

# **GROWING ESTEEM: Choices for The University of Melbourne**

**SUBMISSION TO THE UNIVERSITY OF MELBOURNE COUNCIL  
BY AUSTRALIAN DENTAL ASSOCIATION VICTORIAN BRANCH INC.  
MARCH 2006**

# **GRADUATE ENTRY ADAVB SUBMISSION TO THE UNIVERSITY OF MELBOURNE**

## **INTRODUCTION**

The Australian Dental Association Victorian Branch Inc. (ADAVB) represents over 90% of registered dentists in Victoria, most of whom are graduates of the previous Faculty of Dental Science or the current School of Dental Science at The University of Melbourne.

The ADAVB has been pleased to be considered a friend of the School of Dental Science throughout its long history. It is in this context that we write to express a number of concerns regarding the strategic directions paper "Growing Esteem", and in particular the proposal that in future, the dental course become a graduate entry program using the Bologna model.

The proposal that the courses leading to registration as a health professional should become graduate entry programs raises a number of concerns, including:

- Increasing the cost of enrolment so that either only those with substantial resources could enroll, or all candidates will need to be prepared to carry substantial debt.
- Assuming the introduction of a two year graduate program for dentistry, compressing the time available for teaching of clinical dentistry into this restricted period is likely to lead to a reduction in the knowledge and skills of new graduate dentists, whilst at the same time threatening the viability of the Dental School due to budget and staffing reductions.
- Were the course to require four years of post graduate study (as has been suggested by some university staff) this would oblige the community to wait for an additional two years for dental care providers to graduate and increase student debt, thus reducing access to care.

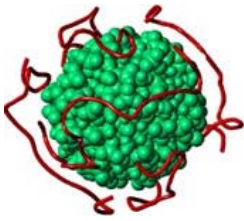
We acknowledge that there are a number of pressures on the University, most notably related to funding, and the low level of Commonwealth funding, representing only 21% of the university's operational costs, is therefore a key factor in deciding to set a new direction. The ADAVB does not believe however that the creation of an American style university system, with full-fee graduate courses for all professions, is socially defensible in the Australian context.

## **BACKGROUND**

In its recent response to the Productivity Commission's Australia's Health Workforce Position Paper, the ADA Inc. (our Federal body) argued that:

- Like the broader health workforce, the Australian dental workforce is numerically low by historical levels.
- Demand for dental care is rising.
- There is a mal-distribution in the supply of the dental workforce.
- There are significant waiting lists for dental care in the public sector.
- Higher education reforms (and the subsequent higher student debts) may reduce the number of graduating dentists who work in the public sector and in regional, rural and remote parts of Australia.





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- The dental workforce suffers from a lack of coordination and central planning.
- Victoria needs to be self sufficient in the medium to long term with regard to workforce training and not rely on the short term measure to attract overseas trained graduates to fill workforce shortages.

These observations indicate that any policy or action which might reduce the number of dental practitioners available to provide for the community's evident need must be avoided. The ADAVB is concerned that The University of Melbourne proposed graduate entry arrangement will reduce dental workforce numbers and hence further exacerbate the community's problems with access to dental care.

While new workforce initiatives have arisen recently in Victoria, these have so far only addressed the perceived shortage of dental auxiliaries. Increased numbers of dentists will need to be graduated to provide for the steadily increasing Victorian population.

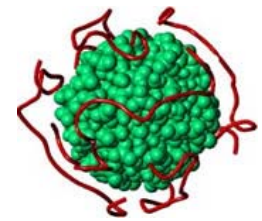
## DISCUSSION

As regards the University's wish to focus on the three strands of research, learning and teaching, and knowledge transfer, the School of Dental Science is a national and indeed an international leader in each of these areas already. There is no 'deficit' which graduate entry would address to improve this situation, and indeed, the disincentives to students doing post-graduate study under the proposed model could actually destroy the capacity of the School to maintain this high level of achievement into the future.

