DENTAL PEAK BODY POISED TO WORK WITH GOVERNMENT TO IMPLEMENT SENATE REPORT RECOMMENDATIONS

THE AUSTRALIAN DENTAL ASSOCIATION (ADA) today announced it was ready to work with the Albanese Government to put into practice some key recommendations from the Senate report into dental access.

The Final Report into the Provision of and Access to Dental Services in Australia, which was led by Greens Senator Jordan-Steele-John, included a number of key recommendations which the ADA has been calling on for a number of years.

“We’re delighted the report agreed that the Government needs to set up a dental scheme for seniors immediately,” said new ADA President Dr Scott Davis. “Now the ADA is publicly calling to meet with the Health Minister in Canberra to get this underway.

“The legislative framework for the Seniors Dental Benefits Schedule already exists with the Dental Benefits Act, and the administrative framework exists thanks to the Child Dental Benefits Schedule.

“Now all it needs is the will of the current government to get it going, thus providing vastly improved oral healthcare for over 200,000 aged care residents around Australia who we know from the Aged Care Royal Commission have some of the worst oral health in the nation.”

Other report recommendations the ADA backs include increased salaries for dental staff working in the public sector, incentives to encourage dental practitioners to work in rural areas, the appointment of a Chief Dental and Oral Health Officer to lead and coordinate reforms provided that person is a dentist, and the extension of access to general anaesthesia for disabled children.

However, there are some areas of the Report that require further scrutiny to ensure the provision of high quality dental services, and others which the ADA is concerned may be risky, such as the extension of access to pharmaceutical dispensing by non-medical personnel.

The Report also urged Canberra to work with state and territories to ‘achieve universal access to dental and oral healthcare, which expands coverage under Medicare or a similar scheme for essential oral healthcare, over time, in stages.’

The ADA has for many years held the position that is not a financially viable option for any government, due to the $10 bn a year minimum that it would cost to administer.

“That’s why we think it’s preferable to set up targeted schemes which are more affordable and target those in need first,” added Dr Davis. “That means seniors in aged care first, followed by schemes specifically for Aboriginal and Torres Strait Islanders, the disabled and those on low incomes.”

“We urge the government to work with us on the implementation of these recommendations and look forward to seeing their official response to the report within the requisite three month timeframe.”

To interview Dr Davis call ADA Media Advisor Jenny Barlass 0484 869 086.

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