



19 December 2014
The Hon. Mary Wooldridge, MLC
Shadow Minister for Health
By email: [REDACTED]

Dear Ms. Wooldridge,

RE: Request for a meeting to discuss Victorian dental policy issues

The Australian Dental Association Victorian Branch Inc. (ADAVB) is the peak body for the dental profession in Victoria, and represents over 80% of registered dentists, working in both public and private sectors. Our mission is to promote the art, science and ethics of dentistry, and the oral health of all Victorians (see Attachment A).

We greatly appreciate all that the previous Coalition Government did to advance dental services, and in particular to promote partnership opportunities by which the profession could engage constructively in population health measures.

The numerous partnership projects established via the Department of Health and Dental Health Services Victoria were warmly regarded by the ADAVB, and each achieved significant gains for the Victorian community.

We would welcome the opportunity to meet with you to discuss current dental policy issues, and how these issues affect Victorians. As background to this discussion, please find attached the ADAVB's 2015-16 Pre-Budget Submission, which we have also sent to the Treasurer and Minister for Health (Attachment B). You may also be interested to note recent confirmation that Australia's current and projected dental workforce is oversupplied (see <http://www.health.gov.au/internet/main/publishing.nsf/Content/australias-future-health-workforce-oral-health>).

Sincerely,

A handwritten signature in black ink that reads 'Garry Pearson'.

Mr Garry Pearson
Chief Executive Officer
Email: [REDACTED]

**Australian Dental Association
Victorian Branch Inc.**

Level 3, 10 Yarra St South Yarra
PO Box 9015 South Yarra Vic 3141
Phone: 03 8825 4600
Fax: 03 8825 4644
ask@adavb.org
www.adavb.net

ABN 80 263 088 594
ARBN 152 948 680
Reg'd Assoc No. A0022649E



INFORMATION SUMMARY 2014/15

ABOUT THE ADAVB INC.

The ADAVB is the professional association of Victorian dentists which aims to

- improve the dental health of all Victorians
- promote the art and science of dentistry
- promote the highest standards of professional dental care
- enhance the professional lives of members

MEMBERSHIP

- Over 3500 Members in private and public practice, along with students and international dental graduates

MEMBER SERVICES & FUNCTIONS

- Continuing Professional Development Program
- Dental health education (e.g. Dental Health Week and Facebook page 'Caring for your kids' teeth')
- Community Relations – dispute resolution
- Code of Ethics (Conduct)
- Recent and Overseas Graduates' support
- Practice staff Training seminars
- Practice+ (Consulting Services) and PracAdmin Network
- Member Benefits(eg Professional Insurances; preferred suppliers)
- IR advice and representation (via the ADA HR Advisory Service on 1300ADAINC)
- Defence and legal support
- eViDent Dental Practice Based Research Network (in partnership with the Oral Health CRC)
- Quality Assurance (including Member Assistance Program)
- Benevolent Fund
- Reading Room and resource collection
- Advocacy and representations to Government bodies
- Superannuation (Professional Provident Fund)
- Sports, social functions and community and charitable activities
- Publications – Newsletter, Journal, Manuals etc.
- Website, including many members' only resources e.g. employment register (find us at www.adavb.net)



DISPUTE RESOLUTION SERVICES

The Branch provides information to the public on dental matters, and offers a conciliation service to assist patients to resolve disputes with members. Information on treatments, facilities, dental issues and careers is available.



PRESIDENT

Dr Bob Cvetkovic
BDSc

Bob is a general dentist in Camberwell.

CEO

Director, eViDent DPBRN
Mr Garry Pearson
MEdSt, HDT (SAC)
FAIM, MAICD

Garry joined the ADAVB in 1991 after senior executive roles in the Victorian Education Ministry



www.adavb.net

HISTORY



The ADAVB was formed in 1928 through the amalgamation of the Odontological Society of Victoria (est. 1884) and the Australian College of Dentistry Alumni Society (est. 1915).

