



AUSTRALIAN DENTAL  
ASSOCIATION

# DENTAL GRADUATE HANDBOOK

2022 EDITION



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## Welcome to the profession

In times of great uncertainty, such as we have witnessed over the past three years of the COVID-19 pandemic, it is understandable that you might be nervous about starting on the exciting adventure of a career in dentistry.

But even with all the disruption around us, there is still very much to look forward to in a profession that has weathered the recent storms better than most and which holds a great deal of promise for everyone who enters it.

To help you make the most of the first steps in your dental career, the Australian Dental Association publishes its *Dental Graduate Handbook*, which contains an expansive sweep of information and covers many aspects of the profession that you will need to address now and into the future.

I trust it will prove to be a useful tool in navigating your way through the initial phase of your career.

As a dentist, you will be in the privileged position of being able to make a significant difference, not only to your patients but by being a champion for good oral health in your community and by connecting with fellow dentists through your professional association, the ADA, so we can continue to have a strong voice for all Australian dentists.

I'd encourage you to make the most of every opportunity that comes your way.

Congratulations on successfully completing your studies, and best wishes for a rewarding and satisfying career.

**Dr Mark Hutton**

President  
Australian Dental Association



## Once ADSA, Always ADA

Congratulations, you've made it! It's going to be an ambitious year for us in 2023, steadily heading back to normal after nearly three years of this pandemic and I hope you are excited to start your career as practising dentists!

ADSA and the ADA's ongoing partnership has seen a myriad of benefits for our students, providing continual support and camaraderie across our profession to further you, a recent graduate. The transition from student to dentist may be quite a leap, likewise, ADSA's transition back to in-person events. As of 2020, our students have never tasted what it truly means to be a part of something as special as ADSA – connecting student dentists across the nation.

However, unlike the daunting, milestone transition from student to dentist, the transition from being an ADSA member/student ADA member, to an ADA professional member is seamless, and is a partnership that enables you to be the best you can be.

This year, the Dentist for a Day and Mentorship programs are here to stay after an overwhelming response from students in 2021 regardless of the restrictions imposed on us. These programs offer students insight into what dentistry entails in the real world, outside of university, bridging that gap in transition. Find out more on our social media pages and check out our website at [adsa.org.au](http://adsa.org.au).

I hope this handbook proves itself useful to you and your aspirations.

Wishing you the very best,

**John Do**

President  
Australian Dental Students' Association

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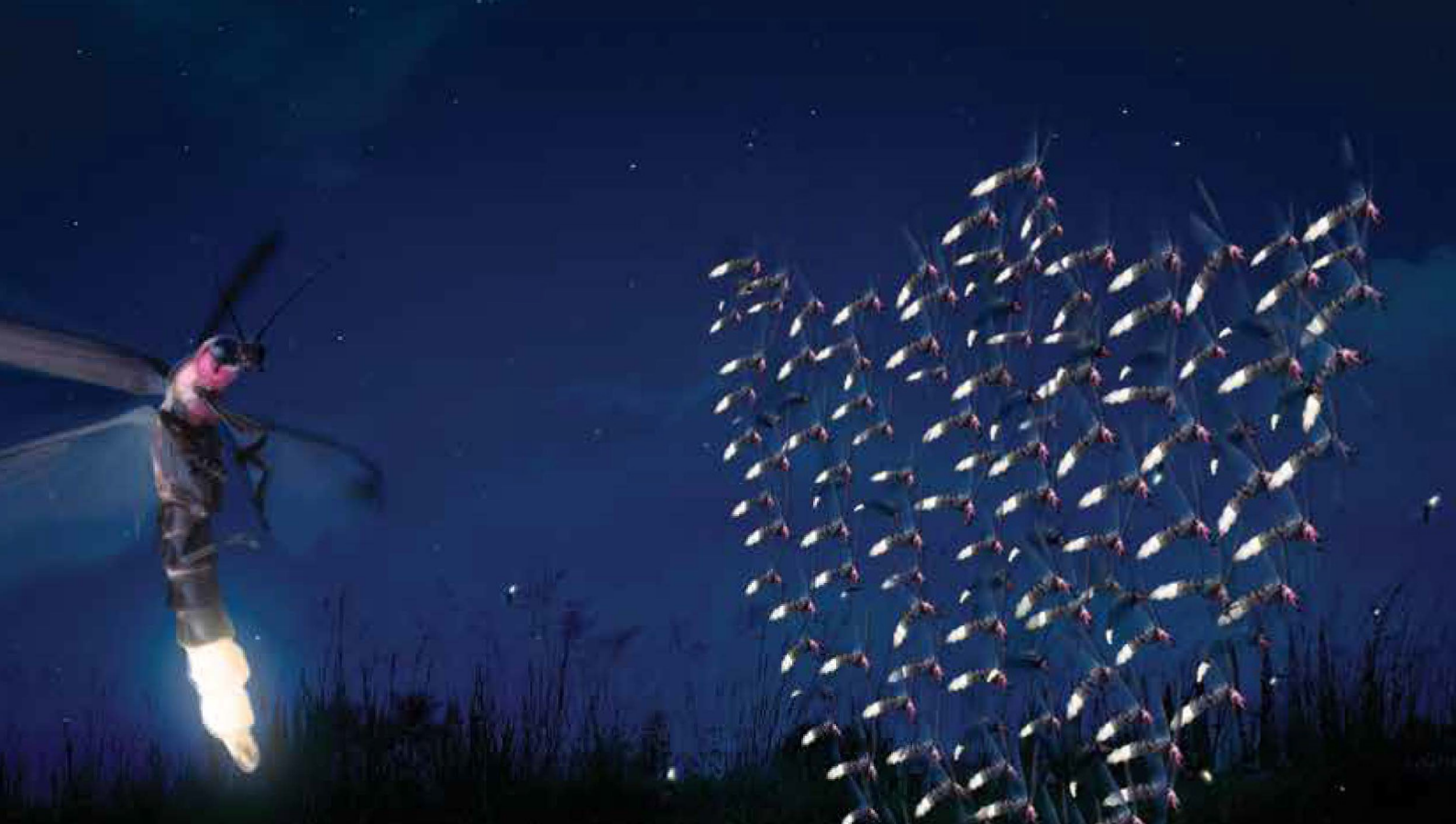
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# SECTION 1

## GETTING STARTED

### Registration

#### Dental Board of Australia

To practise as a dentist in Australia you must be registered with the Dental Board of Australia.

The Australian Health Practitioner Regulation Agency (Ahpra) manages applications for registration on the Dental Board's behalf. Overseas-trained dentists must have their qualifications assessed by the Australian Dental Council before applying for registration.

#### Obligations of registration

The majority of dentists hold general registration which permits them to practise anywhere in Australia. Other types of registration include specialist, non-practising, limited, and provisional.

Your registration is subject to you meeting the requirements of mandatory registration standards, including scope of practice, recency of practice, continuing professional development, and professional indemnity insurance. You must also comply with all Dental Board codes, guidelines, and policies, including the *Code of Conduct*. For more information go to [dentalboard.gov.au](http://dentalboard.gov.au).

Dental Board guidelines also mandate that you must be aware of your infection status for blood-borne viruses. The ADA strongly recommends that you, and all practitioners and staff in a practice, be vaccinated in accordance with the *Australian Immunisation Handbook*.

#### Scope of practice

The Dental Board of Australia's (DBA) *Scope of practice registration standard* (the Standard) sets out the requirements for the scope of practice for dental practitioners. It states that dental practitioners must only perform dental treatment for which they have been educated and trained and in which they are competent.

Under the standard, you must refer a patient when the care required is outside your scope of practice. The DBA's *Guidelines for scope of practice* explain how to meet the Standard. These documents and other resources are available in a 'know your scope' information hub on the Dental Board's website.



## Mandatory notification

Registered health practitioners must, by law, make a mandatory notification about a registered health practitioner in some limited circumstances.

There are four concerns that may trigger a mandatory notification, depending on the risk of harm to the public:

- impairment;
- intoxication (by drugs and or alcohol) while practising;
- significant departure from accepted professional standards; and
- sexual misconduct.

For more information, contact the ADA office in your State or Territory or read the Dental Board's *Code of Conduct and Guidelines: Mandatory notifications about registered health practitioners*.

## Continuing professional development

To ensure your skills and competency remain up to date, you must complete a minimum of 60 hours of continuing professional development (CPD) over a three-year CPD cycle. However, you may only have to complete a pro-rata number of hours depending on how far into the cycle you start practising. The next CPD cycle is from 1 December 2022 to 30 November 2025. For more information, see page 67.

## Professional indemnity insurance

It is a requirement of practice to be covered by your own or third-party professional indemnity insurance covering all aspects of practice and all locations of practice (see page 18).

## Mandatory COVID-19 vaccination

Commonwealth, state, and territory governments manage the rollout of mandatory vaccines. In some settings, governments are mandating vaccination for specific healthcare workers. FAQs and helpful statements for registered health practitioners are available at [ahpra.gov.au](http://ahpra.gov.au).

To learn more about the Dental Board of Australia, the regulation of dentists and ongoing requirements for registration, go to [dentalboard.gov.au](http://dentalboard.gov.au).

## Registration process

You can commence your online application within three months of graduating. It's important to provide as much information as you can, as your application may be delayed if Ahpra needs to contact you for more information. You will be notified when your application has been assessed and is awaiting your graduate results.

Ahpra will finalise your application for registration once it receives your graduate results from your education provider. It's a good idea to submit your application as early as possible, as the end of the year is a peak graduate period and Ahpra will be processing a high volume of applications.

For your application to be successful you must demonstrate that you meet the requirements for registration (the Registration Standards) and ensure your application is complete (e.g., all documents are correctly certified). You may need to provide documentation regarding health impairments, criminal history, or how you meet the Dental Board's English language skills requirement.

Ahpra will notify you of the outcome of your registration application, and, if you are successful, will publish your name on the national register of practitioners (published on the Ahpra and Dental Board websites). Once your name is published on the national register of practitioners, you can start work as a registered health practitioner.

For more information, including a video about how to get your application right the first time, search for 'Graduate Registration' on the Ahpra website at [ahpra.gov.au](http://ahpra.gov.au). The Dental Board also has an informative video for graduates at [dentalboard.gov.au](http://dentalboard.gov.au).

Dentists must renew their registration every year. Check Ahpra's website for the due date. You will be sent an email reminder by Ahpra before your registration expires so be sure to check the public register to confirm your details if you move. You remain registered while your renewal application is assessed. It is important to make honest and accurate declarations at renewal as a random sample of dental practitioners are audited each year.

Late applications are charged an additional late fee. Failure to renew your registration by 31 December means your name will be removed from the national register and you will not be able to practise. So, if you want to keep practising, ensure you renew on time each year.

For more information go to [dentalboard.gov.au](http://dentalboard.gov.au).



## Pre-employment screening

In some states and territories, there may be specific requirements that dentists must comply with in relation to working with children or vulnerable people.

These requirements not only vary for each state and territory, but may also vary depending on your employer. For example, screening may be required if:

- your state/territory requires it;
- your employer requires it;
- you work within the public health sector;
- you treat patients in a paediatric ward;
- you provide government-funded health services, even those delivered in private practice such as the emergency dental voucher system; and/or
- you deliver school dental services.

When applying for a position, you can ask your prospective employer if pre-employment screening is required.

For more information, visit the Australian Institute of Family Studies website at [aifs.gov.au](http://aifs.gov.au).

You can also contact your local ADA state or territory office for assistance (see pages 14–17 for contact details).

## Provider number

Medicare is Australia's publicly funded healthcare system. While it does not generally provide rebates for dental services – dentistry is largely paid for by patients rather than through the public purse – you must have a Medicare Provider Number to provide services under government programs such as the Child Dental Benefits Schedule, Cleft Lip, and Cleft Palate Scheme, and Department of Veterans' Affairs as well as for patients to be able to claim on their private health insurance.

Your provider number can only be used by you for services you have provided or if you have requested an allied dental practitioner to provide a treatment on your behalf.

### What is a provider number?

A provider number is an eight-digit sequence comprised of six numbers, an alpha or numeric character that identifies your practice location, and an 'alpha check digit' at the end. The provider number identifies who you are and the particular location from which you practise. If you work at a number of different locations, you will need a separate provider number for each location. When you are applying for a provider number you will need to advise:

- your qualification and the year and place where it was obtained;
- the details of your Dental Board registration;
- the location/s at which you will be practising; and
- the account details into which benefits can be paid where appropriate.

## 'If you work at a number of different locations, you will need a separate provider number for each location.'

You can't use another person's provider number, and without a provider number, you can't treat patients under any government scheme or for which there is a rebate. It's important you apply for your first provider number well ahead of your start date as this cannot be done online (additional provider numbers can be obtained quickly once you have your first provider number.) Longer than usual waiting times can be expected between December and April due to higher volumes of applications.

You will need your provider number to lodge an account with Medicare or when you are referring a patient to a fellow health professional or requesting diagnostic services such as radiographs.

To find out more, go to [servicesaustralia.gov.au](http://servicesaustralia.gov.au).

## Prescriber number

You must obtain a prescriber number from Medicare in order for your patients to receive a subsidy under the Pharmaceutical Benefits Scheme (PBS). Your prescriber number must be quoted on every prescription you issue. It can only be used by you. Unlike provider numbers, you will only need one prescriber number.

To find out more, go to [servicesaustralia.gov.au](http://servicesaustralia.gov.au).

The ADA has a range of medicines information available to members, including a PharmaAdvice service if you need help or have questions on medicines or prescribing. To find out more, go to [ada.org.au](http://ada.org.au).



## Radiation licensing

The regulatory body for radiation safety in Australia is the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA). ARPANSA is responsible for the *Code of Practice and Safety Guide for Radiation Protection in Dentistry*. The code establishes the responsibilities of those involved in dental radiology, the requirements for equipment, sites, image receptors, and film processing, and procedures to minimise exposure to ionising radiation. The code can be found at [arpansa.gov.au](http://arpansa.gov.au).

### State Radiation Use Licensing

Dentists may be required to hold a licence to own and/or use radiation units. Licensing requirements vary depending on where you are based. If you are in any doubt about what is required, you should contact the licensing authority in your state or territory.

#### New South Wales

Dentists do not require a user licence to take intra-oral radiography. They do require a licence to operate or take orthopantomograms (OPGs). They also require a licence to operate cone-beam computed tomography (CBCT) equipment and must provide evidence of suitable training. Applications are normally processed within 10–14 days.

For more information, fees and application forms contact:

Environment Protection Authority (EPA) New South Wales  
Phone: 131 555 (or 02 9995 5555 outside NSW)  
Email: [dgrp.licensing@epa.nsw.gov.au](mailto:dgrp.licensing@epa.nsw.gov.au)  
Visit: [epa.nsw.gov.au](http://epa.nsw.gov.au)

#### South Australia

Dental professionals must hold a licence from the South Australian EPA if they wish to operate ionising-radiation apparatus.

This 'licence to use/operate ionising radiation apparatus' will allow registered dental practitioners (within their designated Scope of Practice) to perform:

- standard intra-oral and extra-oral views (PAs, BWs, occlusal)
- panoramic views (OPGs); and
- cephalometry

To use CBVT, dentists/specialists must pass an exam set or approved by the EPA.

Personal monitoring devices (radiation badges) are NOT required for routine intra-oral dental radiology. However, practitioners taking OPGs, Lateral Ceph, and CBVT, should wear a monitoring device.

For more information, fees and application forms contact:

Environmental Protection Authority (EPA) South Australia  
Phone: 08 8463 7826  
Email: [EPARadiationProtectionBranch@sa.gov.au](mailto:EPARadiationProtectionBranch@sa.gov.au)  
Visit: [epa.sa.gov.au](http://epa.sa.gov.au)

#### Northern Territory

You must be registered as a dental practitioner with the Dental Board of Australia under Ahpra to use intra-oral x-ray equipment. To be licensed to use OPG or CBCT you must provide evidence of appropriate training.

For more information, fees and application forms contact:

Northern Territory Government Department of Health,  
Radiation Protection  
Phone: 08 8922 7152  
Email: [radiationprotection@nt.gov.au](mailto:radiationprotection@nt.gov.au)  
Visit: [nt.gov.au](http://nt.gov.au) and search for 'Dental Practitioners'

#### Victoria

Dentists must apply for a licence to use radiation sources. The licence authorises the holder to use specified types of radiation for specified purposes. If you want to use a different type of equipment than that which you are licensed to use, you will have to apply to vary your licence. Failure to hold the required use licence is an offence under the *Radiation Act 2005*. If you are unsure whether you require a licence, the Victorian Department of Health encourages you to email them, prior to lodging an application, with a description of your proposed activity to clarify your licensing requirements.

Compliance with the *Code of Practice and Safety Guide for Radiation Protection in Dentistry* is a condition of licences issued to dentists and applicants must be familiar with these requirements.

For more information, fees and how to use the licensing portal contact:

Department of Health, Radiation Safety  
Phone: 1300 767 469  
Email: [Radiation.safety@health.vic.gov.au](mailto:Radiation.safety@health.vic.gov.au)  
Visit: [health.vic.gov.au/radiation/dental](http://health.vic.gov.au/radiation/dental)

## Queensland

Registered dentists are not required to hold a radiation licence to use an intra-oral apparatus.

However, all dental practitioners using laser, extra oral, and/or CBCT dental radiation apparatus must hold an appropriate use licence. To obtain this licence, dentists must complete an application form (available on the website) and pass an exam approved by Radiation Health QLD (ADAQ runs pre-licensing courses throughout the year). You will need to demonstrate that you have undergone both theoretical and practical training in how to use the radiation source safely and effectively for the type of radiation service being offered.

Evidence of these competencies will depend on your individual education and experience. Applicants with dental qualifications, experience, and other attributes are typically successful in their application. If your application is successful and you include all the required details, you should receive your licence within 10 business days.

For more information, fees and application forms contact:

Radiation Health, Health Protection Unit of the Department of Health

Phone: 07 3328 9310

Email: [licensing@health.qld.gov.au](mailto:licensing@health.qld.gov.au)

Visit: [health.qld.gov.au](http://health.qld.gov.au) and search for 'Dental Use Licence'

## Australian Capital Territory

Dentists, dental therapists, oral health therapists and dental hygienists must be registered with Ahpra and obtain an ACT Radiation Licence to take intra-oral radiographs and OPGs in the ACT.

Registered practitioners who wish to use CBCT imaging apparatus must apply for a user licence which includes Dental (specialist) apparatus in the source types. The Radiation Council will require evidence to assess the level of training, knowledge and/or experience you possess in radiation safety with respect to dental 3D volumetric x-ray apparatus. (NB: Training provided by equipment manufacturers will generally be insufficient to obtain licensing).

Dental (specialist) CBCT licensing is required in order to use CBCT equipment, irrespective of the type of image required. (For example, taking an OPG using CBCT equipment will require the user to have a CBCT user licence.)

Dental practices using only intra-oral radiographic imaging must be able to demonstrate that a minimum one-year period of appropriate radiation monitoring has been performed (see [health.act.gov.au/businesses/radiation-safety](http://health.act.gov.au/businesses/radiation-safety)). Practices with OPG and/or CBCT units must additionally have ongoing area monitoring at the operator position.

