Australian Dental Association Victorian Branch

2024-2025 Pre-Budget Submission

About the Organisation

The Australian Dental Association Victorian Branch (ADAVB) is the professional association of Victorian dentists. We represent professionals who work across the public and private sectors, in general dental practice, or in one of 13 areas of dental specialisation, in education and research roles, as well as dentistry students currently completing their entry-to practice qualification. The primary objectives of the ADAVB are to encourage the improvement of the oral and general health of the public, promote the ethics, art and science of dentistry and support members to provide safe, high-quality professional oral care.

We highlight the key steps ADAVB believes are necessary to create a more responsive dental health system for Victorians and bolster equitable access to public oral health care. Some require significant investment, but others are relatively low cost but high impact:

1. "Fair Wages for Public Dentists: A Step Towards Equity"

2. "Revisiting Payroll Tax: The Need for Clarity and Fairness"

3. "Filling the Gap: Incentives to Recruit Dentists"

4. "Enhancing Care: Better Voucher Rates to Engage the Private Sector"

5. "Investing in the Future: Funding Research for Effective Dental Care

Public dental services are primarily funded by State and Territory Governments, with additional smaller contributions for adult care from the Federal Government through the Federated Funding Agreement and the Child Dental Benefits Scheme for children. We recognise that the Victorian Government has made recent additional investments in public dental services, such as the Smile Squad School Dental Program and one-off post-Covid initiatives, both of which are valuable first steps. However, these initiatives ultimately fall short in addressing the significant funding and resource inequities that are pervasive in the public dental system.

1. Fair Wages for Public Dentists: A Step Towards Equity

Contextual Overview

Key Issue: Inequity in Public Dentist Salaries

A key factor is the inadequate and uncompetitive remuneration rates of Victorian public sector oral health staff in comparison to private sector and other states. Public sector dentists in Victoria are paid up to 28 percent less than for the same rolein NSW. The average annual salary for a public dentist in NSW is between $99,000 and $185,000 compared to $77,000 and $168,000 in Victoria.[1] Furthermore, the burden of HECS debt for recent graduates serves as an additional deterrent from pursuing employment in the public sector.

Studies into Victoria's public dental system have consistently identified inadequate remuneration as the primary reason for practitioners leaving the sector and the leading cause of diminished job satisfaction as early as 2010.[2] In ADAVB's 2023 Victorian Senior Public Dental Survey, all but one respondent had noted issues in recruiting and retaining staff, with most citing low pay, no incentives in comparison to working in the private sector.[3] This ongoing issue has severely impacted the wellbeing of Victorian public sector dentists and consequentially, access to oral health services within the broader community.

On the Ground: Perspectives on Public Dentists' Compensation:[3]

"[The] pay is low and not comparative to other states/private practice. Not many incentives to work in public. Staff come as new grads and get experience then leave".

Clinical Head of Dentistry (Metropolitan Melbourne)

"[The] average duration of a graduate dentist employment is 12 months before they seek private practice employment where your end pay is similar, but you do not have to work

Senior Dentist (Regional Victoria)

"The award needs to be significantly raised; it is very hard to compete in today's market. Private practices wages are very appealing to clinicians."

Dental Manager (Metropolitan Melbourne)

Increasing public dentists' pay will likely have a rapid impact on the entire sector. In the short-term providing reduced stress, lower rates of staff turnover and greater retention. Over a longer period, we would expect to see increasing workforce capacity, more effective service delivery and greater mentorship opportunities for early career practitioners. As per the most current Wages Policy and the Enterprise Bargaining Framework for Victorian Government Departments and Agencies[4], the wage cap is now set at 3%, despite the Consumer Price Index (CPI) increasing to 5.4% over the twelve months to the September 2023 quarter,[5] reflecting a real wage loss for both dentists and all public sector employees. We aspire to build a public dental sector that stands as a testament to our commitment and care, a healthcare system that Victoria can take pride in.

