Dental Reform Agenda?

All dentists should read **Scope of practice review – Oral Health Practitioners** by HealthWorkforce Australia (HWA – hwa.gov.au). The report is devoid of a scientific or numeric basis for its recommendations. It is apparent on reading that far from being a proper workforce study, it is a social engineering document which sets out to arrive at predetermined recommendations.

Dentists should read the document in order that they reach an understanding of how decision-making in Canberra is affecting their profession.

The key recommendation, Recommendation 2, is:

'To remove the bar on "independent practice" on dental hygienists, dental therapists and oral health therapists.'

What does a proper workforce study consist of?
Way back in my military career I spent postings in personnel and organisational units, and came to understand workforce planning processes.

Proper workforce study is scientifically and numerically based. To use the Defence Force as an example, the numbers of various employment categories that the Defence Force requires to maintain its operational readiness are defined on organisational tables which form the basis of recruitment and wastage rates. Regular cohort analysis by years of service of those qualified in the employment concerned leads to recruitment and training targets year by year. For example, the number of vehicle mechanics to be trained by the Army relates to the number of positions in workshops which in turn relates to the numbers and types of equipment that need to be maintained. The current surplus or shortage, together with the expected wastage rate (retirement, injury etc), and known changes to the overall required number are fed into a model and this defines the numbers that need to be recruited and trained year by year.

Lack of Data
In this HWA study there is no comprehensive table of numbers of dental specialists, dental general practitioners or various categories of dental auxiliaries. There are no tables of how many are being produced and registered year by year. There is no data of their groupings by age or of new registrants year by year. There is no detailed table of dental health professionals in training by category, or the number of graduates predicted to be induced over the next four years by category, nor is there a table of the number of immigrant dentists sitting Australian Dental Council exams year by year, or the qualification rate, or the number of dentists who have immigrated who have yet to qualify at the exams.

If all of these figures were published in a report it would almost certainly reveal that on an Australia wide basis the combined numbers of dentists and dental auxiliaries have been increasing at a much faster rate than the growth in the population, and that the average age of active dentists and dental auxiliaries has been falling. The earlier *Report of the National Advisory Council on Dental*

Health contained figures on the dental population which were out of date, presented in a confused manner and gave an impression of a shortage of dentists, whereas there was already a substantial and growing surplus. That was a document produced to meet the objectives of Department of Health bureaucrats in Canberra rather than give a true picture of the dental profession. That document is now regarded as being misleading and being prepared to justify what was then an apparent government objective of a national dental scheme. However, the government's budgetary outlook weakened dramatically between the issuing of initial terms of reference and completion of the document.

Reduced Dental Funding
Despite the fanfare, the recently announcement government dental scheme is a significant step down from the funding available for the CDDS. The Gillard government is now having difficulty in balancing its budget. As iron ore and coal prices decline and the mirage of the mining tax evaporates, this situation is likely to worsen.

Social Engineering
If the HWA study is any guide it is apparent that Canberra bureaucrats are addicted to the social engineering of the dental profession, even though they have difficulty in accepting the past mistakes of the bureaucracy in encouraging a huge dental immigration program while simultaneously opening new dental schools and expanding existing ones.

The report is loaded with motherhood statements such as:

'To improve oral health outcomes, dental practitioners and service systems need to expand their focus to address, in a systematic way, population health issues such as the promotion of a dental healthy lifestyle and behaviour, and the early identification and treatment of oral health programs.'

Comment:
It's always difficult to argue with a motherhood statement like that, but it is essentially meaningless.

The report goes on to make a number of other motherhood statements.

Dental Imbalance
The HWA report indicates that:

'The literature review reports that Australia has a high proportion of dentists to oral health practitioners compared to other countries. There is a need to determine the appropriate innovative workforce model to deliver cost effective, equitable care to the Australian public and then determine a mix of graduating practitioners.'

Comment:
That sounds great, but it was the government itself which created the imbalance through dental immigration and expansion of dental school policies.

The report goes on to say that there is evidence that a more preventative model will reduce the cost of oral care compared to the traditional model. That may be true, but the report doesn't produce the evidence. There are no tables by health economists showing how this might be achieved. Statistics and numbers are essential evidence to back up statements such as this.

There are no tables of relative numbers of dentists to dental auxiliaries classifications included. The reader cannot see the evidence to support what the report presents as bare facts.

The report alleges (page 6) that there have been unintended negative impacts from the Dental Board of Australia's scope of practice registration standards that are affecting the abilities of dental hygienists, dental therapists and oral health therapists to work within their current potential scope of practice.

This can be interpreted as defining the bias of the report's writers at an early stage.