The ADAVB was formally incorporated in 1991.

In April 2008, the ADAVB office relocated to Level 3, 10 Yarra St. South Yarra (opposite the South Yarra Station).

LEGAL STATUS

The ADAVB is incorporated under the Associations Incorporation Act (Vic) and as such, it is a not for profit organisation.

AFFILIATIONS

The Branch is a member of the national organisation, the Australian Dental Association Inc., and thus provides automatic membership of the Federal association.

The Branch is also a member of:

- Australian Industry Group
- Australian Taxpayers Association, and
- Australian Institute of Management.

**AFFILIATED SOCIETIES/
GROUPS**

- Australian Society of Orthodontists
- Australian Society of Periodontology
- Australian Society of Endodontology
- Australian Prosthodontic Society
- Australian and New Zealand Society of Pediatric Dentistry
- Various other societies and Dental Study Groups

**REPRESENTATION ON
STATUTORY AND OTHER
BODIES**

- Cancer Council of Victoria
- Department of Health reference and working groups
- Department of Oral Health, La Trobe University
- Faculty of Medicine, Dentistry and Health Sciences, The University of Melbourne
- RMIT University

**COMMUNICATIONS
ADVISORS**

Porter Novelli

BANK

Westpac, South Yarra Branch

AUDITORS

Advantage Advisors (previously known as Bentleys)

SOLICITORS

Health Legal

STAFF

The Branch employs 21 staff (17.6 EFT), including four senior dentists (each of whom works part time) to provide advice to the public and members

Pre-Budget Submission 2015 - 16



VICTORIAN STATE PRE-BUDGET SUBMISSION 2015 - 2016

December 2014

EXECUTIVE SUMMARY

This submission has been prepared to assist the Government in framing a Budget that will improve the oral health of many Victorians, especially vulnerable or disadvantaged people, who rely on public dental care. Our submission focuses on four areas of need in the Victorian community: increased public dental funding for services and infrastructure, providing care to those in aged care and remote populations, achieving a sustainable dental workforce, and continuing to focus on preventive care. These are summarised below, and further details are attached.

1. Funding for public dental services and infrastructure

a. Increased funding for the Victorian Dental Voucher Schemes

These schemes subsidise the cost for public patients to receive care from private practitioners when public waiting lists become too long. To maintain the current high standard of care increased funding to these schemes is needed. Without additional support these schemes will not be able to meet demand, and the waiting time for public dental treatment will become unacceptably long.

b. Insufficient public dental services in Victoria's Growth corridors

We urge the Victorian Government to provide funding to refurbish and expand existing clinics, and establish new clinics in locations with a high demand for dental care. Populations in Victoria's growth corridors are increasing by as much as 6% per year. There is a growing demand for public dental care, particularly in these areas, but also Victoria-wide, with only 24% of Victoria's eligible population receiving public dental care each year.

c. Capital planning to facilitate targeted re-development and expansion of public dental infrastructure

We propose that a Public Dental Infrastructure plan be developed to schedule maintenance and expansion of existing clinics and creation of new clinics. This plan should consider both the current and future public dental care needs of Victoria's population.

Pre-Budget Submission 2015 - 16



2. Providing care to those in aged care and remote populations

a. Improving the delivery of oral health care services to Victoria's ageing population

Through a pilot project, ADAVB is assisting the Department of Health and Dental Health Services in Victoria (DHSV) to determine the best strategies to deliver oral health care to people living in residential aged care facilities. When completed, we urge the Government to take the project's findings into account and plan to sustainably fund aged care oral health service delivery across Victoria.

b. Funding the Royal Flying Doctor Service (RFDS) Mobile Dental Program

This service delivers much-needed dental care to Victorians who need to travel large distances to access dental care, many of whom effectively do not have access at all. In partnership with DHSV and ADAVB, RFDS seeks to expand the current service into rural high-needs regions such as the Wimmera, East Gippsland and North East Victoria, and Government funding will be needed to support this expansion.

