

A way to provide optimum access to dental care



Dr Stephen Liew

Over the last week of August I had the pleasure of meeting all the Presidents of the other ADA State Branches during the ADA Federal Council meeting in Sydney. It was inspiring to continue the great work of recent State Presidents including our own Bob Cvetkovic, who sought to grow stronger ties between ADA State Branches by collegially sharing resources and concepts.

This growing camaraderie and increased communication gives me great hope for the future of the ADA's strength and relevance, working towards a common goal and led by our Federal Body. Personally, I see the ADAVB's goal as enabling access to quality dental care for all Victorians.

This brings me to the heart of my comments this month.

Dental care is provided by both the private and public sectors. Ideally, balanced access to care should exist across this spectrum of service provision.

It's my strong belief that optimum access to care could be achieved via a combination of the following:

1. Adequate Government funding for the provision of public dental care to our eligible population
2. Ensuring our motivated public dental workforce is recognised for their level of skill and commitment
3. The utilisation of the large private dental workforce via sustainable schemes
4. Private Health Insurers acting in the best interests of their members, not their profitability
5. The prevention of dental disease to ease the burden on the health system

Backed by the Branch, I have made access to care a focus of my term. I attended the recent meeting of our passionate Public Dentistry Committee, chaired by Dr Ramini Shankumar (see CEO Comments). There, we discussed the ADAVB's actions regarding the concepts I mentioned above, and I'll summarise them for you in this column.

As mentioned previously, we have campaigned to ensure the media and government have no doubt as to the severe deficit of future funding for public dentistry. In a letter I received from her in response to our commentary, State Health Minister Ms Jill Hennesy said she was also "extremely concerned" and pledged to "advocate to the Commonwealth for ongoing funding". I look forward to her actions in Parliament.

Helping community clinic members

The ADAVB has also been proactive in supporting our public dentist members in negotiating more equitable working conditions. For more than two years, we have funded expert industrial advice and support through BroadReach ER to members employed in hospitals and community dental clinics. The *Fair Work Act* prevents the Branch from direct engagement in Enterprise Bargaining Agreement negotiations. Thankfully, the hospital dentists' EBA was agreed recently, with new rates backdated to August 2014.

Community clinic dentists, however, were left behind when the Victorian Hospitals Industrial Association advised that despite having negotiated with these dentists for over two years, they had no authority from Community Health Centres, to apply the agreed structure of the new EBA to them. We have now focused our support to assisting these members via BroadReach in negotiating their local EBAs.

Finally, I have been part of state-level discussion regarding government dental schemes seeking appropriately indexed rebate levels and other refinements. Our Oral Health Committee is phenomenally active in education for prevention of dental disease, and we will not relent in our actions to ensure Private Health Insurers act in the interests of our patients.

The ADAVB is committed to all members, public and private, and the dental health of the public – we will continue our work with vigour.

ADAVB IN ACTION



ADAVB President Dr Stephen Liew with the State Health Shadow Minister Ms Mary Wooldridge

ADAVB Support for Public Dentistry



Mr Garry Pearson

The Public Dentistry Committee provides advice to Branch Council on aspects of public dental policy and programs which could benefit from improvement, advice to political parties about future community dental needs (especially for use in Budget and election campaigns and submissions); and on the concerns of public sector dentists regarding working conditions, remuneration, clinical independence, clinical governance and other quality of service matters.

Thank you to the members of the Committee (pictured) for their dedication to provision of advice to Council and support for public dentists.

As preparation of the Branch's 2016 Budget submission is now underway, the Committee will be contributing its thoughts and suggestions regarding the need for:

- funding certainty and resolution of State versus Federal funding issues
- a more sensible approach to negotiation of EBAs affecting all public dentists, which avoids undue delays and inequitable outcomes.

- adequate funding of public dental services, so that public dental agencies are all able to afford to pay equitable remuneration to public dentists and support personnel
- offset funding to cover liabilities arising from new public holidays and reduction in FBT and salary packaging benefits (to ensure no disadvantage to public dentists) from 1 April 2016

Over the coming months the Public Dentistry Committee (pictured) also looks forward to arranging a networking function where ADAVB members working in public dental clinics can come together to share their experiences and insights, and to informally canvas ideas for future committee attention.

Members are always welcome to offer their thoughts on ways we can

better support them in their professional lives, and public dentists are welcome to send emails on such matters to me (garry.pearson@adavb.org)

See also the President's Comments on page 4 about access to dental care in the public and private sectors.

GLP



From Left: Drs Warren Shnider, Kerrod Hallett, Stephen Liew (ADAVB President), Ramini Shankumar, Jeyathni Vasanthakumar and Mary Stephens.

Not in this picture: Drs Elizabeth Milford, Elice Chen, Mary Taylor.

In early September the President, Dr Stephen Liew, CEO Mr Garry Pearson and ADAVB's Research and Policy Officer Dr Jennifer O'Connor met State Shadow Health Minister Ms Mary Wooldridge to discuss oral health and profession issues. They spoke about funding for dental schemes, seeking a commitment to oral health programs including extending the fluoridation of towns, and the stalled Enterprise Bargaining Agreement for dentists working at community clinics.

The Minister for Health, Ms Jill Hennessy, responded to a letter from the Branch

regarding enterprise bargaining negotiations for dentists employed by stand-alone community health services and the two new public holidays – the day before the AFL Grand Final and Easter Sunday. She said that she had “asked the Department of Health and Human Services to enquire into the status of the bargaining process and to offer any industrial relations advice to the Victorian Hospitals' Industrial Association that might be helpful to the Community Health Services in bringing matters to an early conclusion”. Ms Hennessy noted that the public holidays have been gazetted.

Dr Liew recorded two video messages – one on the dangers of people using laughing gas for recreational purposes, and the other on the Government's two new public holidays. He pointed out that public dental services would be reduced on these days and private practices, if open, would have to pass on the additional costs through fees.