

ORTHODONTIC TREATMENT IN AUSTRALIA

NEGAR JAMSHIDI D.D.S. ORTHODONTIST

OVERVIEW

This document is a comprehensive collection of statistics and factual information on regulatory bodies, Orthodontic treatment and fee structure in Australian. The data is gathered from relevant research articles, Australian Institute of health and Welfare (AIHW) Australian Bureau of Statistics, Australian Dental Association (ADA), Australian Health Practitioner Regulatory Agency (AHPRA), National Advisory Council on Dental Health (NACDH), selected interviews of practicing orthodontics and pediatrics dentist as well as general dental practitioners in Australia.

General Statistics Data

According to the bureau of statistics the population of Australia stands at **23.7 Million** in March 2015, with the ratio of **3:1 of adults to children** (Source: Australian Bureau of Statistics, 2015. The ratio is calculated from 2014 data of 17.6M adults and 5.9Million Children, this ratio has not changed from previous years). The average gross household income in Australia was AUD\$1136 per week or AUD\$59118 per year before tax as published on National Bureau of Statistics 2013-2014 (Source: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/6302.0>). The average adjusted disposable household income in 2013–14 was AUD\$998 per week, or AUD\$51896 per year (Definition by Bureau of statistics: “Gross income is the sum of the income from all these sources before income tax, the Medicare levy and the Medicare levy surcharge are deducted. **Disposable income** is the net income after these deductions”).

There are **57** practicing dentists and **2.5** orthodontists available per **100,000 population** in Australia calculated from Dental board 2015 registrant data (sources: Dental Board statistics 2015; Dental Workforce 2011, AIHW). According to NACDH 2013 report, there are three times as many dentists practicing in Major Cities per 100,000 population (59.5 per 100,000) than in Remote/Very Remote areas (17.9 per 100,000).

There were **13,529 dentists** registered and practicing in Australia, of whom 77.9% work only in private practice and 11.3% work in both private and public practice (**Table 1**). The September 2015 registrant

data collected by dental board indicates **13,421** dentists currently registered and practicing nationally (<http://www.dentalboard.gov.au/About-the-Board/Statistics.aspx>). Also the data in September 2015 indicates a total of **583 orthodontists** are practicing in Australia comprising 45% of all dental specialist. An estimated 16-30% of general dental practitioners offer orthodontist service to the general population (source: ADA Dental Survey 2015 report, <http://analytics.aihw.gov.au>, dental fee Survey 2015 report).

Table 1. Number of registered dentists in Australia from 2011-2014

Selected area and profession		Year ▼	2014	2013	2012	2011
Geographic Area ▲	Profession ▲		Value	Value	Value	Value
Australia	Dentists		13,529.0	13,088.0	12,766.7	12,061.6
Other	Dentists		6.0	3.0	28.6	8.8
STE: Australian Capital Territory	Dentists		256.0	255.0	237.6	220.9
STE: New South Wales	Dentists		4,486.0	4,339.0	4,268.1	4,095.0
STE: Northern Territory	Dentists		92.0	92.0	86.4	84.1
STE: Queensland	Dentists		2,714.0	2,662.0	2,525.0	2,373.0
STE: South Australia	Dentists		1,017.0	1,001.0	962.1	915.1
STE: Tasmania	Dentists		211.0	203.0	189.9	182.0
STE: Victoria	Dentists		3,288.0	3,156.0	3,125.8	2,923.4
STE: Western Australia	Dentists		1,459.0	1,377.0	1,343.2	1,259.3