Current Circumstances and Ensuing Challenges

Inadequate remuneration for public dentists is a direct consequence of persistent neglect, with Victorians having to witness the steady erosion of their public dental system; meanwhile other states and territories facing similar conditions have acknowledged the severity of the situation and raised the baseline pay for dental practitioners to bolster their workforce numbers.[6]

Victoria's acute shortage of public sector dental professionals has contributed to a significant increase in average treatment wait times. In 2023 only one out of every seven 1.5 million eligible Victorian adults are currently able to access public dental care annually, exposing a glaring inequity in the Victorian health system.[7] The state has the second longest median wait time for general dental care and the lowest FTE rate of public dentists in Australia.[8] There has also been a significant drop in the number of total FTE dentists in the state over time, from 204.1 in December 2018 to 175.5 in December 2022, a roughly 14% reduction in capacity.[9] This is occurring whilst the total Victorian population has grown an estimated 8.8% in that same period.[10]

Fig 1. Table Showcasing the Total Public Dentist FTE by Region in Victoria

Agency	Total Region's Public Dentist FTE
Barwon Region	10.10
Grampians Region	2.20
Loddon Mallee Region	11.40
Hume Region	10.30
Gippsland Region	9.80
Western Metro Region	18.00
Northern Metro	29.80
Eastern Metro	23.40
Southern Metro	40.00

Source: Estimated Average Wait Times Data obtained under Freedom of Information from Dental Health Services Victoria in July 2023 by the Australian Dental Association Victorian Branch Inc.

Pay Inequity for Dental Specialists-in-Training.

Inequitable remuneration has also severely impacted specialists-in-training, who are fully accredited dentists currently undergoing postgraduate training in various fields of specialty. Specialists-in-training in Victoria (except for OMFS students) currently receive no form of financial compensation, either through an employment contract or scholarship payment, whilst completing their extensive three-year placement. These placements provide immense value to their host organisations with many specialist dental clinics relying extensively on student involvement to manage the high number of patients (as shown in Fig. 2). The significant time commitment required for these placements frequently results in many students being unable to practice professionally as dentists outside their university obligations, potentially causing financial hardship, increased stress, and a higher likelihood of discontinuing their studies. Many other trainee health professionals, such as Doctors in training,[11] have historically been contracted employees, highlighting the disparity in this treatment compared to dental practitioners. Many other states already provide a form of renumeration for specialists-in-training, making Victoria an outlier in that regard. Despite these post-graduate dental students providing an invaluable service to host organisations, there has been hesitancy to compensate these professionals for their work. We believe that developing an employment model for specialist dentists-in-training with relevant public dental facilities is not only a significant issue of equity but also likely an effective strategy to attract more practitioners into the public dentistry sector.

Fig 2. Table Showcasing the Proportion of Student to Clinician FTE at RDHM by Specialist Clinic

Speciality Clinic	Total Student FTE	Total Clinician FTE	Total FTE	Percent of Student FTE by Total FTE
Endodontist	2.60	0.64	3.24	80.3%
Oral Medicine	2.60	2.62	5.22	49.8%
Orthodontist	2.40	2.78	5.18	46.3%
Paediatric Dent	2.15	1.65	3.80	56.6%
Periodontics	2.95	0.67	3.62	81.5%
Prosthodontics	1.60	3.06	4.66	34.3%
Special Needs	0.00	0.61	0.61	0%

Source: Estimated Specialist Clinician FTE: obtained under Freedom of Information from Dental Health Services Victoria in July 2023 by the Australian Dental Association Victorian Branch Inc., Estimated Student FTE: obtained through annual ADAVB member consultation.

Recommendations for Future Action

- The alignment of Victorian public dentist wages with interstate benchmarks
- Securing adequate financial compensation in future Victorian "Hospital, Specialist and Stand-Alone Community Health Enterprise Bargaining Agreements."
- Develop and implement a model of renumeration for specialist dentists-in-training in all public dental facilities to ensure adequate compensation for the clinical work they perform.