All x-ray imaging apparatus in a dental practice in the ACT must be registered before it can be used. Registered equipment will be certified. It is the responsibility of the user

to ensure x-ray equipment has been registered and carries up-to-date certification (check the date on the registration certificate).

For more information, fees and application forms contact:

ACT Health

Phone: 02 5124 9700

Email: [hps@act.gov.au](mailto:hps@act.gov.au)

Visit: [health.act.gov.au/businesses/radiation-safety](http://health.act.gov.au/businesses/radiation-safety)

## Western Australia

Dentists registered in the dental profession with Ahpra do not require a licence to operate intra-oral, OPG, or lateral cephalometric x-ray equipment for the purpose of dental radiography. Dentists must hold a licence to operate CBCT equipment. To be eligible for a licence, you must successfully complete a recognised CBCT course, and all images must be reported by an Ahpra-registered medical radiologist or dento-maxillofacial radiologist.

Dentists must also hold a licence under the *Radiation Safety Act 1975* to use Class 3B and/or Class 4 lasers. To be eligible you must have attended a recognised laser safety course.

In addition to licence requirements, a registration is required by the owner (registrant) of any x-ray equipment and the premises where they are operated or stored.

For more information, fees and application forms contact:

Radiological Council

Phone: 08 9388 4999

Email: [radiation.health@health.wa.gov.au](mailto:radiation.health@health.wa.gov.au)

Visit: [radiologicalcouncil.wa.gov.au](http://radiologicalcouncil.wa.gov.au)

## Tasmania

To work with radiation in Tasmania you must comply with the *Radiation Protection Act 2005* and sign the application form available from [health.tas.gov.au](http://health.tas.gov.au). Unless you are setting up a new practice, your employer or practice principal will need to add you as an operator to their current licence. There is a fee to make this amendment.

CBCT use is not permitted for a registered Dentist automatically unless they can provide evidence of completion of an approved Radiation Safety Course to Use Dental CBCT and evidence of completion of manufacturer training to operate the CBCT equipment.

The Radiation Protection Unit has also published a *Justification and Referral Criteria for selection of patients for cone beam CT*. For more information go to [health.tas.gov.au](http://health.tas.gov.au).

For more information, fees and application forms contact:

Department of Health and Human Services Tasmania,  
Radiation Protection Unit

Phone: 03 6166 7256

Email: [radiation.protection@health.tas.gov.au](mailto:radiation.protection@health.tas.gov.au)

Visit: [health.tas.gov.au/publichealth/radiation](http://health.tas.gov.au/publichealth/radiation)

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## Requesting diagnostic imaging services from a radiology practice

In some circumstances you may need to refer patients requiring extra-oral imaging to a radiology practice. Having a Medicare Provider Number (see page 8) enables eligible patients to obtain a rebate for some imaging services. MBS Online ([mbsonline.gov.au](http://mbsonline.gov.au)) contains the Medicare Benefits Schedule (MBS), which is a listing of the Medicare services subsidised by the Australian government and is updated as changes occur.

Many radiology practices are able to take panoramic radiographs (OPGs). The referring dental practitioner takes responsibility for diagnostic interpretation and must document all findings in their clinical records.

Some radiology practices employ the services of a registered dento-maxillofacial radiologist to provide high-quality, detailed reports, and to oversee all dental imaging. These practices also typically offer cone-beam imaging services, performed under close supervision by a dento-maxillofacial radiologist. Referring to these practices, or engaging a dento-maxillofacial radiologist to review and report your extra-oral radiographs and cone-beam scans, may minimise your dento-legal risk.

All imaging requests should include full patient details, the date of referral, the name, address and provider number of the referring dental practitioner, and relevant clinical details and history.

It's important to note that dental practitioners are able to request hand-wrist radiographs for bone age estimation, and can also request chest and abdominal radiographs where there are concerns regarding suspected aspiration or swallowing of a dental instrument, foreign body, etc. Facial bone x-rays can also be requested in cases of suspected trauma, to rule out fracture and embedded foreign objects.

Patients referred for cone-beam imaging by a general dental practitioner are not eligible for a Medicare rebate and will have to pay the full fee. (The Medicare rebate is available for referrals from dental specialists, performed on any CBCT units.)

### Dental practice in-house extra-oral imaging

Some dental practices offer in-house extra-oral imaging with OPG and/or cone-beam imaging services to patients (check licensing requirements in your state/territory).

When dental imaging is performed in the dental practice, there is no Medicare rebate for patients. The practitioner should consult *The Australian Schedule of Dental Services and Glossary* at [ada.org.au/OSG](http://ada.org.au/OSG) for the item numbers to be used.

The dental practitioner takes full responsibility for diagnostic interpretation of the imaging and quality assurance, unless they employ the services of a registered dento-maxillofacial radiologist.

In some circumstances, appropriately trained staff are allowed to take radiographs. It's your responsibility to ensure that they have adequate training and the correct licensing.

## Professional support

### ADA

When you're taking your first steps out of university and into a rewarding and challenging career, having someone by your side who has seen it all before to provide advice and support is invaluable. In your case, as a recently graduated dentist, that's the Australian Dental Association (ADA).

The ADA has a federal body and state and territory offices. The federal body advocates on national issues affecting dentistry and provides an array of services, advice and support that apply across the country. The ADA state or territory offices are your first port of call on the issues affecting the day-to-day practice of your profession, face-to-face CPD, peer support and more.

The support and resources available are considerable, offering a number of reasons to continue your ADA membership into your professional life. Most of the ADA's services and resources are free to members, and these include:

- a jobs board where members post positions available across the country;
- professional, practical advice on clinical issues, government programs, practice management and regulatory requirements including an HR hotline, contract review service, medicines information and pharmaceutical advice service;
- discounted services and exclusive benefits on items such as professional indemnity insurance, vehicle purchases, travel and more;
- a like-minded community of peers providing support, advice, mentoring and professional insight via *Peer.org.au* networking events and study groups;

- access to the full resources of the ADA's National Library;
- representation by the Recent Graduates Advisory Panel which works to ensure the ADA is relevant and useful to recent graduate members;
- an array of educational resources to aid your growth as a dental professional in your first years of practise and beyond, including hundreds of hours of videos, lectures, and publications via the ADA's CPD Portal and also events run by your local State/Territory office;
- an extensive range of best practice clinical publications and guides, and professional news and updates via e-newsletters, social media, and publications such as the monthly *News Bulletin* and quarterly *Australian Dental Journal*; and
- the opportunity to participate in raising community awareness about oral health through promotional activities such as Dental Health Week and providing dental services to disadvantaged groups through grants and volunteering.

### Fees

Money may be tight in the first few years after you graduate as you work hard to establish your career. To help you through this time, membership rates are reduced for the first two years after graduation while still giving you unrestricted access to the full suite of ADA services and support.

Fees are usually payable at 30 June each year (some state/territory offices offer monthly payment options) and include state/territory membership as well as national representation. Fees are paid to your local ADA office and may vary depending on your hours of work and the state or territory in which you live.



## Your State/Territory ADA Office

Your State or Territory ADA office provides practical support on a range of issues that are crucial to the establishment and continuing practice of dentistry.

You are encouraged to contact your ADA state/territory office with any questions you may have about issues that affect you professionally and be aware that even though state/territory offices largely offer the same services, they are not identical across the country.



### New South Wales/ Australian Capital Territory

As the peak body representing dentists in NSW and the ACT, our aim is to inspire, support and empower the dental profession to advance oral health.

We are proud of our legacy of advancing dentistry since 1929 and honoured to represent a profession that aims to improve the health of every Australian.

ADA NSW provides professional and practice support, education, collegiality, leadership opportunities and robust advocacy as well as the latest news, resources and information.

#### Services offered

- World-class Sydney CPD Training Centre providing clinical lectures and hands-on workshops;
- Member rates on CPD courses and free access to online CPD, multimedia content and podcasts;
- Local networking and CPD events through ADA NSW Divisions and Study Groups;
- 18 months of free professional indemnity insurance with Guild Insurance for new graduate ADA NSW members;
- Latest news, publications and access to ADA NSW Library's resources and research assistance;
- Confidential clinical advice and dento-legal assistance with patient complaints, regulatory matters, audits from private health insurers or Medicare from an experienced ADA NSW Peer Advisor;
- Opportunity to join the ADA NSW Mentoring program to access advice and support from an experienced mentor;
- Profiles for new graduates in the annual *Employer's Guide*;
- Online resources for Dental Council NSW/Dental Board of Australia/Ahpra regulatory requirements such as licensing to operate radiological equipment and privacy laws;
- Essential infection control and accreditation support services;

- Referral to the on-call Human Resources and employment advice service; and
- Access to programs supporting volunteering and community service, such as through our charity, Filling the Gap.

For further information please contact ADA NSW.

Phone: 02 8436 9900

Email: [membership@adansw.com.au](mailto:membership@adansw.com.au)

Visit: [adansw.com.au](http://adansw.com.au).

Join us on social media:

Instagram: @adanswbranch

Facebook: @adanswbranch

LinkedIn: Australian Dental Association NSW Branch

### Victoria

The ADA Victorian Branch (ADAVB) supports members from student to dentist and throughout their dentistry career. Services are aimed at helping recent graduates be their best and reach their professional potential. This includes ongoing training and career support, advocacy and representation, professional advice, relevant and tailored CPD and regular networking opportunities.

#### Services offered

- Mentoring program for graduates in their first year of practice;
- Career advice, resources and seminars for new graduates;
- Career development such as the Health Sector Leadership Program and Recent Graduate CPD Bursary;
- Significantly discounted CPD programs including Early Clinical Essentials for recent graduates;
- Free online CPD and webinars;
- Free support and advice provided by Community Relations Officers/professional consultants (for Guild-insured members, including two hours of free legal assistance) and advice on compliance and other professional matters for all members;

- 18 months of free professional indemnity insurance with Guild Insurance for new graduates;
- Access to professional and graduate resources such as COVID-19 management, infection prevention and control, privacy and confidentiality, safety and quality, and practice administration-related advice and services;
- Guide to Victorian health regulatory requirements such as licensing to operate radiological equipment, health records, privacy and more;
- Comprehensive professional indemnity insurance via Guild Insurance, and cyber liability and privacy protection insurance;
- Monthly *Victorian Dentist* magazine, and regular e-news, podcasts and social media updates to stay informed;
- ADAVB Group CPD and networking events, and regular social events to stay connected;
- Effective advocacy and representation on issues affecting the profession and the oral health of the community;
- Enterprise Bargaining Agreement negotiations for members employed in public hospitals and/or community health services. Includes a range of conditions such as pro rata \$2,000 reimbursement of ADAVB association fees and CPD costs by the member's employer;
- Effective advocacy and representation on issues affecting the profession and the oral health of the community;
- Free and confidential support and counselling on personal and work-related issues through the LifeWorks Member Assistance Program on 1300 361 008; and
- Opportunities to volunteer on ADAVB committees and get involved in and support practice based research with the *eviDent* Foundation.

For further information please contact ADA Victoria.

Phone: 03 8825 4600

Email: [ask@adavb.org](mailto:ask@adavb.org)

Visit: [adavb.org](http://adavb.org) and [evident.org.au](http://evident.org.au).

Join us on social media:

Instagram @Ausdentalvic

Facebook @Ausdentalvic

LinkedIn Australian Dental Association Victorian Branch

Twitter @adavb @adavbceo @adavbpres

## Tasmania

The peak body for dental professionals in the state, ADATAS provides a range of benefits and services to its members with support from ADAVB.

### Services offered

- CPD and training seminars;
- Discounted comprehensive professional indemnity insurance (through the ADATAS's insurance underwriter, Guild Insurance);
- Guide to Tasmanian health regulatory requirements such as licensing to operate radiological equipment, health records, privacy, and more;
- Advice and support via the ADAVB Community Relations Officers (for members insured with Guild);
- Advice on compliance and other professional matters;
- Representation on external bodies, i.e. Rural Health, Aged Services Oral Health Alliance; and
- Support for recent graduates.

For further information please contact ADA Tasmania.

Phone: 03 6248 7788

Email: [admin@adatas.org.au](mailto:admin@adatas.org.au)

Visit: [ada.org.au/ADATAS/Home](http://ada.org.au/ADATAS/Home)

Join us on social media:

Instagram: @adatasbranch

Closed FB group: [adatasbranchinc](https://www.facebook.com/adatasbranchinc)

## Northern Territory

The ADA Northern Territory office (ADANT), run by members with support from ADA's federal office, is a group of volunteer members who manage the administration and also arrange CPD and networking events.

There are many employment opportunities in the Northern Territory including public and private. If you are looking for a career in private practice, we recommend you call the clinic directly.

### Services offered

- Discounted CPD registration for members to all CPD courses run in the NT;
- Free study clubs for members on a bimonthly basis with networking and social opportunities as well as complimentary drink on arrival; and
- Biannual publication of *ADANT News* to stay informed.

For further information please contact ADA Northern Territory.

Phone: 0423 909 855

Email: [admin@adant.org.au](mailto:admin@adant.org.au)

Visit: [ada.org.au/ADANT](http://ada.org.au/ADANT)

Join us on social media:

Facebook: @adanorthernterritory

Closed FB Group: NT Dental Professionals



## Queensland

The ADA Queensland (ADAQ) is the professional association for dentists in Queensland.

Our mission is to be the preferred and trusted source of knowledge and information about oral health and clinical practice.

Our advocacy and services aim to promote excellence in the profession through a range of services, including the provision of Professional Indemnity (PI) Insurance, support and advice regarding PI claims, CPD events, dental assistant training and dental practice advice.

### Services offered

- Comprehensive PI insurance (underwritten by QBE) with up to 18 months free insurance for graduates;
- Member advisory and support – our dedicated team consists of legal and health professionals (as well as a peer panel of six general dentists and four specialists) who are available to assist with:
  - ADAQ QBE insurance claims;
  - Notifications from the Office of the Health Ombudsman;
  - Notifications from Ahpra;
  - Health fund audits;
  - Patient complaints; and
  - General advice on issues such as record-keeping, consent process, and item numbers.
- Mentoring program for graduates in their first five years of practice;

- Access to our Member Assistance Program (MAP) which provides three free and confidential counselling sessions each year along with a wealth of wellbeing resources;
- Education and Practice advisory team, which offers a range of services that can assist with increasing efficiency and compliance, infection control management, reducing costs and improving overall practice performance;
- Access to complimentary practice resources and fact sheets;
- Dedicated CPD and education for the recent graduate and student community;
- Discounted rates to CPD for recent graduates;
- A range of publications including our quarterly member magazine, the *Dental Mirror*;
- Regular meetings of the ADAQ Recent Graduates and Students (RG&S) Committee who report on relevant topics and issues to ADAQ Council; and
- Professional support and networking events throughout Queensland including regional Sub-Branch meetings, ADA Affiliated Societies and ADAQ Study Clubs.

For further information please contact ADA Queensland.

Phone: 07 3252 9866

Email: [membership@adaq.com.au](mailto:membership@adaq.com.au)

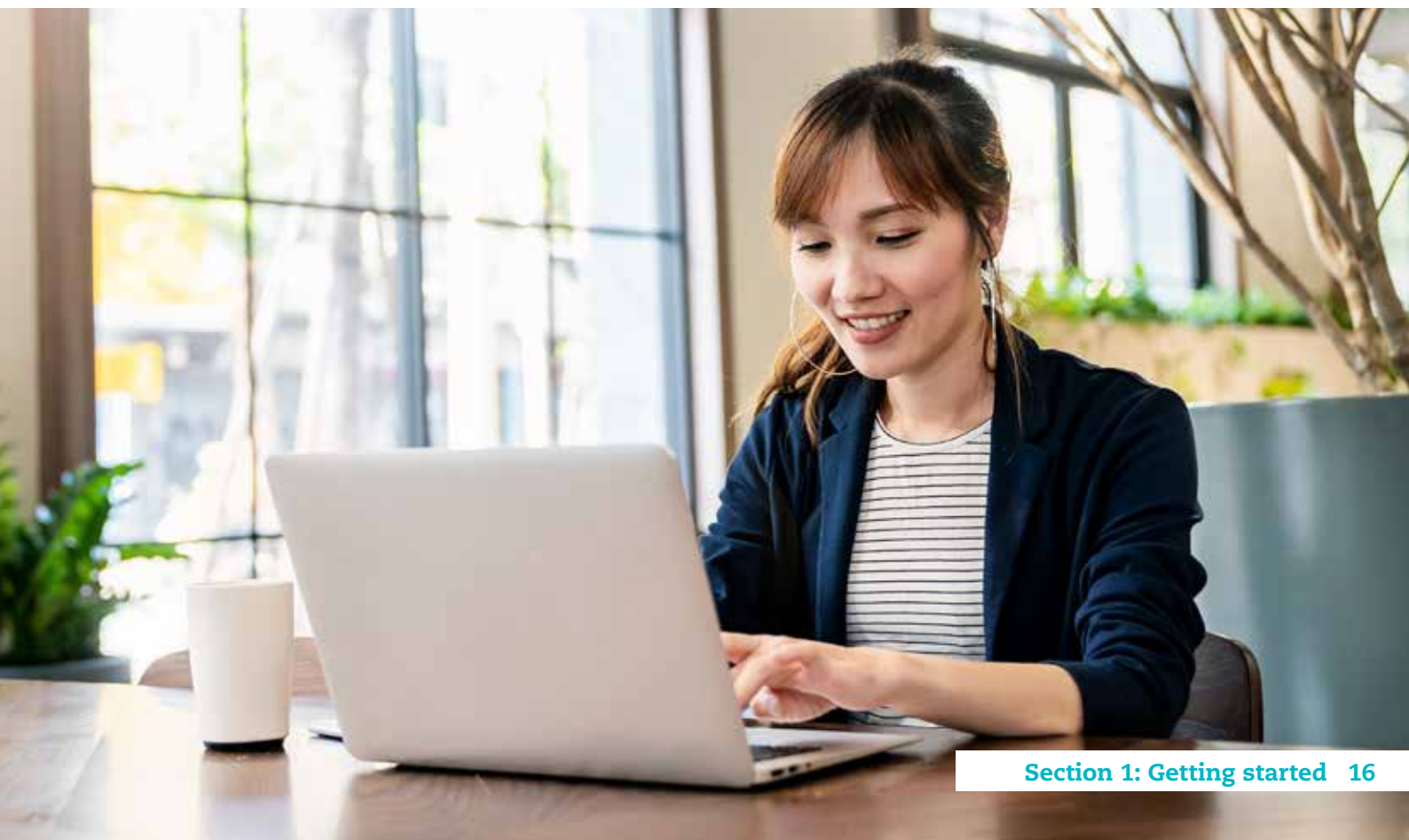
Visit: [adaq.org.au](http://adaq.org.au)

Join us on social media:

Instagram: @adaqueensland

Facebook: @ADAQueensland

Closed FB group: ADAQ Dental Community



## South Australia

Widely known and respected throughout the state, ADA SA represents dentists wherever they practise.

### Services offered

- HR Advisory Service Hub;
- News, publications, resources, and a weekly email newsletter for dentists;
- Discounted registration to selected CPD and business and personal development courses;
- Certificate of Membership;
- PharmaAdvice – Medicines Information;
- Recognition of Service awards;
- Patient dispute resolution handled by a dedicated Community Relations Officer (CRO);
- Peer Advisor;
- Mental Health Support Program;
- Professional Indemnity insurance through Guild Insurance;
- Infection Control Assessment Programs and support service;
- Practice Accreditation support service;
- Regional member engagements; and
- CPD, social activities and networking events.