The report invokes further motherhood beliefs by playing the indigenous card at page 8, saying:

'"Closing the Gap" for indigenous people is just as important in oral healthcare as other aspects of care, and indeed interconnected with general health outcomes.'

and

'There is also a growing need amongst the aged population and people living in rural and remote areas. The public and private sector programs cannot meet demand for general dental care and there is inconsistent access through a maldistribution of dental practitioners.'

Overall this paragraph mixes motherhood with statements which are presented with fact but for which the numerical evidence is lacking.

One gains the impression from a series of quotes dotting the report that the writers have the preconceived notion that broadening the scope of practice of dental auxiliaries is a means of closing the gap, while simultaneously ignoring the fact that Australia now has a large surplus of dentists.

Wrong Numbers

The report indicates that there is an uneven distribution of dentists at 55.7 per 100,000 population in capital cities compared to 31.4 in other areas. However, recent Dental Board of Australia registrations indicate that there are 18,902 dentists in Australia, and with a population of approximately 22,726,053 as per ABS data at time of writing, this indicates that there are about 80 dentists per 100,000 of population overall. Excluding dental specialists and non practising general practitioner dentists leaves 75.35 registered general practitioner dentists per 100,000 of population overall! So even the rudimentary figures given in the report are quite wrong. The report indicates that dental therapists are distributed more evenly by remoteness area but nowhere does it actually say what the necessary ratio of dentists should be, nor the actual number of dental therapists.

About Remote Areas

The report also fails to tell us whether there are similar imbalances of other health professionals, such as medical specialists, medical general practitioners, registered nurses and pharmacists in remote areas. This would have been helpful, as it would have identified whether the maldistribution is peculiar to the dental profession or whether it is widespread. If the maldistribution involves a variety of other health professionals, as well as professions outside of the health spectrum, it would indicate that there is a general aversion on the part of a variety of professionals to work in remote areas, and this would give a better indication as to the inducements which are required to eradicate this widespread problem or, alternatively, whether in many cases it is more cost effective to bring the patient to the dentist or doctor as required.

The manner in which this report is written leaves the reader with the impression that the shortage of dental services in remote areas, particularly remote aboriginal settlements, is due to limiting the scope of practice of dental therapists. This can be quite misleading. At page 15 the report indicates that:

'A significant issue in the Australian community is access to dental services…'

This amounts to yet another motherhood statement. It then goes on to say:

'Many people within the community and the dental profession believe that extension to scope of practice of dental hygienists, dental therapists and oral health therapists may provide more accessible dental care to the community in terms of cost and particularly in rural and remote areas.'

There is no evidence as to how the term 'many people' is defined. The statement also has a certain religiosity about it in that it dwells on beliefs rather than facts. How many people were

surveyed? What questions were asked? Did the process use valid sampling techniques and build in bias detection?

The report indicates at page 16 that:

'There is a need for a significant increase in funding to be able to provide universal access to dental services for the Australian population.'

The statement comes at the very time at which the federal government is actually cutting funding to dental services. It also comes at a time when the number of dentists in Australia has never been higher, and in all probability the ratio of dentists to population is also at its highest. The *Report of the National Advisory Council on Dental Health* indicated that in recent years:

1. The oral health of Australians had improved.
2. The availability of dental appointments had improved.
3. The frequency of attendance of Australians at the dentist had improved.

Nature of Work
Following a rather confusing paragraph at page 16, the report indicates that:

'Thus there is a pressing need to formally redefine the role and work boundaries for these various practitioner groups.'

The report arrives at such a statement with no numerical or statistical evidence to back it up.

The Project Brief
At page 16, the writers finally introduce 'the project brief' as follows:

'This project is to provide HWA with recommendations, supported by quantitative and qualitative data, best practice evidence globally (including review of current and relevant literature) and consultation results resulting to the DBA standard for the oral health workforce.'

Having used the words quantitative and qualitative, the report almost totally ignores the quantitative element while the qualitative data is open to serious question as to whether the approach was biased towards a preconceived outcome.

HWA used an expert reference group listed at page 18 of the report, with the reference group loaded against dentists.

Narrative Research Methodology
The report indicates that the project employed an online survey based around narrative research methodology. It indicates that this methodology was *'originally developed for use by US intelligence agencies involved in counter terrorism assessments and now used widely by civilian organisations and governments. The survey instrument gathers and analyses experience of key stakeholders within a defined area of interest.'*

There are substantial problems with this approach. Firstly, intelligence services use a lot of different sources, and their sources of information and technical capacities are graded as 'top secret'. Furthermore, the knowledge of the various capabilities used by intelligence services is further limited by 'need to know' rules. This means that even those operating with top secret clearances only have knowledge of that portion of the intelligence gathering spectrum with which they are directly connected and need to know because of their job. They are obliged under secrecy legislation to keep their knowledge of those capabilities secret to all others not on the specific need-to-know list. Violation of official secrets legislation has serious consequences. While the report gives the impression that the narrative research methodology is a high grade intelligence tool, nothing could be further from the truth. As used in this report it is prone to misuse by social engineers.