2. "Revisiting Payroll Tax: The Need for Clarity and Fairness"

Contextual Overview

Key Issue: Payroll Tax Ambiguity Threatens Dental Clinic Operations

In Victoria's private sector, the majority of dentists work as independent contractors for clinics.[12] Since the inception of the Payroll Tax Act in 2009, dental clinics have operated under the assumption that independent contractors, such as private sector dentists, are legally exempt from payroll tax.[13] Recent debates over the exact wording and policies of the Payroll Tax Act have raised questions about the precision of its interpretation, creating uncertainty among clinics about the accuracy of their historical tax contributions.[13] Many of our members are concerned that, owing to this inadequately communicated policy, dental clinics—many of which are small businesses—could be held responsible for years of backdated payroll tax contributions.[14] It is essential that this ambiguous tax policy be revised or clarified to support dental clinic owners, aiming to prevent further financial repercussions for both the businesses and their patients.

Current Circumstances and Ensuing Challenges

ADA Inc. has previously warned that issuing clinics backdated tax payments will have immediate and significant consequences for the public.[12] Businesses will be forced to raise their treatment fees to recuperate losses associated with payroll tax payments, a consequence of this being that vital dental treatments become more expensive for patients.[12] This situation could lead to a larger segment of the Victorian population depending on the already overstretched and under-resourced public sector, exacerbating existing problems like prolonged waiting times. This issue also raises concerns about an increased risk of dental clinic closures, as many businesses are still grappling with the aftermath of the COVID-19 pandemic and cost of living crisis. Despite enduring the impact of inflation, private dental clinics have managed to keep patient costs relatively low, as highlighted in the ADA's Dental Fees Survey,[15] which shows that fees charged by general dental practitioners rose just about 2.14% from 2017 to 2022, compared to a 14.5% increase in inflation.[12] We assert that it is crucial and the Victorian government's duty to address this issue promptly to avert the potential problems stemming from inaction.

Recommendations for Future Action

- We request clearer guidelines on the business structures exempt from payroll tax and seek information on when Victoria will align with Queensland's recent Ruling concerning payment flows.

- Additionally, we advocate for an end to retrospective tax assessments and the introduction of amnesty periods, similar to those currently offered by Queensland.

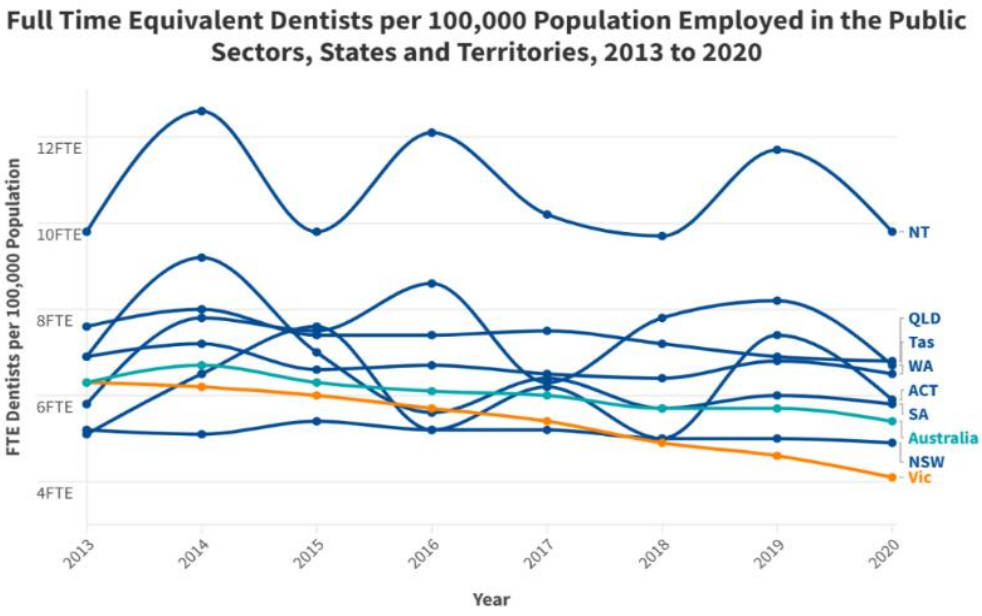
3. Filling the Gap: Incentives to Recruit Dentists

Contextual Overview

Key Issue: Low Morale and Wellbeing Among Dental Practitioners

While we have previously discussed that inequitable remuneration is a significant reason why dentists either avoid working in the public sector or leave after a short period of time, we also believe that there are numerous other non-financial disadvantages exacerbating the public workforce shortage. As discussed by Hopcraft et al. (2010)[2] lack of financial incentives significantly impacts the recruitment of younger dentists in the public sector, whereas other factors play a more significant role in retaining staff and attracting mid-career and senior dentists. Challenges in staff recruitment and retention, stemming from both financial and non-financial factors, lead to a cascading series of effects such as heightened stress and burnout,[16] which in turn result in higher exit rates from the public sector, thus perpetuating a cycle of decline.