For further information please contact ADA South Australia.

Phone: 08 8272 8111

Email: [admin@adasa.asn.au](mailto:admin@adasa.asn.au)

Visit: [adasa.asn.au](http://adasa.asn.au)

Join us on social media:

Instagram: @adasouthaustralia

Facebook: @adasainc

Closed FB group: Australian Dental Association SA Branch Inc.

## Western Australia

With the vast majority of Western Australian dentists and dental specialists across the private and public sectors as members, the ADA Western Australia office (ADAWA) is recognised as the voice of dentistry in the state.

### Services offered

- A range of CPD events including full-day, half-day, dinner lectures and hands-on courses as well as specific recent graduate complimentary courses, such as the New Practitioner Program and annual ADAWA/Dental Protection Limited (DPL) Young Dentists Conference;
- Podcasts and online media;
- Comprehensive professional indemnity insurance via ADAWA, underwritten by MDA National Insurance (MDAN);
- If indemnified with DPL/MDAN Insurance through ADAWA: advice and management of any complaints, regulatory matters such as the WA Health and Disability Services Complaints Office (HaDSCO) and Ahpra investigations, health fund audits and legal claims;
- Access to a range of professional risk management educational resources and complimentary public and product liability insurances through Dental Protection Limited;
- Complimentary access to Mediref secure encrypted messaging;
- Advice on human resources and industrial relations issues;
- Coordination of the Australian Dental Health Foundation and other ADAWA-affiliated volunteerism organisations;
- Monthly member magazine with information on contemporary issues, CPD events, personal interest stories and dental-related events in WA;
- Bimonthly general meetings with a complimentary meal and guest speaker;
- Variety of member social events;
- Complimentary practice visits for practice accreditation and infection control advice;
- A range of corporate member benefits;
- Discounts on ADAWA venue hire;
- Jobs board for member employment opportunities; and
- ADAWA publications, i.e. medication-related osteonecrosis of the jaw (MRONJ) booklet, radiology booklet.

For further information please contact ADA Western Australia.

Phone: 08 9211 5600

Email: [adawa@adawa.com.au](mailto:adawa@adawa.com.au)

Visit: [adawa.com.au](http://adawa.com.au)

Join us on social media:

Instagram: @adawa\_perth

Facebook: @adawaoralhealth

LinkedIn: Australian Dental Association WA

## Protecting yourself

Starting out as a graduate dentist is an exciting time, but it also means you face a number of new challenges and risks. To ensure your future is a bright one, it's important to protect yourself against these risks and learn to use appropriate risk-management strategies.

This section covers the types of insurance available and what they cover. Later in the handbook, we also discuss some of the other major risks you will face and suggest simple strategies to protect yourself. These include:

- maintaining patient records – see page 49
- managing patient complaints – see page 50
- your wellbeing – see page 52.

### Types of insurance

One of the key ways to protect yourself when you begin working as a dental practitioner is to hold appropriate insurance cover. Good insurance protects you against many of the risks you may encounter as your career progresses. These don't just relate to patient complaints or litigation, but also include injuries that leave you unable to work for a short period, or even permanently disabled and unable to work at all.

Although this may seem an unlikely possibility, taking out insurance protection against some of the problems you may encounter throughout your career and personal life can be a smart financial move in the long term.

There are five main types of insurance protection graduates should consider, although professional indemnity insurance is mandatory for registration as a dental practitioner.

### 1. Professional indemnity insurance

Professional indemnity (PI) insurance provides you with comprehensive protection against claims for financial loss, personal injury or property damage arising from your act, error or omission when providing a professional service covered by the policy. These policies also provide patients with protection, as they can seek compensation regardless of your financial situation.

PI insurance is compulsory for most professionals such as accountants and lawyers and the same goes for dental practitioners who are required to hold a suitable policy in order to register and practise as a dentist. As a dental professional, PI insurance provides you with peace of mind that you are protected from the significant costs following a legal claim or dispute.

Your PI insurer also manages many of the legal issues with a claim, saving you time and money.

Price is not the only consideration when it comes to PI insurance. Some policies have CPD requirements or charge extra for high-risk procedures. Carefully read the policy documents to work out what each policy covers and ask other dentists which provider they use.

ADA state and territory offices have arrangements with PI insurance providers, and although there are many options your branch has researched and selected a quality product.

For more information, contact your local ADA state/territory office to discuss your personal circumstances.

#### Remember

Your PI insurance policy must comply with Dental Board of Australia Registration Standards to retain your registration. For more information, go to [dentalboard.gov.au](http://dentalboard.gov.au).



State	ADA affiliated PI insurer	Further resources	PI offer for new graduates*
NSW	Guild Insurance	<a href="http://guildinsurance.com.au/dentists">guildinsurance.com.au/dentists</a>	Free for first 18 months
Qld	ADAQ PI Insurance (underwritten by QBE)	<a href="http://adaq.org.au/insurance">adaq.org.au/insurance</a>	Free for first 18 months
Vic	Guild Insurance	<a href="http://guildinsurance.com.au/dentists">guildinsurance.com.au/dentists</a>	Free for first 18 months
SA	Guild Insurance	<a href="http://guildinsurance.com.au/dentists">guildinsurance.com.au/dentists</a>	Free for first 18 months
WA	ADAWA (underwritten by MDA National Insurance)	<a href="http://adawa.com.au">adawa.com.au</a>	Free for first 18 months
NT	DPL (underwritten by MDA National Insurance)	<a href="http://dentalprotection.org/australia">dentalprotection.org/australia</a>	Free for first 18 months
Tas	Guild Insurance	<a href="http://guildinsurance.com.au/dentists">guildinsurance.com.au/dentists</a>	Free for first 18 months
ACT	Guild Insurance	<a href="http://guildinsurance.com.au/dentists">guildinsurance.com.au/dentists</a>	Free for first 18 months

\*The free period is available for a fixed period from 1 January following your graduation and expires 18 months later on 30 June. If you take up PI insurance part way through that time, the free period will be reduced.

## 2. Life cover

Life cover is also known as 'term life insurance' or 'death cover' and it pays a set amount of money when the insured person dies. The money from life cover goes to the people you nominate as beneficiaries in your policy.

As a new graduate, this may sound like something you don't have to worry about, but life cover provides important protection to pay for things like your accumulated debts, your children's future childcare and education costs, and providing a comfortable income for your family to live on if you pass away.

Life cover is guaranteed renewable, so it will only stop if you cease paying the premiums. It can also be much cheaper to start a policy when you are young.

## 3. Income protection insurance

Unlike PI insurance, income protection insurance is not mandatory. This form of insurance compensates you for periods when you are unable to work due to illness or injury, either temporarily or permanently, to help pay your bills and financial commitments. In addition, the premiums are tax deductible, unlike the other personal insurances.

Following a successful claim due to illness or injury, these policies provide you with a monthly payment until such time as you are able to return to work or the end of the benefit period. Payments are usually equal to up to 70% of your normal income. Insurers all use different definitions to decide whether you are eligible to claim, so you need to check these carefully.

## 4. Total and permanent disability insurance

Total and permanent disability (TPD) insurance is usually purchased as part of a package with life cover and can be used to create a financial safety net if you become seriously ill or suffer a major injury that leaves you permanently unable to perform your job.

Unlike income protection policies, TPD insurance only pays a benefit if you are totally and permanently disabled. This is usually defined as not being able to work again in any occupation, or being unable to work in your usual occupation.

These benefits can pay for rehabilitation, repayment of your debts and your future cost of living.

## 5. Trauma insurance

Trauma or critical illness insurance provides a lump sum to help you with your medical expenses and clear debts if you suffer a major medical trauma. The conditions covered by this type of insurance vary between policies but generally cover things like cancer, heart attack, major head trauma, terminal illnesses, stroke and occupationally acquired HIV.

Trauma policies pay a set amount that can be used for expenses such as medical costs not covered by your health insurance, ongoing costs of therapy and special transport, debt repayment, or necessary renovations to your home due to your illness or injury.

## Where to get insurance protection

Insurance policies are readily available from:

### Insurance companies

Many large insurance companies offer 'life cover' packages and these include common policies such as life insurance, income protection and TPD cover. They can generally be purchased directly from the insurer or their agents. Most insurers' websites will provide an online quotation for these policies, based on factors like your gross annual income and how much you want the benefit amount to be if you suffer an illness or injury.

Many internet-based financial comparison sites allow you to compare life cover policies and buy cover directly through their websites, e.g. [canstar.com.au](http://canstar.com.au) or [comparethemarket.com.au](http://comparethemarket.com.au).

### Finance professionals

Both insurance brokers and financial planners can assist you to purchase the right type and level of insurance protection for your personal situation. These professionals can be very helpful when it comes to finding the right policy and organising any necessary medical tests or application documents. Alternatively, the default cover offered by super funds can be competitively priced with these policies and may be cheaper.

For more information about insurance brokers, or to find one specialising in this area, check the National Insurance Brokers Association website [needabroker.com.au](http://needabroker.com.au).

To find a qualified financial adviser close to you, use the Financial Planning Association of Australia's finder tool at [fpa.com.au](http://fpa.com.au).

### Superannuation funds

Most superannuation funds provide insurance as one of the services they provide to their members. A key benefit of getting insurance through your superannuation fund is that these policies are usually much more affordable, as the funds can negotiate a good deal with insurance companies for 'bulk buying'.

Details of the insurance offered by a superannuation fund are usually listed on their website or in the documentation you receive when you join a fund. Most superannuation funds offer their members automatic cover for death and TPD insurance, meaning you do not have to undergo a medical test. Premiums for insurance taken out through your superannuation fund are paid from the regular contributions your employer makes on your behalf into the fund. This means you don't have to find the money to pay the annual premium from your pay packet.

For more information about superannuation, see page 23.

## Becoming a contractor

As a new graduate, it is unlikely that you will be working as an independent contractor or be in a position to enter into a services and facilities agreement where you operate an independent business within a practice. See 'Range of employment contracts' on page 26 for more details.

Should you decide in the future to take up an independent business arrangement, the section below explains some of the key things that you will need to do.

### Australian Business Number

The Australian Business Number (ABN) is a unique 11-digit identifying number you will need to use when you are dealing with the Australian Taxation Office (ATO) and other government departments and agencies. If you choose to work as a contractor, you will need an ABN to access various concessions and comply with your tax obligations.

You will need an ABN to:

- operate in the GST system, including claiming GST credits;
- avoid pay as you go (PAYG) tax on payments you receive for your work;
- confirm your business identity to others when ordering and invoicing; and
- connect to Manage ABN Connections or get an AUSkey to transact online with government agencies.

You can choose to operate and pay tax as an individual 'sole trader', or as a company, trust or partnership. If you are interested in operating as one of these business structures, seek professional advice from a registered tax agent or accountant about the benefits and drawbacks of this approach.

You can apply for an ABN and AUSkey electronically through the Australian Business Register (ABR), with a paper application available by phoning the ABR on 13 92 26, or through your registered tax agent or accountant.

### Register a business name

Many contractors choose to operate using a business name and if you do, you will need to apply for a registered business name with the Australian Securities and Investments Commission (ASIC) at [asic.gov.au](http://asic.gov.au). To apply for a registered business name you will need to have applied for or have an ABN. You can carry on a business in your own name without registering a business name if you do not change or add anything to your name.

For example, John Smith does not have to register a name to trade as 'J Smith' or 'John Smith', but he does to trade as 'John Smith Dental Services'.

If you plan to run your contracting business through a company, you will need to register your company and get an Australian Company Number (ACN) and a Director Identification Number before you can get your ABN and tax registrations. You can do this at [asic.gov.au](http://asic.gov.au).

## Taxation

Although starting work as a dentist and earning money is great, it also brings with it the responsibility of regularly paying tax. If you are an employee at a practice, much of this will be taken care of by your employer, but if you work as a contractor or under a services and facilities arrangement, this responsibility falls on you.

If you choose to operate your business as a sole trader, you can use the same Tax File Number (TFN) for both your business and personal dealings with the ATO. If you don't have a TFN, you will need to apply for one. To find out how, go to [ato.gov.au/individuals](http://ato.gov.au/individuals).

Contractors who use a company, trust or partnership will need to apply for a separate TFN to lodge a tax return.

Even though most dental services are GST-free, you may still need to register for GST if you want to claim for the tax you pay on any goods or services you purchase for your work. Check with an accountant or tax agent to see if this will be necessary in your situation.

For more information about taxation matters, contact the ATO on 13 28 65 or check out the ATO website [ato.gov.au](http://ato.gov.au).

## Medicare

Medicare benefits are partly funded by taxpayers, who pay a Medicare Levy of 2% of their taxable income. Your Medicare Levy obligation will be calculated from the information you provide in your tax return.

In addition, there is also a Medicare Levy Surcharge (MLS) which will be 1%, 1.25% or 1.5%, if your income for MLS purposes is above the base income threshold and you and your dependants do not have an appropriate level of private patient hospital cover.

For 2022–23, the base income threshold is \$90,000 for singles and \$180,000 for families.

The ATO's website [ato.gov.au](http://ato.gov.au) has a Medicare levy calculator you can use.

## Tax deductions

Some of the costs you incur as part of your professional role are eligible for a tax deduction. It's important to keep receipts, invoices and other formal documents to support your claims for tax deductions. The ATO requires original documents and records to be kept for a five-year period and you will also need them if you are audited.

Examples of common tax-deductible expenses include:

- **Australian Dental Association fees;**
- **Car expenses** – There are two methods (cents per kilometre or logbook) for determining how much you can claim, depending on how many kilometres you travel each year for work purposes;
- **Compulsory uniforms and protective clothing** – This includes loupes, protective glasses and clinic coats;
- **Continuing Professional Development** – Course attendance, journal subscriptions, dental literature and library memberships;
- **Travel expenses associated with work** – Meals and accommodation (subject to meeting ATO requirements);
- **Income protection insurance** – Consult your tax agent to find out whether all or part of your premium is deductible;
- **Tools and equipment;**
- **Home office expenses** – Computers, software and consumables used for the purposes of work;
- **Depreciation on assets** – Until 30 June 2023, business entities can immediately deduct the business portion of most depreciating assets under the Temporary Full Expensing rules. Employees can only immediately deduct assets costing \$300 or less. Any assets above \$300 must be claimed over its effective life in years. See your tax adviser for details or go to [ato.gov.au](http://ato.gov.au);
- **Mobile phone bills** – You can only deduct costs in proportion with how much you use the phone for work. For example, if you use the phone half the time for work and half the time for private purposes, you can deduct half the cost;

## Resident tax rates for 2022–23

Taxable income	Tax on this income
0 – \$18,200	Nil
\$18,201 – \$45,000	19 cents for each \$1 over \$18,200
\$45,001 – \$120,000	\$5,092 plus 32.5 cents for each \$1 over \$45,000
\$120,001 – \$180,000	\$29,467 plus 37 cents for each \$1 over \$120,000
\$180,001 and over	\$51,667 plus 45 cents for each \$1 over \$180,000

Source: Treasury Laws Amendment (Personal Income Tax Plan) Bill 2018 & Budget Measures Budget Paper No. 2 2019–20  
The above rates are correct as at 19 July 2022. They do not include the Medicare levy of 2%.

- **Donations and gifts;**
- **Accounting and taxation services; and**
- **Superannuation contributions** – Your contributions made personally may be deductible.

For more information about taxable income and tax deductions, check out the information on the ATO's website at [ato.gov.au](http://ato.gov.au).

### Tax tips

- Ensure your employer is withholding enough tax from your salary so you are not left with an unexpected tax bill.
- If you have more than one employer, tax may need to be withheld at a different rate for your second job. Talk to your accountant or tax agent to find out more.
- Advise your employer of any Higher Education Loan Program (HELP) or student supplement loans so that the repayment amount is withheld from your salary.

If you are unsure about your tax obligations or deductible expenses, seek help from an accountant, tax agent or the ATO. The ATO's website is a great place to start.

### Invoicing

If you decide to start your career as a contractor, you may be required to issue invoices to your new patients for payment. The ATO has strict rules around the information that must be included on a valid invoice and it's important to include all the following:

- identity of the service supplier (e.g. your business or trading name) at the top;
- your ABN near your identity information;
- date of issue of the tax invoice;
- the words 'Tax Invoice';
- invoice number close to the words 'Tax Invoice';
- patient's name for invoices costing \$1,000 or more;
- description of the goods and services provided;
- amounts payable;
- indication the goods and services are GST-free; and
- total amount.

Although you don't include GST in the price, as dental services are GST-free (except for non-compulsory services, i.e. cosmetic services), you can still claim credits for the GST included in the price of any purchases used to make your GST-free sales.

For more information about how to set out an invoice, check out the ATO's information at [ato.gov.au](http://ato.gov.au).

## Higher Education Loan Program (HELP)

Many students take up the government's offer of financial help to undertake their studies, but once you are in the workforce, the ATO will start looking closely at your income to recoup some of the loan. When your income exceeds the repayment threshold, compulsory repayments will be made from your salary through the tax system.

### 2022–23 repayment income/rates for HELP

Repayment income	Repayment rate
Below \$48,361	Nil
\$48,361 – \$55,836	1.0%
\$55,837 – \$59,186	2.0%
\$59,187 – \$62,738	2.5%
\$62,739 – \$66,502	3.0%
\$66,503 – \$70,492	3.5%
\$70,493 – \$74,722	4.0%
\$74,723 – \$79,206	4.5%
\$79,207 – \$83,958	5.0%
\$83,959 – \$88,996	5.5%
\$88,997 – \$94,336	6.0%
\$94,337 – \$99,996	6.5%
\$99,997 – \$105,996	7.0%
\$105,997 – \$112,355	7.5%
\$112,356 – \$119,097	8.0%
\$119,098 – \$126,243	8.5%
\$126,244 – \$133,818	9.0%
\$133,819 – \$141,847	9.5%
\$141,848 and above	10%

Source: [studyassist.gov.au](http://studyassist.gov.au)

The above rates are correct as at 19 July 2022.

You should always seek advice from a registered tax agent prior to acting in regard to any financial information contained in this publication.

Your repayment amount is based on your repayment income, which is calculated using a combination of your taxable income, reportable fringe benefits, total net investment loss (including net rental losses), reportable superannuation contributions and any exempt foreign employment income amounts.

If you have a HELP or student loan, you must advise your employer when you start work, as under the pay as you go (PAYG) withholding system they are required to withhold an additional amount from your salary to cover your compulsory repayment. You can do this by ticking the relevant box on the Tax File Number Declaration form when you start a new job, or by completing a Withholding Declaration form if you are already working and being paid.

## Superannuation

Superannuation is a way to save for your retirement using money paid into your fund by either your employer or by yourself from income, savings, an inheritance, etc. Employer contributions are paid directly to the fund and forms part of your total salary package. In some circumstances the government will even top up your savings through a co-contribution or low-income super contribution.

For more information about government contributions to super, check out ASIC's Moneysmart website at [moneysmart.gov.au](http://moneysmart.gov.au).

