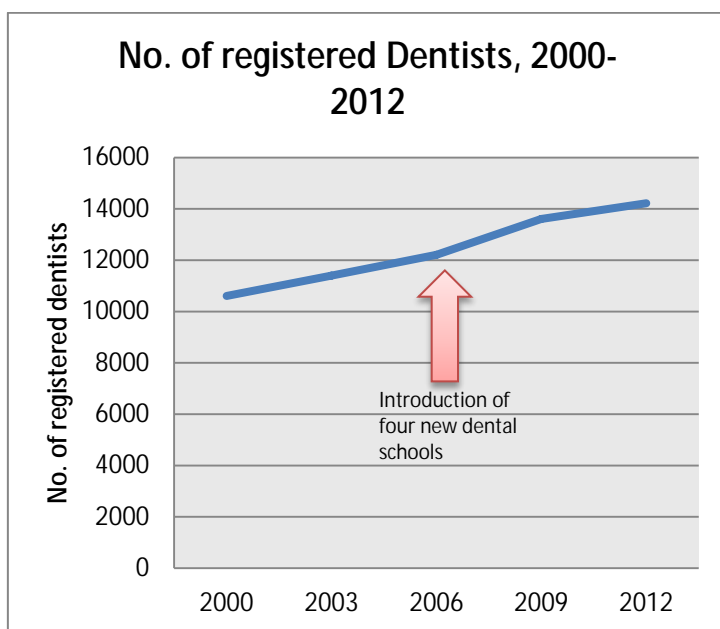
The ADAVB has over 3,500 members, including students, overseas trained dentists who are candidates for assessment by the Australian Dental Council and possible future registration by the Dental Board of Australia, and retired practitioners.

In 2006, the number of dentists per 100,000 population in Victoria was 47.8ⁱ. In 2006, the number of dentists practising in either the public or private sectors in Victoria was:

- Public - 356
- Private - 2063ⁱⁱ

Workforce issues

In recent years there have been reports of dental workforce shortages however with the introduction of four new dental schools in Australia and a growth in student intake, it is now recognised that there may be an oversupply problem. The latest figures released by the Australian Institute of Health and Welfare in its report Trends in the Australian Dental Labour Force, 2000-2009: Dental Labour Force Collection 2009 support this view. The figure below shows a substantial increase in the number of registered dentists in Australia over the period 2000 to 2012. Since 2000, the number of registered dentists has increased by 34 per cent.



Source: Chrisopoulos S & Nguyen T 2012. Trends in the Australian dental labour force, 2000 to 2009: Dental labour force collection, 2009. Dental Statistics and Research Series no. 61. Cat. no. DEN 218. Canberra: AIHW and Dental Board of Australia Data Tables: March 2012

In 2011, there were 651 commencing dental students in Australia, as well as 324 oral health therapists and dental hygienists. There will be approximately 581 graduates in 2013 (up from 358 in 2008) and 272 oral health therapists and dental hygienists (up from 253 in 2008). In addition, there will be a further 200 overseas qualified dentists (up from 120 in 2008). In the space of five years there will be an increase of up to 300 dentists. These trends have begun to affect dentists' abilities to secure full time positions, and ADAVB members report that they are only able to find sessional work (as at May 2012).

REGISTRATION AND ACCREDITATION REQUIREMENTS FOR DENTAL PRACTITIONERS

There are a number of registration and accreditation requirements that dentists must complete in order to practice. In addition, dentists are encouraged to comply with an array of codes and guidelines, including those set by the Dental Board of Australia. Below is list of the organisational bodies that govern dental registration and accreditation, and a role description for each.

Australian Health Practitioners Regulation Authority

The Australian Health Practitioner Regulation Agency (AHPRA) is the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia. AHPRA currently works with 10 (soon to be 14) National Health Practitioner Boards in implementing the National Registration and Accreditation Scheme.

AHPRA's functions are:

- supporting the National Boards in their primary role of protecting the public
- managing the registration processes for health practitioners and students around Australia
- providing offices in each State and Territory where the public can make notifications about a registered health practitioner or student
- on behalf of the Boards, managing investigations into the professional conduct, performance or health of registered health practitioners, except in NSW where this is undertaken by the Health Professional Councils Authority and the Health Care Complaints Commission
- publishing national registers of practitioners so important information about the registration of individual health practitioners is available to the public
- working with the Health Complaints Commissions in each State and Territory to make sure the appropriate organisation investigates community concerns about individual, registered health practitioners
- supporting the Boards in the development of registration standards, and codes and guidelines
- providing advice to the Ministerial Council about the administration of the national registration and accreditation scheme.

Dental Board of Australia

To practise dentistry in Australia practitioners must be registered with the Dental Board of Australia.

The functions of the Dental Board of Australia include:

- registering dentists, students, dental specialists, dental therapists, dental hygienists, oral health therapists and dental prosthetists
- developing standards, codes and guidelines for the dental profession
- handling notifications, complaints, investigations and disciplinary hearings
- assessing overseas trained practitioners who wish to practise in Australia (via the Australian Dental Council)
- approving accreditation standards and accredited courses of study (on the recommendation of the Australian Dental Council).

The Dental Board of Australia is supported by State and Territory Registration and Notification Committees in each State and Territory. These committees make individual registration and notification decisions, based on national policies and standards set by the Dental Board of Australia. The Dental Board of Australia has formally delegated the necessary powers to the State and Territory Registration and Notification Committees.

Australia Dental Council

The functions of the Australian Dental Council are to advise and make recommendations to the Dental Board of Australia in relation to:

- the accreditation of education courses leading to a dental qualification, conducted by Australian dental schools
- the assessment of the suitability for practice in Australia of persons with overseas dental qualifications, and
- uniform criteria for recognition of qualifications for registration.

Additional responsibilities of the Council include:

- to provide advice on matters concerning the occupational regulation, including general and specialist registration, of dentists and para-dental personnel
- to do all such other lawful things as are incidental or conducive to the attainment of any of the above objects.

Radiation Safety, Drugs and Poisons

The Australian Radiation Protection and Nuclear Safety Agency publishes a code of practice and safety guide on radiation protection in dentistry. In addition, in 2005, the ADAVB developed a set of guidelines, the Systematic Operating Procedures, to be used as a manual for infection control and occupational health and safety for the dental practice, including guidance on radiation safety and the use of drugs and poisons.

Dental Practice Accreditation

Introductory dental practice accreditation will commence on a voluntary basis in July 2012. The ADA Introductory Dental Practice Accreditation Scheme will be offered to all ADA members. The accreditation process involves an audit of a practice's systems and processes set against the six National Safety and Quality in Healthcare Standards, relevant to dental practices.

The role of dental practices is to undertake an assessment of their performance against the NSQHS Standards, and ensure their practice and services meet the requirements of the NSQHS Standards.

The role of the Australian Dental Association (ADA) is to provide oversight and act as a quasi-regulator of an Australian Health Service Safety and Quality Accreditation (AHSSQA) scheme for dental practices. The ADA will provide overall direction and support to participating dental practices. Those applying for accreditation through the ADA will utilise 'Accreditation Pro' Software available through Quality in Practice (QIP). The ADAVB supports Victorian dental practices preparing for practice accreditation via its Practice⁺ unit.

ⁱ AIHW Dental Statistics and Research Unit, Dental Labour Force Collection, 2006

ⁱⁱ Ibid