Fig 3. Line Chart Illustrating the Full Time Equivalent (FTE) Dentists per 100,000 Population Employed in the Public Sectors, States and Territories, 2013 to 2020



Source: Australian Institute of Health and Welfare. Oral health and dental care in Australia [Internet]. Canberra: Australian Institute of Health and Welfare, 2023 [cited 2023 Nov. 17].

Challenges unique in recruiting and retaining dental workforce in rural and regional areas often involving the remoteness, distance from friends and family, and limited educational opportunities for children, especially for those relocating from urban areas.[2] Increasing public dentists' pay in the short term is likely to have a rapid impact on the entire sector, including the rural and remote workforce. However, initiatives that encourage local students to pursue dentistry could also significantly alleviate these concerns. Preliminary research indicates that practitioners originating from rural and remote areas are more inclined to return and remain in rural locations after their training.[17]

Current Circumstances and Ensuing Challenges

Public dental services in Victoria, especially in rural and regional areas, are encountering substantial difficulties in attracting a sufficient workforce. Areas like Wimmera and Southern Mallee are particularly affected, with several clinics functioning without any dentists.[7] The scarcity of public dental staff is the primary contributor to the insufficient availability of appointments and the prolonged waiting lists across the state. This challenge has also led to the pervasive issue of chair underutilisation in Victoria's public dental system that is leading to inefficient use of resources and decreased accessibility for patients. As per Question on Notice No. 460 issued to the Victorian Parliament on the 17th of May 2023, the government's own admission confirms that the entire Victorian public dental service is operating at an estimated 52.5% capacity.[18] As shown in Fig 3 above, there has also been a slight decline in the total number of public dentist FTEs to the general population over time across Australia; however, notably Victoria has experienced the most pronounced decline during this 2013-2020 period, falling from 6.3 FTEs per 100,000 individuals in 2013 to 4.1 per 100,000 in 2020. The Australian Dental Association Victoria Branch emphasise the need for the Victorian Government to adopt focused and strategic measures to effectively tackle both current and anticipated dental health needs.

One of the primary reasons driving the desire to leave the public sector is the restriction on exercising clinical judgment, related to issues of limited career progression, lack of clinical freedom, and an emphasis on emergency treatment, all factors that contribute to a reduced sense of autonomy.[2] Redeveloping career development pathways in the sector, with a clear structure for advancement and seniority, as well as opportunities for specialisation, could be an effective strategy to address these issues. Initiatives aimed at enhancing professional development programs would also bolster a key motivator for dentists entering the public sector - the opportunity to gain valuable clinical experience and receive professional support and mentoring.[2] The study also reiterates the chief concern of practitioners to be inadequate renumeration.[2]

Recommendations for Future Action

- Negotiate with relevant universities to develop pathways for more rural students to gain access to relevant training and later employment in the regions.
- Formalise mentorship arrangements for dentists working in rural areas including use of tele-dentistry specialist consultations and increase access to clinical professional development programs in conjunction with the expansion of greater career pathways.