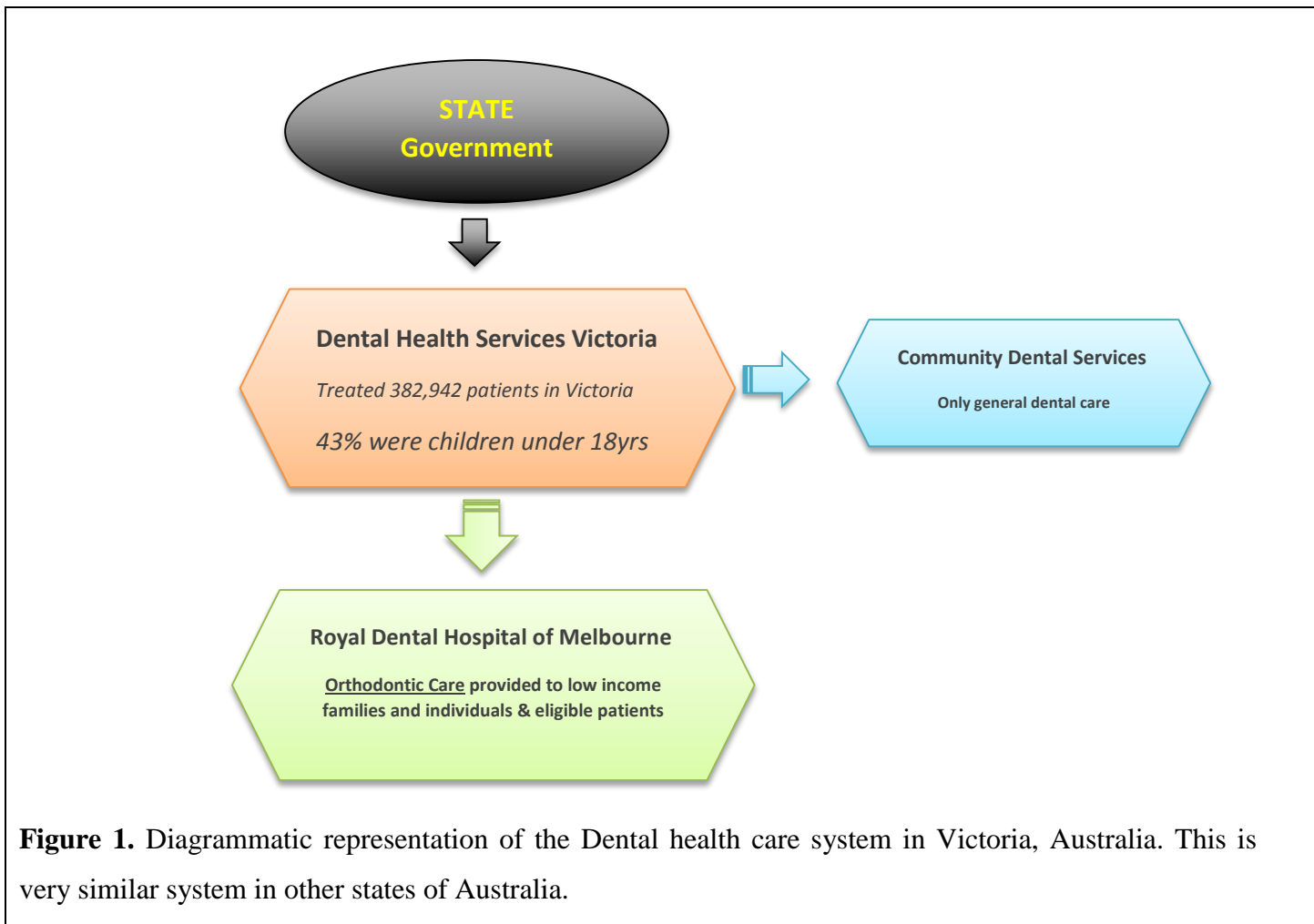
Source: This data was downloaded from the interactive site of the AIHW website.

General Dental & Orthodontic System in Australia

Dental treatment in Australia is provided both by the public and private sector, with public services provided by the state and territories. Access to public dental services is asset tested by the annual salary of the house hold and is limited to general and emergency dental treatment. For children, some of the states (Queensland, South Australia, and Western Australia) have dedicated dental school programs, whereas, in Victoria, News South Wales, Tasmania and Australian Capital Territory community clinics provide this service. There are provisions for orthodontics and extractions under general anesthetic in the public system, however waiting periods of up to two years can be expected.

Public dental services are funded by state governments. For instance, in the state of Victoria, Dental Health Services Victoria (DHSV) provide general and specialist care through the Royal Dental Hospital

of Melbourne (RDHM) where students treat patients. DHSV also provides general dental care (no orthodontic treatment) through public dental clinics in more than 53 community dental services across Victoria (see **Figure 1**). These community health agencies receive funding from the Department of Health & Human Services (state government). In 2013/2014 only, only about 24% of the eligible Victorian population accessed dental care (<https://www.dhsv.org.au/>).



Eligibility for Dental Treatment in Public system

The following people are eligible to receive dental care in public system (source: <https://www.dhsv.org.au/patient-information/who-is-eligible>)

- All children aged 0 – 12 years (general dental care only)

- Young people aged 13 – 17 years who are health care or pensioner concession card holders or dependents of concession card holders (health care card holders are low income families and concession card holder are retired patients or those with a disability)
- All children and young people up to 18 years of age, who are in out-of-home care provided by the Children Youth and Families Division of the Department of Human Services (these are orphans)
- All youth justice clients in custodial care, up to 18 years of age
- Adults aged 18 years and over, who are health care or pensioner concession card holders or dependents of concession card holders
- All refugees and asylum seekers
- All Aboriginal and Torres Strait Islander peoples who are treated at The Royal Dental Hospital of Melbourne

Eligibility for Orthodontic treatment in Public System

To qualify for orthodontic treatment in public system, the following criteria must be met:

(source: <https://www.dhsv.org.au/dental-health/teeth-tips-and-facts/orthodontics>)

- All patients must be eligible for public dental care (see above)
- All patients must have referral forms completed by a general public dentist from a Community dental clinic.
- Excellent oral hygiene (tooth cleaning) is necessary to be considered suitable for fixed appliances (braces).
- Treatment is not available for cosmetic reasons alone.
- Patients over 17 are only accepted if significant oral health problems exists which cannot be managed by other means.

Fees for specialist services (The Royal Dental Hospital of Melbourne only) for orthodontic treatment is a maximum of AUD \$326 for a course of care out of pocket by patient.

Income Test for Public Dental & Orthodontic care access

To qualify and be eligible for dental and orthodontic treatment, individuals and families are means tested and must be in the low income bracket to receive health care benefits. The table below has been taken from Human services website and lists the income required for eligibility (<http://www.humanservices.gov.au/customer/enablers/centrelink/low-income-health-care-card/income-test>)

Table 2. To qualify for a Low Income Health Care Card, the applicant income must be less than the limit tabulated below in the 8 week period ending on the day the claim is lodged.

