



27 April 2018

Attention: The Manager, Private Health Services Regulation
Private Hospitals Unit
Commissioning Performance and Regulation
Department of Health and Human Services

ADAVB response to consultation draft Health Services (Private Hospitals and Day Procedure Centres) Amendment Regulations 2018

1 Introduction

The Australian Dental Association Victorian Branch (ADAVB) is the peak body for Victorian dentists. With over 3,500 members, we aim to promote the oral health of all Victorians and the professionals lives of our members.

We welcome the opportunity to comment on the consultation draft Health Services (Private Hospitals and Day Procedure Centres) Amendment Regulations 2018. We acknowledge and support the Department's objectives of promoting safe, high quality health care, and providing for effective oversight and accountability in the health system, as the key drivers of this work. We thank the Department for continuing to engage in extensive stakeholder consultation with ADAVB and others to inform these draft Regulations.

ADAVB consulted our members about the draft Health Services (Private Hospitals and Day Procedure Centres) Amendment Regulations 2018, and considered a substantial number of responses in the preparation of this submission. All those who contacted ADAVB during this consultation expressed a wish to ensure continued safe, high quality, and accessible health care for their patients.



2 Timeline for development of Guidelines and implementation of amendments to the Regulations

ADAVB recognises that the development of compliance Guidelines for the registration of mobile/fixed IV sedation and anaesthesia services for dental practices are still in progress, and that the Department is continuing to undertake consultation on this. However, given that affected services are expected to become registered by 1 July 2018, ADAVB is concerned that the Regulations to require registration are being progressed without knowing exactly what the Guidelines will contain.

Members of ADAVB, who will be affected by the amendments to the Regulations, have expressed confusion about what they need to do and how their patients and their businesses will be impacted. It is not reasonable to expect practitioners to be comfortable with registering their services when they cannot be sure of what will be expected of them regarding compliance, and what expenses will result. Further, if changes to facilities or procedures will be needed to comply, then practices need to have advance notice so that this does not impact patient appointment bookings, which could result in delayed care.

ADAVB will be pleased to work with the Department to support the development of the Guidelines. We urge the Department to delay the implementation of the amendments to Regulations until this work is completed.

3 Models of delivery of IV sedation and general anaesthesia in dental practices

Submissions made to ADAVB throughout the consultation process have revealed that there are a range of different models of care for providing IV sedation and general anaesthesia in dentistry, these include (but may not be limited to):

- Conscious sedation and/or anaesthesia, provided by specialist anaesthetists or other suitably qualified medical practitioners, either
 - As a mobile service, which visits dental practices,
 - As part of a dental practice, or visiting a dental practice, where anaesthesia equipment has been installed, or
 - In registered facilities

- Conscious sedation, provided by endorsed dentists, either
 - In their own dental practice, or
 - As a mobile service, which visits other dental practices



These are dentists who are endorsed by the Dental Board of Australia to provide conscious sedation services, and have the appropriate education, training and competence to undertake these procedures.

Some dentists endorsed for conscious sedation provide both IV sedation and dental surgery at the same episode of patient care, with the support of other suitably qualified health professionals, and this is an accepted mode of practice.

In this scenario, the dentist provides the IV sedation, the patient is then monitored by a suitably qualified registered nurse, and another assistant assists both practitioners. This model is discussed in ANZCA PS09, the principle governing document on Sedation and/or Analgesia for Diagnostic and Interventional Medical, Dental or Surgical Procedures¹, a document that is also referred to by the Dental Board of Australia² and the Australian Dental Association³. The Dental Board of Australia Registration Standard for Endorsement for Conscious Sedation also specifically allows for this model of care.

When providing these services, endorsed dentists and specialist anaesthetists and other suitably qualified medical practitioners are required to comply in the ANZCA Guideline PS09 and the Dental Board of Australia registration standards. All of these models should be taken into consideration in the development of the Guidelines for the provision of IV sedation and anaesthesia services in dental practices.

4 Definitions in the draft amendment to Regulations

4.1 Mobile health service delivery

This definition is not broad enough to cover IV sedation and anaesthesia delivered in one dental practice (i.e. not mobile), however regulatory requirements for this type of service should be the same as those for mobile IV sedation and anaesthesia services that provide services in dental practices.

¹ see <http://www.anzca.edu.au/getattachment/resources/professional-documents/ps09-2014-guidelines-on-sedation-and-or-analgesia-for-diagnostic-and-interventional-medical-dental-or-surgical-procedures>

² Dental Board of Australia. Registration Standard: Endorsement for Conscious Sedation, available at <http://www.dentalboard.gov.au/documents/default.aspx?record=WD15%2f18393&dbid=AP&chksum=UuikUcCKpqOJE%2fgp40FdLQ%3d%3d>

³ ADA Policy Statement 6.17 – Conscious Sedation in Dentistry, available at https://www.ada.org.au/Dental-Professionals/Policies/Dental-Practice/6-17-Conscious-Sedation-in-Dentistry/ADAPolicies_6-17_ConsciousSedationinDentistry_V1



5 Regulatory requirements to be applied to anaesthesia and IV sedation services providing care in dental practices

5.1 New Regulation 7A – rules

Requirements in Regulation 7A are suitable for large health services such as private hospitals and day procedure centres, which have a board of Directors. However, they are not practical for small businesses providing anaesthesia and IV sedation services in dental practices. These services are often provided by a single practitioner, and governance requirements such as these would not apply.