I rather doubt that Osama bin Laden's hiding place was discovered by narrative research methodology.

The technique as used in this report is not backed up by adequate numbers and statistics. It is evident from the sources of the 702 'stories' that the sample of 'dental professionals' was disproportionately representative of dental auxiliaries rather than dentists. 77% of the stories were from women, whereas the population is very evenly balanced by gender. The map of responses at page 20 suggests that the sampling was not representative of the distribution of the Australian population.

It is apparent that not only was the information gathering distorted, but the quoting of stories in the actual report is highly selective to present a one-sided picture.

At page 24 the report states that *'over the last decade, many practitioners have combined into joint practices and there has been growing corporatisation of these practices. The recent Medicare-funded Teen Dental Program and Chronic Disease Dental Scheme have introduced a major public funder/insurer into the dental funding environment.'*

However, almost concurrently with the release of the HWA report, the government has moved to close down the Chronic Disease Dental Scheme. The report does not give numerical evidence concerning the combining of practitioners into joint practices, nor what its relevance is. While corporatisation is undeniable, it gives no figures for the number of practices that have been corporatised, or the relevance. At page 32 the report indicates that the Australian Institute of Health and Welfare (AIHW) dental statistics and research unit provide the data for the number of oral health practitioners in 2006 and predict an increase of 2.5 times by 2015, and by 2025 the number of oral health practitioners per 100,000 population is expected to increase by 52%. We knew that dental numbers were growing fast, but we didn't expect the numbers to increase by 2.5 times between 2006 and 2015! A 52% increase from 2006 to 2025 seems like a credible number given the explosion in dentists which is presently occurring. If such numbers are true, widening the pool of people licenced to practice independently by broadening the scope of dental auxiliaries would seem to be like pouring fuel onto a bonfire. It would have been more helpful to include tables of actual numbers year by year and to give current figures.

Concern
The report indicated that *'during the consultation period there was an increasing concern that the number of total graduates would reach levels in the near future that would affect the ability for graduates to gain employment. This has been reported as probably having been exacerbated by the global financial crisis and the reduced demand for dental services in the private sector.'*

Comment:
What utter rubbish. The inability of graduates to gain employment is directly related to the surplus of graduates being produced in conjunction with the number of immigrant dentists qualifying at ADC exams. The number of Australian Dental Board registrations as at March of this year indicate that this is the issue. The indication that this has probably been exacerbated by the global financial crisis is misleading, and appears to be an attempt to divert attention from federal government bureaucrats' failure to get the numbers right.

The report goes on to say that *'one major issue in Australia is the mix of practitioners. Traditionally, most of the dental workforce has consisted of dentists. This is not the case in other countries. The Australian workforce model is expensive to the community and it is appropriate that as part of the reform agenda consideration be given to changing the workforce profile.'*

Comment:
If this is the case, it begs the question as to why the federal government funded the start-up of additional dental schools and the funding of additional dental places in existing schools.

The earlier comment that total graduates would reach levels in the **near future** that would affect the ability of graduates to gain employment is also misleading. We passed that point several years

ago. Almost any dentist knows several dentists who would like to work full-time but are finding difficulty in gaining more than a day or two's work per week.

The report repeatedly presents verbiage as facts, without numbers. It would have been illuminating had there been a survey or at least a sample survey of:

1. How many existing dental practices have spare capacity right now.
2. How many dentists who qualified in the last two or three years have been unable to find full-time work.

The selective quotes from stories are emotively based and it is impossible to believe that they are representative of the wider dental spectrum in Australia. They have clearly been selected to present a biased picture. An example is story five:

'I took my daughter to visit the kids' dentist at the health centre. Because we don't get dentist visits very often I wanted her to check my teeth. She said she couldn't because she couldn't treat adults. I was confused because she did fillings on my daughter and I know she has taken my nephew's tooth out. She is really good with the kids.'

Comment:
It is likely that if a representative selection of narratives were obtained of people's experience with their dentist that a significant proportion would speak of their dentist in positive terms.

The way in which a biased sample of stories has been obtained, with further bias in the selection of the quotes in the report provides a picture which reinforces the HWA recommendation. This is not analogous to military or strategic intelligence gathering, but rather to the distortion and misuse of facts.

Overall Comment
The public and the dental profession deserve better for the taxpayers' dollars expense than this unprofessional, unscientific, non-numeric, distorted report by HWA.

The report is available at hwa.gov.au

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