Status	Weekly income	Income in an 8 week period
Single, no children	\$531.00	\$4,248.00
Couple combined, no children	\$919.00	\$7,352.00
Single, one dependent child	\$919.00	\$7,352.00
For each additional child, add	\$34.00	\$272.00

Source:<http://www.humanservices.gov.au/customer/enablers/centrelink/low-income-health-care-card/income-test>

The Bureau of statistics household income survey for 2013-2014 indicates low income households account for about 20% of national income share (their average weekly disposable income rose from AUD\$395 to AUD\$407 between 2011-12 and 2013-14), while the income share of high income households was 41% in 2013-14, similar to 2011-12 (**Figure 2**). (source: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/5F4BB49C975C64C9CA256D6B00827ADB?opendocument>)

The Australian council of Social Service recent report concurs that in 2012 20.4% were low income earners (source: http://www.acoss.org.au/wp-content/uploads/2015/06/Inequality_in_Australia_FINAL.pdf)

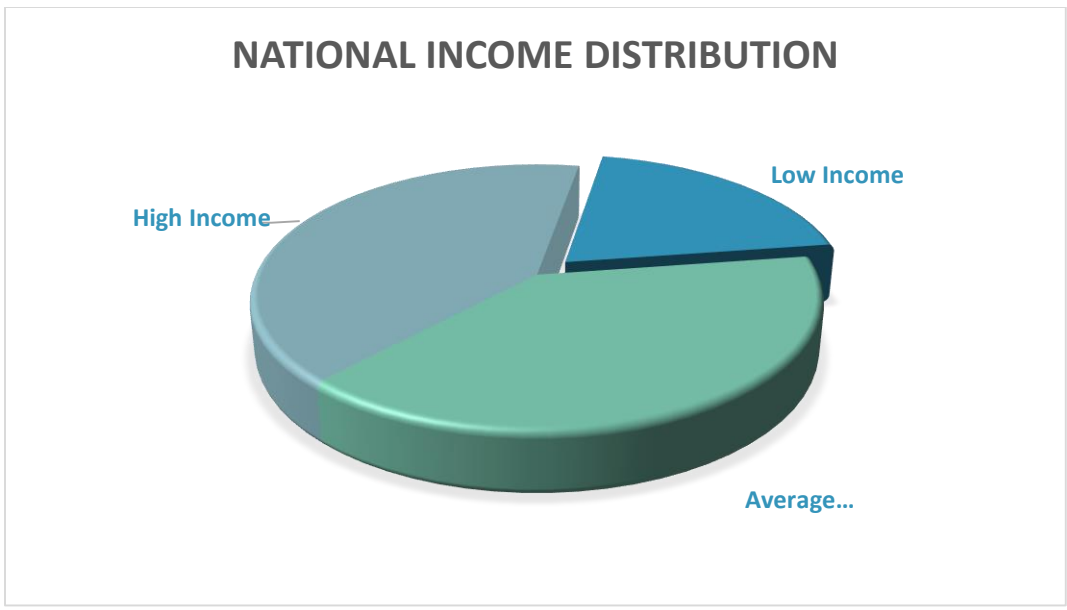


Figure 2A. Simplified diagram representation of share of national income distribution. Low income is 19.9%, middle income is 39.3% and high income household share is 40.8%. This pattern has not changed over the past 20 years (Source of information from Bureau of statistics 2013-2014 report was used to create this chart.)

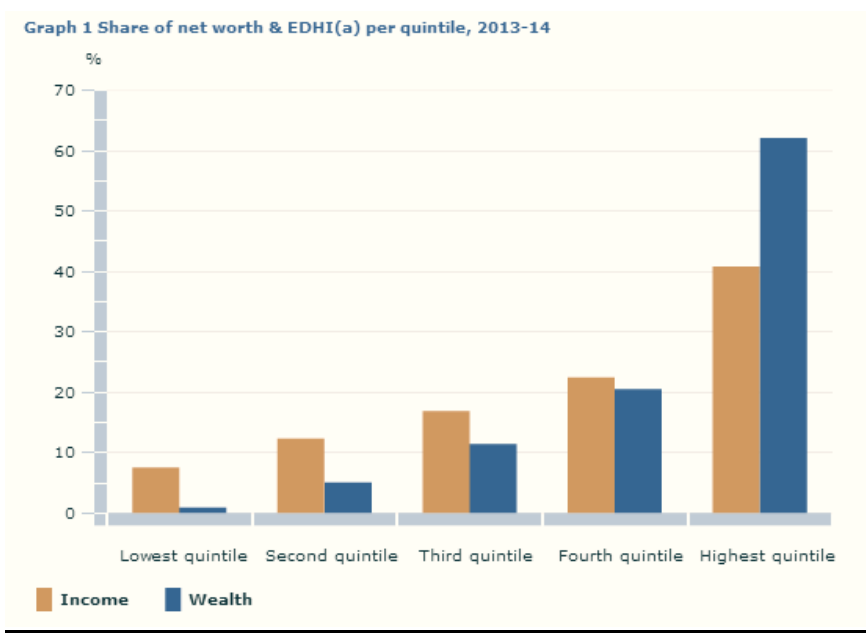


Figure 2B. households in the highest income quintile received over 40% of total income in 2013–14. While, household in the Lowest and second Quintile combined received 19.8% of total income (low income).

Dentist & Orthodontist Registration in Australia

In Australia, the Council of Australian Governments established a National Registration and Accreditation Scheme (NRAS) in 2010 to align state and territory registration systems

Source: Australian Bureau of Statistics, 2015

for most health practitioners including dentists (Source: <http://www.dentalboard.gov.au/>). The Australian Health Practitioner Regulation Agency (AHPRA) monitors and supports Dental Board of Australia for registration of dental professionals, students, specialists; handling of complaints and investigations; approval of accreditation standards of courses.