3. Achieving a sustainable dental workforce - Victorian Public Dentist Enterprise Bargaining Agreement (EBA)

After 2 years of negotiations, public dentists had accepted an offer from the previous Government for updated terms and conditions in a new EBA. The election intervened and the EBA has not been implemented. If this EBA cannot be resolved in both RDHM and community clinics, public dentists may be tempted to seek employment in other States, where they can expect to receive a salary that is up to 43% higher for doing the same job.

4. Continuing to focus on preventive care

a. Supporting smoking cessation interventions in the dental clinic – Smokefree Smiles

Expanding Quit Victoria's Smokefree Smiles pilot project for smoking cessation across dental clinics in Victoria will need further funding. We urge the Government to offer this funding to further reduce Victoria's smoking rate, and so reduce the associated disease burden.

b. Continue to fund and support health promotion programs

We urge the Government to lead a process by which a long-term vision of Victoria's health system can be developed, in partnership with health service providers. A key dimension of such a plan will be measures by which to promote the long-term health of Victorians, including oral and general health promotion, and reduce the burden on our health care system. We therefore ask the Victorian Government to fund these essential initiatives, and to press the Commonwealth to restore funding to health promotion programs.

Pre-Budget Submission 2015 - 16



1. Funding for public dental services and infrastructure

a. Increased funding for the Victorian Dental Voucher Schemes¹

Background:

In Victoria, when public dental waiting times become too long, eligible patients can receive a voucher for services in a private practice. In a recent DHSV review of these schemes, ADAVB highlighted that the payment schedule for services² is up to 28% lower than the Department of Veteran's Affairs equivalent³ and up to 67% lower than the average private practice fee⁴. This means that dentists who participate in the schemes essentially provide care while making a loss. Furthermore, the administrative burden practices bear is large. These factors limit the number of services that can be provided to Victorians through the schemes, and discourage dentist participation, resulting in an unsustainable voucher system.

The DHSV review of the schemes recommended streamlining administrative processes and updating the service schedules to increase payments and add missing services. Continuing and enhancing this public-private partnership is essential to maintaining the good oral health of eligible Victorians.

Recommendation:

That the Victorian Government increases funding to the Victorian dental voucher schemes, to achieve scheme sustainability and assist with the continued good management of dental waiting lists.

b. Insufficient public dental services in Victoria's Growth corridors

Background:

Victoria's population is growing at a rate of up to 1.9%, or 107,000 people annually. However, populations in some parts of Victoria e.g. Casey, Hume and Wyndham, are growing at a much faster rate, between 2.8% and 6.0% per year.

In the coming years there will be a parallel increase in the demand for public dental care. It is therefore essential to refurbish and expand existing clinics, and build new clinics, which will improve the ability of public dental agencies to achieve maximum efficiency and meet the growing need.

¹ These schemes include the Victorian Emergency Dental Scheme (VEDS), the Victorian General Dental Scheme (VGDS) and the Victorian Denture Scheme (VDS).

² Victorian Dept. of Health, State rate fees for private schemes, September 2014, available at [http://docs.health.vic.gov.au/docs/doc/8303FE7C76107E42CA257BB20000A8DC/\\$FILE/2013-14%20Private_scheme_fees.pdf](http://docs.health.vic.gov.au/docs/doc/8303FE7C76107E42CA257BB20000A8DC/$FILE/2013-14%20Private_scheme_fees.pdf)

³ Australian Government, Dept. of Veterans Affairs, Fee Schedule of Dental Services for Dentists and Dental Specialists, effective 1 June 2014, available at http://www.dva.gov.au/service_providers/Fee_schedules/Documents/DentistsDental_FeeSched_1June2014.pdf

⁴ Australian Dental Association Inc. 2013 Dental Fees Survey, Private Practice Members, October 2013 (data available upon request)

Pre-Budget Submission 2015 - 16



Recommendation:

