



Australian Government

Australian Government response to the
Senate Select Committee into the Provision of and Access to
Dental Services in Australia report:

*A system in decay: a review into dental
services in Australia*

JULY 2024

Acknowledgements

The Australian Government (the Government) thanks the Select Committee for its Inquiry into the Provision of and Access to Dental Services in Australia. The Government also thanks all individuals and organisations who contributed to the inquiry, particularly to those who have shared their personal experiences accessing dental services.

Overview

On 8 March 2023, the Senate established the Select Committee into the Provision of and Access to Dental Services in Australia to inquire into matters relating to the nation's oral and dental health, and access to services.

Multiple hearings were held across Australia; the Department of Health and Aged Care appeared at the Hearing in Canberra on 20 October 2023. The Committee delivered its final report in November 2023 and highlighted inequities in the current oral healthcare system including barriers to access services. The committee made 35 recommendations to improve oral health status for all Australians. These recommendations are summarised as:

- More equitable access
- Better integration
- National data and coordination
- Awareness and education
- Culturally safe, accessible care.

The Australian Government response supports (or supports in principle) 11 of the 35 recommendations, and the remaining 24 recommendations are noted. The Government already has arrangements in place to address some of the recommendations.

Some recommendations have financial implications which need to be considered in context with the Government's other competing budget priorities. Therefore, support and support in-principle do not represent a commitment to funding.

Some of the recommendations do not fall within the remit of the Australian Government. In-principle support for these recommendations indicates agreement with the benefits of these recommendations but recognises that another party, including state and territory governments, are responsible for their funding and implementation.

The Government recognises that oral health is fundamental to overall health, wellbeing, and quality of life. Poor oral health has significant adverse impacts at individual, societal, and economic levels.

The Government supports access to oral healthcare services through:

- Federation Funding Agreement (FFA) for adult public dental services;
- Child Dental Benefits Schedule (CDBS);
- National Health Reform Agreement (NHRA) funding for public hospital admitted and outpatient services;
- Private Health Insurance (PHI) rebates;
- Grants to the Royal Flying Doctors Service (RFDS); and
- The Department of Veterans' Affairs dental program.

The Health Chief Executive Forum (HCEF) established the National Dental Reform Oversight Group (the Oversight Group) to develop reform options for sustainable and longer-term funding arrangements that better meet the needs of the communities across Australia, particularly those of Older Australians and First Nations people. These options will be presented to Health Ministers for their consideration during 2024.

Australian Government response to recommendations

Recommendation 1

The committee recommends that the Australian Government considers commissioning biennial national oral health studies—incorporating consistent measures of oral and dental health, habits and practices, service utilisation and outcomes—alternating between adults and children.

The Australian Government **supports** this recommendation **in principle**.

The Government acknowledges that regular studies are important for understanding the effectiveness of the current oral health system, identifying trends, disparities and challenges in accessing oral health services, and enabling development of targeted and evidenced based strategies that can lead to improved oral health outcomes.

The Government currently funds several research studies in population oral health, conducted by the Australian Research Centre for Population Oral Health (ARCPOH), primarily focused on promotion of good oral health outcomes and prevention of oral disease. They are:

- National Dental Telephone Interview Survey (NDTIS), now called National Dental Care Survey 2023-26 (conducted every three years, with the next planned for 2023-2026);
- National Child Oral Health Study (NCOHS) (conducted every ten years, with the next planned for 2023-24); and
- National Study Adult Oral Health (NSAOH) (conducted every ten years, with the next planned for 2027-28).

These surveys collect data on the oral health status of Australian adults and children, including the average number of decayed, missing, or filled teeth, and use of dental services, including frequency of dentist visits. Data on dental service usage, dental practices and the workforce are also collected. Together, the findings of these surveys deliver national-level evidence on child and adult oral health and access to dental services. The Australian Institute of Health and Welfare (AIHW) uses findings from these surveys in their *Dental and Oral Health Report*.

The Government will consider opportunities to optimise the frequency of studies, implement best practice administrative and access arrangements to facilitate timely reporting and publication, and support continuous improvements to oral health through research. The Government will also explore opportunities to leverage off existing data sources wherever possible.

Regular studies provide an ongoing evidence base in relation to specific cohorts whose oral health needs may differ from those of other Australians. This would support improvement to targeted dental programs such as the Department of Veteran Affairs (DVA) programs for veterans.