General dental practitioner training is through 9 dental schools (**Table 3**) throughout Australia while Orthodontic specialty accredited courses are only offered by five dental schools (DEST 2007). Following two years of general dental experience, an additional three years of postgraduate study is required to be able to register as an orthodontist specialist.

Orthodontist Speciality

Orthodontists are certified by the dental board and majority register with the Australian Society of Orthodontists (ASO). The title of “Orthodontist” is given to them by the dental board supported by AHPRA which is the national registration regulatory body. The Dental board policy statement 3.4 clearly identifies “**orthodontists**” and states “*1.1 The recognition of specialities and specialist dentists serves to identify to the public and to the dental and other health professions individual practitioners who have special competence in a specified area of dental practice*”. Furthermore the policy states :” *The acquisition of specialist status and the use of the designated title of the speciality should be strictly regulated*” **and** “*Only specialist dentists, recognised by the Board, may use specialist titles or refer to themselves as specialists. The public must not be misled about a practitioner’s specialist status.*”

(**Appendix B** lists the policy principles & definitions relevant to orthodontist speciality, source is : http://www.ada.org.au/app_cmslib/media/lib/1401/m725926_v1_policystatement_3.4_specialistdentists.pdf)

Dentists offering Orthodontic treatment

Dentists are required to have completed an approved dental board course or certificate of competency in orthodontic treatment before offering the service to their patients, as the dental board Guidelines for scope of practice 2014 states “*Dental practitioners must only perform dental treatment: a) for which they have been educated and trained in programs of study approved by the National Board, and b) in which they are competent.*”

Currently, there are four popular courses available to dentists in Australia:

- Sydney University offers orthodontic course over 13 month period
(source:<http://sydney.edu.au/dentistry/ce/courses/orthodontics/orthoseries.php>)
- Progressive Orthodontics & Dentistry course
(source: <http://www.progressiveseminars.com/australia/orthodontics/details/>)
- Dr Mahoney orthodontic mini-residency program over two years
(Source: http://www.eodo.com/mini_residency.shtml)
- Invisalign <http://www.invisalign.com.au/en/Sub/Pages/get-certified.html>

Orthodontic Treatment Popularity in Australia

Australian families are very conscious of the aesthetics of their teeth, and growing numbers are seeking orthodontic treatment especially the adult population. Both tooth whitening and orthodontic treatment have risen more than 45% in the past decade alone. More than 90% of children that visit the dentist (about 75% of kids visit the dentist once a year) have had either consultation with an orthodontist or started treatment by the time they reach 18 years of age, according to Dr Nishan Fernando a practicing orthodontist in Melbourne. On average an orthodontist may treat 200-400 new cases per year (Source: Dr Peter Miles personal communications) whereas a dentist offering this service may treat a quarter of this number per year.

Nationally, orthodontists treat about 20% of the adults in their practices every year with about 5%-10% of these patients treated with clear aligners such as Invisalign that is in line with USA figures (Source: Dr Peter Miles personal communications). Lingual techniques although offered are used less than 2% by orthodontists, due to technique sensitivity and cost to patient (Source: Orthodontist interviews esp. Dr Peter Miles).

In Australia, most orthodontists prefer to wait before treating children in mixed dentition. Children receiving treatment in mixed dentition was median 15%. However, early treatment varied slightly between states with Queensland (10%) and South Australia (9%) performing fewer early interventions compared with practitioners in other states. The extraction rates of adult teeth (excluding third permanent molars), varied from 4% to 80% from individuals and also by state, the median of 23% was the national average (Source: Peter Miles, AOJ 2013).

Table 3: Accredited courses in Australia leading to registration as a general dental practitioner.

Institution	Dentists Programs of study	Allied dental practitioners Programs of study
Griffith University	Graduate Diploma of Dentistry	Oral health therapists - Bachelor of Oral Health
University of Adelaide	Bachelor of Dental Surgery	Oral health therapists - Bachelor of Oral Health
Charles Sturt University	Bachelor of Dental Science	Oral health therapists - Bachelor of Oral Health
James Cook University	Bachelor of Dental Surgery	
La Trobe University	Bachelor of Health Sciences in Dentistry Master of Dentistry	Oral health therapists - Bachelor of Oral Health
University of Melbourne	Bachelor of Dental Science Doctor of Dental Surgery	Oral health therapists - Bachelor of Oral Health
University of Queensland	Bachelor of Dental Science	Oral health therapists - Bachelor of Oral Health
University of Sydney	Bachelor of Dentistry Doctor of Dental Medicine	Oral health therapists - Bachelor of Oral Health
University of Western Australia	Bachelor of Dental Science Doctor of Dental Medicine	

Orthodontic Treatment Fees

Treatment fees vary between orthodontists as there are no regulating bodies for fee setting. The full treatment inclusive of retainer and consultation ranges from AUD \$6000-9000 in total. This fee is the same for clear aligners such as Invisalign. There are special fees for ceramic braces varying from extra AUD\$300-500 per jaw or AUD \$600-1000 for both jaws. Lingual systems are normally the most expensive around the \$14,000 mark (**Table 4.** compares costs of orthodontic treatment). All orthodontists provide payment monthly plans to encourage treatment and make the payments manageable for the family involved.

