ADA Response to QoN – Dental Inquiry ACT Legislative Assembly

1. THE CHAIR: Professor Hewson, we have talked about cost differentials between the overseas manufacture of, for instance, crowns and Australian manufactured crowns. Could you give us an idea of approximately what you think that ballpark figure might be?

Prof Hewson: Could I get back to you on that, because I am not sure. I would have to go back and look at advertising material. We will happily send that to you.

THE CHAIR: Okay. If you could take that on notice, it would be appreciated.

Prof Hewson: Yes.

ADA RESPONSE

Unfortunately, Prof Hewson, who has been unwell recently, has been unable to locate any advertising that would demonstrate any cost differential.

2. THE CHAIR: Perhaps you could also give us, from the most recent ADA fee survey, the range of fees for crowns, say, in the ACT and what the median or mean is, so that we can see what proportion a difference makes. For instance, if overseas labs were offering crowns at \$250 a pop, the local lads were charging \$900 and the average fee was \$1,600, you could see that there was a substantial difference there. That is the sort of detail that we would appreciate.

Prof Hewson: I think the fee survey might indicate that the ACT has a fairly high level, but we can do that.

Ms Irving: Dr Bourke, I do not think it is going to tell us. It will give us the fees for the crown across the ACT in comparison to other states, but we are not going to be able to differentiate what the source of material was that went into that fee.

Prof Hewson: No, but we could get indicative costs from advertising and things like that.

THE CHAIR: If you are able to get some indicative costs of Australian made crowns as opposed to overseas crowns, that would be—

Ms Irving: I do not think we would be able to do that. I do not think we collect that sort of information.

THE CHAIR: Perhaps I could ask you, then, Prof Hewson, how much you pay your lab to get yours?

Prof Hewson: I am happy to do that.

ADA RESPONSE

Professor Hewson has not been able to provide any advertising material indicating the cost for the laboratory component of a crown. Should the Committee obtain such material, we caution the Committee to note that looking at the price of lab fees on their own does not include the cost of materials used, nor does it reflect other practice overheads and the time spent by the dental practitioner in the preparation of the tooth and placement of the crown.

3. MR WALL: Just one final one. I guess this is an opportunity where you might be able to raise an issue that you think the committee should include as a recommendation in the report that we can file at the conclusion of this inquiry. Is there any area where yourself professionally or the ADA think there needs to be either some changes or improvements to the rules or regulations surrounding prostheses?

Prof Hewson: I do not think so. I guess one has to be a bit careful about one jurisdiction adding another layer of regulation on one group of people.

MR WALL: Look at it on both levels—not just locally, as the ACT as a jurisdiction, but also nationally. It is common practice for these reports to be shared amongst parliaments; if there is an issue that you believe needs to be raised or addressed, this is your opportunity.

Prof Hewson: At the moment we do not.

Ms Irving: Could we take that on notice? If there is, do we still have the opportunity to make that point within a short period of time?

MR WALL: Yes. If you would like to consider that further, please do.

Ms Irving: We have our federal council meeting over the next two days. It would be good to pose that question to the council if that is possible. We could get back you next week.

MR WALL: Excellent, thank you.

ADA RESPONSE

Regrettably time constraints at the Federal Council meeting meant that this late tabled issue was not discussed.

However the ADA would like the Committee to note that there are significant developments occurring in dentistry in relation to intra-oral digital scanning and 3D printing techniques which will have a significant impact on the need and type of services supplied by dental laboratories.

A dentist can now take a digital impression and directly send it to a laboratory for production of the crown or use in-house milling can make prostheses such as a ceramic inlays or crowns in their practice.

These changes will in many instances, result in dentists producing appliances in their own practices and reduce the demand for services from both Australian and overseas laboratories.