If you are employed in a practice, your employer is required to pay a minimum amount of superannuation to your chosen super fund. This is called the Superannuation Guarantee (SG) and is calculated based on a percentage of your wages and salary. From 1 July 2022, the percentage is 10.5% and will rise by 0.5% every year until it reaches 12% on 1 July 2025. There are some situations where SG is not payable such as overtime hours and parental leave. These contributions from your employer are invested by the super fund and grow over time, so by retirement you will have a good nest egg to live on.

In addition to your employer's compulsory contributions into your super fund, you can also make additional contributions, which will reduce your taxable income and allow you to pay less income tax.

To make additional contributions, you can request your employer to 'sacrifice' some of your salary by directing it into your super fund. Another option is to contribute to your super fund using your take-home pay and subsequently claim the amount as a tax deduction on your tax return.

There are strict rules and limits around these types of arrangements and not all employers are prepared to offer salary sacrificing, so it's important to discuss this strategy with your employer and a financial planner or tax agent before setting one up.

## Superannuation and self-employment

Generally, contractors are responsible for their own superannuation contributions, so you need to think about making regular contributions of your own to ensure you have sufficient savings for your retirement.

There can also be valuable tax benefits from making super contributions, as you can claim a tax deduction for your super contributions. From 1 July 2022, the concessional contribution limit is \$27,500.

For more information, see the ATO's video on super for the self-employed at [ato.gov.au/individuals](http://ato.gov.au/individuals).

## Choosing a superannuation fund

Most people can choose the superannuation fund where they would like to direct their super contributions. If you want to choose your super fund, fill in the ATO's Standard Choice Form ([ato.gov.au](http://ato.gov.au)) and give it to your employer. If you have several employers, tell each of them the name of your fund so all your contributions are directed to the same fund and you don't pay multiple fees. When you are self-employed, you can select your own super fund and make contributions directly.

When selecting a super fund, don't just look at the fees. Consider factors like:

- number of investment options;
- investment performance over the long-term (10 years);
- level of insurance cover;
- quality of service offered; and
- extra benefits provided to members.

Superannuation is a complex area and there is lots to learn, so it's worth doing some homework as these savings will have a big impact on how much you enjoy your retirement years. It's worth seeking advice from your super fund or a qualified financial planner to ensure your super arrangements are appropriate for both your current circumstances and the life you would like to lead in retirement.

ASIC's Moneysmart website is a great place to start learning more about super. For more, go to [moneysmart.gov.au](http://moneysmart.gov.au).





## A Recent Graduate's Perspective:



### Transitioning from dental graduate to dentist: A mindset shift

Graduating from dental school is one of the most exciting accomplishments in a person's life. It not only represents the culmination of all the hard work and investment of time and money in order to get qualified, it is also a shared achievement for all the friends, family, and colleagues who have supported you along the way; so, celebrate and be proud!

Once the excitement has ebbed, remember it's completely normal, on your first day as a fully qualified new graduate dentist, to feel nervous on seeing your very first patient and not have a supervisor checking your prep or final restoration. Please don't stress – what's more important during this critical transition phase is to begin thinking about what kind of dentist you want to become or the kind of dental career you're after. After graduation, it's easy to get lost in working the 9 to 5 because you're not sure what's next or you feel overwhelmed by the myriad of possible paths at your disposal. Don't let it overwhelm you; rather think about the kind of dental career you'd like to have (including public/private practice), how many days a week you'd like to work, whether you'll undertake specialist training or even what type of procedures constitute your 'Ideal Dental Day'. Starting with an end in mind will allow you to focus on exactly where you'd like to be in the next 5–10 years and make better decisions as new opportunities arise.

Whilst dental school provides you with the foundational skills to treat patients safely, your dental education must continue through your practising career through CPD. One important tip I'd share is to make a bucket list of all the CPD courses or programs you'd like to do and begin planning in which areas you'd like to start. A great start is any course that teaches patient communication, diagnosis, and treatment planning as well as case selection as these are the three key areas

where graduates struggle the most. When you first get started in practice, CPD is a great way to keep learning. Leverage the CPD available online from the ADA CPD Portal (a great resource that is included in your ADA membership!). Many of the comprehensive CPD courses, however, do cost money and it's important to think about how you will budget for this in alignment with your stated goals.

Be mindful that you will spend the majority of your time in a dental chair with just your dental assistant and patient so, to avoid any sense of isolation, don't forget to socialise, network, and associate with other colleagues where you can.

Mentorship is especially useful for new and recent graduates as it gives you the confidence you need to tackle something new for the first time. Having an experienced clinician in your corner to guide you and even teach you how to execute a procedure successfully is how we can fast track our growth. Some practices offer mentoring programs, or you can try accessing mentoring support from your local ADA state/territory office. You can also contact nearby specialists and ask if you can shadow them for a day. Always remember you belong to a global community of dentists online and never be afraid to reach out to other dentists for guidance and advice.

One thing that is rarely talked about is the importance of prioritising balance and good self-care habits in your career to support good mental health and prevent early career burnout. Dentistry by nature can be a stressful job and it's vital you have the necessary tools and support systems to help you overcome the inevitable challenges, struggles, and obstacles that stand in the way of your own successful and fulfilling dental career. Prioritise regular exercise and social activities, find some great hobbies outside of dentistry. And never be afraid to seek support from your friends, family or colleagues, or GP. Another great resource is Dental Practitioner Support, a free, confidential, 24/7 hotline for dental practitioners funded by the Dental Board of Australia, and run by Turning Point to support you when times are tough (see page 55).

Dentistry is a very rewarding career and despite some of the short-term challenges you may face, it's important to take a long-term view. As a recent graduate three years into my career, my goals are constantly evolving and changing, and while you might make some mistakes at the start, you have plenty of time to learn and grow and use any lessons you've learned to be the best dentist you can be.

Dr Kaejenn Tchia



# Subscribe and listen to our podcasts

The Dental Protection Australia podcast series shines a light on the big dentolegal issues affecting dental practitioners across Australia today.

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# SECTION 2

## FINDING A JOB

### Preparing for the future

Starting your first job is an exciting time and dentistry has excellent employment opportunities but finding your first job will take some homework and persistence on your part. You will need to create a great resume, polish your job interview skills and be prepared to go out and market yourself to prospective employers.

The following information includes some handy tips and is designed to help you achieve the first steps towards career success.

#### Employment arrangements within the profession

As with most professions, the employment options within dentistry have changed considerably in recent years. Currently, around 83% of dentists work in the private sector, another 14% work in government positions and the remaining 3% are employed by organisations, like universities, or as locum dentists.

Although most dentists are still either an owner or an employee on commission in a private practice, these aren't the only options anymore. Increasingly, dentists are being engaged as casual employees or as self-employed independent contractors, while some practices are moving towards offering services and facilities agreements.

For new graduates, the ADA recommends seeking engagement as a full-time salaried employee to enable you to develop your professional skills under the supervision of an experienced practitioner without the worry of needing to meet financial targets or having to run a profitable business.

#### Range of employment contracts

There is a range of employment contracts normally offered to graduate dentists:

- 1. Full-time or part-time salaried employee** – This is the traditional employment arrangement where you receive a set income without the pressure to be wholly or mostly reliant on commissions. The ADA believes this is the most appropriate employment engagement for new graduate dentists, or even for those within their first years of employment.



As an employee you work under the control of the employer in terms of work hours, nature of the work you perform, equipment used and the staff involved.

Most salaried arrangements are full-time, but permanent part-time positions are sometimes offered, so you need to check before agreeing to take on a position. It's also important to discuss with your employer if the salaried arrangement includes a trigger for renegotiation in the future to reflect your growing skills and competence, as well as any increase in patient numbers you achieve.

It is standard practice for you to sign a work agreement or 'employment contract' that outlines your employment status (full-time or part-time) and the conditions of your employment with the practice. Even though you are signing a 'contract', this does not make you a self-employed independent contractor. You are still entitled to all the normal benefits received by employees such as paid annual leave, sick leave, long-service leave, superannuation contributions and workers' compensation protection.

Graduates signing an 'employment contract' should ensure they retain all their employment rights and are not coerced into signing an independent contractor's agreement where they lose their entitlements as an employee. (For more information, see 'Watch out for sham contracts' on page 31.)

**2. Retainer and commission** – Under this arrangement you are still an employee, but instead of a fixed salary you receive a retainer (such as a base hourly rate) plus commission payments based on the revenue you generate, less expenses like laboratory fees. Commissions are usually in the range of 30% to 40% (including superannuation), and depend on your level of expertise, patient demand and potential other costs.

This can be an option for graduates after a year or two in a practice, as by then you will have built up your speed and professional skills and can earn sufficient commission to make it worthwhile. However, during your initial learning period in the workforce, your skills are unlikely to be sufficiently developed to make this option more lucrative than being remunerated only by way of annualised salary.

**3. Casual employee** – Casual engagements are becoming more commonplace in the dental profession and are paid a higher hourly rate than a full-time or part-time employee. This is called casual loading and is to compensate casuals for not receiving certain employment benefits available to full-time and part-time employees, such as paid sick leave and paid annual leave.

If you are offered casual employment by a practice your employment contract should clearly state this, together with the casual loading.

As there is often less security with casual employment and no guarantee of being provided work, the ADA does not encourage new graduates seek these types of engagements

and recommends they seek permanent part-time or full-time employment wherever possible.

## Range of contractor agreements

The ADA believes new graduates should only be engaged by a dental practice through a traditional employment arrangement (i.e. offered an employment contract), but some practices prefer to offer contracting agreements.

The ADA's position is that a contracting agreement should only be offered to experienced dentists working as self-employed independent contractors. If a new graduate is offered this form of engagement by a dental practice, the ADA suggests asking if an employment contract is available, or encouraging the proprietor to speak to the ADA's HR Advisory Service for information on the correct legal position in relation to graduate employment.

Common engagements for self-employed independent contractors in the dental profession include:

**1. Independent contractor agreement** – As an independent contractor, you are self-employed and viewed as a separate business entity from the dental practice. Most contractors operate as either a sole trader or a company, so they face all the normal tax and accounting obligations of a small business.

As a self-employed independent contractor, you can choose the hours you want to work, but you will need to provide for your own insurance, sick pay and holiday pay. Depending on the individual practice, you may be responsible for providing your own equipment and will not have access to employee entitlements such as workers' compensation cover, administration and materials.

Self-employed independent contractors do not always receive a guaranteed level of income, so while this form of engagement gives you more freedom to select your own hours, it can be very challenging when you first enter the dental profession.

**2. Services and facilities agreement (SFA)** – Under these engagements you are essentially operating a small, independent business within another dental practice and are viewed as a separate business entity by the ATO. Although similar to a self-employed independent contractor agreement, a SFA requires you to pay the practice an agreed percentage of the fees, or a set fee, of what you earn to compensate for use of the practice's administrative services and professional facilities.

SFA engagements are becoming increasingly popular with dental practices as they offer significant tax benefits. For new graduates, however, they mean you are responsible for all the accounting and legal responsibilities facing a small business owner. Before signing this type of agreement, it is essential you get appropriate legal and accounting advice to ensure you fully understand the benefits, risks and obligations of a SFA engagement.

It's important to be familiar with and prepared for being offered these types of engagement before commencing your job search. If you accept a SFA engagement or one as a self-employed independent contractor, you will need to hold an Australian Business Number (ABN) at the very least. You may also be required to register a company with an ACN and have a sole trader and/or company structure in place prior to accepting the engagement

## Employee or contractor?

For new graduates, it can often be difficult to tell whether a practice is offering to engage them as an employee or as a self-employed independent contractor.

A key difference between the two types of engagement is an employee works in the business and is part of it, while a self-employed independent contractor runs their own business supplying a service to the practice.

To understand whether you are being engaged as an employee or a self-employed independent contractor, you need to look at the terms of the work arrangement you are being offered. Unfortunately, there is no single test that determines whether you are an employee or a self-employed independent contractor, but the questions in the table below can help provide some guidance.

If you are uncertain about what type of engagement you are being offered, or if you would like more information about the terms and conditions of a particular engagement, contact the ADA HR Advisory Service and they will be happy to explain contract conditions to you.

Call 1300 232 462 or email [hrhotline@ada.org.au](mailto:hrhotline@ada.org.au)

Question	Yes	No
Does the worker issue invoices through an independent business or corporation (e.g. does the worker have an ABN or ACN and issue an invoice)?	Indicative of independent contractor	Indicative of employment
Does the business exercise control over what work is to be performed by the worker and how it is to be performed (either by way of face-to-face control or through the requirement to comply with policies or instruction manuals)?	Indicative of employment	Indicative of independent contractor
Is the worker able to delegate work to another person (e.g. can they sub-contract or arrange to have the work performed by someone else, or are they required to actually perform all of the work personally)?	Indicative of independent contractor <i>Note: If this ability to delegate is unlimited and unconditional, this will be a strong indication that the worker is an independent contractor.</i>	Indicative of employment
Is the worker required to wear a uniform bearing the business name/logo?	Indicative of employment	Indicative of independent contractor
Does the worker have a high level of discretion and flexibility as to how they perform the services?	Indicative of independent contractor	Indicative of employment
Is the worker required to provide their own equipment and tools (particularly expensive items of equipment)? Does the worker bear the expenses of maintenance and operation?	Indicative of independent contractor	Indicative of employment
Is the worker able to refuse work offered to them by the business?	Indicative of independent contractor	Indicative of employment
Is the worker permitted to perform similar work for others?	Indicative of independent contractor	Indicative of employment
Does the business have the right to the exclusive services of the worker?	Indicative of employment	Indicative of independent contractor
Is the worker's performance managed by periodic reviews (e.g. annual performance appraisals)?	Indicative of employment	Indicative of independent contractor

Question	Yes	No
Is the worker subject to day-to-day direction by a manager or supervisor?	Indicative of employment	Indicative of independent contractor
Are weekly hours and times of work set by the business?	Indicative of employment	Indicative of independent contractor
Does the worker receive payments for sick leave, annual leave and long-service leave?	Indicative of employment	Indicative of independent contractor
Is the worker remunerated on the basis of task completion (e.g. a fixed sum on completion of a task, for example the volume of timber delivered)?	Indicative of independent contractor	Indicative of employment
Is the worker contracted to achieve a specified result?	Indicative of independent contractor	Indicative of employment
Does the worker carry their own insurances?	Indicative of independent contractor	Indicative of employment
Does the worker provide his own place of work (e.g. home office)?	Indicative of independent contractor	Indicative of employment
Is the worker reimbursed for expenses incurred in the course of performing the work?	Indicative of employment	Indicative of independent contractor
Is the worker engaged on a continuing basis?	Indicative of employment	Indicative of independent contractor
Does the worker have any exposure to commercial risk? Does the worker have the ability to make a profit or loss in the performance of the contract (including creating goodwill)?	Indicative of independent contractor	Indicative of employment
Does the worker render tax invoices and file GST returns (e.g. does the worker have an ABN)?	Indicative of independent contractor	Indicative of employment
Is the worker offering the services on their own behalf (e.g. without their own business name, company or entity name)?	Indicative of employment	Indicative of independent contractor
Does the worker only take leave or re-arrange his/her hours of work when he/she has the employer's permission?	Indicative of employment	Indicative of independent contractor
Is the remuneration paid weekly or fortnightly, rather than on completion of the job?	Indicative of employment	Indicative of independent contractor
Is the worker forbidden to engage his/her own employees to do work he/she is performing for you?	Indicative of employment	Indicative of independent contractor
Do you pay the worker regularly without the submission of an invoice or statement from the worker?	Indicative of employment	Indicative of independent contractor

Even if the worker provides the practice with an ABN (in their own name) or an invoice for payment, legally they may still be deemed an employee by both the ATO and also by the Fair Work Commission (FWC). Classifying someone as a self-employed independent contractor does not necessarily make them one.

If an employer is offering you a working arrangement other than a traditional employment contract, the ADA recommends you contact the ADA HR Advisory Service, or obtain independent legal or accountancy advice to help you determine your employment status and understand its implications.

# Myths about self-employed independent contractors in the dental profession

There are a number of common misconceptions people believe about being a self-employed independent contractor in the dental profession.

## Myth

**Holding an ABN means I am an independent contractor**

Having an ABN makes no difference to whether you are an employee or a self-employed independent contractor and a business cannot disguise an employment arrangement by asking you to obtain an ABN.

## Myth

**Working for a practice for only a short period, or only during busy periods, means I am not an employee**

The length of an engagement or how regular the work is not a determinative factor to whether you are an employee or a self-employed independent contractor.

## Myth

**As a dentist I have specialist skills and qualifications, so I am automatically a self-employed independent contractor**

A worker with specialist skills or qualifications can be engaged as either an employee or self-employed independent contractor depending on the terms and conditions under which the work is performed. The level of your qualifications or skills does not automatically mean you are an independent contractor.

## Myth

**Working for less than 80% of my time for any single practice means I am not an employee**

The 80% rule alone does not determine whether someone is an employee or a self-employed independent contractor. The 80% rule is, however, relevant for taxation purposes and more specifically the application of the personal services income rules (further information is available from [ato.gov.au](http://ato.gov.au)).

## Myth

**If I obtain a registered business name, I will be considered a self-employed independent contractor**

A registered business name makes no difference to whether or not you are an employee or an independent contractor.

## Myth

**I'm a self-employed independent contractor for one dental practice, so I'm an independent contractor for all my jobs**

Your working arrangement and the specific terms and conditions of the engagement determine if you are an employee or an independent contractor for each job.

## Myth

**I prefer to be a self-employed independent contractor, so the dental practice should treat me as one**

Just because you want to work as a self-employed independent contractor doesn't mean the practice can engage you as an independent contractor. It is not always a matter of choice but is determined by the particular working arrangements and the specific terms and conditions of each engagement.

## Myth

**If I submit an invoice for my work, I'm a self-employed independent contractor**

Submitting an invoice for work you have completed does not in itself make you an independent contractor. Determining if you are an employee or an independent contractor is based on the entire working arrangement and the specific terms and conditions of the engagement with the dental practice.

## Myth

**If my 'employment contract' has a section that says I'm a contractor, then legally I'm a self-employed independent contractor**

If you are legally an employee, then an employment contract saying you are a contractor does not itself make you a self-employed independent contractor. This type of wording in an employment contract does not override your legal employment relationship, change you into an independent contractor, or remove the practice's pay as you go (PAYG) tax withholding and superannuation obligations to you.

## Myth

**Traditionally many dental practices have employed graduates as self-employed independent contractors, so I am automatically an independent contractor**

Just because 'everyone' in the dental profession uses self-employed independent contractors does not mean they are correctly classifying every employment engagement. They may simply be copying the mistakes of others in the profession.

## Watch out for 'sham contracts'

Recent graduates looking for employment opportunities need to take care they do not agree to a sham work contract, as these engagement arrangements result in them missing out on their legal rights as an employee. These include leave entitlements, minimum rates of pay and award conditions, superannuation, PAYG, fringe benefits, and certain work (occupational) health and safety requirements, as well as workers' compensation obligations. Employer avoidance of these employment entitlements is illegal and is commonly referred to as 'sham contracting'.

If you agree to participate in this type of arrangement, you will be losing significant financial benefits and employment protections. To help protect yourself, it is important to know that it is illegal for employers to:

- misrepresent an employment relationship or a proposed employment arrangement as an independent contracting arrangement;
- dismiss or threaten to dismiss an employee so they can be re-hired as an independent contractor; and/or
- make misleading statements to an employee with the aim of persuading them to take on a contractor arrangement for similar work they would have performed as an employee.

