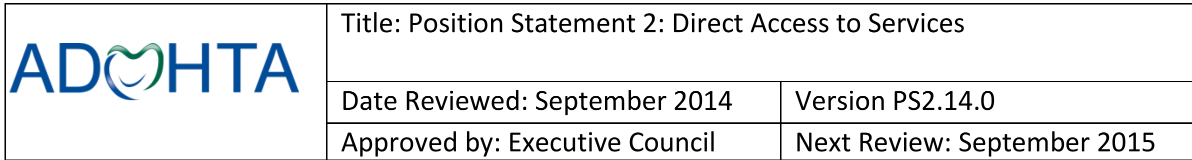

ADOHTA	Title: Position Statement 2: Direct Access to Services	
	Date Reviewed: September 2014	Version PS2.14.0
	Approved by: Executive Council	Next Review: September 2015

Direct Access to Services

MEDIA RELEASE

ADOHTA takes the position that dental and oral health therapists are registered providers of dental services and should be able to provide services directly to the public without artificial barriers. Currently impediments to direct access to dental and oral health therapist's services exist in some legislative frameworks that serve to:

- increase the costs of oral health services,
- prevent direct billing of services and
- reduce access to dental services for the public

The business arrangements within which dental and oral health therapists practice are separate to their competency to practice and should not have anti competitive arrangements such as regulatory impediments applied.

FURTHER INFORMATION

Dental therapists have been practicing independently of dentists and managing their own practices since their inception in Australia over 35 years ago. They have been examining, diagnosing, planning and providing dental treatment within their scope of practice in collaborative and referral models of team care with dentists for children, adolescents and young adults since the late 1960s. They have a long history of responsibly recognizing the boundaries of their scope and referring appropriately to dentists. The quality of care they provide is at least to the same standard as that of a dentist within the range of services they provide and is regulated with the same frameworks. The quality of their services is not related to the employment or business arrangements within which they practice.

There are a number of impediments to access to dental services for members of the public. Costs of care, regulatory barriers, workforce distribution and public knowledge can all be impediments to access to dental care (Gulliford 2001).

Direct billing to patients, insurance companies and Medicare is a feature of service delivery in most health care practice areas. Direct access to the services of dental and oral health therapists' services include the ability to directly bill for their services. ADOHTA takes the view that dental therapists, oral health therapists and dental hygienists need to be allocated provider numbers for their own service provision by insurance companies and Medicare. Direct billing for services in this way would remove the extra access layer (and potential fee) imposed through indirect billing and allow the price of dental and oral health therapists' services to reflect the real cost of their provision.

Dental and oral health therapists are registered dental practitioners. They are employed in a range of practice types to deliver dental care within their defined scope of practice and are responsible for the care they provide. Their range of skills is a subset of dentistry which they provide in an autonomous fashion; they diagnose, treatment plan and deliver preventive and restorative services and oral health promotion. The services they provide are at the same quality as those provided by dentists. They practice in a collaborative and referral relationship with dentists and dental specialists and other health practitioners; this consultation and referral is determined by the needs of their patients. Dental therapists have always been responsible for recognizing the boundaries of their own competencies and determining when consultation with or referral is required (Satur 2003).

In keeping with the National Advisory Committee, ADOHTA endorses the recommendation that in order to maximize the use of the existing dental workforce and access to dental services'…the regulatory impediments to the full use of the whole dental team (dental therapists, hygienists and prosthetists) should be removed (NACOH 2004).

SUPPORTING INFORMATION

Since their inception in New Zealand in the 1920s and in Australia since the 1960s, dental therapists have practiced in settings without the presence of a dentist on site and in many cases geographically remote from a dentist. They have also managed their own practices – often mobile or fixed dental clinics in high dental needs and rural areas. Consultation and referral can, and historically has been conducted by telephone or face to face depending on the local context. School dental services have relied on this ability to consult and refer appropriately in order to effectively, safely and efficiently deliver their services. The majority of Australia's children have received all or most of their dental care from dental therapists under these arrangements (Dooland 1992, Satur 2003).

More recently, as dental and oral health therapists have moved into a wider range of practice settings, regulation of practice has recognized these practicing relationships and have required that they be formalized by a written agreement with a dentist to provide this consultation and referral to ensure that appropriate infrastructures exist in the interests of patient care (DPBV 2007, DPBT 2002).

Some impediments to direct access to services currently exist in legislation such as barriers to 'independent practice'. 'Independent practice' can be conceived of in a range of ways some of which are described below:

- A dental therapist who works for the school dental service in a rural clinic where a dentist visits weekly or less to provide advice and services beyond the scope of practice;
- A dental therapist who owns a practice and employs a dentist one day per week to provide advice and services beyond the scope of practice of the therapist;
- A dental therapist who works for a community health service providing outreach examinations and referrals for care back to the community health centre dental clinic where they then provide treatment;

- A dental therapist who is a joint owner of the practice in which they provide services on different days to those that the dentist practices
- A dental therapist who owns a practice and has a collaborative relationship with a dentist in a nearby practice where they refer patients for advice and services beyond the scope of practice of the therapist

Dental and oral health therapists in many states of Australia and overseas can own their own practices under existing legislation. The regulatory impediments to clients ability to directly access services from dental and oral health therapists is grounded in protection of the market place and is antithetical to the principles of competition. It also impedes access to service provision outside of existing models to underserved groups. In keeping with the National Advisory Committee, ADOHTA endorses the recommendation that in order to maximize the use of the existing dental workforce and access to dental services'…the regulatory impediments to the full use of the whole dental team (dental therapists, hygienists and prosthetists) should be removed (NACOH 2004).

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