**We urge the University Council to exempt the dentistry course from participation in the graduate entry arrangements**, in the light of the following key arguments:

- The standard of undergraduates entering the undergraduate dental degree is amongst the highest for any course. The School of Dental Science at The University of Melbourne was recently ranked third in the world.
- The rate of drop out from the course is below the University average.
- The research work done within the School of Dental Science is already world class, and indeed, it has generated very substantial financial benefits for the University, in particular due to the effective commercialisation of casein phosphopeptide research findings and Recaldent technology.
- The community needs dentists urgently and there is a growing shortfall in supply which means that there is huge unmet demand – with consequent pain and suffering particularly amongst the most disadvantaged members of our community. In the event the University adopts a four year post-graduate course, this would add a further two years to the length of the course required for registration as a dentist, which would unduly and unnecessarily delay the community's access to dental care. It would also result in at least one year in which there was no intake, thus reducing the pool of Victorian dental workforce by around 70 practitioners.

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- Requiring a large proportion of dentists to become full fee paying students will increase their debt levels to such an extent that when they graduate their already high remuneration (they have been the number one profession in the Graduate Careers Council surveys for the last five years) will only grow higher due to their need to repay the extremely high debt they have incurred. This will also result in dental services becoming less affordable and in turn, unduly and unnecessarily reduce access to dental care. The current level of full-fee enrolment may already be a factor in the continuing problems with access to care in Victoria.
- Postgraduate enrolments leading towards registration in one of the ten recognised dental specialties will be reduced by virtue of the economic disincentive created where graduates are carrying substantial debts and have deferred their income earning activities by undertaking a longer course. The consequent decline in the number of specialists available to deal with highly complex cases will constitute a further serious reduction in access to care.
- The Bologna model has been rejected by all European dental associations as inadequate to ensure suitable preparation of dentists (refer attached statement from the EU Dental Liaison Committee). The ADAVB shares this view.

The recently adopted Health Professions Registration Act (Victoria) 2005 includes a specific provision empowering the Minister to overrule the registration boards if they make any decision to approve a course of study that reduces access to care. The following extract from S.5 of the Act refers:

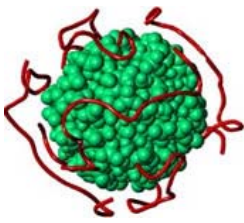
“The responsible board must not, without the written approval of the Minister, approve a course of study or require a period of supervised practice that qualifies a person for general registration as a health practitioner if the board is satisfied that the approval may have a substantive and adverse impact on the recruitment or supply of health practitioners to the workforce in the health profession regulated by the board.

(4) The Minister may—

- (a) grant approvals for the purposes of this section; and
- (b) give a responsible board general or specific directions about approvals of courses of study or requirements for supervised practice if the Minister is of the opinion that the approval or requirement will have a substantive and adverse impact on the recruitment or supply of health practitioners to the workforce in the health profession regulated by the board.”

In our view, if the University was to introduce a four-year graduate dental course, this would impose a substantive and adverse impact on the recruitment and supply of health practitioners, and we are concerned that the Minister would be obliged to use the powers provided under the legislation to reject the lengthening of the time required to obtain a registerable qualification.

We note that the University of Sydney introduced a graduate entry Bachelor of Dentistry (BDent) program in 2001, and that this is now the only means by which a candidate can complete a registerable dental (general practice) qualification at that institution.



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*“In 2001 the Faculty of Dentistry introduced the Bachelor of Dentistry program (BDent). This innovative four-year graduate-entry program was developed in response to the changing demands on dental health care professionals and has now replaced the previous five-year course.”*  
(<http://www.dentistry.usyd.edu.au/student/bdent.php>)

The full fee amount for this 4-year BDent course in 2006 is AU\$28,368 per year, and the cost of initial kit is around \$3000, so over four years, the program fees would be approximately \$120,000. The University website also suggests that living costs of around \$25,000 p.a. can be expected. The total of course fees and living costs over the four years of the post-graduate course is therefore approximately \$220,000. Given that the undergraduate degree done as a pre-requisite to the dental course will have incurred a HECS debt of between \$5000-\$8000 per annum, a further \$15,000 - \$24,000 will be owed upon graduation – or a grand total of almost \$250,000!

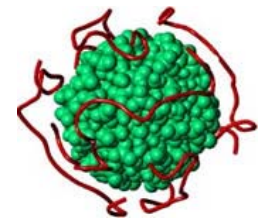
We understand that the University proposes to shift some Commonwealth Supported Places (CSPs) from the undergraduate level to the graduate level and to enlist the support of the profession to create a number of additional scholarships so that a number of students will be able to complete the dental course without paying fees. The proposal to ensure a number of CSPs are able to be applied to students at the graduate level is acknowledged as well intentioned. Given our concerns regarding the inadequacy of the Bologna model however, it is doubtful that the fund raising proposed would result in the level of scholarship support anticipated by the University.