Recommendation 2

The committee recommends that the Australian Government commissions research using data from the Longitudinal Study of Australian Children (LSAC), the Longitudinal Study of Indigenous Children (LSIC), and the Household, Income and Labour Dynamics in Australia (HILDA) to provide insights into:

- ***oral health status, habits and practices, service utilisation, knowledge and awareness according to demographic factors;***
- ***the way in which dental habits, oral health issues and dental service access interact with demographic factors;***
- ***how habits and practices change across the life-course; and***
- ***long-term outcomes and impacts.***

The research should be used to inform design and promotion of dental programs for children and to better target funding.

The Government **supports** this recommendation **in principle**.

The Government recognises the value in leveraging existing research to inform design and promotion of dental programs. However, actionable research findings might be limited from these studies depending on survey characteristics including sample size and response rates.

Recommendation 3

The committee recommends that the Australian Government formally recognises that oral health is an essential part of general health.

The Government **supports** this recommendation.

The Government acknowledges that oral health is fundamental to overall health, wellbeing, and quality of life of all Australians. Dental policy reform has been made a priority by Health Ministers across Australia.

The Government is also progressing the development of the next National Oral Health Plan in collaboration with states and territories. This work will build on the progress of the existing plan and provide opportunities to incorporate emerging areas of priorities identified.

Together, these actions recognise oral health as an important part of general health.

Recommendation 4

The committee recommends that the Australian Government establishes a taskforce within the Department of Health and Aged Care, overseen by a Chief Dental and Oral Health Officer, to identify and progress opportunities to integrate oral and dental health care into primary health care. Opportunities could include:

- ***Adding an oral health assessment to existing targeted health assessments provided under Medicare, such as the Health Assessment Items 701, 703, 705, 707, and the children's Healthy Start for School assessments.***
- ***Introducing an oral health assessment as a standard component of the residential aged care intake process, and for residential disability care intake.***
- ***Incorporating emergency dental services into nurse-led walk-in centres and/or hospital emergency departments.***

- ***Providing mandatory training in basic oral health assessment and care to general practitioners and other health professionals.***
- ***Funding and empowering pharmacists and non-dental health professionals to apply fluoride varnish in regional and remote areas.***
- ***Adding 'oral health practitioners' to the terms of reference for the independent health workforce scope of practice review, being undertaken in 2023.***
- ***Integrating oral health and dental care within the National Health Reform Agreement.***

The Government **notes** this recommendation.

The Government acknowledges that oral health is an important part of general health and will explore opportunities to support the primary care system to contribute to delivering better oral health outcomes.

Health Ministers have identified dental policy reform as a priority. The Oversight Group is developing reform options to better meet the needs of communities across Australia. Reform options will be presented for Health Ministers' consideration during 2024.

Recommendation 5

The committee recommends the Department of Health and Aged Care works to increase the role of dental hygienists and other oral health therapists in providing preventative and basic oral health care.

The Government **supports** this recommendation.

The Government acknowledges the important role dental hygienists and other oral health professionals play in providing preventive and basic oral healthcare to improve the oral health status of Australians. In recognition of this, on 1 July 2022, the *Dental Benefits Rules* 2014 were amended to enable dental hygienists, dental therapists, and oral health therapists to directly claim for some CDBS services using their own provider number. This followed the Dental Board of Australia (the board) introducing a new Scope of Practice Registration Standard for dental practitioners in July 2020.

Delivery of adult public dental services is the primary responsibility of states and territories. Therefore, each jurisdiction determines its own service delivery model. The Commonwealth provides additional support for delivery of these services through the FFAs.

An independent Scope of Practice Review is underway 'Unleashing the Potential of our Health Workforce' to examine the barriers and incentives health practitioners face working to their full scope of practice in primary care. This will include dental therapists and other oral health therapists.

The board, supported in its role by Australian Health Practitioner Regulation Agency (AHPRA), is responsible for all matters relating to the registration and regulation of dental professionals, including dentists, dental hygienists, dental therapists, and oral health therapists in Australia.

Recommendation 6

The committee recommends the Department of Health and Aged Care assesses—with a view to reducing—regulatory barriers which limit the scope of practice for oral health practitioners who are trained and certified to proscribe and take radiographs. This could include reviewing provisions and/or definitions in:

- ***the Poisons Standard; and***
- ***the Code of Practice and Safety Guide for Radiation Protection in Dentistry.***

The Government **notes** this recommendation.

The Poisons Standard is implemented under state and territory legislation. Establishment of any specific access controls, including those for dental health practitioners, is a matter for state and territory governments.

The definition of dental practitioner in the Poisons Standard was aligned with the definition for a health practitioner practicing in the dental health profession in the *Therapeutic Goods Act 1989* (the Act). Any change to the definition in the Poisons Standard would require careful consideration of implications for the Act and may require legislative reform.