In Australia while orthodontic treatment is done privately by orthodontist specialty, however in recent years more and more dentists have commenced offering this service to the general public. Some general dental practitioners that provide orthodontic treatment sometimes charge more fees than the orthodontists, but, in general, fees are \$3500-\$7900 ([Source: ADA Survey of Dental Fees 2015](#)).

Table 4. Summary of estimated costs for braces charged by orthodontists (all AUD)

([Source: http://www.dentalguideaustralia.com/braces-costs](http://www.dentalguideaustralia.com/braces-costs))

Cost component	Estimated cost
1. Initial consultation (most orthodontists do not charge an initial consult fee and its Free)	\$50-\$150
2. Traditional Braces for both upper and lower jaw	\$6000 to \$9,000
3. Ceramic Braces for both upper and lower jaw	\$6300 to \$9,500
4. Lingual Braces for both jaws	\$12,000-\$14500
5. Invisalign: clear trays	\$6,000 to \$9,000

The cost estimates include all the following:

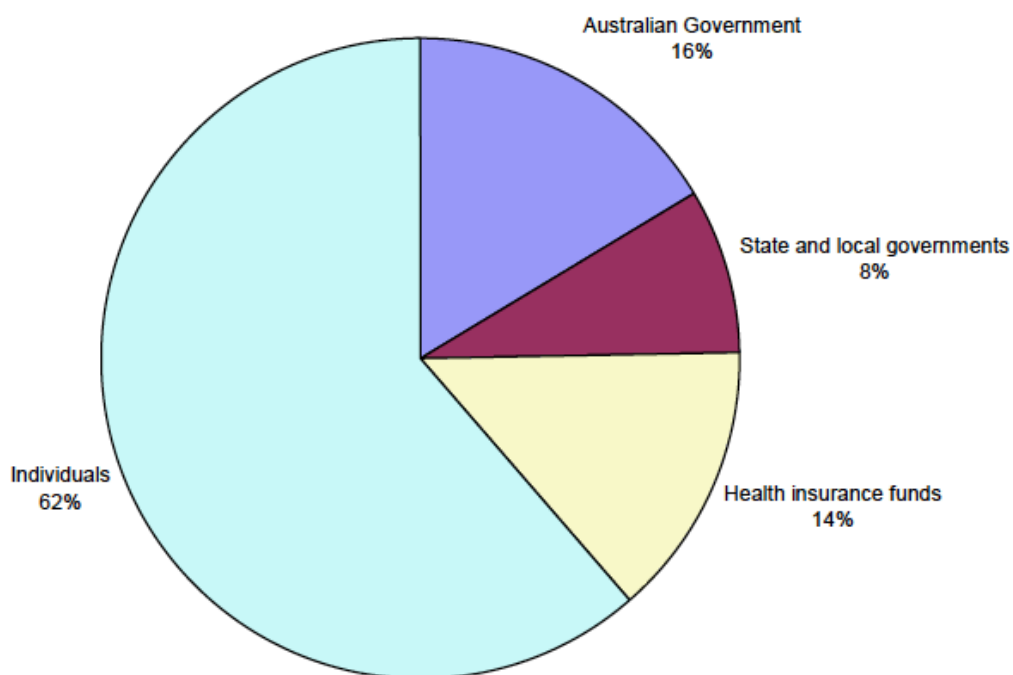
- ✓ In between Adjustments
- ✓ Fitting appointments
- ✓ Removal of the braces
- ✓ Review appointment

Government Contribution

The most recent publication of [Australian Institute of Health and Welfare \(AIHW 2011\)](#) indicates an expenditure of \$7.690 billion on dental services. Individuals funded about \$4.698 billion (61%), Commonwealth government \$1.257 billion, Private health insurance funds \$1.076 billion and the remaining \$628 million by the State and Territory Governments (**Figure 3**).

The local (state) government contributes to limited orthodontic treatment for the low-income families through teaching dental hospitals. The income is means tested in Australia, and there is a waiting list for treatment according to severity and urgency of the malocclusion. The patient pays no more than \$300-400 of the total cost and government covers the rest.

Figure 3: Percentage of Expenditure on Dental Services in Australia



Private Health Insurance Contribution

The majority of adults (55.7%) have dental insurance, with families opting to take private insurance that also offered orthodontic cover (Source: National Dental Telephone Interview Survey 2010). The amount of orthodontic cover is dependent on the family level of insurance cover and varies among major health insurances: BUPA, MEDIBANK, HCF, NIB (see Table 4 for comparison of major health funds. In 2010-2011 health expenditure report, health insurance funds paid 14.3% of the total dental cost compared to the government contribution of around 20% of total expenditure (Source: Health expenditure Australia 2010–11, AIHW 2012b).

General Dentist & Pediatric Specialist

The pediatric dentists are taught some orthodontics at specialist level, however very few offer the service to their patients. In general, under 1-2.5% orthodontic treatment will be provided to the patients in Melbourne, says leading Melbourne Pediatric dentist Dr Chan. As for advertisement, pediatric dentists are bound by the same rules and regulations of the dental board (see below).