While The University of Melbourne has proposed adoption of the Bologna model, which entails a three year undergraduate degree and only two years at post-graduate level, the expectation of Government agencies and accreditation bodies that national alignment will be sought for health professional qualifications, suggests that the Melbourne course would be more likely to follow the University of Sydney approach, which involves a four year graduate degree. If this argument was not already strong, there is also the practicality of squeezing all required clinical training into only two years. This is certainly not supported by the profession, and we suggest that if Melbourne insists on proceeding with the introduction of graduate entry, then the combination of these two arguments will ultimately compel the adoption of the Sydney approach rather than the one used by Bologna.

The ADAVB is not convinced of the need to adopt a graduate entry approach. Sydney University appears to be the only one in Australia which has a genuinely graduate entry dental degree. In response to the question – “Why graduate entry?” the University of Sydney comments:

*“The Faculty of Dentistry has decided to select from amongst graduates to ensure that applicants have a greater level of maturity and self-knowledge and a greater understanding of the nature and pressures of dental practice. Successful applicants will have demonstrated a sustained capacity for tertiary study as well as reasoning skills in the humanities, sciences and social sciences. They will thus be prepared for self-directed learning and be ready for focussed dental and bio-medical studies at the start of the program.*

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*The Faculty seeks students from a diverse range of primary degrees to provide a broad base for shared learning in an environment where group work is a major component. The variety of first degrees amongst students ensures that all group learning is reviewed from a wide range of perspectives and students are able to learn from one another. The Faculty values the contribution that research makes to advances in dental practice and offers some selection advantage to appropriately qualified applicants who have developed strong research potential.”*

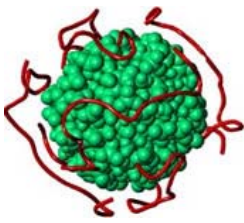
Similar motives appear to underpin The University of Melbourne proposal. The presence of a few mature age entry students has been anecdotally recognized as helping aid the teaching/learning experience of the whole year. The assessments which secondary students undergo prior to tertiary entry are already broad and rigorous. Dentistry presently selects from the best students of these assessments. Three or four years of undergraduate study will not substantially change the base intellectual skills of those wishing to study Dentistry. Even if the undergraduate degree is a biological sciences degree, which is followed by a four year graduate dental degree, our concerns would remain.

From a public policy perspective, the ADAVB respectfully suggests that the graduate entry proposal is a grave mistake, and that it will make dentistry so expensive that the relevance of the services offered to the community at large will be further reduced - quite possibly to the point of non-viability.

Moves to promote auxiliary personnel as front line dental service providers are already evident. The workforce flexibility (substitution) agenda is apparently strongly supported by the Victorian Government (as evidenced by their recent submission to the Productivity Commission and the funding of the auxiliary school at La Trobe). In our view, these moves have been driven by public sector resource constraints, and a managerial approach which fails to recognize the holistic nature of dental care, and the inefficiencies created when clinical work is assigned to lesser trained personnel, who inevitably are unable to complete all required treatment for the patients assigned to them, and consequently need to refer off to more highly qualified practitioners.

We find ourselves in complete agreement with the EU Dental Liaison Committee Resolution regarding the Bologna Process and Dental Training adopted at their General Meeting on 29 November 2005, which stated in part:

- *“The EU Dental Liaison Committee calls for the unity of the dental training cycle to be maintained. The principles and the guarantees set by Directives 78/686 and 78/687/EEC (to be replaced as of 20 October 2007 by Annex 5.3.2 of Directive 2005/36/EC), ensuring a high quality of training and free movement of dentists, should not in any way be jeopardized nor weakened.*
- *The Dental Liaison Committee strongly opposes the implementation of the two-cycle structure (Bachelor/Master) for the dental profession and calls on academicians and politicians responsible for education and health, for the protection of the dental profession and the public, to exclude dentistry from the two cycles completely, refusing to transform their curricula into the two-tier degrees system.*



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- *A Bachelor's degree in dentistry that follows the model of the Bologna process: direct access to work independently in the mouth as a result of the principle of free movement and automatic recognition will lead to the development of a new dental para-profession with all the consequences resulting from:*
- *The inability of the DLC to control such a profession and to impose the regulations and restrictions derived from the implementation of the Dental Directives.*
  - *The inability of many countries to impose and control the exact range of dental treatments performed by these graduates, and*
  - *The fact that dentistry cannot tolerate being split into three segments:*
    - a) One part for the dental para-professionals,*
    - b) One part for the general dentist, and*
    - c) One part for the specialist dentist.”*

The ADAVB acknowledges that higher education funding issues have become quite fraught in recent years and that the university has an obligation to review its strategic directions in the light of this changing policy context.