However, noting the evolving role of oral health practitioners, the Government will commit to raising the definition for discussion at a future meeting of the Advisory Committee on Medicines Scheduling.

The Government notes that the Australian Radiation Protection and Nuclear Safety Agency's (ARPANSA) statutory Radiation Health Committee has been reviewing the Code of Practice and Safety Guide for Radiation Protection in Dentistry (2005) as a key project throughout 2023-24.

This has included reviewing the evolving role of oral health practitioners in relation to radiographs, with a proposal to apply similar provisions and expectations (being responsible for overall patient care) to oral health practitioners as currently apply to dentists. However, it should be noted that the application of this code and its provisions (including any revised version) must acknowledge the authority of the jurisdictional regulators who ultimately administer state and territory legislation for the use of radiation.

Recommendation 7

The committee recommends the Department of Health and Aged Care works to increase the role of dental hygienists and other oral health therapists in providing preventative and basic care by adding a number of preventative oral health service items to the Medicare Benefits Schedule, under the category of Allied Health Services; and to the Department of Veterans' Affairs dental schedule.

The Government **notes** this recommendation.

The Government recognises the important role dental hygienists, and dental therapists and oral health therapists play in improving oral health outcomes for Australians. The DVA Dental Program covers the costs of veterans' dental care from approved dental providers, including dental hygienists, dental therapists, and oral health therapists. The program provides these preventive health services in partnership with a general or a specialist dentist. Services include check-ups, repairs, dentures, and teeth implants.

Prior to preventative oral health services being funded through the Medicare Benefits Schedule (MBS), an assessment by the Medical Services Advisory Committee (MSAC) or MBS Review Advisory Committee (MRAC) is required. The Department of Health and Aged Care works with relevant stakeholders to build their understanding of this process.

Recommendation 8

The committee recommends that the Australian Government considers commissioning a study into:

- ***the impact of cancer and cancer treatment on dental and oral health; and***
- ***the need to provide coverage for oral health treatment, including restorative services for cancer survivors, including survivors of head, neck and oral cancers.***

The Government **notes** this recommendation.

The Government acknowledges the impact cancer and cancer treatment can have on people's dental and oral health.

The Government will consider options for improving access to dental and oral health treatment and restorative services for cancer patients, including the implementation of the Australian Cancer Plan (the Plan) launched on 2 November 2023. Action 3.2.3 of the Plan recognises new models of care will be required to manage chronic disease and longer-term impacts of cancer treatment, as more people live longer with, or beyond, cancer.

Recommendation 9

The committee recommends that the Australian Government reviews the Medicare Benefits Schedule with a view to improving the accessibility of oral health treatment, including restorative services, for cancer survivors, including survivors of head, neck and oral cancers.

The Government **notes** this recommendation.

Under the MBS, there is a range of oral and maxillofacial medical services that attract benefits (rebates) when performed by a medical practitioner or approved oral and maxillofacial surgeons.

MBS reconstructive items that may be applicable to survivors of head, neck, and oral cancers include but are not limited to, microvascular head and neck reconstruction items, maxilla and mandible reconstruction items, and intra-oral implantation and fixation items.

Effective 1 July 2023, there were changes to approximately 360 MBS items for plastic and reconstructive surgery. These changes were a result of recommendations from the MBS Review Taskforce that considered how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients. The Taskforce recommendations were informed by the Plastic and Reconstructive Surgery Clinical Committee and included changes to cranio-maxillofacial and oral and maxillofacial surgery services.

The Clinical Committee considered that cranio-maxillofacial and oral and maxillofacial surgery has undergone major changes in the last 20 years due to changes in technology and fixation techniques.

The recommendations of the Clinical Committee resulted in amendments to a range of items for cranio-maxillofacial/oral and maxillofacial surgery, including maxilla and mandible reconstruction items and oral tumour items, to update terminology and practices to allow for modern best clinical practice.

For a new medical service to be funded through the MBS, including new restorative oral procedures for survivors of head, neck and oral cancers, an assessment by the MSAC is required.

Anyone can apply to the MSAC, however, due to the level of evidence required, a medical professional group is generally best placed to provide the necessary research and trial data.

Recommendation 10

The committee recommends that the Australian Government provides seed funding for a national oral health promotion and advocacy body, similar to the Heart Foundation.

The Government **notes** this recommendation.