That the Victorian Government establish new public dental care services, or expand current services, in areas with rapidly expanding populations, such as the cities of Casey, Hume and Wyndham, among others.

c. Capital planning to facilitate targeted re-development and expansion of public dental infrastructure

Background:

We propose that a stocktake of the status of current public dental facilities be undertaken to assess their fitness for purpose, a priority rating of clinics requiring refurbishment should be developed. Mapping of the needs of underserved areas should also be undertaken to identify areas where new or expanded services are required, and an estimate of costs for refurbishment and new facilities development should be fed into the Forward Estimates process. DHSV has published Oral Health Profiles for Local Government Areas⁵ that provide information on population oral health and wellbeing. This information offers valuable insights that allow identification of priority areas for further development.

Recommendation:

That the Government undertakes capital planning for Victoria's public dental health services, and develop a sustainable funding model to support this. This plan should feed into the Forward Estimates process.

2. Providing care to those in aged care and remote populations

a. Improving the delivery of oral health care services to Victoria's ageing population – the Aged Care Pilot Project

Background:

Australia's population is ageing: at present, around 14% of people are aged over 65, however by 2060 this age group will account for one quarter of our population. Improvements in oral health over the past 50 years has seen a substantial increase in the proportion of dentate people in the RACF population, resulting in more than 50% of residents having natural teeth (on average 14 teeth present). These people often have associated chronic diseases and medications that further compromise oral and dental health. Cognitive impairment, such as dementia and limited mobility, may increase barriers to accessing care. There is increasing evidence to suggest a causal link between poor oral health and endocrine diseases such as diabetes; cardiovascular diseases such as atherosclerosis; cerebrovascular diseases such as stroke; and respiratory diseases such as aspiration pneumonia.

More than 2,000 Victorians over 65 years of age were admitted to hospital for dental conditions in 2012-13, at an estimated cost of 4 million dollars (Table 1). Research shows that a comprehensive oral health program could reduce the rate of

⁵ See <https://www.dhsv.org.au/oral-health-programs/LGA-oral-health-profiles#lga>

Pre-Budget Submission 2015 - 16



hospitalisations by as much as 40%, resulting in improved quality of life for the affected people and significant cost savings for the healthcare system.

Table 1: More than 2,000 Victorians aged over 65 were admitted to hospital for potentially preventable dental conditions in 2012-13, at an estimated cost of over \$4 Million⁶.

Year	No. Admissions	Total Bed Days	Estimated Cost (\$1446/day) ⁷
2012-2013	2106	3073	\$ 4,443,558
2011-2012	2113	2806	\$ 4,057,476
2010-2011	1757	2562	\$ 3,704,652

The majority of Australians aged 65+ years hold a concession card and are eligible for public dental care, but for many in this group, long waiting lists and difficulty in accessing dental services mean that timely care is not available.

Victoria's Aged Care Pilot Project:

ADAVB is pleased to participate in this partnership project, which is funded by the Victorian Department of Health and led by DHSV. The project will deliver basic public dental care to eligible residents in pilot residential aged care facilities (RACFs). Where possible, the dental services will be provided at the RACF site, which will remove a significant dental care access barrier for residents. The effectiveness and efficiency of this model of care will be evaluated, before considering expansion of the approach across Victoria.

Recommendation:

When the Aged Care Pilot Project findings are known in mid-2015, we urge the Government to plan to fund state-wide project expansion including:

- Expanded domiciliary care services, including mobile dental units and teams that visit RACFs and non-ambulatory people being cared for in the community.
- Increased funding to allow both public and private dental clinics to provide care, thus reducing the waiting time.
- Transportation plans to help ambulatory seniors to travel to dental clinics for treatment.

b. Funding of the Royal Flying Doctor Service (RFDS) Mobile Dental Program

Background:

In a 15 month period of operation, the Victorian RFDS mobile Dental Care program delivered 1,067 dental treatments to people in 11 townships across the Mallee