If the University remains committed to making the dentistry course a graduate entry program, then the ADAVB will need to consider requesting the establishment of an additional dental school at, say, Monash University.

### Auxiliary Training

We query the University's intentions for dental auxiliary training programs under the proposed arrangements. We understand that all occupational qualifications are to be undertaken as graduate programs, and infer from this that either the current three year Bachelor of Oral Health Science would become a graduate qualification of at least two years and therefore increase the time required for an auxiliary to qualify from three years to five years (minimum), or the University would cease to offer auxiliary training.

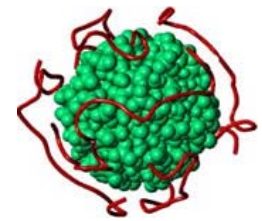
### Budgetary Issues

The ADAVB is aware that within the present Faculty structure, the School of Dental Science already subsidizes the Medical Faculty by approximately \$3m per annum. In the event the graduate entry model proposed were to be introduced, we do not believe the School would remain financially viable.

If the number of required teaching hours is reduced because the model only requires dental teaching for two years compared with the five years currently involved, then a number of staff could be expected to be made redundant. This is likely to undermine the School's internationally acclaimed research program, to the extent that it is unsustainable.

Even if the four year graduate course model was to be adopted, the loss of one year's course funding, or 20% of the operating budget, could have significant impact on the viability of the School of Dental Science.

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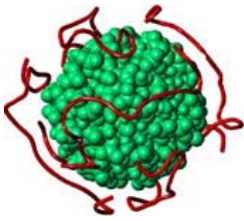
A more sustainable approach would see the School reinstated as a Faculty in its own right (as was the case before the restructure in the 1980s), with the current degrees continuing to be offered. The independence of budgetary and resource management issues offered by faculty status would allow the dental program to build on its existing high level of success rather than battling to survive under the proposed Growing Esteem approach.

### **Member Concerns**

A selection of member responses to the Growing Esteem paper and associated press coverage is attached in support of this submission.

### **RECOMMENDATIONS**

- **Exempt the Dentistry courses from adoption of the Bologna model, preserving all current dental degrees, including both the present five year undergraduate Bachelor of Dental Science degree and the three year Bachelor of Oral Health Science undertaken by Dental Hygienists and Dental Therapists.**
  - **In the event the University is unwilling to exempt the dental course from graduate entry requirements, then use a Bachelor of Biological Science degree as the pre-requisite for entry to the graduate dental degree.**
  - **Ensure that a number of places in the dental degree are reserved for experienced dental hygienists and dental therapists in order to provide a dental career path for these operatives.**
  - **Ensure that at least 70 Commonwealth Supported Places are provided in each year of the dental degree.**
  - **Reinstate the Faculty of Dental Science.**
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**APPENDIX 1 –Member Reaction: Examples**

“I am very concerned about the impact the changes to the course structure for both medicine and dentistry will have on the future of our health services in this country.

Is it not the case that we have a crisis, particularly in relation to dentists in the government health sector?

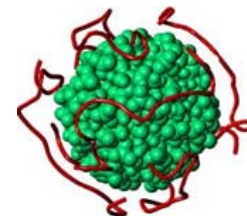
Why are we doing this? I was very fortunate to obtain my dental degree through the HECS based system more than 13 years ago. I came from a working class family, went to government schools and was fortunate enough to go to University and obtain my dental degree.

The government needs to realize that by funding universities it will eventually provide a service to the people especially through health. I really cannot believe this is happening. So what are we going to do? Import qualified individuals from overseas to work in our public health sector, while training graduates who no doubt will have no choice but to work privately in order to pay back enormous debts? The gap between the quality of care between private and public can only widen further.