The Government routinely consults with expert dental and oral health organisations. The Government currently has an open and transparent process for health peak bodies to apply for funding. The Health Peak and Advisory Bodies Program is a capped, competitive grant program that supports selected peak bodies over a three-year period. The program aims to build capacity in the health sector to complement the work undertaken by all health peak and advisory bodies.

Recommendation 11

The committee recommends that the Australian Government works with states and territories to find ways to ensure access to adequate general and oral health services for people who are incarcerated.

The Government **notes** this recommendation.

States and territories manage the prison system including service delivery of health and oral health services. The Government will work collaboratively with state and territory governments to progress this recommendation.

Recommendation 12

The committee recommends that the Australian Government implements the oral health care recommendations from the Royal Commission into Aged Care Quality and Safety.

The Government **notes** this recommendation.

The Government acknowledges that older Australians experience poorer oral health outcomes and experience greater barriers to accessing dental and oral care.

There is currently a breadth of work underway to address recommendations relating to dental and oral health, made by the Royal Commission into Aged Care Quality and Safety. As part of this effort, quality standards will be reviewed and updated, multidisciplinary outreach services will be tested out for older adults in aged care, and roles and responsibilities related to providing health care to older adults in aged care will be made clear.

Recommendation 13

The committee recommends that the Australian Government considers the establishment of a Seniors Dental Benefit Scheme.

The Government **notes** this recommendation.

Recommendation 60 of the Royal Commission into Aged Care Quality and Safety includes establishing a new Senior Dental Benefit Scheme to fund dental services for people who live in residential aged care or who live in the community and receive the age pension or qualify for the Commonwealth Seniors Health Card. The National Dental Reform Oversight Group, represented by each state and territory and the Commonwealth, is currently conducting analyses to consider improved access to public dental services for priority groups, including people in residential aged care and older Australians living in the community. Options will be presented for Health Ministers' consideration during 2024.

Recommendation 14

The committee recommends that states and territories take into account the need for culturally safe and effective treatment for Aboriginal and Torres Strait Islander Australians.

The Government **notes** this recommendation.

The delivery of public dental services is the primary responsibility of the states and territories. Therefore, each jurisdiction determines all elements of service delivery including priority populations for eligibility and design of the services. The Commonwealth will continue to work collaboratively with jurisdictions to increase equitable access for public dental services.

While the responsibility for service provision primarily lies with the states and territories, in recognition of the unique needs of NT, the Department of Health and Aged Care administers the Health Implementation Plan under the National Partnership Agreement on Northern Territory Remote Aboriginal Investment (NTRAI), which provides funding for programs to improve oral and hearing health outcomes for First Nations children under 16 in the Northern Territory (NT). A total of \$7.359 million is being provided in 2023-24 for the Health Implementation Plan, of which \$3.302 million is allocated for the Oral Health Program (OHP).

The OHP is designed to complement the NT Government's Child Oral Health Program by providing additional preventive (application of full-mouth fluoride varnish and fissure sealants) and clinical (tooth extractions, diagnostics, restorations and examinations) services, with a particular focus on remote areas. Ahead of the NTRAI's expiration on 30 June 2024, a Joint Steering Committee has been convened to design future arrangements for remote service delivery in the NT. The Committee is comprised of representatives from the National Indigenous Australians Agency, Aboriginal Peak Organisations NT, the NT Government and the Department of Health and Aged Care.

The Government's National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031 (Workforce Plan) aims to increase the number of First Nations people in the health workforce, including those in dental and oral healthcare, to population parity by 2031 and strengthen the cultural safety of the health system overall.

The Workforce Plan is guided by six overarching strategic directions and 47 implementation strategies to attract, recruit, and retain First Nations health professionals, which includes those in dental and oral healthcare. This includes developing co-designed initiatives to increase and support Aboriginal and Torres Strait Islander people entering the health workforce, such as flexible workplace and education arrangements, and trainee leadership, mentoring and support networks.

The Workforce Plan also notes the importance of attractive and accessible pathways to retain and grow existing Aboriginal and Torres Strait Islander health care workforce, particularly in regional and remote areas of Australia.

Recommendation 15

The committee recommends that the Australian Government works with state and territory governments to revise state-based legislation and regulations that prevent non dental health professionals from applying fluoride varnish treatments and fluoride salts, including in regional and remote areas of Australia.

The Government **notes** this recommendation.

The delivery of public dental services is the responsibility of the states and territories and therefore it is up to each state and territory to establish eligibility requirements, state-based legislation, and regulation for oral health services within their jurisdictions.

Recommendation 16

The committee recommends that the Australian Government examines the potential use of fluoride salts in areas that cannot have fluoridated water.