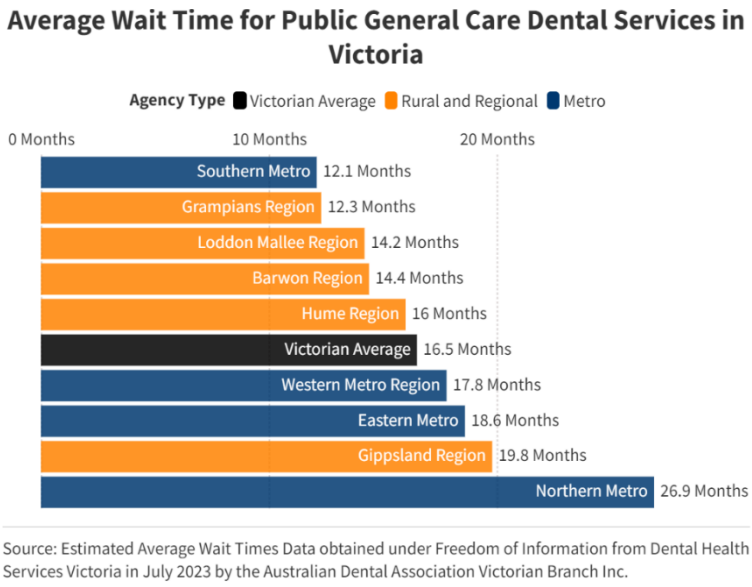
4. Enhancing Care: Better Voucher Rates to Engage the Private Sector

Contextual Overview

Key Issue: Current Voucher System Not Fit for Purpose

Established in 2012, the Victorian Emergency Dental Scheme (VEDS), VictorianGeneral Dental Scheme (VGDS), and Victorian Denture Scheme (VDS) is a voucher-based payment system that allows patients on public dental waiting lists to obtain treatment from private providers. Patients provide a co-payment, while the Victorian government compensates the clinics at a predetermined rate. The system is used particularly when Community Dental Agencies (CDAs) lack the resources for in-house treatment or when there is an influx of additional funding. Implemented as a temporary measure, the voucher system aims to mitigate waitlist backlogs and alleviate the impact of workforce shortages, ensuring timely dental care for the community.[19] Although designed to address many of the challenges outlined in this submission, the voucher schemes, in their present form, are insufficient to significantly alleviate the strain on the public sector.

Fig 4. Bar Chart Presenting the Average Wait Time for Public General Care

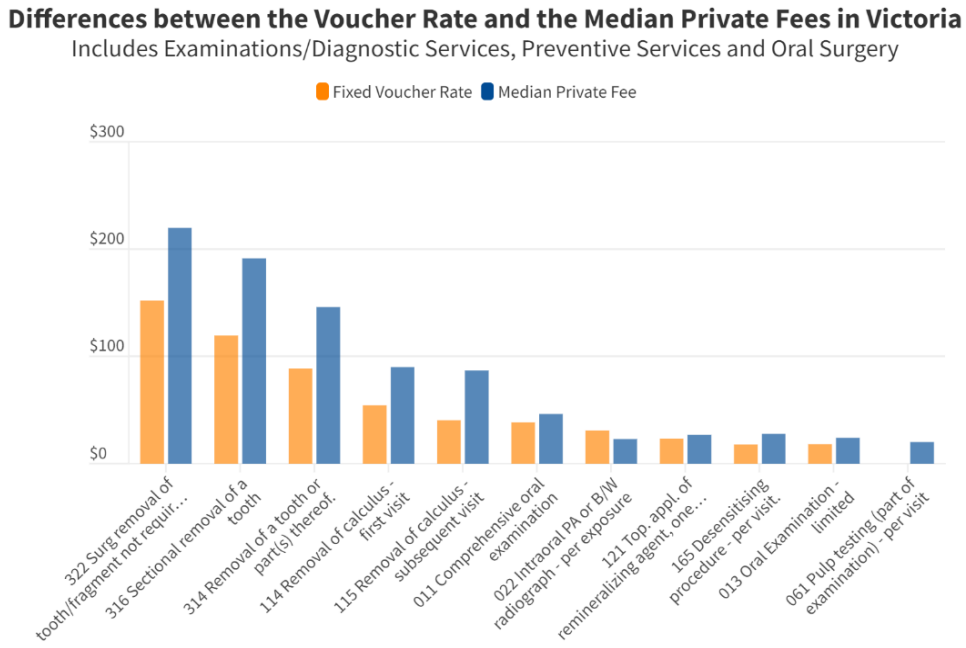


Source: Estimated Average Wait Times Data obtained under Freedom of Information from Dental Health Services Victoria in July 2023 by the Australian Dental Association Victorian Branch Inc.