Both employees and self-employed independent contractors can request assistance from the Fair Work Ombudsman if they believe their rights have been breached.

## Rights for self-employed independent contractors

Working arrangements with self-employed independent contractors are mainly regulated by the law of commercial contracts, not employment law. Independent contractors have different rights and obligations to employees, but some employment legislation also applies to them. For example, the *Fair Work Act 2009* (Cth) provides self-employed independent contractors with general protections from sham contracting, adverse action and coercion in relation to a workplace right, and a protection of freedom of association.

Independent contractors also have rights under the *Independent Contractors Act 2006* (Cth), which contains provisions in relation to unfair contracts.

If you have questions about your employment engagement, or would like more information about your legal rights as either an employee or a self-employed independent contractor, contact the ADA HR Advisory Service (call 1300 232 462 or email [hrhotline@ada.org.au](mailto:hrhotline@ada.org.au)). This service is complimentary with your ADA membership.

## Employment contracts

The final step in finding a job is signing an employment contract. This document is critically important, as it spells out the conditions under which you will be working, and in some cases it will determine how much you enjoy your new position.

Regardless of the basis on which you are employed (e.g. full-time, part-time or contractor), it's extremely important to have a written contract with your employer fully detailing all the roles and responsibilities of your position and the conditions under which you are employed. This document is designed to protect you, as it will clarify both your expectations and those of your new employer in relation to the position.

It should be a detailed document that outlines all the important conditions of your employment.

If your new employer does not have a suitable document, template employment contracts are available to ADA members from the ADA's HR Advisory Service and on the ADA website at [ada.org.au](http://ada.org.au).

### Get professional advice

Before you sign any new employment contract, your employer should provide you with a draft version of the document so you can ensure you understand and agree to abide by their expectations of you as an employee. It's also important to ensure the contract fully observes all your rights as an employee.

If you are uncertain about aspects of a draft contract or need to clarify the expectations your employer has for the role, this is your opportunity to raise your concerns. You can ask to have amendments made to the contract if you are not happy with the terms, but once you sign the document you cannot seek alterations.

For ADA members, the HR section of the ADA website ([ada.org.au](http://ada.org.au)) is a great starting point for information to help you understand your employer's legal obligations to you and for details about some of the things to consider when signing an employment contract.



If you are signing a contract or agreement with a new employer, it's advisable to talk to the ADA's HR Advisory Service (call 1300 232 462 or email [hrhotline@ada.org.au](mailto:hrhotline@ada.org.au)) about the terms of the agreement. They will explain the implications of this type of arrangement and will help ensure the agreement is fair for both parties.

## Know what type of role you want

The first step in your job search process is to work out what type of position you are looking for. Some factors to consider are tasks, hours (full-time, part-time, flexible), location, practice size, workplace culture, and salary.

Determining these factors before you start your job search can help focus your efforts, tailor your job applications and find the perfect position.

## Determine your value proposition

The job search process is a two-way process. You are looking for a position that is the right fit for you. Employers want a graduate who suits their requirements and culture.

Your 'value proposition' is what you offer to an employer and includes your goals, values, strengths, skills, experience and qualifications. Articulating your unique value proposition allows you to show why you are a perfect match for a role.

## Capitalise on previous experience

If you have experience in industries outside of dentistry, do not discount the valuable skills you have gained, these are often highly transferable. Go back through your employment history (paid or voluntary) and highlight skills like problem solving, communication skills, dealing with customers, ability to work to deadlines and competing priorities, taking initiative, and leadership if you have managed people. You can use these skills to showcase your talents in your value proposition, job applications and during interviews.

## Public vs private sector

Understanding the types of employers who hire graduates will help you determine what type of role you want. Most dental graduates find their first roles in private practice but other options are available. As you build your career, it is also worth considering opportunities in other sectors.

## Private practice

Most dentists in Australia work in a private practice and this is where most new graduates find their first job. Practices, although not always obvious, have various motivations for employing a new graduate, so it's worth checking that these match with what you are looking to achieve if you want your new job to be successful.

For example, if a prospective employer is looking for someone who can build patient numbers and potentially buy into the practice in a few years, but you are planning to travel or undertake postgraduate studies in several years' time, the position may not be a good fit.

On the other hand, if you are actively seeking a mentor, an employer who is highly motivated to pass on their professional knowledge would be an excellent match for you. It is very important for both you and the potential employer to clearly communicate what you respectively understand by the concept of mentorship.

The main employment arrangements in a private practice are salary, retainer plus commission, contractor or a service and facilities agreement. For more information on contracts, see pages 26–30.

## Government dental clinics

Working in a government clinic can be a great first job for a dental graduate. They provide employees with the opportunity to serve the needs of the community without having to worry about contributing to a practice's profitability.

Government dental clinics offer a range of part-time and full-time positions. They typically provide a fixed salary based on an established government employment award. Government positions also offer attractive salary packaging arrangements and many of the other long-term service benefits enjoyed by public service employees.

## Tips for public service positions

There are some important factors to think about when contemplating a government dental health position, including:

- clinical environment – Will you be working in a dental van, multi-chair clinic or hospital setting?
- treatment scope – What type of procedures will you be undertaking and what are the limitations?
- support structures – What support is available to graduates, such as mentorship, CPD allowance and options for specialist referrals?
- salary and benefits – What are the salary packaging arrangements, income bands, regional allowances or benefits and prospects for advancement?
- work environment – What is the overall work ethos and staff attitude towards recent graduates?

For more information about working as a public health dentist in a government clinic, visit the website of your state health department:

ACT Health [health.act.gov.au](http://health.act.gov.au)

NSW Health [health.nsw.gov.au](http://health.nsw.gov.au)

NT Government Department of Health  
[health.nt.gov.au](http://health.nt.gov.au)

Queensland Health [health.qld.gov.au](http://health.qld.gov.au)

SA Health [sahealth.sa.gov.au](http://sahealth.sa.gov.au)

Tasmanian Department of Health and Human Services  
[health.tas.gov.au](http://health.tas.gov.au)

Dental Health Service Victoria [dhsv.org.au](http://dhsv.org.au)

WA Dental Health Services [health.wa.gov.au](http://health.wa.gov.au)

## Rural and remote locations

Starting work in a rural or remote location in Australia can be a great way to kick off your dental career. In metropolitan areas there is a relatively high number of available dentists, but there are far fewer dentists willing to work in regional areas. The situation in remote areas is even worse – with some areas having no local dentist at all – so there is often far less, or even no competition when it comes to finding a job.

If you are willing to move to a regional or remote location for your first position, consider talking to dentists currently working in the area you are interested in to find out how busy they are and the local employment situation. This may lead to a job opportunity, as many rural practices

find it difficult to attract suitable candidates so they may not advertise, even though they are willing to employ graduates.

Working in rural Australia has both benefits and drawbacks, so you need to consider the size of the local community, your practising preferences and your lifestyle expectations. Other issues to consider include proximity to friends and family, climate, hobbies, access to services and facilities such as schools and hospitals, your income expectations and your interest in further study.

In general, rural dental practitioners have a very fulfilling and satisfying role within their local community.

### State government incentive programs to work in rural and remote locations

Some states offer generous incentive programs to encourage dentists to move from metropolitan to rural and regional areas. In NSW for example, there are a range of initiatives to encourage people to work in remote, rural and disadvantaged populations. These programs provide training opportunities and support for dentists and other oral health disciplines.

Similarly, in WA, graduates can obtain assistance and incentives through Rural Health West at [ruralhealthwest.com.au](http://ruralhealthwest.com.au).

Details about these types of incentive programs are available from the Department of Health in your local state.

## Benefits and disadvantages of working in rural Australia

Pros	Cons
Able to undertake a broad range of procedures due to difficulties referring patients	Pressure to provide year-round access to dental services
Less competition for jobs	Need to plan vacations well ahead to secure locum support
Opportunity to work without buying an existing practice or paying for goodwill	Increased requirement to see emergency patients
Reduced facilities and wages costs compared to metropolitan areas	Difficulty in finding quality staff if local population is small
Opportunity to become a respected and valued member of the local community	Community recognition and requests for free advice

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## Australian Defence Force

Working as an Australian Defence Force (ADF) dentist offers many of the same advantages as working in a private practice (including high-quality equipment and a broad scope of treatments), without having to worry about the profitability of the business.

Dentist positions are available with the Navy, Army, and Air Force, and each entry point has slightly different requirements, postings, salary scales, and training programs.

Graduate employment with the ADF provides excellent opportunities for recent graduates and access to a variety of pathways for career progression within the ADF.

In most professional situations, the main difference between working for the ADF and being in a private practice is that your patients wear a uniform.

As an ADF dentist, you also have responsibility for the training, welfare, and discipline of the soldiers under your command who make up your staff.

Depending on your unit, you may also be required to perform in a clinical environment in the field under canvas, or in operational conditions. However, best practice equipment standards are always maintained in these situations.

For successful candidates, a significant opportunity offered by ADF employment is the chance for sponsored full-time postgraduate training to further your professional skills and qualifications.

For more information about ADF employment, application requirements, and working conditions, visit [defencejobs.gov.au](http://defencejobs.gov.au) or phone 13 19 01.

## Finding your graduate job

Now that you know what type of role you are looking for, as well as what you can offer an employer, it's time to start searching for your ideal job.

There are two ways to find roles: proactive or reactive job search. Proactive job search refers to the 'hidden job market' where opportunities are not advertised but found using direct contacts, networks and referrals.

Reactive job search makes use of advertisements on job boards and other websites.

A comprehensive job search will use both proactive and reactive strategies to find roles.

### Advertised job search

A good place to start searching for graduate roles are online jobs boards that are dedicated to the dental profession including:

- the ADA Dental Careers Hub – [dentalcareers.org.au](http://dentalcareers.org.au)
- The ADA office in your state/territory may also have classifieds and Facebook job listings
- Dentist Jobs Australia – [dentistjobsaustralia.com.au](http://dentistjobsaustralia.com.au)

Other useful employment websites to find roles include:

- JobSearch – [jobsearch.gov.au](http://jobsearch.gov.au) - an Australian Government initiative that collates jobs from other websites and also lists government, short-term and contract roles
- SEEK – [seek.com.au](http://seek.com.au)
- LinkedIn – [linkedin.com](http://linkedin.com)
- Indeed – [au.indeed.com](http://au.indeed.com)
- Jora – [au.jora.com](http://au.jora.com)
- Adzuna – [adzuna.com.au](http://adzuna.com.au)
- CareerOne – [careerone.com.au](http://careerone.com.au)
- Simply Hired – [simplyhired.com.au](http://simplyhired.com.au)

Most of these websites allow you to create alerts to notify you about relevant jobs. Also make sure to tweak your search terms occasionally to capture ideal roles.

### Recruitment agencies

A number of recruitment firms specialise in the dental and healthcare profession. These agencies recruit for temporary, contract and permanent roles in private practices, large corporate clinics and for government.

Recruitment firms will list jobs on their website but may also have other roles available, so it is worth contacting recruiters to discuss your situation. They may also give insights into the dental recruitment market and on how to position yourself to secure a position. Note however that some recruiters do not place graduate roles (due to the relatively lower commission).

## Networking and LinkedIn

Networking is a valuable skillset for your career even before you start looking for a job. While you may not know anyone who is currently hiring a graduate dentist, your connections may offer you a role in the future, put you in touch with someone else who is hiring, and/or, have valuable advice on how to secure a role or become a mentee.

Connections can be made face to face or online. Creating a profile on [Peer.org.au](http://Peer.org.au) and LinkedIn and reaching out to people in the dental profession helps you build a network, search for advertised positions, and stand out to recruiters. You can also join LinkedIn groups for dentists.

Attending CPD courses, ADA events and joining special interest study clubs are great ways to meet established dentists and potential employers. Note that some people now use LinkedIn instead of business cards, so ideally have both available at face-to-face events.

### Direct approaches and informational interviews

Being proactive means finding opportunities that are not advertised. One way to do this is by contacting dental practices directly, particularly if you know that you want to work in a specific location or a type of practice.

A direct approach can be by phone, email, or LinkedIn. You can either ask for a job directly (i.e. cold-calling) or more subtly, request an informational interview.

Informational interviews flip the conversation. Instead of asking for a job, connect with a dentist and ask about their career. Questions like: how did you get to where you are, what do you enjoy about your role, what keeps you up at night, do you have any advice for me? It may open doors in the future if a job is not currently available.

Direct approaches require confidence and people may be too busy to respond but most will admire your courage.

To find specific employers or dental practices in a particular location, check out ADA's Find a Dentist at [ada.org.au/Find-a-Dentist](http://ada.org.au/Find-a-Dentist). You can search by location and it lists ADA members, their practice location and contact details. You can also search by the dentist's name.

## Volunteering

Voluntary or unpaid work is one way to gain experience after graduation. It can offer opportunities to travel while using your professional skills in remote areas, underprivileged communities and developing countries.

For more on volunteering opportunities, see page 63. You can also search for volunteering at [ada.org.au](http://ada.org.au) or [adhf.org.au](http://adhf.org.au) or contact your ADA state/territory office for local opportunities.



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## Writing knockout job applications

Once you have identified roles to apply for, it's time to grab the employer's attention with a winning resume and cover letter. These documents could be the difference between an employer choosing you or other candidates, so maximise your chances with a compelling application.

### Crafting a killer resume

Your resume is often the first impression you make on an employer when applying for jobs and your ticket to progressing to a job interview. Employers look at a resume for six to eight seconds on average, so keep yours clear, concise and easy to read. Your resume should highlight your relevant experience (including those from outside the dental profession) and transferable skills.

### The art of the cover letter

Your cover letter and resume are usually read together, so your cover letter should hook employers in with new information. Identify the role and how you found it in the introduction. Highlight why you are a match for the position, including your skills, experience and qualifications. Answer any selection criteria in the job advertisement, supporting each statement with examples. Include research on the employer to show why you are a perfect fit. Finish by referring to any other documents included in your application, like your resume or academic transcript.

### Tips for a successful resume

- Tailor your resume for each application, to demonstrate why you are a perfect match.
- Promote any dental industry roles first and foremost. Then include any other relevant paid or volunteer experience, making sure to draw out your transferable skills.
- Include achievements supported by numbers (e.g. saw an average of five patients per day or managed a team of four people).
- Use keywords from the job advert in your resume, noting that your application may be scanned by artificial intelligence before it reaches a human.
- Include contact details, such as your LinkedIn URL. Note that you can include a suburb, state, and postcode rather than your full home address.
- Present your resume professionally, using a template to finesse the layout if needed.
- Use a font that is easy to read, and include clear headings and lots of white space.
- Keep your resume to two pages or three at most (unless the job advertisement specifies otherwise).
- Email your job application documents in PDF or Word format, unless specified in the job advert.
- Proofread your resume carefully or even better get someone else to look over it for you. Grammar errors and spelling mistakes can demonstrate to an employer that you lack attention to detail.
- Under the heading Referees, include the details of two to three relevant referees you know would be confident to speak about you or state that: "Excellent referees are available on request". Ensure you seek permission from your referees beforehand.
- Unlike LinkedIn, resumes are written in the third person but do not use pronouns like "I". For example: "Observed dental treatment of 100+ patients by Lead Dentist" instead of "I observed dental treatment of 100+ patients".



## Sample resume for dental graduates

Chatswood NSW 2067

**M:** 0401 000 000

**E:** joannebloggs@gmail.com  
linkedin.com/in/joanne-bloggs

### Name and qualifications

Dr Joanne Bloggs (BDS, Hons 1)

### Career summary

In a sentence or two, put forward your value proposition. Use adjectives to describe what type of graduate dentist you are (e.g. empathetic, passionate, dedicated). Then highlight your skills, experience and biggest achievements to date. Outline what you want to achieve in your career. Tailor this section to the role and organisation you are applying for.

### Qualifications

(in reverse chronological order,  
i.e. from most recent to least recent)

Degree, University                      Month, Year – Month, Year

Country (if other than Australia)

- Awards and prizes
- For example: Dean's Commendation for High Achievement 2021

### Research involvement

(if appropriate)

Publications

Research project title, organisation and dates of participation

### Education

Secondary School                      Year graduated

Country (if other than Australia)

- Major school awards and prizes if appropriate (e.g. Dux, School Captain)

### Current registration

Include registration numbers and associated organisations. If you have not yet received confirmation of your registration, note the expected registration date.

### Work experience

Divide into two sections if appropriate, e.g.:

- Dental experience
- Hospitality experience, or
- Retail experience, or
- Sales experience etc.

Dates of employment                      Month, Year – Month, Year

Employer/Business name and location

Brief description of employer (optional)

Position title

Achievements (dot points, if any)

Main responsibilities

- List positions in reverse chronological order from the most recent to the least recent
- List dental experience first in a separate section headed Dental experience
- Include placements performed as part of your university rotations, but label these clearly
- Include non-dental employment below in a separate section with the relevant heading.



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**Professional affiliations and continuing education**

List any professional memberships (e.g. Australian Dental Association, study clubs).

Include membership numbers and dates of registration if applicable.

Include any significant conferences/ workshops attended recently (course provider, lecturer, title, date).

**Work permits**  
(if applicable)

Work Visa (include if it will benefit your application)  
ADC exam details

**Languages spoken**  
(optional)

Include any languages you speak in addition to English, particularly if your language skills will be a benefit in the role.

**Personal interests**  
(optional)

Interests are good conversation starters at an interview. Interests should be briefly listed, specific and demonstrate a real passion. E.g. food blogger with 35K+ following (shows initiative), marathon runner (shows grit), or army reservist (shows leadership).

**Availability**  
(optional)

- It can help your application if you are flexible about your work arrangements or weekly hours
- Being available immediately can also increase your chances of securing employment although it may raise questions about why you are not currently working
- If you feel it will benefit your application, include your weekly work intentions if you have a specific arrangement in mind (e.g. full-time, Monday to Friday, every second Saturday, after hours by arrangement, part-time, 14 hours per week, etc.)

**Referees**

Include the details of two to three professionals as referees or state that 'Excellent referees are available on request'

Name  
Title  
Relationship to you (e.g. teacher, colleague, employer)  
Name of practice/organisation  
Address of practice/organisation  
Contact phone number  
Contact email address

## Nailing your job interview

If you've made it to interview stage, congratulations! You've already passed the written elements of the job application process. The next step is to perform well at interview and land your dream job.

While you may feel nervous about performing well in a job interview, with the right preparation and research you have an opportunity to demonstrate your authenticity, professionalism and why you are perfect for the role.

To cultivate confidence in the interview, start by looking over the job advert and your application documents. Identify the job requirements and how your skills, experience and qualifications align.

Do your research on the organisation. Start by checking out the employer's website and look up the dentist and/or recruiter on LinkedIn. This will give you a more rounded idea of who is interviewing you and make it easier to recognise them on the day.

Formulate meaningful questions to ask at the interview based on your research demonstrating critical thought, genuine interest and a real desire to work for that employer.

### The interview breakdown

The first question asked at an interview is often: "Tell me about yourself". You can prepare your answer using your value proposition or "elevator pitch". Conclude with why you want to work for this employer.