The Government **notes** this recommendation.

In Australia, community water fluoridation programs are a safe, effective and ethical way of reducing tooth decay across the population. Fluoridated water is the primary source of fluoride exposure and helps reduce tooth decay for all, at all stages of life. This includes those who have access to dental care and other measures that help protect teeth from decay. Fluoridated water reaches everyone in the community and does not rely on people visiting dental clinics.

The Government will continue to explore with states and territories options for fluoridated water in areas that do not have access to it.

Recommendation 17

The committee recommends that the Australian Government investigates expanding access to Tranexamic acid to dentists, such as by adding Tranexamic acid mouthwash to the Pharmaceutical Benefits Scheme.

The Government **notes** this recommendation.

There are currently no tranexamic acid mouthwash products approved by the Therapeutic Goods Administration (TGA), Australia's regulator of medicines and other therapeutic goods. TGA approval status of a medicine is important because the Pharmaceutical Benefits Scheme (PBS) listing process relies, in part, on the scientific assessment of evidence regarding safety and clinical effectiveness that serves as the basis for TGA approval.

The PBS is the main mechanism through which the Government subsidises the cost of medicines for the treatment of Australian patients. Tranexamic acid tablet 500 mg is currently listed on the PBS as an unrestricted benefit for prescribing by medical practitioners and nurse practitioners.

Under legislation, the Government cannot list a new medicine on the PBS unless the Pharmaceutical Benefits Advisory Committee (PBAC) makes a recommendation in favour of its listing. Similarly, the Government relies on the advice of the PBAC when considering changes to the circumstances under which existing PBS medicines are listed, such as addition of a prescriber type.

The PBAC considers submissions from industry sponsors of medicines and medicinal products, medical bodies, health professionals, and private individuals and their representatives. However, for new products or new indications, it is normally the sponsor or manufacturer who holds the data required for such a submission. Sponsors usually engage public health and health economics experts to review the academic literature and help the company prepare a submission to the PBAC.

Recommendation 18

The committee recommends that the National Disability Insurance Agency clarifies that dental and oral health supports that are directly required because of a person's disability can be funded under the National Disability Insurance Scheme (NDIS), and provides specific training and guidance for NDIS decision makers. The kinds of supports that could be funded include:

- ***oral splints that assist with speaking or swallowing;***
- ***modified toothbrushes and flossing devices; and***
- ***any other reasonable and necessary oral health care consumables.***

The Government **supports** this recommendation.

The National Disability Insurance Agency (NDIA) publishes information about the decision-making process and the factors taken into consideration under the NDIS on the NDIS website. Guidelines are used by staff and participants and are based on NDIS legislation and rules. These are supported by a series of “would we fund it” examples of commonly requested items that have caused confusion. The NDIS website explains how the decision to or not to fund these items are made.

Currently there are no “would we fund it” examples about dental and oral health. The NDIA will develop new examples about dental and oral health supports. These will be published on the NDIS website by mid-2024.

Recommendation 19

The committee recommends that the Australian Government supports the dental industry to incorporate new training and competency requirements for dentists and other oral health professionals in treating people with disabilities and complex needs.

The Government **notes** this recommendation.

The Government recognises the importance of an appropriately skilled dental and oral health workforce for treating people with disabilities and complex needs. The Dental Board of Australia (the board) has appointed the Australian Dental Council (ADC) to assess the skills, knowledge, and professional attributes of those who seek to gain registration in Australia. The ADC is also responsible for accrediting dentistry education and training programs.

Under Australia's Disability Strategy 2021-2031, Health and Wellbeing is one of the seven outcome areas. Through the Strategy all levels of government recognise good health and wellbeing are critical determinants of a person's quality of life. The Strategy's Outcomes Framework measures health and wellbeing outcomes throughout the lives of people with disability, with indicators focused on health and wellbeing, prevention and early interventions, mental health and emergency response.

The Government is committed to addressing the serious health inequities experienced by people with disability and is in the process of working with states and territories to consider the recommendations of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. The Government has committed to providing an initial response to the Royal Commission by mid-2024.

In August 2021, the National Roadmap for Improving the Health of People with Intellectual Disability (Roadmap) was released. A key objective of the roadmap is to improve oral health of people with intellectual disability, recognising that improved oral health is a central requirement for improving general health and wellbeing. The Roadmap also recognises the need to improve education, training and continuing professional development for health professionals to enable them to provide better care for people with intellectual disability.