Advertisement of Dental Services

There are a national law and other legislations governing advertising regulated health services including dental and orthodontic services (Source: <https://www.ahpra.gov.au/>). These guidelines were developed by National Boards responsible for regulation of registered health practitioners in Australia and to protect public. Section 133 of the National Law states for advertising (Source: http://www.austlii.edu.au/au/legis/nsw/consol_act/hprnl460/s133.html):

1. A person must not advertise a regulated health service, or a business that provides a regulated health service, in a way that— a) is false, misleading or deceptive or is likely to be misleading or deceptive; or b) offers a gift, discount or other inducement to attract a person to use the service or the business, unless the advertisement also states the terms and conditions of the offer; or c) uses testimonials or purported testimonials about the service or business; or d) creates an unreasonable expectation of beneficial

treatment; or e) directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

Maximum penalty— a) in the case of an individual—\$5,000; or b) in the case of a body corporate—\$10,000.

2. A person does not commit an offence against subsection (1) merely because the person, as part of the person's business, prints or publishes an advertisement for another person.
3. In proceedings for an offence against this section, a court may have regard to a guideline approved by a National Board about the advertising of regulated health services.
4. In this section — regulated health service means a service provided by, or usually provided by, a health practitioner

This in effect means while dentists and orthodontists are free to advertise on radio, local TV, on their website or blog, newspapers and local community newsletters and show discounted fees, however, they must comply with the above regulations as fines are imposed. The dental professionals are not permitted to ask patients for testimonials, but allowed to show before, and after treatment results provided, they have obtained written consent from the relevant patients.

Controversial Orthodontists versus General dentist treatment

Social issues in the media have recently added fuel to the discontented Australian Society of Orthodontics (ASO) concerning dentists' competency in providing orthodontic service to the public. In its submission letter to the Dental Board of Australia (2013) ASO clearly states (source: <http://www.dentalboard.gov.au/documents/default.aspx?record=WD13%2f11672&dbi...>):

“At the current time no general dental training program in Australia teaches the use of full fixed orthodontic appliance therapy. General dental training is limited to recognition of clinical problems, minor tooth movement, and some early interceptive care. General dental training programs do not equip graduates with the skills to manage complex orthodontic treatment. The DBA proposal that standards should reflect current educational based practice through the introduction of guidelines is wholly supported by the Australian Society of Orthodontists. The ASO is making submissions on the scope of practice in four main areas.”

ASO adds that in the interest of patients and to “*overcome confusion in the mind of patients and the general public regarding the qualification of practitioners providing treatment*” it is best not to allow general dentists practice orthodontics. Dr Miles and Dr Fernando further add to the concern of many orthodontists of a rise in retreatment of cases completed by general dental practitioners, with the most cases patient and family unaware that they were not seeing a specialist.

Promotion of orthodontic treatment

Both Australian Dental Association and Australian Society of Orthodontists promote healthy teeth for life to the general public, through their websites, media and organizing awareness campaigns throughout the year (see ADA.org.au and ASO.org.au websites for more details).

The other two national companies that actively promote dental care and orthodontics are Colgate and Oral B companies that are globally recognized. Colgate (Source: <http://www.colgate.com.au/>) regularly publishes content on orthodontics to educate public and similarly oral B (source: <http://www.dolphinimaging.com/Company/OrthoEssentials>) promotes orthodontic through their product range and engaging website promotions.

The only non-profit organization in Australia that supports orthodontic treatment is the Give a Smile™ (GAS) initiative (source: <http://www.giveasmile.org.au/>) which was established ten years ago by ASO that encourages orthodontists to treat minimum 1 case a year from the public waiting list in their private practices for free. There were 433 ASO registered orthodontists as of 2013, 60% of them (260 members) contribute to the “Give a Smile” initiative every year. Each course of treatment is over a two-year period with the typically cost of around \$5-7,000 per patient. In Dec 2012, support of the orthodontists resulted in a massive 10% reduction in number of orthodontic patients on public waiting list (12,000 patients) nationally. There are now **350** of the 576 ASO registered orthodontists supporting GAS initiative in 2015. In Australia, around 15000 patients start orthodontic treatment each year through the public dental health services and this initiative is estimated to reduce the waiting list on average 8-10% every year. This year Give a Smile celebrated treating 1500 patients since its inception ten years ago!

Table 4. Comparison of health Insurance providers

Health Insurance Provider	General Dental	Orthodontic Treatment
Australian Unity	<ul style="list-style-type: none"> → Waiting period - 2 months → No gap benefits -available for selected providers → Annual limit on general dental - unlimited 	<ul style="list-style-type: none"> → Waiting period - 12 months → Major dental Annual Rebate - Up to \$1300
La Trobe Health Services	<ul style="list-style-type: none"> → Waiting period - 3 months → No gap benefits - not available → Annual limit on general dental - unlimited 	<ul style="list-style-type: none"> → Waiting period - 12 months, → Major dental Annual Rebate - Up to \$1500
GMF Health	<ul style="list-style-type: none"> → Waiting period - 6 months → No gap benefits - not available → Annual limit on general dental - \$850/year 	<ul style="list-style-type: none"> → Waiting period - 12 months → Major Dental annual limit - \$850/year from years 1-5 and \$2000/year from years 5+
HCF	<ul style="list-style-type: none"> → Waiting period - 2 months → No gap benefits - available for selected providers → Annual limit on general dental - \$350 to no annual limit/year 	<ul style="list-style-type: none"> → Waiting period - 12 months → Major dental Annual Rebate - Up to \$2400 lifetime limit

*Source of the above health fund information: <http://www.dentalguideaustralia.com/dental-insurance-australia>

The following health insurances are some of the largest health funds in Australia that families purchase for the orthodontic cover.