Current Circumstances and Ensuing Challenges

One of the major challenges with the schemes is that private clinics frequently reject vouchers because the state's offered rate falls significantly short of the average private fee. We discovered that all but one service provided under the fixed rate paid for services covered by either VEDS, VGDS or VDS was significantly below the Victorian median private fee [See Appendix 1] This gap becomes even more pronounced when considering that patients typically receive several services per visit, leading to clinics receiving reimbursements that are often hundreds of dollars lower than the fees charged to private patients. The substantial payment gap heavily disincentivises private clinics from treating public patients, markedly diminishing the pool of dentists willing to accept public sector patients. This situation forces individuals to either travel to clinics that accept vouchers or postpone treatment entirely, a problem further exacerbated in rural and remote areas where dental services are often immensely scarce.

Fig. 5 Grouped Column Chart Showing the Differences between the Fixed Voucher Rate and the Median Victorian Private Dental Fee



Source: Appendix (Difference Between 2023 Fixed Voucher Rates and Median Private Fees Per Eligible Service in Victoria)

Another urgent issue we identify with the voucher schemes is the relatively limited range of eligible treatments. Only fifty out of the total 335 dental services[20] (an estimated 14.9%) available to patients in Australia are covered by the VEDS, VGDS, or VDS.[21] This reduced scope of treatment is not in itself a problem given the service was intended to offer immediate and general treatment to eligible public patients, who would then return to the public system for more comprehensive care. However, the scheme's coverage does not extend to many essential and frequently required services, such as "Surgical removal of tooth/fragment requiring removal of bone" (Item code: 323). The omission of key services renders the system fundamentally ineffective at its primary goal of alleviating the demand on public sector services or contributing to a meaningful reduction in waitlists. The system also excludes people from the most vulnerable and marginalised groups, who typically require more complex care, while those who receive preliminary treatments through the voucher system are eventually returned to the public queue, delaying the completion of their treatment and oral health continues to deteriorate.

Recommendations for Future Action

- Re-evaluate the benchmark at which voucher values are determined to better match the average treatment costs in the private sector.
- Re-evaluate and broaden the scope of treatment options available, enabling patients to receive the care that they need.

5. Investing in the Future: Funding Research for Effective Dental Care

Contextual Overview

Key Issue: Inadequate Funding Research on Clinical Dental Services

Increased investment in dedicated oral health sciences research funding schemes is crucial, and allocating funds for prevention-focused public oral health programs is a key strategy to diminish disparities in oral health across different population groups. An increased research capacity is also able to significantly contribute to ensure more equitable, accessible, and effective dental care for all Australians. Oral and dental disease has been identified as a key issue for future research by numerous global and national organisations, most notably being included as a priority for the 2022 Australian Economic Accelerator (AEA) Program.[22] Expanding the scope of research, particularly in non-clinical areas, will also enable a broader scope of preventative research and enhance the capacity for its implementation. It is imperative to strive for a medical research environment where clinical and population oral health research are neither sidelined nor ignored.

Fig.6 Table Displaying the Allocated NHMRC Budget 2017-2021 by Disease Group Sorted by the Nine Highest Fair Research Funding Indexes

Allocated NHMRC Budget 2017-2021 and Associated Fair Research Funding Index by Disease Group

Disease Group	Disease Burden (% Among Top 75 Diseases)	NHMRC Budget 2017-2021 (Million AUD)	NHMRC Budget 2017 - 2021 (% Among Top 75 Diseases)	Fair Research Funding Index
Oral Disorders	2.44	15.00	0.23	10.70
Musculoskeletal Conditions	12.83	238.60	3.63	3.53
Injuries	8.22	240.40	3.66	2.25
Respiratory Diseases	8.94	267.30	4.07	2.20
Cardiovascular Diseases	15.55	539.40	8.21	1.89
Skin Disorders	1.50	53.10	0.81	1.86
Mental & Substance Use Disorders	13.05	514.60	7.83	1.67
Cancer & Other Neoplasms	18.99	860.20	13.09	1.45
Hearing & Vision Disorders	2.11	110.30	1.68	1.26

Source: Ghanbarzadegan et al, 2022 • Fair Research Funding; FRF>1: Inadequate research funding, FRF=1: Equitable research funding, FRF<1: Excessive research funding.