Recommendation 20

The committee recommends that the Australian Government makes the necessary changes to National Disability Insurance Scheme (NDIS) regulations to allow assessment, recommendations, and support to be provided by dental hygienists, oral health therapists and other oral health professionals, under the NDIS, for people whose disability directly impacts their oral health.

The Government **notes** this recommendation.

This recommendation crosses over with recommendations from the NDIS Review. These are being further considered by governments as part of the response to the NDIS Review.

Recommendation 21

The committee recommends that the Australian Government implements the recommendations from the Report on the Fifth Review of the Dental Benefits Act 2008.

The Government **supports** this recommendation **in principle**.

The Department of Health and Aged Care is currently progressing implementation of the recommendations of the Fifth Review Report of the *Dental Benefits Act 2008* and will seek the expertise of the Dental Clinical Advisory Committee for further analyses of relevant recommendations.

Recommendation 22

The committee recommends that the Australian Government develops a plan and timeline to expand access to the Child Dental Benefits Schedule to all children, over time, initially targeting better access for disadvantaged and vulnerable children.

The Government **notes** this recommendation.

The Child Dental Benefits Schedule (CDBS) is currently significantly under-utilised (30% utilisation) despite nearly 45% of all Australian children being eligible. The Department of Health and Aged Care is actively working to collaborate with stakeholders to improve the uptake of this program. For instance, in 2023, the Behavioural Economics Team of the Australian Government (BETA) undertook a survey of 5000 eligible families to understand reasons for the low uptake. The findings demonstrate that confusion around eligibility, parental health literacy and cost as potential barriers for uptake. As a result, the Department of Health and Aged Care is working together with Services Australia to review the notification of eligibility while exploring avenues to promote CDBS.

The Fifth Review Report of the *Dental Benefits Act 2008* has recommended modification of the CDBS to include dental service access for children in rural and remote areas, First Nations children and children with a disability. These recommendations are currently being reviewed by the Dental Clinical Advisory Committee.

Recommendation 23

The committee recommends that the Australian Government introduces a remote area loading for services delivered under the Child Dental Benefits Schedule in remote and very remote areas of Australia.

The Government **notes** this recommendation.

The Government understands that oral health status declines as remoteness increases. Introducing loading for services in remote areas is complex and would require legislative change.

The Government has a long-term funding partnership with the Royal Flying Doctor Service (RFDS) to provide essential primary health care in rural and remote areas. The current RFDS Grant Agreement is a 5-year Agreement (November 2022 to 30 June 2027). In 2022-23, the RFDS provided 58,976 dental health services across Australia.

Recommendation 24

The committee recommends that the Australian Government works with the states and territories to ensure access to general anaesthetic, and other forms of sedation, can be provided in an accessible and timely way. This will support access to dental care for persons with disabilities and/or complex needs who require sedation.

The Government **notes** this recommendation.

There are risks associated with the use of general anaesthesia and other sedation techniques. Therefore, benefits are not allowed under the CDBS and the DVA Dental Program for these services.

However, the Commonwealth provides funding for states and territories for the delivery of inpatient (and some outpatient) dental services through the National Health Reform Agreement (NHRA), including services that are offered under general anaesthesia. Each jurisdiction determines its service delivery model including how services requiring sedation are delivered.

Treatment under general anaesthesia/sedation for children with disabilities and/or complex needs was a recommendation of the Fifth Review of the *Dental Benefits Act 2008* and the National Roadmap for Improving the Health of People with Intellectual Disability. The Department of Health and Aged Care is considering these recommendations and currently seeking the expertise of the Dental Clinical Advisory Committee in its review of the recommendations relating to the use of general anaesthesia for eligible children under the CDBS.

Recommendation 25

The committee recommends that the Australian Government works with the states and territories to improve remuneration and conditions for dentists and oral health practitioners practicing in the public sector, so these may be more competitive with the private sector.

The Government **notes** this recommendation.

States and territories have the primary responsibility for the delivery of public dental services, including managing their workforce and associated expenses, including remuneration. The Commonwealth currently provides additional funding through the FFA for delivery of public dental services for adults.

The Government is working with states and territories to reform funding arrangements, providing greater funding certainty that will support workforce recruitment and retention.

Recommendation 26

The committee recommends that the Australian Government considers supporting universities located in regional areas to establish dental schools, or expand current courses to accommodate [sic] more students.

The Government **supports** this recommendation **in principle**.

The Rural Health Multidisciplinary Training (RHMT) Program supports 22 universities, forming a national network of Rural Clinical Schools (RCS), University Departments of Rural Health (UDRH) and Regional Training Hubs to provide infrastructure and academic networks for teaching and training medicine, nursing, allied health and dentistry students and to support pathways to rural practice.