Health insurance Provider*	General Dental	Major Dental
NIB	<ul style="list-style-type: none"> → Waiting period - 2 months → No gap benefits -available for selected providers → Annual limit on general dental –up to \$1000/year 	<ul style="list-style-type: none"> → Waiting period - 12 months → Major dental Annual Rebate - Up to \$1300
Medibank Private	<ul style="list-style-type: none"> → Waiting period - 2 months → No gap benefits - available for selected providers → Annual limit on general dental – unlimited or \$800/year 	<ul style="list-style-type: none"> → Waiting period - 12 months, → Major dental Annual Rebate - Up to \$1200 life time limit
BUPA	<ul style="list-style-type: none"> → Waiting period - 6 months → No gap benefits - available for selected providers → Annual limit on general dental - \$700 to unlimited /year 	<ul style="list-style-type: none"> → Waiting period - 12 months → Major Dental annual rebate \$1000/year to \$2600 lifetime limit

* Source: The above data is collated from the health fund websites

Resources and Data Sources

Interviews

Orthodontists - Dr Nishan Fernando (Melbourne based Orthodontist)

-Dr Peter Miles (Queensland based Orthodontist, reported the first survey of orthodontic treatment in Australia in 2013)

Pediatric Dentist – Dr Kar Mun Chan (one of the leading pediatric dentists in Melbourne)

General Dentist Practitioner – Dr Andrea Pedris (offers orthodontic treatment in her Brisbane practice)

Websites

1. National consensus: All information will be collated by Australia Bureau of Statistics. Adult and children number, average income of families, dental force

<http://www.abs.gov.au/ausstats/abs@.nsf/cat/3101.0>

<http://www.abs.gov.au/ausstats/abs@.nsf/mf/6302.0/>

<http://www.abs.gov.au/videos/221-0915-001/ABS%20Snapshot%20March%202015.html>

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/6523.0main+features12013-14>

<http://www.aihw.gov.au/dental-and-oral-health/>

[http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/B0530ECF7A48B909CA257BC80016E4D3/\\$File/65230_2011-12.pdf](http://www.ausstats.abs.gov.au/Ausstats/subscriber.nsf/0/B0530ECF7A48B909CA257BC80016E4D3/$File/65230_2011-12.pdf)

https://www.dhsv.org.au/_data/assets/pdf_file/0008/4112/20150710-About-DHSV-web.pdf

<http://www.dentalboard.gov.au/About-the-Board/Statistics.aspx>

2. Income distribution in Australia

Australian Council of Social Service. Series: *Inequality in Australia 2015*

http://www.acoss.org.au/wp-content/uploads/2015/06/Inequality_in_Australia_FINAL.pdf

3. General trend of orthodontics and Invisalign in Australia

<http://m.dailytelegraph.com.au/news/nsw/more-adults-and-children-are-getting-braces-as-trend-to-fix-teeth-increases-in-australia/story-fni0cx12-1227145164195>

<http://analytics.aihw.gov.au/>

4. **Orthodontic care by dentists/orthodontists:** Treatment by Age 18, treatment in mixed dentition stage, treatment by extraction, treatment fees (source of information interview of 3 orthodontists and orthodontist database)
<http://www.dailytelegraph.com.au/news/nsw/more-adults-and-children-are-getting-braces-as-trend-to-fix-teeth-increases-in-australia/story-fni0cx12-1227145164195>

5. **Orthodontist Fees structure**
<http://www.dentalguideaustralia.com/braces-costs>
<http://www.ADA.org.au> (information on fees is member restricted and confidential. It cannot be directly quoted)

6. **Private Health Insurance**
<http://www.privatehealth.gov.au/dynamic/healthfundlist.aspx>
<http://www.dentalguideaustralia.com/dental-insurance-australia>
<http://www.nib.com.au/health-insurance/compare-extras>
<http://www.medibank.com.au/health-insurance/dental/>
http://www.hcf.com.au/pdf/HCF_health_insurance_brochure.pdf
<http://www.bupa.com.au/>

7. **Regulation of advertisement for general dentist and orthodontist**
<http://www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines.aspx>
<https://www.ahpra.gov.au/>

Published Databases and Research

1. DEST (Department of Education, Science, and Technology) 2007. Student completions for dental studies in all institutions 2006–07. Data prepared for the Australian Research Centre for Population Oral Health. Canberra: DEST.
2. Demand for dental services in Australia 2013. Prepared by Australian Dental Association
3. Peter Miles, 2013 survey of Australian orthodontists' procedures. *Aust Orthod J*. 2013 Nov; 29(2):170-5.
4. Chrisopoulos S & Harford JE 2013. Oral health and dental care in Australia: key facts and figures 2012. Cat. no. DEN 224. Canberra: AIHW
5. John Sheridan, Reader's Corner *J Clin Orthod*. 2014 Jun;48(6):371-4

APPENDIX A. Information commonly included in health services advertising

Office details

- contact details
- office hours, availability of after-hours services
- accessibility (such as wheelchair access)
- languages spoken (this does not affect other guidance provided by the National Board about the use of qualified interpreters where appropriate)
- emergency contact details

Fees

- a statement about fees charged (price information must be exact), bulk-billing arrangements or other insurance plan arrangements and installment fee plan regularly accepted

