



AUSTRALIAN DENTAL  
ASSOCIATION INC.

75 Lithgow Street St Leonards NSW 2065  
Telephone: (612) 9906 4412  
Facsimile: Executive (612) 9906 4736  
Administration (612) 9906 4676  
Publications (612) 9906 4917

Email: [adainc@ada.org.au](mailto:adainc@ada.org.au)  
Website: [www.ada.org.au](http://www.ada.org.au)

All Correspondence to:  
PO Box 520 St Leonards NSW 1590

Our Ref:

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9 September 2008

Megan Cahill  
Chair, Practitioner Regulations Sub-Committee  
Health Workforce Principal Committee  
Level 12  
120 Spencer Street  
Melbourne VIC 3000

Dear Madam,

**RE: Registration of Dental Technicians**

Thank you for your letter of 14 July 2008 and the opportunity to reply to your requests.

The ADA is the national body representing over 10,000 registered dentists engaged in clinical practice. This represents over 90% of all dentists in Australia, the vast majority of who are self-employed. The primary objective of the ADA is to encourage the improvement of the health of the public and to promote the art and science of dentistry. Each State and Territory has its own association Branch, with individual dentists belonging to both their home state Branch and the national body. Further information on the activities of the ADA and State and Territory Branches can be found on the ADA website at [www.ada.org.au](http://www.ada.org.au).

In accordance with your request, the Australian Dental Association (ADA) will address the six criteria:

**Criterion 1:**

**Is it appropriate for Health Ministers to exercise responsibility for regulating the occupation in question, or does the occupation more appropriately fall within the domain of another Ministry?**

The Australian Dental Association does not consider that Health Ministers need exercise responsibility for regulating the occupation of dental technicians.

The duties of a dental technician consist of carrying out the following established laboratory procedures:

- a) fabrication, maintenance and repair of complete and partial dentures
- b) fabrication of inlays, onlays, veneers, crowns and bridges
- c) fabrication of mouthguards, occlusal splints, medicament trays and stents
- d) fabrication of appliances used in orthodontics, oral and maxillofacial surgery and other special areas of dentistry.

The ADA contends that regulation of a profession should only arise if the occupation poses a significant risk of harm to the health and safety of the community. This would almost always apply to occupations that perform treatment directly on the public.

The duties of a dental technician as described above do not, in the ADA's view, constitute a risk of such harm. Accordingly, the ADA sees no reason for this group to be registered.

Dental technicians have not been registered in Victoria since the introduction of the Dental Practice Act 1999 and there has been no evidence that this has placed the Victorian public at risk.

**Criterion 2:**

**Do the activities of the occupation pose a significant risk of harm to the health and safety of the public?**

The ADA does not consider that the duties carried out by this occupation pose a significant risk of harm to the health and safety of the community. As can be seen from the description of the duties of a dental technician (identified in Criterion 1), dental technicians have no direct contact with the public, they construct appliances on the prescription of dentists (or dental prosthetists) which are then fitted to the patient by a dental surgeon.

Accordingly, the dental surgeon is the one in direct contact with the public, providing the treatment and who can disinfect appliances before they are fitted. Dentists are registered professionals, and have standards and regulatory requirements imposed upon them to protect the health and safety of the community.

If the criterion for being registered was based on being a valuable and highly skilled occupation and desire to be registered then the ADA would support the case for dental technicians being registered.

However this is not the case, and arguments for their registration must be only based on the extent to which their activities pose a significant risk to the public.

The case for registration of dental technicians has no more validity than an argument for a need for regulation of all persons involved in dental treatment. Staff and visitors to dental surgeries such as dental assistants, cleaners, equipment technicians and sales persons can or may potentially influence infection control in dental surgeries, but here also the public is protected as their activities are overseen by dentists and other registered persons.

**Criterion 3:**

**Do existing regulatory or other mechanisms fail to address health and safety issues?**

The ADA believes that existing mechanisms address appropriate safety issues as identified in the response to Criterion 2.

The ADA feels that while there is regulation for dental technicians in place in NSW, ACT, QLD and SA, review of the regulatory requirements for dental technicians pursuant to the IGA is now opportune.

The Committee has to be mindful that with registration there will be added costs for the dental technicians and with that will come an increase in fees for the consumer. As there is no perceived benefit to the community associated with the registration of technicians, registration for this sector should not be considered.

**Criterion 4:**

**Is regulation possible to implement for the occupation in question?**

Yes, but as indicated the ADA does not consider it to be necessary. We note that in NSW there is a Code of Practice for Unregistered Health Practitioners. The Code is incorporated into the Public Health (General) Regulations 2002 under the Public Health Act 1991. It now provides the New South Wales Health Care Complaints Commission with the power, pursuant to the *Health Care Complaints Act 1993*, to investigate complaints against unregistered health practitioners. The Commission is able to investigate a complaint that an unregistered practitioner has breached the code of conduct. If the Commission finds that such a breach has occurred and is of the opinion that the practitioner poses a substantial risk to the health of members of the public, the Commission has the power to issue an order prohibiting the person from providing health services for a period of time and/or issue a statement of warning to the public about the person and his or her services.

The Code requires compliance with quite basic standards namely that health practitioners (whether registered or not registered) are for example required to:

- provide services in safe and ethical manner;
- adopt standard precautions for infection control;
- not practise under influence of alcohol or drugs;
- not financially exploit clients;
- comply with relevant privacy laws;
- keep appropriate records.

In the context of preparations now in train for national registration, this regulatory approach offers a potentially useful means by which to protect the public in their dealings with unregistered practitioners, but also with registered practitioners who provide services that are unrelated to their registration.

**Criterion 5:**

**Is regulation practical to implement for the occupation in question?**

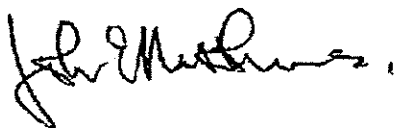
Yes, but as indicated the ADA does not consider it to be necessary.

**Criterion 6:**

**Do the benefits to the public of regulation clearly outweigh the potential negative impact of such regulation?**

As indicated, the ADA does not consider regulation of dental technicians to be required on the basis of this criterion. There is no significant risk to the health and safety of the community through the processes undertaken by this profession. However registration and associated activities such as site accreditation would have financial costs which will be passed on to the public. Such costs could adversely affect access to care. There is in the ADA's assessment no benefit to the public from regulation of dental technicians.

Yours faithfully,



Dr John E Matthews  
President