In 2021 and 2022, the Government undertook a feasibility study into improving dental and oral health training outcomes in rural settings. A report was produced outlining study findings and strategies to improve rural training outcomes following extensive stakeholder engagement and in-depth consultation with an Expert Reference Group of sector specialists.

The proposed strategies that align to this recommendation include:

- Embedding oral health training through the RHMT UDRH network to identify greater clinical placement opportunities, provide supervision and support to students, develop greater training networks, and embed oral health as part of a multidisciplinary approach.
- Establishment of a rural dental and oral health clinical school, modelling the approaches of existing RHMT RCSs, to develop a rural clinical and teaching dental and oral health hub to build clinical, teaching, supervision and research capacity and capability that supports placements and service delivery in rural and remote communities.

The Australian Government is continuing to consider these recommendations.

Recommendation 27

The committee recommends that universities be incentivised to implement alternative entry pathways, such as Principals' recommendations, and allocate specific course places for regional and remote students to study dentistry and oral health.

The Government **notes** this recommendation.

In 2021 and 2022, the Government undertook a feasibility study into improving dental and oral health training outcomes in rural settings. A report was produced outlining study findings and strategies to improve rural training outcomes following extensive stakeholder engagement and in-depth consultation with an Expert Reference Group of sector specialists.

The proposed strategies that align to this recommendation include that universities participating in the RHMT program should demonstrate student selection and admissions processes to identify and increase the intake of rural students to meet or exceed rural origin targets.

Recommendation 28

The committee recommends that the Australian Government considers funding evidence-based programs to incentivise dental and oral health providers to practice in regional and remote areas of Australia.

The Government **supports** this recommendation **in principle**.

The proposed strategies that align to this recommendation from the 2021-2022 RHMT feasibility study include embedding oral health training through the RHMT UDRH network to identify greater clinical placement opportunities, to provide supervision and support to students, to develop greater training networks, and embedding oral health as part of a multidisciplinary approach.

The Australian Government is continuing to consider the recommendation made by the Dental Feasibility Study, and the Department of Health and Aged Care continues to work alongside dental training and UDRH networks to explore possibilities within the existing scope of the program.

Recommendation 29

The committee recommends that the Australian Government expands existing medical student rural subsidy programs to include dental and oral health students.

The Government **supports** this recommendation **in principle**.

The proposed strategies that align to this recommendation from the 2021-2022 RHMT feasibility study include establishing a rural dental and oral health clinical school, modelling the approaches of existing RHMT RCSs, developing a rural clinical and teaching dental and oral health hub to build clinical, teaching, supervision and research capacity and capability that supports placements and service delivery in rural and remote communities.

The Australian Government is continuing to consider these recommendations.

Recommendation 30

The committee recommends that the Australian Government investigates implementing a requirement for a 12-month compulsory paid placement working within the public health system following graduation in order to qualify for the dental license/complete their studies.

The Government **notes** this recommendation.

The Dental Board of Australia (the Board) is responsible for all matters relating to the regulation of the dental profession in Australia, including determining the registration requirements to practice in Australia. The Dental Board does not have the ability to restrict the practice of a dental graduate to public only practice. The Board is supported in its role by AHPRA and each of these bodies operate independently of Government.

Recommendation 31

The committee recommends the Australian Government works to increase the size of the oral health therapist workforce by putting into place incentives to study oral health therapy and providing scholarships for students from regional areas and Aboriginal and Torres Strait Islander students.

The Government **supports** this recommendation **in principle**.

Currently, the Government funds a range of tailored workforce programs that include training and initiatives designed to increase the First Nations workforce across Australia, including in rural and remote areas. Key initiatives include:

- Indigenous Allied Health Australia (IAHA), a national member-based Aboriginal and Torres Strait Islander allied health organisation, who support Aboriginal and Torres Strait Islander allied health students and graduates. IAHA also supports the broader allied health workforce and its associate membership of individuals and organisations with expertise, interest and commitment to improving the health and wellbeing of Aboriginal and/or Torres Strait Islander peoples. This program relates to core operational and advocacy work in relation to all First Nations allied health professionals, which can include dental or oral health.

- IAHA National Health Academy program that works with high school students from years 7-12, starting with health literacy, moving to leadership and career planning and transitioning into the Health Academy in Years 11 and 12. Pathways lead to careers in health and may include dental or oral health. Health Academies currently operate in five locations: Darwin, South- East Queensland, Northern Rivers (New South Wales), Greater Western Sydney and the Australian Capital Territory.

