

New political landscapes

I do not believe that the situation in Canberra will be conducive to major changes in the delivery of dentistry to those who currently have difficulty accessing oral health care. The Greens do seem keen to keep up the public profile of dental needs, so we will be watching all developments. If any members have "the ear" of a politician now would be a good time to put forward the profession's policies to optimize good dental care for our communities. These are policies advocated by both ADA Inc. and State and Territory Branches, together strongly endeavouring to advise politicians on the best use of the limited funds that are allocated to oral health care. ADA has submitted many pages on how the profession – those dealing with people's dental diseases – would recommend providing care. Submission topics have recently included:

- policies on access to care for the one third of Australians who currently having difficulty doing so;
- e-Health issues;
- Workforce issues - mal-distribution of dentists and concerns of oversupply in the future;
- Dental Board of Australia guidelines on competency issues of various team members e.g., compulsory reporting, CPD guidelines, and advertising;
- Government imposed accreditation of all health care premises;
- Comments on new and changing dental degrees.

ADAVB strategic planning session

To support members requires ongoing refinement of Branch operations and looking ahead to determine new directions required to meet emerging issues.

The October Council meeting identified changes and priorities in the Branch's strategic plan. Similarly ADA Inc. reviewed its strategic plan for the next few years. National cohesive efforts are so important when dealing with Federal health bodies and

the Australian Health Practitioner Regulation Agency.

Developing a strategic plan is one of the main functions of Branch Councils. Knowing what our Victorian members want their Council representatives to do is very important. Council discusses member comments at each meeting. By attending Group meetings members can voice concerns and priorities. Some of these views were expressed at the regional and rural Groups' meeting held late last month. Contacting ADAVB by phone or email also enables your opinion to be heard.

Sustainability issues

The ADA does its best to influence politicians and bureaucrats, emphasising that dentistry is different from other health care delivery situations and that the profession already has met many compliance issues. The core of ADA's activities is to help members practice at the best possible ethical and clinical levels, delivering optimal dental care to patients.

Council and Committee Development

The Council's strategic plan allows the management team to plan next year's budget and priorities. This yearly cycle is continually refined. Committees and Council members attend various courses, including some run by the Australian Institute of Company Directors, to improve their skills at being effective directors of our not-for-profit organisation. We have a new protocol for registering any members interested in nominating for Council or Committee. See our website – www.adavb.net – to add your name before next July.

ADAVB continually works towards improving its administration and governance to provide high quality, relevant and effective services for all members, wherever and however they practise. Our many submissions and meetings all emphasise reducing the burden of red tape. Our small businesses and clinics do not have unlimited back office support. Increased personnel costs increase



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costs to patients or can mean a decrease in access to care. Any new guidelines from Government or the Board should be shown to increase quality of care. Members tempted to leave all these practising issues to corporate entities must always check the small print of contracts to ensure that their business values line up with DBA registration requirements and individual dentists' ethical standards toward their patients. By supporting and encouraging best dental practice, ADAVB also meets its other mission – advancing the cause of the oral health of all Victorians.

Surely a hung Federal Parliament and a drawn first Grand Final won't mean a third "draw" in the November State election.

Small implant practices study

The Dental Practice Based Research Network has been overwhelmed by large practices wishing to take part in a five-year retrospective assay of implant complications in private practice. However, to be thorough, inclusive and not be vulnerable to claims of statistical distortions, the project needs the support of dentists at the other end of the scale – those who have restored, replaced or performed up to 50 implants in the past five years. Information about this project can be found on the *eviDent* website: www.evident.net.au If you can help in balancing this important study, contact *eviDent* DPBRN Coordinator Meaghan Quinn – 8825 4603 email coordinator@evident.net.au See also pages 15-16

NEEDLESTICK HELP

Should there be a needlestick injury in the surgery, these hospitals have infectious disease physicians:

Austin Hospital
(03) 9435 5000

Alfred Hospital
(03) 9276 2000

Royal Melbourne Hospital
(03) 9342 7000

Ask for the on-call infectious diseases registrar.