Qualifications and experience

- a statement of the names of schools and training programs from which the practitioner has graduated and the qualifications received, subject to the advice in Section 6.2 of these guidelines on advertising of qualifications and memberships
- whether the practitioners have specialist registration or endorsement under the National Law and their area of specialty or endorsement - what positions, currently or in the past, the practitioners have held, together with relevant dates - whether the practitioner is accredited by a public board or agency, including any affiliations with hospitals or clinics - whether the practice is accredited and by whom

For any surgical and/or invasive procedures, the appropriate warning statement in a clearly visible position

Photos or drawings of the practitioner or their office

Any statement providing public health information that helps consumers to improve their health (this information should be based on reputable evidence wherever possible)

Source of Information: [AHPRA and National Board Guidelines for Advertising Regulated Health Services 2014](#)

Appendix B. POLICY STATEMENT 3.4 for SPECIALIST DENTISTS*

Introduction

1.1 The recognition of specialities and specialist dentists serves to identify to the public and to the dental and other health professions individual practitioners who have special competence in a specified area of dental practice.

Definitions

1.2 BOARD is the Dental Board of Australia.

1.3 DENTAL EDUCATION ACCREDITING AUTHORITY is a body responsible for evaluating and accrediting courses leading to formal dental qualifications and assessing overseas qualified dental care providers.

1.4 SPECIALISATION is the exclusive practice of a recognised speciality of dentistry by an appropriately qualified dentist.

1.5 A SPECIALIST DENTIST or SPECIALIST is one who practises a recognised speciality, possesses a higher qualification relevant to this area of dentistry, and has been so registered.

2 Principles

2.1 Specialisation serves to stimulate organisation, education and research in a particular area of dentistry.

2.2 The establishment of a dental speciality must address a clear health need and public demand.

2.3 The acquisition of specialist status and the use of the designated title of the speciality should be strictly regulated.

2.4 Only fully qualified and registered dentists will be eligible for training as specialists.

* *Source of information ADA Federal Council, November 14/15, 2013. ADA website*

2.5 A specialist's primary purpose must be to render a service to patients and the community which requires knowledge and skill beyond those which could normally be expected in the relevant area of dental practice.

2.6 Specialisation should not in any way curtail the right of the general dental practitioner to practice any discipline of the profession.

2.7 Notwithstanding the delineation of a speciality, registered dentists may practise the area defined provided they possess the necessary skills, competence and expertise.

2.8 Only specialist dentists, recognised by the Board, may use specialist titles or refer to themselves as specialists. The public must not be misled about a practitioner's specialist status.

2.9 In the absence of appropriate credentials, limitation of practice does not confer specialist status.

2.10 Possession of a higher qualification and limitation of practice to an area of dentistry not formally recognised as a speciality does not confer specialist status.

3 Policy

Recognition of Dental Specialities

3.1 To be recognised as a dental speciality by the Board, any proposed speciality should meet the following criteria. It should:

- Have a clear need and demand of a substantial portion of the population.
- Be important to the health of individual patients.
- Be an area of dentistry in which dentists may have need to refer patients for provision of expert services.
- Require special knowledge and skills, superior to dental education and training to qualify for registration as a dentist, in order to perform procedures of an advanced, difficult, or unusual nature.
- Be definable in order to prescribe the scope of the speciality.
- Be one in which there is a formal course accredited by the Australian Dental Council to

qualify practitioners appropriately.

- Have an established specialist organisation.
- Be recognised by the Australian Dental Association Inc. (ADA).

Requirements for Specialisation

3.2 A person seeking recognition as a specialist in a chosen area shall have:

- Successfully completed an acceptable course to qualify for registration as a dentist.
- Been registered to practice as a dentist in Australia.
- Completed a mandatory two-year period as a dentist in general practice.
- Completed a course of post-graduate education accredited by the dental education accrediting authority leading to an acceptable higher qualification relevant to the area of specialisation.

Education Requirements

3.3 The minimum period of postgraduate education, including training/experience for any speciality, should be three years full time, but longer clinical training may be deemed to be appropriate for some specialities. The title for such a qualification should be Master of Dental Science or Doctor of Clinical Dentistry.

3.4 Only those courses of specialist education, which have been accredited by the Australian Dental Council or courses deemed equivalent by it or the Board are to be recognised as acceptable qualifications for specialisation.

3.5 Completion of research, no matter how advanced or valuable, must not be considered as sufficient grounds for registration in any speciality.

Registration

3.6 Specialist status shall be subject to registration conferred through statutory powers vested in the Board.

3.7 Dental registration legislation should prescribe :

- areas of dental specialisation;
- requirements for registration as a specialist dentist; and
- that only recognised specialist dentists may use specialist titles

3.8.8 Orthodontics

That part of dental practice which deals with the study and supervision of the growth and development of the dentition and its related anatomical structures, including preventive and corrective procedures of dentofacial irregularities requiring the re-positioning of teeth, jaws, and/or soft tissues by functional or mechanical means.

A Specialist in orthodontics shall have the title of **Orthodontist**.

Obligations of Specialist Dentists

3.9 In treating a referred patient, a specialist dentist shall:

- keep the referring practitioner informed of progress;
- attempt to seek consent of the referring practitioner before making a further referral;
- not perform services which are outside his/her specialty without the consent of the referring practitioner; and
- after completion of treatment, direct the patient back to the referring practitioner.

3.10 A specialist dentist shall guide and educate other dentists and allied dental personnel to higher

levels of competence within their scope of practice