The Department of Health and Aged Care also funds the Indigenous Health Worker Traineeship program, which provides government funded traineeships for First Nations people working within Aboriginal Community Controlled Health Services to attain qualifications in health and community services. Further scholarships that include oral health include:

- The Allied Health Rural Generalist Pathway (AHRGP) and Allied Health Assistant Workforce Program (AHAWP) is a professional and career development strategy to improve the range of skills of the Allied Health workforce in rural and remote Australia to meet emerging community health needs.
- The Puggy Hunter Memorial Scholarship Scheme (PHMSS) aims to increase the First Nations peoples' participations in the health workforce through the provision of financial assistance to Aboriginal and Torres Strait Islander undergraduate students studying health related disciplines in a university, TAFE, or Registered Training Organisation.
- The Indigenous Health Scholarships Program through Australian Rotary Health provides scholarships to Aboriginal and Torres Strait Islander people undertaking health related studies.

The RHMT feasibility study recommended several strategies that may help increase the oral health workforce in rural and remote areas. These strategies include:

- Ensure requirements of dental and oral health training align with evidence for rural practice.
- Embedding oral health training through the RHMT UDRH network to identify greater clinical placement opportunities, provide supervision and support to students, develop greater training networks, and embed oral health as part of a multidisciplinary approach.
- Establishment of a rural dental and oral health clinical school, modelling the approaches of existing RHMT RCSs, to develop a rural clinical and teaching dental and oral health hub to build clinical, teaching, supervision and research capacity and capability that supports placements and service delivery in rural and remote communities.
- Growing our First Nations dental and oral health workforce and establishing the Indigenous Dental Association of Australia (IDAA) as a workforce peak body to provide leadership and support in this space.

The Australian Government is continuing to consider these recommendations.

Recommendation 32

The committee recommends that the Australian Government adequately recognises the need for Aboriginal Community Controlled Health Organisations to:

- ***train general health care providers in delivering basic and preventative oral health care; and***
- ***recruit and retain dentists, and other oral health practitioners, to work in regional and remote areas of Australia.***

The Government **supports** this recommendation **in principle**.

The Government recognises the critical health care workforce challenges in regional and remote areas of Australia and is committed to working in genuine partnership with the Aboriginal Community Controlled Health Sector and other key primary health stakeholders to help address the workforce challenges currently being faced in the remote communities.

Recommendation 33

The committee recommends that the Australian Government appoints a Chief Dental and Oral Health Officer and establishes an Office of Dental and Oral Health in the Department of Health and Aged Care, to coordinate national reforms.

The Government **notes** this recommendation.

Currently, the Government seeks expert clinical advice from the state and territory dental directors, internal dental advisors, and the Dental Clinical Advisory Committee.

Recommendation 34

The committee recommends that the Department of Veterans' Affairs improves rebates provided to dental prosthetists to achieve parity with the rates paid to dentists, to correct the price discrepancy.

The Government **notes** this recommendation.

Dental treatment has been a feature of the Department of Veteran's Affairs health care arrangements since the inception of the repatriation program in 1918 with a number of changes from reviews into new or emerging trends.

The DVA Dental Program supports the oral health of DVA clients who hold a Veteran Gold Card, or Veteran White Card with an accepted dental condition.

The Program provides funding to participating dental providers on a fee-for-service basis, using two broad fee schedules, one for dentists and dental specialists and another for dental prosthetists. The schedules list a comprehensive suite of services, including preventive treatment such as examinations and cleaning; simple treatment such as fillings and extractions; complex treatment such as crowns, bridges, implants and dentures; and treatment of oral diseases including gum disease and dental caries.

In 2022-23, DVA provided over 52,000 dental prosthetic services to 10,400 clients at a cost of over \$10 million. Of these services, 37 per cent were provided by dental prosthetists.

The Government acknowledges the current difference in remuneration between dental prosthetists and general dentists for delivering services under DVA dental arrangements.

Recommendation 35

The committee recommends that the Australian Government works with the states and territories to achieve universal access to dental and oral health care, which expands coverage under Medicare or a similar scheme for essential oral health care, over time, in stages.

The Government **notes** this recommendation.

Governments are working together to progress dental reform priorities including long-term funding options which would offer funding stability, enhance service accessibility, and assist state and territory governments in achieving oral health outcomes by means of improved service design, implementation, and workforce recruitment and retention. Health Ministers are exploring opportunities to improve access to dental and oral health services, particularly for priority populations including First Nations people and older Australians.