⁶ Victorian Government Health Information. Victorian Government Health Information Surveillance System (VHISS), <https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ReportParameter.aspx?ReportID=19&TopicID=1&SubtopicID=15>

⁷ Based on AIHW 2010-11 data, average cost per separation of \$4918 over an average of 3.4 days in hospital, see <http://www.aihw.gov.au/haag10-11/hospital-performance-cost/>

Pre-Budget Submission 2015 - 16



region. Without this service, people living in these remote areas may not have had access to dental care at all. This initiative relies on volunteer dental professionals and donations, and is coordinated by a partnership between RFDS, DHSV and ADAVB. RFDS now seeks to expand this program, so that people in additional high-needs remote regions can have dental care access. However, this plan needs further funding to be implemented.

Recommendation:

We urge the Government to offer funding to support the expansion of the RFDS Mobile Dental Care Program into additional high-needs remote regions of Victoria.

3. Achieving a sustainable dental workforce - Victorian Public Dentist Enterprise Bargaining Agreement (EBA)

Background:

Negotiations to replace the General Dentists' Victorian Public Sector Enterprise Agreement 2009-2013 have drawn out for more than 18 months, with a view to reducing the large salary gap between Victorian public dentists and those in other States. Victorian public dentists are currently being paid up to 43% less than equivalent public dental employees in other States. An experienced public dentist in Victoria, who would have leadership responsibilities, receives a salary similar to that of a first year graduate in Queensland. This situation has led to dissatisfaction and attrition in the Victorian public dental workforce.

ADAVB understands that there was significant progress towards reaching an agreement prior to the November 2014 State election. This progress, whilst positive, has been a long time coming. We urge the Government to prioritise completion of the EBA process.

Recommendation:

ADAVB urges the Government to resolve this long-awaited agreement by allocating additional funds for necessary salary increases, for employees of the Royal Dental Hospital of Melbourne (RDHM) and community dental clinics.

4. Continuing to focus on preventive care

a. Supporting smoking cessation interventions in the dental clinic – Smokefree Smiles

Background:

ADAVB is a partner in Quit Victoria's Smokefree Smiles pilot project, along with the Victorian Department of Health and Dental Health Services Victoria. The project, which aims to increase the number of brief smoking cessation interventions by dental practitioners, is being implemented in selected public and private clinics

Pre-Budget Submission 2015 - 16



across Victoria⁸.

This new strategy has already resulted in increased numbers of referrals of smokers to Quitline. Expanding this initiative across Victoria can therefore offer significant opportunities for health gains in our State.

Recommendation:

Given that tobacco use remains the leading cause of preventable death in Victoria⁹, we urge the Government to consider funding State-wide roll-out of the Smokefree Smiles project, to further reduce Victoria's smoking rate. This will both protect the health of Victorians and reduce the future burden on our healthcare system.

b. Continue to fund and support health promotion programs

Background:

It is widely recognised that preventable chronic diseases, resulting from physical inactivity, unhealthy diet, tobacco, drug and alcohol abuse, threaten the future health of our community and the sustainability of our health care system. A number of very effective programs were initially funded and supported through a National Partnership Agreement with the Commonwealth Government, however, this funding has now been withdrawn.

The continued operation of these programs is crucial to the health of Victorians. The State Government made important efforts to fund and continue this work. But the future sustainability of the programs is now in question.

A long-term vision for health promotion is needed in Victoria, which must be developed in partnership with health service providers. We therefore urge the Government to lead the development of a sustainable preventive health plan.

Recommendation:

That the Victorian Government continues to fund and support health promotion programs in our State. We further urge the Victorian Government to:

- **Negotiate with the Commonwealth to restore federal health promotion funding, and**
- **Partner with health care providers to develop and implement a preventive health strategy**

⁸ For more information on Smokefree Smiles see <http://www.quit.org.au/resource-centre/training/oral-health-professionals>

⁹ Quit Victoria, 2014, see <http://www.quit.org.au/resource-centre/facts-evidence/fact-sheets/deaths-and-disease-from-smoking>