### Tips for your job interview

- Plan ahead. Aim to arrive at least 10–15 minutes before your interview time, to give yourself a chance to catch your breath and quiet your mind.
- First impressions are important, and a smile can make all the difference. Research has found that even a forced smile can lower heart rates and ease stress. Remember to make eye contact too.
- Greet everyone in the practice politely, especially the reception staff. Your interviewer may ask for their feedback on you after your interview.
- Introducing yourself at an interview with a firm handshake was normal pre-pandemic. Now, if in doubt, ask whether your interviewers are happy to shake hands and follow their lead.
- Dress professionally for the interview and make a good impression with your appearance. Every workplace will have different dress standards, if you are unsure it is better to overdress.
- If your interview is online, do a test run beforehand using the same technology. If possible, have a backup source of internet. Make sure to look directly at the camera, and if you have any notes keep them at eye level.
- Prepare and practice your questions beforehand but tailor your answers to the questions you receive on the day, not the ones you hoped you would be answering.



### Common interview questions include:

- Walk me through your CV.
- Tell me about your dentistry experience.
- What do you know about our practice?
- Why did you want to become a dentist?
- Why do you want this job?
- What accomplishments are you most proud of?
- What are your long-term career goals?
- Why should we hire you over other candidates?
- What do you think will be the most challenging aspect of this role?
- How would others describe you?
- Are you considering other positions at the moment?



### Demonstrating your interest

Motivational questions usually follow on from the interview introduction. These assess your interest in dentistry, the position and the employer. Make sure to weave in the values of the organisation when answering motivational questions like: “What areas of dentistry appeal most to you?” or “Why do you want to work at our practice?”.

### Demonstrating your competence and capability

Past behaviour is the best indicator of what you will achieve in the future so behavioural questions are used to determine how well you have performed previously. An example of a behavioural question is: “Tell me about a time when you had to deal with competing priorities”.

The STAR (Situation, Task, Action, Result) technique is the best tool in your arsenal to answer behavioural questions. Providing relevant examples ensures the interviewer knows how you approach real-life situations.

### Asking smart questions

At the end of any interview you will usually be asked if you have any questions. Interviews are a two-way process. Asking questions shows you are curious, interested and engaged. It also gives you information to decide whether you want to work for that employer.

The best questions you can ask are ones that are meaningful for that employer, and come from your own research. However, here are some possible questions:

- What role would the successful candidate have in the practice?
- Have you hired a new graduate before?
- What would a typical day/week look like?

- What appointment timings would you expect of the successful candidate? Be specific, ask about procedures like exams, cleaning, two surface filling, etc.
- What is your approach to CPD?
- Are your dentists able to choose which products they use, or are these prescribed by the practice?
- Will the successful candidate be given opportunities to provide complex treatment or only routine treatment?
- If successful, will I be referring certain types of work to colleagues or specialists, internally or externally?
- Are there senior colleagues who would be willing to act as mentors?
- Will other dentists be readily available for questions (e.g. during the first three to six months)? When will they be available? (i.e. only at designated times).
- What is the staff induction protocol in the practice? (Practices with established processes for introducing new employees often provide a smooth transition into the profession.)

### Tip

If you are asked a question at an interview that you are not sure how to answer, try drawing from your transferable skills. The key is to be adaptable and think of situations from your experience in other industries or from outside of work, for example at university, that demonstrate your capabilities.

## Checking out a potential employer

At the interview, be sure to observe the practice to see if it's a good fit for you. Some aspects to consider are:

- Practice structure: is it a solo dentist, partnership, group practice, etc.
- Patient numbers and facility utilisation: unused chairs, waiting room space, modern décor, patient facilities, etc.
- Practice Accreditation: ADA/QIP accreditation program.
- Up-to-date equipment: digital imaging equipment, CAD-CAM, lasers, etc.
- Infection control protocols: effectiveness in applying these standards.
- Administrative systems: efficiency in handling billing, appointments, and patient records.
- Clinic tone: friendly, rushed, stressful, etc.
- Staff morale: interactions between staff, positive comments, etc.
- Staff turnover: long-term employees or 'new hires'.
- Treatments: straightforward or complex procedures.
- Leadership style: how principal and senior staff interact with and direct other employees.

Once you have a good understanding of the work environment and culture, ask yourself: can I imagine myself working here? Will it provide the learning and growth I need as a graduate? Is this employer a good fit for me?

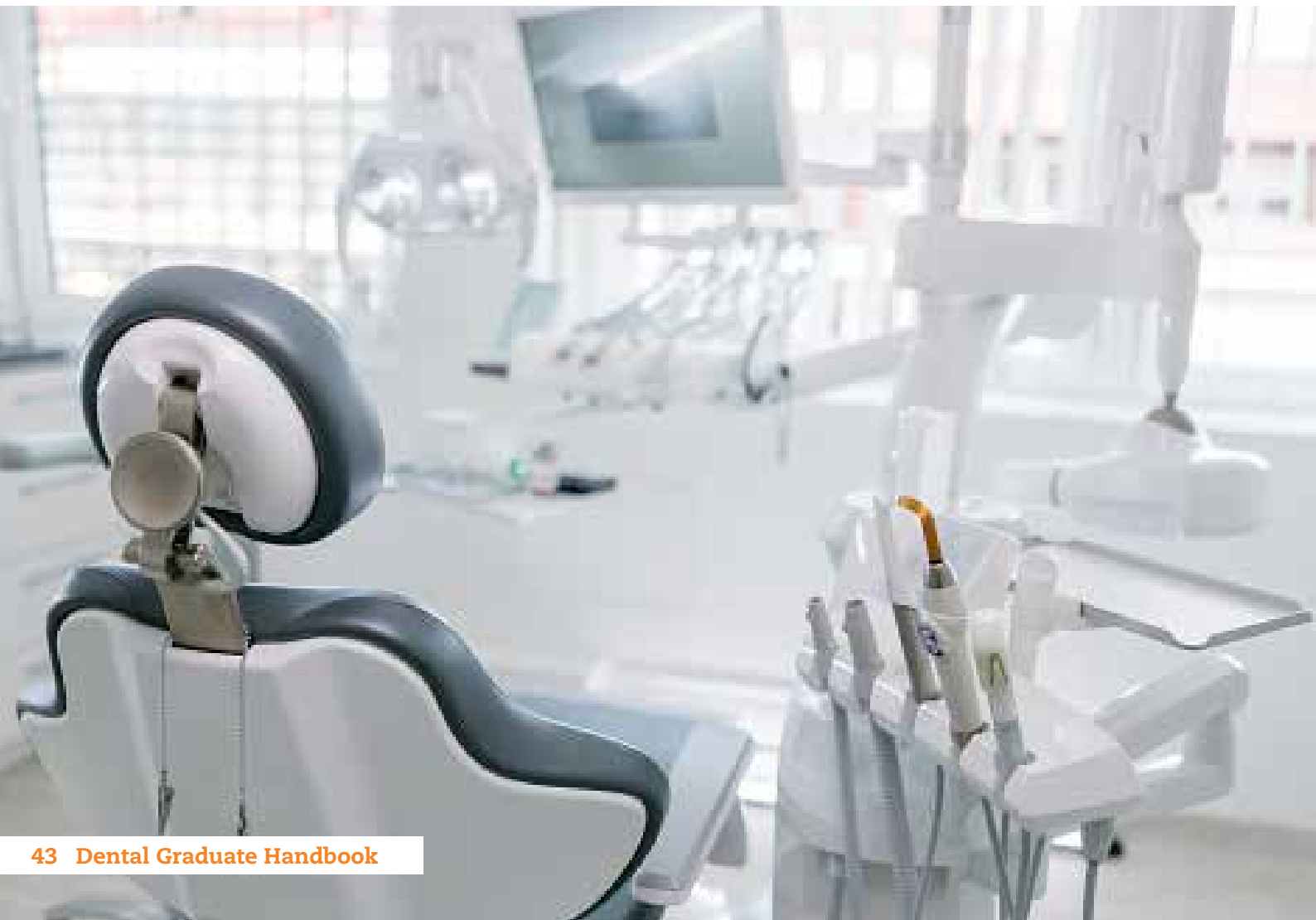
## Know your value

It pays to do some research into salaries before going to an interview. Know how much your skills, experience and qualifications are worth as well as the value of the job on offer before negotiating salary. Having a desired salary range rather than a specific figure can also help with pay negotiations as it allows more room to move.

To find out more about current dental salaries, ask an anonymous question in *Peer.org.au*, check out online resources like *dentalcareers.org.au* or *seek.com.au*. Recruitment agencies specialising in the dental sector may also be able to provide guidance on graduate salaries for different positions.

### Follow up

After your interview, be sure to send a thank you email to follow up. It is a great way to stand out from other applicants and be remembered.



# SECTION 3

## YOUR FIRST YEAR

### What to expect

Now that you are qualified, registered and starting work as a dentist, the next step is taking some time to learn about the practical side of the profession. More than likely, you will be working with dentists who have years of experience, and this time is an opportunity to observe, listen and ask questions as you hone your skills. Be sure to engage in discussions respectfully and be prepared to start out doing basic procedures while your skills and confidence develop. Take this opportunity to become proficient at these most basic tasks, as these really do form the foundation for everything to come.

This is a valuable time to learn what does and doesn't work for you in patient interactions. By providing pain-free, quality, albeit basic, work for patients in this initial stage you are establishing an important trust between you and the patient and building your reputation.

There is lots of information that you can gain about the practice/clinic in which you will work before you get there to smooth your transition into work life.

**Colleagues.** Get to know the names and positions of your colleagues, not just the other dentists, but also reception, administration, sterilisation and assisting staff. Having a good relationship with your colleagues will help make work more enjoyable for everyone.

**Protocols.** Many practices will have existing protocols for aspects such as workplace health and safety, sterilisation, billing and meetings among other things. Although this might not reflect the exact day-to-day operations, it will give you a useful basic understanding of the processes to which the practice aspires.

**Materials.** Most clinics will probably have a range of materials available for each procedure. If you are not familiar with any of the materials, get a list in advance and read up about them. A good starting point is a manufacturer's website, where clinical and technical details of the material will be available. The instructions for use on the website are especially important, and should be followed exactly.





## Personal assessment

It's important to make an honest appraisal of what your own strengths and weaknesses are and how these may correlate with the needs of the practice. Ideally, any professional development you do should also advance the practice, especially where the employer is contributing to continuing education expenses. By assessing the practice workflow and particularly what work is being referred out of the practice, you may be able to identify a useful niche. If you are not confident in this area, but would like to learn, seek out courses that specifically address this need. Courses with a significant hands-on component and formal acknowledgement of attainment are usually preferable based on the increased clinical confidence they confer.

### Working with other staff

It can be daunting when you first start working, but ideally you will be working with an experienced member of staff who is already very familiar with practice protocols, workflow and materials.

If you are working with an experienced dental assistant, take advantage of the opportunity to learn from them. You should remain in control of the clinical environment and treatment decisions but have them feel welcome to offer their own suggestions at appropriate times.

Any conflicts that arise between you and other staff members should be addressed as early as possible. Asking for advice from your employer or other senior dentists can be useful but facing these issues yourself and attempting to address them directly with the person involved is likely to be more productive in the long term.

The way in which you interact with staff is likely to impact on how well you settle into the practice. Good communication skills are critical in creating and maintaining an enjoyable work environment, so if this area is a weakness for you, seek additional training, just as you would for a clinical skill.

There are many ways to use your time productively at work. If you are not working with patients, adopting activities that further your own professional development and/or the interests of the practice are likely to accelerate your proficiency, keep you in better standing with your employer, and improve your perspective of a productive working day.

### Need some advice?

The ADA has a free HR Advisory Service for members. If you have a problem at work or are not sure of your rights, contact this service and talk to a specialist in this field.

Phone: 1300 232 462 8:30 am–5:30 pm (AEST)

Monday to Friday.

Email: [hrhotline@ada.org.au](mailto:hrhotline@ada.org.au)

Visit the Human Resources Hub at [ada.org.au](http://ada.org.au).

## Government schemes

### DVA – Dental services

Through the Department of Veterans' Affairs (DVA), current and past serving Australian Defence Force members and their dependants are eligible to receive a range of free or subsidised treatment from any dentist registered to provide services. In order to use the service, veterans are issued with either a Gold Card or White Card.

If you have a Medicare provider number, you are able to provide services to eligible veterans. However, you must register with the DVA and enter a Recipient Created Tax Invoice (RCTI) agreement which allows the DVA to issue tax invoices on you or your practice's behalf to entities like Medicare so you can receive payment. All treatments provided to veterans must be completed in full compliance with the conditions, treatment codes, fees and conditions set down by the DVA.

For more information, go to [dva.gov.au](http://dva.gov.au).

## Eligible services

Gold Card holders will usually have all their dental treatments fully funded, provided the treatment is clinically necessary and well-documented. For White Card holders, the DVA only covers services that match their recognised condition. Some treatment types require approval from the DVA before they can be carried out, while others can be commenced immediately. For instance, examinations, x-rays and temporary crowns can be undertaken straight away, whereas dental implants and dental prostheses require DVA approval. For information on how to apply for prior approval, go to [dva.gov.au](http://dva.gov.au).

## Annual treatment limits

While many standard treatments don't have an annual monetary limit, items covered in the DVA's Schedule C, such as full crowns, bridges and restorations, come with an annual limit.

Where limits apply, you must explain to your patient prior to the treatment how much is left in their allocation, and whether it will cover the full cost of the treatment or not. As always, record their consent in writing and if you're making a manual claim for payment, the patient must sign against each treatment performed on the claim form. Unused portions from a calendar year cannot be carried over to the following year. Some veterans are exempt from limits:

- Ex-prisoners of war;
- White card holders (specific conditions) with a related accepted disability; and
- White card holders (specific conditions) with a diagnosed malignant tumour that affects their teeth, mouth, or gums.

## Making claims

There are three options for submitting your claim to Services Australia:

- **Webclaim:** The recommended online option for faster service. Suitable for dental and works well if you have a small number of DVA clients.
- **Software vendor:** If you have a larger volume of DVA claims you may prefer to use a software management tool that can link directly to Services Australia to process your claims. Medicare has a list of vendors offering online claims.
- **Mail:** If you cannot use Webclaim you can submit your claim via mail. You can find out how under Mail claims. It's important you send all required documents with your claim otherwise there will be payment delays.

It's also important to note you cannot charge a co-payment for DVA patients.

To find out more, go to the 'contact us' page at the Department of Veterans' Affairs.

Visit: [dva.gov.au](http://dva.gov.au)

## CDBS

In 2016, the ADA successfully lobbied to retain the Child Dental Benefits Schedule (CDBS), a scheme it was involved in setting up in the first place. The CDBS is a dental benefits program for eligible Australian children and teenagers aged 0–17 years. It provides up to \$1,026 in benefits to the child over a two-year calendar period that can be used to pay for check-ups, fillings and other basic dental services. Benefits aren't available for cosmetic dental work or orthodontics and can't be paid for any services provided in a hospital. Before you decide to participate in the CDBS (or any other government scheme), make sure you understand the rules and administrative requirements that govern patient eligibility and claiming. It's important you are familiar with all requirements prior to delivering services under the CDBS. For more information, go to [servicesaustralia.gov.au](http://servicesaustralia.gov.au).

## Cleft Lip and Cleft Palate Scheme

The Cleft Lip and Cleft Palate Scheme provides eligible patients with treatment from a dentist, orthodontist or oral and maxillofacial surgeon. You must be an eligible Medicare provider with a provider number before you can bill Medicare for cleft lip and cleft palate services. Services are listed in Category 7 of the Medicare Benefits Schedule (MBS).

For more information go to the Department of Human Services website [servicesaustralia.gov.au](http://servicesaustralia.gov.au).

## Voucher schemes

State and territory governments may also run schemes where patients are given vouchers to receive dental treatment from a private practitioner. For more details on public dental services in your state or territory, visit your state health department's website or contact your ADA state/territory office for details on any additional schemes in place in your location.

Keep up to date with government schemes at [ada.org.au](http://ada.org.au).



## Medicines information

Prescribing, reviewing, and assessing medications is an important part of a dentist's role. Legislation regarding which medications can be prescribed by dentists varies from state to state, as there is no current federal regulatory framework. Therefore, you should consult your local ADA state/territory office to confirm the regulations that apply in your practice location. The Pharmaceutical Benefits Scheme (PBS) applies nationally, however, to assist consumers with the cost of medicines. The list of dental items is available by browsing by 'Dental' on the PBS website at [pbs.gov.au](http://pbs.gov.au).

While you will have received some training on medications at university, there will be an ongoing need for up-to-date information about medications in dentistry due to the ever-changing nature of health information. The ADA provides members with a copy of the *Therapeutic Guidelines, Oral and Dental* (often referred to as 'the clown book' because of the carnival clown on the cover), and access to a range of independent drug-related information and advisory services for members, including:

### AusDI

A comprehensive up-to-date medicines database that includes independent drug monographs, product summaries, pharmaceutical company information, a drug interaction tool and more.

### NPS MedicineWise

An independent Australian organisation with a focus on evidence-based medicines information, education, drug reviews, and practice tools to support rational prescribing, treatment of health conditions and wise use of medical tests.

### Australian Prescriber

Published by NPS MedicineWise, *Australian Prescriber* is a free online monthly journal for health professionals and consumers providing independent, peer-reviewed articles and updates on drugs and therapeutics.

### Australian Medicines Handbook

This is an independent, up-to-date evidence-based medicines reference that allows prescribers to learn about drug groups, compare drugs and make informed prescribing choices. It also provides some information on adverse effects, drug interactions counselling and practice points and product availability.

## PharmaAdvice

This medicine information service draws on the expert advice of Dr Geraldine Moses, a highly experienced clinical and drug information pharmacist who has had a long association with the dental profession.

Dr Moses is well versed in the use of medications in a dental setting and ADA members can seek advice on the following:

- Appropriate management of patient medications before and after dental procedures;
- Assessment of perioperative risk from medicines, such as those related to osteonecrosis of the jaw (ONJ) or bleeding risk;
- Assist with decision-making regarding antibiotic prophylaxis or corticosteroid cover;
- Drug interactions between patients' own medicines and those prescribed by the dentist;
- Safe use of medicines in pregnancy and breastfeeding;
- Appropriate dosing of drugs for paediatric or geriatric patients;
- Management of drugs in patients with renal or liver impairment;
- How to take a comprehensive medication history including prescription and over-the-counter medicine, nutritional supplements, herbal remedies, compounded formulations, cosmetic treatment, intravenous infusions, and vitamins;
- The framing of policies and procedures for the use of pharmaceuticals in your practice;
- Medicines and poisons legislation and how it applies to the dental profession; and
- Medication-related problems facing yourself, family, or friends, to help end Google searching and other information-seeking behaviours.

All enquiries are handled within three working days, with most dealt with immediately or on the same day.

This is a member-only service that can be accessed in one of the following ways:

- post a question in *Peer.org.au* (anonymously if you prefer) and tag @ADA Pharma Advice;
- complete the online form at [ada.org.au](http://ada.org.au);
- phone Dr Moses directly on 0419 752 528 (Monday to Friday, 9 am to 5 pm AEST); or
- email: [pharma-advice@ada.org.au](mailto:pharma-advice@ada.org.au).

Contact details are available in the Members area at [ada.org.au](http://ada.org.au).





AUSTRALIAN DENTAL  
ASSOCIATION



## HR Advisory Service

The start of a new career is an exciting time and landing your first role is something worth celebrating.