Current Circumstances and Ensuing Challenges

Victoria boasts a strong commitment to medical research, with the state "well placed to build on its reputation for discovering, trialling, and developing the solutions to the world's most pressing health problems."[23] However, despite these ambitions, a critical oversight in Victoria's medical research strategy is the insufficient attention given to the field of oral and dental health.

Oral health has the lowest proportion of allocated Australian government funding in relation to total disease burden of all areas of disease.[24] Despite oral disorders, including dental caries and periodontal disease, ranking as the 10th highest contributor to the total disease burden (DALYs) in Australia,[25] a total of only $15 million of NHMRC grant funding (around 0.18% of all funding) was allocated to this area between 2017 and 2021.[26] While recognising that numerous significant research funding programmes, including the NHMRC, originate from federal sources, we maintain that collaboration with the Victorian state government through initiatives like the Victorian Medical Research Acceleration Fund (VMRAF)[27] or Victorian Higher Education State Investment Fund (VHESIF) is crucial.[26]

Recommendations for Future Action

- Greater inclusion of grants for clinical oral and dental health research in the oral health through increased research grants and fellowships, specifically targeting early- and mid-career researchers (EMCRs) through state funded streaming programs such as the VMRAF.
- Maximise the research capacities of various dental research institutions through the prioritisation of oral and dental health clinical Research facilities through government funding streams such as the Victorian Higher Education State Investment Fund.

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Appendix 1: Table Presenting the Difference Between 2023 Fixed Voucher Rates[19] and Mean Fees of Central 90%[15] Per Eligible Service in Victoria

Code	Voucher Fees	Median	Difference
Group 0: Examinations/Diagnostic			
011	$54.32	$65.00	-$10.68
013	$26.90	$35.00	-$8.10
022	$44.05	$33.38	$10.67
024	$29.71	No Info	No Info
061	$0.00	$29.63	-$29.63
Group 1: Preventive Services			
114	$76.12	$124.29	-$48.17
115	$57.06	$120.00	-$62.94
121	$33.78	$38.71	-$4.93
165	$26.46	$40.00	-$13.54
Group 2: Periodontics			
213	$68.14	$110.00	-$41.86
222	$26.65	$48.00	-$21.35
Group 3: Oral Surgery			
311	$122.54	$200.00	-$77.46
314	$164.07	$261.50	-$97.43
316	$80.93	No Info	No Info
322	$208.27	$300.00	-$91.73
Group 4: Endodontics			
411	$34.07	$48.00	-$13.93
414	$74.40	$126.00	-$51.60
415	$235.39	$296.02	-$60.63
416	$97.78	$154.44	-$56.66
417	$235.39	$300.00	-$64.61
418	$97.78	$150.00	-$52.22
419	$134.81	$224.00	-$89.19
455	$103.32	$170.00	-$66.68

Code	Voucher Fees	Median	Difference
Group 5: Restorative Services			
511	$101.99	$168.00	-$66.01
512	$126.90	$195.00	-$68.10
513	$153.95	$228.00	-$74.05
514	$181.00	$255.00	-$74.00
515	$208.27	$291.00	-$82.73
521	$117.81	$165.98	-$48.17
522	$145.01	$200.00	-$54.99
523	$165.48	$234.94	-$69.46
524	$195.93	$265.00	-$69.07
525	$226.45	$300.00	-$73.55
531	$124.46	$176.25	-$51.79
532	$161.86	$213.22	-$51.36
533	$197.77	$250.00	-$52.23
534	$232.58	$279.85	-$47.27
535	$267.03	$318.00	-$50.97
572	$47.67	$106.82	-$59.15
575	$29.56	$40.00	-$10.44
577	$29.56	$44.00	-$14.44
597	$146.41	$200.00	-$53.59
Group 6: Crown and Bridge			
651	$86.25	$189.00	-$102.75
652	$98.44	No Info	No Info
Group 7: Prosthodontics			
711	$762.72	$1,440.00	-$677.28
712	$762.72	$1,425.00	-$662.28
719	$1,367.28	$2,688.00	-$1,320.72
721	$310.22	$886.00	-$575.78
722	$310.22	No Info	No Info
731	$34.00	$50.00	-$16.00