I work in the public dental sector and we are simply not providing an adequate level of care to the people of this country. At times I feel ashamed that we have not moved too far forward at all. I am still doing full clearances on children under the age of 3. We have an out of control caries rate in young adults. Where are all the oral health education and prevention programs? (and I mean real life ones not all the rhetoric on pieces of paper)

And all this is going to improve by reducing student numbers and by making it harder for people from a broader range of backgrounds to consider dentistry as a career??

Heaven help us all!!!! “



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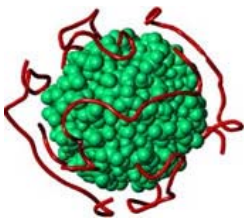
## **APPENDIX 1 –Member Reaction: Example 2**

“This news concerns me for the future candidates in dentistry. Unfortunately, our government since introducing university fees back in 1989 is now on an ever-increasing and rapidly so, revenue raising program. It is very unfair to our future candidates to be studying 7 years for what could be obtained in 5 years. Add in another 3 years for post graduate. That will be 10 years.

There is no guarantee the sacrifice you make for further education will be recouped. The opportunity costs for 3 years of postgraduate study will equate to over \$300,000. The establishment fees of private practice on top of this. Nearing \$600,000 and we haven't seen one patient yet.

With the ever-increasing risks of litigation, insurance for dentists will sky rocket and become equitable with that of the medico's. It seems to me that the sacrifice motivated and high achieving people are taking ends up becoming a huge financial burden even before they get started. As a result fees in dentistry – both general and specialist will have to rise to offset these huge outlays. The fees for private general and specialty are already out of reach of those middle income earners. Dentistry will price itself out of the market.

I find it appalling the direction the government and universities have taken. It makes the great divide between the low and high socio-economic groups even larger. This is a very undesirable situation and makes no economic sense. More importantly it is in disfavour of the dental well-being of our patients and the community. “



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**APPENDIX 1 –Member Reaction: Example 3**

I wish to make the following observations about the proposed plan for the Melbourne University School of Dentistry, and the way I believe it may impact on my community.

The roll of any university is to serve the needs of the community. To conduct research which is of value to the community and, principally, to train the workforce required by the community.

Victoria needs dentists, particularly in regional areas and in the public system. As the only trainer of dentists in the state, Melbourne University has an obligation to train this workforce. If it fails in this duty, it fails the Victorian community.

Melbourne University proposes to transform dentistry into a postgraduate, full fee paying course. The University has indicated they would look to obtain some HECS funding for these post graduate degrees (which at present is not possible), but they do not say that this plan is dependant on getting this HECS funding. If this plan resulted in a long (seven years), fee paying course, this would necessarily exclude students from less affluent backgrounds and many students from regional areas. Excluding a large portion of the population on financial grounds from in the dental course would undermine the course quality the University aspires to. I would not like to see the ADAVB support any plan to make all dental degrees full fee paying courses.

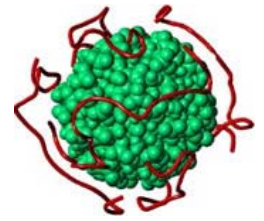
Melbourne University has reported it aspires to be a world class University, ranking in the top three in Australia for each of its courses. This aspiration for quality is to be admired and supported. In Victoria we have sufficient numbers of well trained dentists practicing in the inner and Eastern suburbs of Melbourne and a shortage of dentists in other areas, particularly regional areas and the public system. The single biggest factor influencing the quality of dental care for many Victorians is not the quality of their dental care provider; it is the lack of access to dental care.

For those with good access to dental care, the goal is to continue to improve the quality of this care. For those without easy access to dental care, the goal is to improve access. It seems to me that the needs of the first group are well reflected in University policy, while the needs of the second group are too often not given sufficient weight. There is no discussion in the University's plan about the number of dentists to be trained, or strategies to train graduates for work in the areas of greatest need.

With Melbourne University's current plan I can foresee the university providing a very high quality dental post graduate course which will provide dentists to those sections of the community already well serviced by dentists. A second university may in turn set up a course, training dental practitioners, with all the dilution and duplication of academic and clinical teaching resources that this entails. Although this second institution may attract criticism from within the dental community over quality standards, it may serve a much needed role in regional communities and the public system.