But are the terms and conditions of your new job right for you?

The ADA HR Hotline is here to help you understand how certain contract clauses in the contract you've been offered operate and how they might affect you.\*

Call the ADA HR Advisory Service on 1300 232 462 between 8:30am and 6pm Monday to Friday or email [hrhotline@ada.org.au](mailto:hrhotline@ada.org.au)

\* The HR Advisory Service cannot, however, advise members as to whether an offer within a contract (such as remuneration) is reasonable and if you should accept it. A full contract review is also not available through the HR Advisory Service but can be performed on a fee-for-service basis.

## Practice management

### Patient records

Accurate records are not only valuable for your own purposes in providing safe, high-quality treatment but also serve as an important legal record when handling complaints.

Make sure your notes are accurate by recording them at the time of the appointment or as soon as possible afterward. If you remember something else later, do not try to change or delete your previous notes. Instead, simply add a new note. Most dental software systems will be set up to ensure records cannot be edited or deleted retrospectively.

You should always ensure your patient records are compliant with the requirements laid out in Ahpra and National Boards' *Code of conduct*. The Board provides guidance on how you should manage patient records:

Maintaining clear and accurate health records is essential for the continuing good care of patients or clients. You should be aware that some National Boards have specific guidelines in relation to records.

Good practice includes that you:

- Keep accurate, up-to-date, factual, objective, and legible records that report relevant details of clinical history, clinical findings, investigations, information given to patients, medication, and other management in a form that can be understood by other health practitioners;
- Ensure that records are held securely and are not subject to unauthorised access. This includes protecting the privacy and integrity of electronic records;
- Ensure that records show respect for patients and do not include demeaning or derogatory remarks;
- Ensure that records are sufficient to facilitate continuity of care;
- Make records at the time of events or as soon as possible afterward;
- Recognise the right of patients to access information contained in their health records and facilitate that access; and
- Promptly facilitate the transfer or management (including disposal) of health information in accordance with legislation on privacy and health records when requested by patients, or when closing or relocating a practice.

For more information on record-keeping requirements go to [dentalboard.gov.au](http://dentalboard.gov.au).

**Patients have a right to access their records.  
(For more information go to [oaic.gov.au](http://oaic.gov.au).)**

### Treatment planning

Providing patients with documented treatment plans prior to performing the treatment is critical to the consent process. It provides an avenue for setting and discussing expectations around cost, risks, options, and treatment outcomes. The patient should be offered a copy and the practice should retain documented evidence of the plan.

Where the plan covers complex treatment, the patient may prefer to take the plan home to discuss with family and consider the treatment, health-fund rebates, costs, and recovery time before making a truly informed decision. The ADA's patient education brochures are a useful take-home resource. To order these brochures go to [mitec.com.au](http://mitec.com.au) and search for '*Australian Dental Association*'.

Where some or all of the treatment is to be funded by a third party (Work Cover, insurer, government scheme, or health voucher) it may be a requirement to provide a copy of the treatment plan to the third party prior to commencing treatment.

Always keep accurate, up-to-date patient records – even if someone else takes the notes for you, you need to check them as they are your responsibility.

If the practice uses an electronic dental software system, you must use a secure, unique login profile ensuring only you have access to the notes and records you commit.

### Item numbers

The ADA is responsible for dental item numbering through the *Australian Schedule of Dental Services and Glossary*, 13th Edition (the Schedule), which is the definitive coding system of dental clinical treatments. The Schedule assigns a three-digit code for each treatment, and you will use it frequently in many aspects of practice. It is publicly available on the ADA website as a PDF but is available as a member-only resource in an interactive format – the Online Schedule and Glossary [ada.org.au/osg](http://ada.org.au/osg). Most practices also have the booklet at reception. Every ADA member will automatically be sent a hard copy to the address listed in our member database unless the member opts out.

You'll need to keep a copy of the Schedule handy as you'll regularly use it to locate item numbers that you can use to best represent the treatment you perform. You'll use the Schedule for things like treatment planning, record keeping, and invoicing.

It's essential to understand which item numbers most closely describe the treatment outcomes. Fees associated with item numbers may vary to reflect the time, complexity, or materials used to achieve the treatment outcome. The ADA does not set the fees for dental treatment. No one else should influence your decision or ask you to select item numbers based on other factors (such as health-fund rebates).

However, when you start out you may need to seek guidance from the ADA and consult with [Peer.org.au](http://Peer.org.au) and mentors

around the application of item numbers. If in doubt, follow the guidelines in the Schedule [ada.org.au/osg](http://ada.org.au/osg) and invoice accordingly.

Each patient's individual treatment is now a matter for your professional judgement as a dental practitioner. You are accountable under the Dental Board of Australia's *Code of Conduct* (go to [dentalboard.gov.au](http://dentalboard.gov.au)).

### Invoicing/payments

Many practices are registered to use electronic systems to assist patients in claiming from their health funds. As a new graduate there is a lot to take in just practising dentistry, so adding item numbering and billing may feel a little overwhelming. Familiarise yourself with the practice's billing software as it relates to you and remember, most practices have robust systems already in place to support you, along with trained staff.

Invoicing should be based on the treatment plan, which the patient has consented to and which they understand is an estimate that may vary. In emergencies where a plan has not been formulated, it may be best to prepare the patient by offering a price range before commencing treatment to avoid patient distress or bill shock.

## Patient complaints and managing risk

### Patient complaints

Regardless of your best efforts, there may be a time when a patient lodges a complaint. It's important to seek advice from your ADA state/territory office and/or indemnity insurer as soon as possible. Your insurer is likely to have a clause that your insurance may be void if you do not inform them of a complaint as early as possible. At times, all that may be necessary is some assistance with conflict-resolution strategies. If the conflict cannot be resolved and becomes more serious in nature it may be necessary to seek legal advice. The ADA and your indemnity insurers will support you to make sure you get the advice you need.

Dento-legal concerns need not mar your enjoyment of the dental profession, but there is no room for complacency. If you are unsure about your obligations or an appropriate course of action, contact the ADA.

Provide patients with a means by which their complaints may be heard, processed, and acted upon within your practice and ensure they understand how they can make a complaint. Your practice should have its own complaints management process with which you should be familiar.

### Minimising your risks

Indemnity insurance is a safety net for liability claims but is not a strategy for risk reduction in itself. Based on the common legal pitfalls, there are some simple proactive

steps that you can take to minimise your risks in practice. Remember, even if you are working for someone else, it's your responsibility to make sure suitable arrangements are in place to meet these obligations.

- Always take an up-to-date medical and dental history before treating a patient.
- Make sure to understand the patient's perspective and expectations and manage these accordingly.
- Provide all reasonable treatment options in a fair manner without making a judgement on the patient's capacity to pursue a treatment option.
- After they have selected an option, you can discuss the risks of that option compared to alternatives, potential outcomes, and costs before providing treatment – and record their consent.
- Refer patients to a suitably trained colleague if the scope of treatment is beyond your experience or ability and record if they decline this referral pathway.
- Seek the patient's permission before contacting other health professionals including previous dentists, general practitioners (GPs), and specialists. Be sure you always consider the patient's privacy.
- Be factual and do not criticise another colleague's work to a patient – you may not be aware of the context of previous treatment.
- Make sure your diagnostic tests and screenings are comprehensive.
- Procedures such as periodontal screening and soft tissue checks should be a routine part of your examination practices to avoid important pathologies being missed.
- Respect patient confidentiality at all times regardless of any conflicts that may occur.

The Dental Board of Australia's policies, codes and guidelines outline your professional obligations and appropriate conduct under the law. These can be found at [dentalboard.gov.au](http://dentalboard.gov.au)

The Board's *Code of Conduct* is mandatory reading and provides benchmarks for conduct as well as practical advice on the most critical aspects of professional behaviour:

- providing good care including shared decision-making;
- working with patients or clients;
- working with other practitioners;
- working within the healthcare system;
- minimising risk;
- maintaining professional performance;
- professional behaviour and ethical conduct;
- ensuring practitioner health;
- teaching, supervising and assessing; and
- undertaking research.

For more information go to [dentalboard.gov.au](http://dentalboard.gov.au).

## Infection control

As a registered dentist, you must comply with the Dental Board's policies on infection control. The Board sets the standard to which you will be held accountable as a dental professional. Failure to meet your infection control obligations can result in conditions being placed on your registration or at the extreme, suspension or deregistration during which time you will not be able to practise dentistry.

The Board's policies and *Code of Conduct* detail the types of behaviour that registered dentists and staff must adhere to.

### It's your responsibility

- You cannot delegate your infection control responsibilities to the practice you work in, other practitioners, or staff.
- The Dental Board and the ADA websites have information on what you must do to minimise the spread of infection. (See documents and resources below.)
- Keep up to date by participating in CPD on infection control compliance and read ADA communications for updates and the latest information.
- Ensure the practice you work in has easily accessible infection control documentation, in either hard copy or electronic form.
- Additional requirements may vary from state to state and implementation may vary slightly from practice to practice.

### Documentation and resources

There are a number of documents that come together to set out the infection control policies, protocols and processes you must follow and help you understand and implement the requirements. These include (but are not limited to):

- The ADA's Guidelines for Infection Prevention and Control, Practical Guide to Infection Control, and Self-Assessment Tool for Infection Control;
- A practice manual on Infection Control which outlines practice-specific infection control protocols and procedures (the ADA has an 'Infection Control Manual' template to assist practices in developing a manual);
- Australian & New Zealand Standards for reprocessing medical devices and sterile instruments (currently AS/NZS 4815 or AS/NZS 4187; both of which will be replaced by AS 5369 *Reprocessing of reusable medical devices and other devices in health and non-health related facilities* when that is published);
- NHMRC *Australian Guidelines for The Prevention and Control of Infection in Healthcare 2019*;
- Creutzfeldt-Jakob disease infection control guidelines;
- *Australian Immunisation Handbook*;

- CDNA Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers Who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses;
- State/territory legislation and guidelines may apply, e.g. *Infection Control Management Plan for Queensland*; and
- Dental Board of Australia *Code of Conduct* and practitioner resources for infection control.

### The ADA offers:

- peer support from the ADA Infection Control Committee;
- publications;
- checklists; and
- free online CPD.

In addition, some ADA state/territory offices offer:

- practice infection control consultancy;
- workshops and seminars; and
- remote support.

Support is available

If you have a question or concern about infection control, or to find out more:

- email [membership@ada.org.au](mailto:membership@ada.org.au);
- contact your local ADA state/territory office (see pages 14–17);
- visit [ada.org.au](http://ada.org.au);
- visit [dentalboard.gov.au](http://dentalboard.gov.au); or
- visit [nhmrc.gov.au](http://nhmrc.gov.au).



# Your wellbeing

## Healthy body

- Learn and adopt good habits now to optimise your chances for comfort and health throughout your career. Long hours, prolonged positions, repetitive tasks, awkward postures and inappropriate surgery design have been features of the dental profession for many years. This has led to a high incidence of musculoskeletal disorders (MSDs) and repetitive strain injuries within the dental workforce.
- These conditions can have a significant effect on work capacity, career longevity and quality of life. Such detrimental conditions can be prevented through simple behavioural and environmental modifications.

## The 90-degree rule

- Have your elbows, hips, knees, and ankles as close to possible to 90 degrees. If you have to go beyond these confines, think about how you can change your environment and work practices to avoid this.

## Recognising the signs and symptoms of MSD

It's important to be aware of the signs of MSD (musculoskeletal disorder) so that you can identify these features and seek treatment as soon as possible.

### Signs

- Impaired movement range and/or comfort of movement;
- Altered sensory perception;
- Impaired coordination; and/or
- Reduced grip strength.

### Symptoms

- Pain in the shoulders, neck or back;
- Tingling, burning, numbness or other dysaesthesia;
- Weakness or cramping; and/or
- Clumsiness and poor control.

### Equipment

- Make sure instruments are sharp.
- Minimise vibration where possible.
- Use balanced instruments with wide diameter, rubber coated and serrated handles where possible (this helps to reduce the grip force required).
- Make sure you have an adjustable chair with adjustable positions, lumbar, thoracic and arm support.
- Adjust your light so you don't have to strain your neck to see or avoid shadows.
- Ensure good magnification and illumination to help to prevent poor posture.

### Environment and scheduling

- Make sure the room is at a comfortable temperature. A room that is too cold will decrease circulation and increase the chances of muscle strain.
- Avoid over scheduling (this can lead to inadequate time for procedures and breaks).

- Vary the procedures you are doing. Try not to do too many of the same activities in a row, e.g. heavy scaling all morning.
- Avoid complex and physically demanding work during times of the day when you might already be fatigued.

### Look after yourself!

- Be proactive! Make sure your environment, posture and appointment book are all healthy and sustainable.
- Maintain your fitness.
- Stretch.
- Acknowledge and manage stress.
- Allow adequate time to rest, relax and recharge.
- Listen to your body.

### Positioning

Avoid:

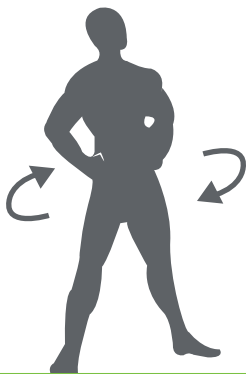
- tilting or flexing the neck to one side;
- leaning forward at the neck;
- maintaining a stationary position for extended periods;
- extreme twisting positions;
- shoulder elevations, flexion or abduction;
- elbow positions at obtuse angles (90+ degrees);
- bending forward excessively at the waist;
- positioning the patient too high (this will cause you to elevate your shoulders); and
- positioning the patient too low (forcing you to flex your back, neck and wrists to compensate).

Instead:

- Work close to the patient and your tray table. This allows you to avoid excessive forward bending and stretching.
- Try to maintain an upright posture with your pelvis in a neutral or slightly anterior tilted position.
- Position your feet flat on the floor.
- Position the height of your chair and the patient's chair so that your elbows are at 90 degrees with your wrists straight and shoulders relaxed.
- Keep wrists in a neutral position with palms facing each other, shoulder-width apart and wrists in a straight line with the lower arms whenever possible.
- Move around as much as possible. This may mean varying your position between standing, sitting and working on different sides of the patient, where possible, to avoid overloading the muscles through sustained and repetitive exertion.
- Try to avoid short forceful movements with your fingers. Where possible, use the shoulders and arms rather than the fingers to generate power, e.g. when hand scaling.
- Use your environment for support. This may include using finger fulcrums on teeth and elbow support from the chair.

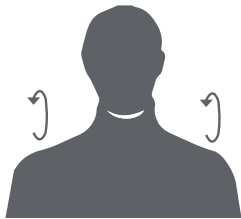
For more information go to [ada.org.au](http://ada.org.au) and search for 'Inner Ergonomics'.

## Some simple stretches



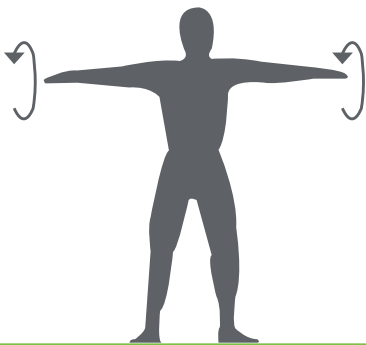
**Figure 1. Hip Circles**

With legs apart and hands on hips, make circles with hips in clockwise and then counterclockwise motion. Begin with 10 repetitions and increase to 25.



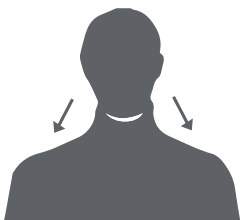
**Figure 2. Shoulder Circles**

Move shoulders toward ears and then back trying to touch shoulder blades together. Repeat 15 to 20 times and then reverse direction.



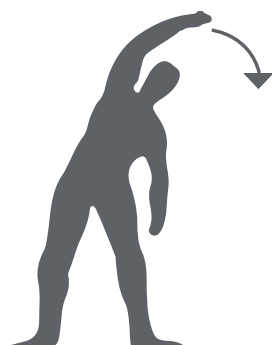
**Figure 3. Arm Circles**

With arms at sides, make circles with arms out in front, overhead, to side, and back down again. Make larger circles until arms move through their entire range of motion. Perform 15 to 20 repetitions and then switch directions.



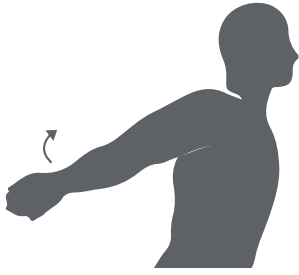
**Figure 4. Neck Exercise**

With shoulders relaxed and arms at sides, bend head to one side, trying to touch ear to shoulder. Bring head back to centre and repeat on other side. Progress from five repetitions to about 15 to 20.



**Figure 5. Side Stretch**

With legs shoulder-width apart, lift arm over head while slowly bending torso sideways. Breathe and hold position for 15 to 20 seconds. Repeat on other side.



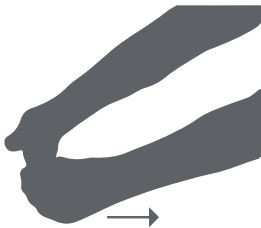
### Figure 6. Shoulder Stretch

Clasp hand behind back with elbows straight and lift arms back behind you. Hold position for 15 to 20 seconds.



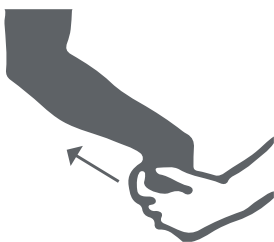
### Figure 7. Overhead Stretch

Clasp hands together with elbows straight and lift arms over head. Breathe while stretching arms backward for 15 to 20 seconds.



### Figure 8. Wrist Stretch

Extend arm straight out with palm facing up. With other hand grasp thumb and fingers of extended arm and slowly pull fingers backwards until you can feel a stretch over front of forearm. Hold position for 20 to 30 seconds and repeat on opposite side.



### Figure 9. Forearm Stretch

Extend arm straight out with palm facing down. With other hand push down on the back of hand until you can feel a stretch over the back of forearm. Hold position for 20 to 30 seconds and repeat on opposite side.



### Figure 10. Prayer Stretch

Place palms of hands together in prayer-like position, fingers pointing up. Press wrists downward until you feel a stretch over front of wrists and into forearms. Hold for 20 to 30 seconds.

## Healthy mind

Regardless of the profession you are in, there can be times when it will put strain on you personally and things may seem overwhelming. Should this happen to you, don't feel alone – there are lots of options to help in tough times.

### Some options

Each state in Australia has an advisory service, some operating 24 hours a day, 7 days a week. Most states have a helpline to provide personal advice to members facing health problems. The advice provided often relates to stress, mental illness and drug and alcohol problems; however, you can also contact them to discuss other personal or financial difficulties. If you, or your family members, are facing problems that relate to your personal health or wellbeing, the service can provide you with non-judgmental, confidential advice. They deal with a range of issues, from those that may seem minor, to very serious concerns. Dentists can make bad patients. They are often too busy looking after other people to look after themselves. If you suspect a problem, consult a GP. If you don't feel comfortable talking to your GP, you can access the ADA service in your state.

### Want to talk?

#### Dental Practitioner Support Helpline

(Funded by Dental Board of Australia, provided by Turning Point.) This is a 24/7 national support service dedicated to providing dental practitioners with access to confidential advice and referral about their health and wellbeing.