5.2 New regulation 18A—Independent practitioner on highest level of governance at premises

Again, this is not practical for a single practitioner/small business mobile IV sedation or anaesthesia service, or a non-mobile service in a dental practice. These services should be excluded from the requirement.

5.3 Part 5 – Admission and Discharge of patients

ADAVB supports the requirement for a preoperative consultation, which would include laboratory testing where indicated, an anaesthesia-focused physical assessment, and the recording of a complete medical history. However, a formal process of cross-referencing the planned procedures against a practitioner’s credentialed scope of practice isn’t practical in for a small IV sedation or anaesthesia service.

ADAVB is supportive of a requirement for IV sedation and anaesthesia services to provide written and verbal discharge instructions to patients, as well as a contact name and number in case of emergency.

5.4 New regulation 26A—Oversight of surgical lists and stage 1 post-operative care

This regulation should not apply to registered anaesthesia and IV sedation services as this is not practical.

5.5 New regulation 35A—Patient experience data

If this is to be a requirement for IV sedation and anaesthesia services, the Department will need to provide clear guidance on the minimum requirements for data collection, so that clinicians can confidently meet that requirement.

5.6 New regulation 36A—Staff safety culture data

IV sedation and anaesthesia services should be excluded from this requirement as it is not practical.

5.7 New regulation 46A —Reporting of sentinel events

ADAVB supports the application of this requirement to registered IV sedation and anaesthesia services. However, the Department should note that there is currently no process for these types of



services to collect and report this data. The Department will need to develop a reporting method that is practical for these services and provide support to help services understand how to do this.

6 Consequences of registration of mobile anaesthesia and IV sedation services – patient eligibility for the Child Dental Benefits Schedule (CDBS)⁴

As ADAVB discussed in our December 2017 submission, and the Department has acknowledged, this scheme is not available if the dental care is part of an episode of hospital treatment or hospital-substitute treatment. Therefore, if a child requires IV sedation or general anaesthesia to receive dental care, they would not have access to this scheme unless the care is provided in a dental practice.

At this stage it is not clear whether the registration of anaesthesia and IV sedation services will have any impact on patient eligibility for the CDBS. ADAVB urges the Department to provide clarification on this matter, especially in situations where the IV sedation and the dental surgery are provided by the same practitioner, with the assistance of other suitably qualified health professionals.

7 Registration Fees

ADAVB thanks the Department for the advice that registration fees for mobile IV sedation and anaesthesia services will be determined after the Guidelines are developed. ADAVB reiterates that the minimum biennial fee that would be applicable to registered hospitals and day procedure centres of \$5204.52 (366 Fee Units) is excessive for mobile anaesthesia and IV sedation services, and it is disproportionate to the regulatory burden the Department is likely to experience. Given the registration fee, and the regulatory burden these services will experience due to new compliance and reporting requirements, mobile IV sedation and anaesthesia services would be obliged to pass the costs onto their patients to ensure the sustainability of their service, which is likely to have an impact on access to care for many patients.

8 Communication with practitioners and dental practices about the amendments to the Regulations

ADAVB will be pleased to continue to assist the Department to provide updates to our members about the development of the Guidelines and implementation of the amended Regulations. However, as ADAVB membership is voluntary, not all dentists in Victoria are members. Further,

⁴ This Medicare-funded scheme is available to children aged 2-17, whose family is eligible for Family Tax Benefit Part A. Up to \$1,000 of dental care is funded over a two-year period.



anaesthetists, and possibly other medical practitioners may need to be aware of these regulatory changes.

It is also possible that practitioners providing IV sedation and anaesthesia in dental practices in Victoria could be registered in other jurisdictions and provide a periodic 'fly-in-fly-out' service. ADAVB has been advised that a precedent exists for this in the ACT. In some cases, dental practices are owned by corporate entities, rather than registered practitioners, and the practice owners would not necessarily be aware of the upcoming regulatory changes.

Communications about these regulatory changes, and the new registration requirements will therefore need to be broadcast widely – possibly to all registered dental and medical practitioners nationally, and to all dental practices in Victoria. ADAVB therefore recommends that the Department develop a comprehensive communications plan to be delivered alongside the new regulatory program, well in advance of the 1 July implementation date.

If you would like ADAVB to elaborate on anything in this submission, please contact us.

Sincerely,

A handwritten signature in black ink that reads 'Matt Hopcraft'. The signature is written in a cursive, slightly stylized font.

A/Prof Matthew Hopcraft