I would like to suggest an alternative vision for Melbourne University's dental school. This would be as a high quality trainer of all dentists in Victoria. *It would, as a result of deliberate policy,*

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*provide dentists to all parts of the Victorian community.* It would continue to be the only trainer of dentists and concentrate all the resources of dental education and research in one institution.

In short, the Melbourne University Dental School should not argue it is to be the only provider of dental training to the Victorian community unless it provides dentists to the whole community.

I would encourage the ADAVB to ask Melbourne University to ensure any review of the Melbourne University School of Dentistry should include the following aims:

- To train enough dentists to ensure adequate access to dental care for all Victorians.
- The school should ensure its course is financially accessible to suitably qualified applicants from all backgrounds.

I would be grateful if the ADAVB would consider these points when responding to Melbourne University's current proposal.



## **MEDIA RELEASE**

**W J O'Reilly, Federal President**

24 November 2005

### **GRADUATE ENTRY DENTAL COURSES**

The Australian Dental Association (ADA) today expressed concern with the University of Melbourne's proposal for graduate entry to professional qualifications, such as dentistry.

ADA Federal President, Dr Bill O'Reilly said that this US-styled graduate school model has the potential to harm the dental health of the Australian population. "Under the proposed model, new dental graduates would be leaving university with huge debts. They would be more attracted to work in the private sector and shun the public sector. Public sector waiting lists would increase leading to increased waiting times for many Australians," said Dr O'Reilly.

Dr O'Reilly added that the proposed model would impact negatively on access to care. He said it would:

- Increase the cost of enrolment so that either only the rich can enrol, or students and their families will carry massive personal debt.
- Extend the time required to complete a dental degree so that the community will wait an additional two years for dental care providers to graduate. (The University of Melbourne's proposal suggests a student would undertake a three-year undergraduate science degree followed by a four-year post graduate dental qualification, whereas the present dental degree is a five-year undergraduate course).
- Increase the likelihood that those who graduate with massive debts be so oriented to debt reduction, that this skews their service offerings to the most expensive treatments, thus further reducing access to basic care for the community at large.
- Add to the overall cost of dental care as consumers would ultimately be required to fund these expensive new measures.
- Reduce the number of dental specialists. For those students who intend to become specialists this would necessitate an additional three years of study, thus requiring a total of 10 years for most dental specialties. Many will choose not to specialise where they might have done otherwise, and this will reduce the community's access to expert treatment required in complex cases.

"Australia is currently facing a workforce shortage in dentistry and this proposal will only exacerbate the problem. There is no discussion in the proposals about the number of health professionals to be trained, or strategies to train graduates to work in the areas of greatest need. This is very poor public policy and the Government is failing the community if it does not address this core issue of access to care," said Dr O'Reilly.

The ADA calls on the Government to:

- Fund universities to provide sufficient health professionals to guarantee universal access to fundamental health care services;
- Ensure that health professional training courses are financially accessible to suitably qualified applicants from all backgrounds; and,
- Increase the number of funded training places at all levels (undergraduate and postgraduate) to achieve a sustainable level of dentists in the long-term.

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**For further information or to arrange an interview, please contact:**

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Federal President

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OR

Mr Robert Boyd-Boland  
Chief Executive Officer

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**EU DENTAL LIAISON COMMITTEE**

President: **Dr Wolfgang Doneus**



**DLC RESOLUTION**

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**THE BOLOGNA PROCESS AND  
DENTAL TRAINING**

The EU DLC is composed of 29 national dental associations, representing, in their respective country of the European Union and beyond, the professional and scientific interests of dentists, in accordance with the definitions of professional title in Article 1 of Directive 78/686/EEC (to be replaced as of 20 October 2007 by Annex 5.3.2 of Directive 2005/36/EC).

The DLC has as its object to act as a professional organisation, which from an independent position, but supported by its Members, develops and executes a policy and a strategy in order to:

- Promote the interests of the dental profession in the EU;
- Promote high standards of oral health;
- Promote high standards of dentistry and dental care;
- Contribute to safeguarding the protection of public health;
- Monitor, analyse and follow up on all the political and legal developments and documents of the EU that involve dentists, dental care and oral health;
- Actively lobby the European Institutions and Parliament, in order to serve the legal and political interests of dentists, including consumer protection issues

Taking into account the above, the DLC welcomes the agreement signed by the Ministers for Education of 44 European countries to establish a European Higher Education Area by 2010 and believes that the general principles of the Bologna Declaration are, on the whole, appropriate and reasonable. They improve the impact of EU mobility actions and they facilitate at the same time the recognition of qualifications and free movement of people in EU.

