



31 July 2002

Mr Howard Race
Service Development Branch
Metropolitan Health and Aged Care Division
Department of Human Services

By facsimile: 9616 2880

Dear Mr Race,

**PROPOSED HEALTH SERVICES (PRIVATE HOSPITALS
AND DAY PROCEDURES CENTRES) REGULATIONS 2002**

Thank you for meeting with us on Tuesday 30 July to discuss proposed changes to the Health Services (Private Hospital and Day Procedures Centres) Regulations 2002.

The ADAVB would be pleased to support the inclusion of dental practitioners alongside medical practitioners as prospective owners of registered Day Procedures Centres (DPCs), recognising that some dentists would need to have access to such facilities for a major (dominant) portion of their clinical service delivery.

We welcome advice that it is not the intention of the regulations to require registration of facilities where surgical procedures are conducted on a sporadic basis e.g. in the dentist's own rooms. We note that the Regulations are not intended to focus on the procedures carried out, but rather on patient safety, and the facilities available to protect that safety. The Branch's concern for safety led to our discussion noting concern that the Dental Practice Board has not published its policy position regarding anaesthesia and sedation for dental procedures, and that many registered dentists will have never been advised about their obligations in this regard.

The ADAVB would urge that in extending the Regulations to accommodate dental practitioners, all registered practising dentists be eligible, rather than restricting the coverage of the Regulations to any particular dental specialty.

The definition of *surgical health services* in Regulation 5 would therefore need to be amended so that it refers to "*health services provided by a registered medical or dental practitioner*". This definition includes oral and maxillofacial and other surgical dental procedures, so that we do not see it as necessary to seek the inclusion of oral and maxillofacial surgery in the definition of *specialty health services*.

A related issue concerns reports from numerous members about increasing difficulty in booking their patients into private hospitals for treatment under GA. This reduced access to care requires policy response, and no policy or legislative measure should be introduced that further reduces access to care. We feel that this situation should be investigated further to assess the extent and causes of the problem, and recommend suitable measures to reinstate desirable levels of access. The ADAVB would be pleased to assist with any such measure, including member survey activity (which could be jointly conducted with DHS).

We also note that technological advances continue so that various procedures that once involved operations requiring theatre access and overnight hospital stays, can now be performed in DPCs or dental offices. This allows treatment to be provided at lower cost and so enhances access to care.

Patients should be able to receive the relevant dental care in a DPC and then be able to claim rebates on Medicare and their private health insurance as appropriate. Not facilitating this would be most inequitable.

Yours sincerely,

A handwritten signature in blue ink that reads "G Pearson". The signature is fluid and cursive, with a long, sweeping tail that extends to the right.

Garry Pearson
Chief Executive Officer