However, the DLC believes that the adoption of a system essentially based on the splitting of the curriculum into two main cycles – undergraduate (Bachelor) and graduate (Master) – would have negative consequences for the dental profession and it is inappropriate for dentistry.

In light of the above, and as a contribution to the ongoing developments relevant to the restructuring of the curricula in dental training taking place in many EU countries as a response to the Bologna Process,

- The EU Dental Liaison Committee calls for the unity of the dental training cycle to be maintained. The principles and the guarantees set by Directives 78/686 and 78/687/EEC (to be replaced as of 20 October 2007 by Annex 5.3.2 of Directive 2005/36/EC), ensuring a high quality of training and free movement of dentists, should not in any way be jeopardized nor weakened.
- The Dental Liaison Committee strongly opposes the implementation of the two-cycle structure (Bachelor/Master) for the dental profession and calls on academicians and politicians responsible for education and health, for the protection of the dental profession and the public, to exclude dentistry from the two cycles completely, refusing to transform their curricula into the two-tier degrees system.

Approved at the General meeting of the EU DLC on 29 November, 2005.

## **Why the DLC opposes the two-cycle structure of the Bologna Process in dentistry**

The DLC believes that the adoption of a system essentially based on the splitting of the curriculum into two main cycles – undergraduate (Bachelor) and graduate (Master) – threatens our profession and may create a number of problems in the future.

The enforcement of two autonomous cycles of study might be reasonable and feasible for most theoretical disciplines and market-oriented universities but it is inappropriate and impossible to be implemented in Dentistry for the following reasons:

The implementation of a two-cycle structure in dental education whereby a degree is awarded after the first cycle, giving access to the labor market would create an artificial qualification without a defined role in the dental profession.

The introduction of the first cycle is guided by economic reasons (as quick and large-scale production of ready-to-use degrees), and could lead to serious problems in the primary oral health care of people since the bachelor-graduates with a purely theoretical and inadequate clinical training might compromise patient safety.

According to the Dental Directives, persons wishing to pursue the professional activity of a dental practitioner must hold a qualification attesting to a complete period of dental training, which “shall comprise at least a five-year full-time course of theoretical and practical instruction given in a university, etc...” (Directive 78/687/EEC, Art. 2).

A Bachelor’s degree in dentistry that follows the model of the Bologna process: direct access to work independently in the mouth as a result of the principle of free movement and automatic recognition will lead to the development of a new dental para-profession with all the consequences resulting from:

- The inability of the DLC to control such a profession and to impose the regulations and restrictions derived from the implementation of the Dental Directives.
- The inability of many countries to impose and control the exact range of dental treatments performed by these graduates, and
- The fact that dentistry cannot tolerate being split into three segments:
  - a) One part for the dental para-professionals,
  - b) One part for the general dentist, and
  - c) One part for the specialist dentist.

## PURPOSES

The objectives of the ADAVB are to promote the:

- improvement of the dental health of the public;
- art and science of dentistry; and
- highest standards of professional dental care

## MEMBERSHIP

- Approximately 2300 Dentists in private and public practice, and also 4<sup>th</sup> & 5<sup>th</sup> year students and ADC candidates
- 95% of registered private practitioners
- 9 suburban and 7 country groups

## MEMBER SERVICES & FUNCTIONS

- Continuing Professional Development Program
- Dental health education programs (eg. Dental Awareness Month)
- Community Relations – dispute resolution
- Code of Ethics (Conduct)
- Recent Graduate support
- Dental Assistant Training update seminars
- Member Service Plans (eg Professional Insurances; preferred suppliers)
- Industrial relations advice and representation
- Defence and legal support
- Advice on Practice Management
- Quality Assurance (including Doctors Health Advisory Service)
- Benevolent Fund
- Library and resource collection
- Political representation
- Representation to Government bodies
- Superannuation (Professional Provident Fund)
- Sports and social functions
- Publications – Newsletter, Journal, Award details, Manuals etc.
- Home Page (find us at <http://www.adavb.com.au>)

## INFORMATION & 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 member dentists. Information on treatments, facilities, dental issues and careers is available.



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