Phone: 1800 377 700

Visit: [dpsupport.org.au](http://dpsupport.org.au)

The following States provide additional services:

### Queensland

#### ADAQ Member Assistance Program

This program is run by Workplace Wellness.

Phone: 1300 326 350

Visit: [adaq.org.au/MAP](http://adaq.org.au/MAP)

### South Australia

#### ADA SA Mental Health Support Program

Phone: 08 8272 8111

Email: [membership@adasa.asn.au](mailto:membership@adasa.asn.au)

### Tasmania

#### AMA Tasmania Peer Support Service

Confidential peer support 8 am to 11 pm.

Phone: 1300 853 338

### Victoria

#### ADAVB Member Assistance Program (through Lifeworks)

Face-to-face, telephone or online counselling 24/7.

Phone: 1300 361 008

Visit: [adavb.org](http://adavb.org)

### Western Australia

#### ADAWA/DPL member counselling (through ICAS)

Phone: 1800 808 374

### Other support services include:

#### Beyond Blue

Phone: 1300 22 4636

Visit: [beyondblue.org.au](http://beyondblue.org.au)

#### Lifeline

Phone: 13 11 14

Visit: [lifeline.org.au](http://lifeline.org.au)





## Step 1: Reaching out

*"Thank you for calling Dental Practitioner Support — a national support service for dental practitioners providing confidential advice and referrals for issues related to their health. If you are a dental practitioner or student seeking advice on an issue related to your health or a colleague's, please press 1."*

*Beep.*

*I'm not too sure why I am calling to be perfectly honest.*

*I wouldn't say I'm feeling particularly stressed. Yes, there's a mild sense of responsibility to catch up on the pile of lectures I haven't touched all year. Yes, there's the headache of trying to meet clinical requirements, whilst being hit by a barrage of patients failing to attend their appointments. And yes, of course, there's the loom of impending graduation and the need to find someone who might want to hire me. There's a lot of little stressors, but after enduring two years of lockdowns and uncertainty, there's really not much that phases me anymore.*

*Perhaps that's the term for how I feel — unphased. But otherwise, I'm perfectly fine, aren't I?*

*The line connects.*

*I guess it is too late to back out now.*

## Step 2: Starting the conversation

*I'm greeted by Alison\*, one of the counsellors that is on duty this Saturday evening. Her voice is warm and welcoming. I admit to her that I don't really know why I'm calling, but I've been putting it off for quite some time and have finally decided to bite the bullet. Perhaps it would be worthwhile just having a chat. Alison tells me that's what she's there for, and in fact, most people who call find themselves feeling the same way.*

*It's a little bit awkward and I'm not too sure what to say. I start by telling her that I'm a final year dental student, and what it's been like during the pandemic — it's an easy, universal topic to start off with. We talk about the struggles we've gone through with lockdown and isolation, but I feel like I've moved beyond that now. It wasn't something that particularly bothered me anymore or that I really wanted to talk about, and so we don't push it further.*

*I tell Alison that I love being busy again. I love being in the clinic, seeing my friends, treating patients and going out. But between my time in the clinic, work, social events and travel, there really isn't much time to breathe. Having gone from months on end with no plans or commitments to a back-to-back schedule, this has been a huge shift for me. I think I'm doing okay, but perhaps that's because I haven't had a moment to think otherwise. And so, maybe it would be worthwhile to do a wellbeing check-in.*

*Alison agrees and tells me that this is the best time to reach out. She makes the analogy that it's like taking your pet to the vet on a regular basis to make sure everything is in order and to pick up on things that you may not have*

"I'm perfectly fine, aren't I?"

# Steps to accessing support for the first time

*This was originally published on Dental Practitioner Support. Visit: [dpsupport.org.au](https://dpsupport.org.au)*



previously realised were a problem. I realise then that this session is no different to how we advocate for regular check-ups for our patients, emphasising preventative care over treatment.

Mental wellbeing shouldn't be something that we only focus on when we're stressed and burnt out. Rather, it should be something we make a habit of practising regularly, much like brushing our teeth, to prevent us fizzling out in the first place. It's about building that resilience and setting up measures so that we can take better care of ourselves.

### Step 3: Opening up

Alison asks me about my current self-care practices, and as we go through them, I find myself opening up a little more about myself. I tell her about the doubts I've had lately. Nothing that has caused me significant distress, but definitely a change I've noticed within myself that I can't quite put my finger on or decide whether it's a good or bad thing.

Alison listens. She gives me reassurance, suggestions and plenty of space to think and speak. And even though I ramble, jumping from here to there, she is patient and asks questions to get me thinking a little more. The conversation is a nice one and it eases my heart a little.

I feel safe and comfortable, and I find myself sharing another incident to get Alison's thoughts. This one has me a little more fired up and Alison helps me break it all down. I vent, she gasps, a few bad words are thrown in from both parties and we have a giggle over it.

### Step 4: Reflecting

Someone once told me that what they loved about talking to a counsellor was the fact that you could get things off your chest without putting that burden onto your loved ones. I never used to understand it. I thought it was odd to talk to a stranger about your personal life and feelings. How could they possibly understand if they weren't there to witness all the little nuances and subtleties of your life. But I think I'm starting to see the value in it now.

It's an interesting dynamic to have someone who is there purely to listen to you. Where their attention is entirely devoted to what you want to say. Where they don't have any preconceived judgements, biases or opinions. It's a different feeling, but it's comforting to have someone on your side even though you've never met them before.

I think ultimately, I had all the answers I needed already, as we often all do. I just needed to let my thoughts out and to have the clarity of an outsider's perspective.

### Step 5: What happens next?

For someone who didn't really know what to say and was doing 'perfectly fine', I sure had a lot of thoughts and plenty to say. An hour flies by in an instant.

Alison tells me that I am welcome to call again whenever I need to although she might not be the one that picks up next time I do. She reminds me everything I say is entirely confidential and anonymous and reassures me that Dental Practitioner Support has 12 wonderful counsellors that are available 24/7 and are always happy to have a chat.

As we say our goodbyes and I hang up, I feel a wave of ease wash over me.

Perhaps it goes to show that we can all benefit from a wellness check-in, even if we don't think we need it. It can be easy to downplay and dismiss all the little stressors in our lives with a simple, "I'm fine". However, if left unchecked, these little stressors can pile up and become something unmanageable, leaving us feeling overwhelmed and unlike our usual selves. As Alison said, perhaps the best time to call really is when we're feeling okay. This is the time to dip our toes in, get a feel for the water and see how things flow from there.

I think I'll take Alison up on the offer to call again. Perhaps we can do it together!

If you ever need to chat, even if you feel perfectly fine, it all begins with picking up the phone. Reach out — 1800 377 700.

\*Name changed.



## Dental loupes

Wearing loupes can improve your diagnostic perception, quality of work and posture. One of the most important aspects of an ergonomic work environment is to choose magnification that will allow you to see clearly without eye strain, hunching or uncomfortable body position.

Consider the following when choosing which magnification type (Galilean or prismatic) is right for you.

The focus of loupes will differ whether wearing a mask, or with the frame seated directly on your nose. Be sure to have any individual fitting arranged as you would be in a clinical setting.

### Magnification

Many general dentists will work with loupes in the range of 2.5x to 3.5x magnification for their daily dentistry. Clinicians who frequently perform procedures such as endodontics or crown and bridge work may favour 3.5x to 4.0x magnification to allow for greater perception of detail. In general, it's recommended to choose the lowest comfortable magnification because this will maximise your field of view.

### Consider magnification and field width

Dental loupes generally range from 2.5x to 6.0x magnification for different purposes. Common increments within this range are 2.5x, 3.0x, 3.5x, 4.0x, 5.0x and 6.0x.

Unfortunately, there is no standardisation across manufacturers and there can be variation of up to 15% across the same magnification category. It's recommended that you try before you buy! Most loupe manufacturers should be willing to allow you to try different loupe mounts before making your final decision.

### Determine your working length

The working length is the distance from the patient at which you feel comfortable working. A measurement is taken from your eyes to the patient's mouth while positioned in your ergonomic working posture with the back and neck straight and the patient positioned so that your arms are at a comfortable working angle.

Most loupe manufacturers will limit their working distance options within the range of 32–55 cm. Common working length categories are 32, 34, 42, 46, 50 and 55 cm but each length may not be available from all manufacturers.



Choosing a working distance of appropriate length can encourage sound postural habits and, when maximised, will lead to increased depth of field.

Ideally, the determination of working length is taken directly from your own unique positioning preferences (i.e. custom-fitted), but a rough guide to working length can be gained from the height of the clinician.

### Check the depth of field

The depth of field reflects how much you can change your head position from the working distance without losing clarity in the image. The higher the depth of field, the better the chance that the magnified object and the structures around this (especially further away) will remain clear within the scope of normal working movements towards and away from the patient.

### Decide on 'through-the-lens' or 'flip-ups'

#### Through-the-lens

Through-the-lens (TTL) loupes have the magnification component directly attached to the frame and lens of the supporting glasses. This is an option that has to be completely customised to the clinician in terms of the position of the magnification and any prescription needed in the supporting lens. Since the magnification is mounted closer to the eyes in TTL loupes, there is a wider field of view associated with this option than with flip-up alternatives. The streamlined TTL systems generally result in a lighter loupe–frame combination.

The major drawback of TTL loupes is that they tend to be more expensive than flip-up loupes to purchase and repair. This is because all components are built into the frame.

#### Flip-up

Flip-up loupes have a hinge attached to the underlying glasses frame so the magnification can be 'flipped-up' when not required. Most flip-up loupes are adjustable so they can be shared among different operators and do not need to be remounted if the clinician's prescription changes. Since the operator is responsible for much of the customisation of flip-up loupes, there is an associated cost reduction, but an increase in adjustment time compared to TTL loupes.

Increased hardware requirements associated with the hinge mechanism tend to make flip-up loupes heavier than their TTL counterparts.

### Consider weight

Weight is a critical factor when choosing a loupe as you may be wearing it for five or more hours per day. It's important to try before purchasing so you know what's right for you.

When trying, ensure your loupe setup distributes weight evenly around the nose and ear supports. Sometimes manufacturers will advise that support for the loupes comes primarily from the headband.

If this is the case, the loupe design should be closely fitting to the forehead, padded for comfort, and should distribute the weight of the loupes evenly across the frontal region.

If you are considering a mounted loupe light, factor in the weight of the light when determining the overall weight and comfort of a loupe.

### Illumination

Some dentists say that if they had to choose between a headlight and magnification, they would choose the light. With this in mind, you may want to consider the illumination options available with the magnification mount you choose, since not all will be compatible.

Most headlights now are LED. Variations come in the strength of the light source (measured in lux), battery life (some also come with replacement battery packs) and weight. As light strength and battery life increase and weight decreases, generally there will be a corresponding rise in the cost of the light.

An important consideration is that high-powered lights will set your resins within seconds. Lights with the capacity to adjust the light source strength or the option to apply a mounted orange shield are important if you intend to use additional illumination for such procedures.

There are a lot of options, so shop around. Make sure that any loupes you purchase are listed on the Australian Register of Therapeutic Goods (ARTG) maintained by the Therapeutic Goods Administration (TGA) (i.e. search the TGA website ([tga.gov.au](http://tga.gov.au)) for 'loupe'). Tell the company that you want to try the loupes before you buy them. Ask the company representatives and colleagues about long-term performance and ongoing support. Your new loupes may become one of the few clinical companions you can't live without, making this decision worth your time and money.

## Handy ADA resources

Dental school is just the start of your learning journey. The ADA has an extensive range of resources to support you in your career and professional life. Most of these can be found on [ada.org.au](http://ada.org.au) and you will need your ADA member number to login. Below are just a few resources that you might find useful now and throughout your career.

### ✔ HR Advisory Service

This service provides online resources as well as a hotline and email service to answer specific questions you might have, especially as you start in your first job. The online resources cover a broad spectrum – from contract advice and remuneration models through to practical things like tips on how to deal with nerves and what a pay slip should include. There are also fact sheets designed specifically for recent graduates. ADA members can browse the resources in the Human Resources Hub at [ada.org.au](http://ada.org.au).

### ✔ Peer support, mentoring and networking

As a new graduate entering the profession, it's reassuring to know you can seek independent advice and support from peers through your local ADA state/territory office. Whether your questions are clinical, professional or to do with a patient, the local office staff are there to help you. Most offices also have a mentoring program that you can join. Having a mentor is a great way to establish your career and set the path for your professional life. For more information, contact your local ADA office (see pages 14–17).

### ✔ PEER – [Peer.org.au](http://Peer.org.au)

Launched in 2021, Peer is a great place to connect, share, discuss and debate with your peers. Open only to ADA members, Peer gives you the opportunity to ask questions of fellow dentists whom you might not otherwise have a chance to meet or talk to and who might have just the answer or insight you're looking for. That's something that can come in handy at any stage of your career but particularly when you are starting out and you should take every chance to make the most of this unique networking platform.

### ✔ CPD

The ADA provides members with a range of CPD to support your continued learning including:

**Face to face** – each state/territory office runs a variety of CPD events including clinical lectures, workshops, hands-on learning and much more. With a focus on excellence in the dental profession, we are a leader in dental education in Australia. Contact your local ADA office, or see the Events calendar at [ada.org.au](http://ada.org.au).

**Online CPD** – free on-demand CPD is a great way of supplementing your professional learning. There is an extensive range of audio files, video demonstrations and webinar recordings presented by leaders in their field available at [ada.org.au](http://ada.org.au).

### ✔ Australian Dental Journal (ADJ)

The ADA's official journal publishes peer-reviewed academic papers quarterly. The ADJ has an emphasis on new evidence relevant to an Australian context and covers a broad range of topics of interest to general dentists and specialists alike. It's frequently cited and is afforded a high standing among the scientific community internationally. ADA members receive a complimentary copy of the journal. Go to [ada.org.au](http://ada.org.au) and search for 'Australian Dental Journal'.

### ✔ National Digital Library

This extensive library service offers access to domestic and international journal databases, connecting you to the latest in research and information. On the site there are a range of tutorials to help you make the most of the experience. To access the library service, visit [ada.org.au/Library](http://ada.org.au/Library).

### ✔ Medicines information

As an ADA member you have access to a range of medicines information. This includes access to AusDI, a comprehensive, up-to-date medicines database that includes independent product information and summaries, drug monographs, consumer information, product images and more. You will also have access to a unique and very useful PharmaAdvice service. If you have a tricky question about medications including interactions and possible side effects, just email or call the PharmaAdvice service. Visit the Members area at [ada.org.au](http://ada.org.au).



## ✔ News and updates

Now that you have graduated and are joining the profession, keeping up to date with the latest clinical issues, regulatory changes, new techniques and emerging trends is a challenge. The ADA has a range of communications vehicles to bring you news and updates from the dental profession both nationally and in your state/territory.

These include monthly publications such as the *News Bulletin*, regular e-newsletter, email alerts on any critical information and social media channels to share and discuss the issues of the day.

For more information contact your local ADA state/territory office or [ada.org.au](http://ada.org.au) or [facebook.com/AustralianDentalAssociation](https://www.facebook.com/AustralianDentalAssociation).

## ✔ ADA Connect

ADA Connect is the official app of the Australian Dental Association. Offering jobs, events, news and CPD streaming and tracking, ADA Connect is expanding to become the digital home of dentistry. Download through the App Store or Google Play by searching for 'ADA Connect'.

## ✔ Templates

By the time you've read this handbook you will have taken in a lot of information and may be wondering how you can keep on top of it. The ADA has developed a few simple templates to help members keep track of core information. These templates are now available on ADA's website [ada.org.au](http://ada.org.au) (go to 'Dental Graduate Handbook' in 'Publications', Member Home) making them easier to use and save.

Templates include:

- New graduate checklist;
- Target areas for professional development;
- Referral network contacts;
- Laboratory contacts; and
- Prescribing summary.

If there are other templates that you think would be useful, let the ADA know and they will see if these can be developed for you.

## Privacy, confidentiality and security obligations as a dentist

Your patients will have a right to expect that you, the treating practitioner, and other staff at the practice will hold their information in the strictest confidence. All practitioners must adhere to the *Privacy Act 1988* (Cth), state-specific health privacy legislation and Ahpra and Dental Board of Australia regulations. All practitioners are reportable to the Office of the Australian Information Commissioner for data breaches.

To clarify these concepts, consider the following:

- **Privacy** is the right of the **patient** to disclose only the information they wish to disclose.
- **Confidentiality** is the obligation of the **dentist and staff** to not disclose a patient's information to anyone not authorised by the patient themselves.
- **Security** is the means by which privacy and confidentiality are maintained.

Sensitive information can include a patient's name, date of birth, medical history, examination findings, radiographs, photographs, models, social history and emotional state, and even just the fact that the person is a patient of the dentist.

Here are some examples of what to be aware of when handling sensitive patient information in the era of electronic dental records, internet and social media:

### Reducing risk of breaches:

- If taking photos with your phone, delete the photos from your personal device when no longer needed, as well as any online storage drives.
- If sharing photos, check for identifiable information such as patient names or date of birth and censor or crop them out and delete the photos as soon as they are no longer needed.

### Informed consent:

- Once online, the existence of patient histories and images can be permanent. Consider how identifiable a case you are uploading may be, especially if it contains extraoral photos. Does your patient understand the full ramifications of consenting to their image(s) being online (including on websites and any social media)?

### Deliberate breaches:

- Looking at records of patients not under your care (e.g. someone famous who visited the practice), and especially discussing their visit or any other details with others, constitutes a breach of confidentiality.

Ahpra has developed a resource to help registered health practitioners understand and meet their obligations when using social media. You can find a link to this resource as well as more tips on how to keep patient information secure at [ada.org.au/data](http://ada.org.au/data).

# SECTION 4

## FURTHERING YOUR CAREER

### Getting involved

There are many rewarding ways to become actively involved in your Association, whatever your experience or time constraints may be. As well as the things covered in this section, you can also be active in your profession by:

- keeping up to date through the ADA's e-newsletters and publications;
- engaging with peers and the ADA through its social media and face-to-face networks, the ADA Community, events and study clubs;
- getting involved in ADA's advocacy efforts and public campaigns such as Dental Health Week; and
- writing a review, being a presenter, submitting a research paper, or filming your best work and sharing it with your peers.

To find out more, email [membership@ada.org.au](mailto:membership@ada.org.au).

### Committees

Committee membership offers a tremendous opportunity to contribute to the dental profession, as well as an unrivalled platform to speak on behalf of your peers. Using your time and expertise, you can make an important contribution to the ongoing improvement of the Association, and the dental profession as a whole.

If you have knowledge of a specific area impacting the profession, a willingness to learn, and a keen desire to contribute, talk to your ADA state/territory office about nominating for a committee.

Elections for ADA federal committees are held every two years in November.

Some ADA federal committees are suitable for new graduates but most benefit from those who have had experience with their branch.



## What's involved?

- Participation in at least two meetings each year, which may involve interstate travel and/or joining in via teleconference/videoconference.
- Regular engagement between meetings on relevant and time-sensitive matters.
- Research, strategic thinking and contribution to policy discussions, which form the basis of recommendations made to the Federal Council.
- Opportunity to directly engage with ADA office bearers, senior management and secretariat staff.

## ADA Committees include:

- Audit & Risk Committee;
- Constitution & Policy Committee;
- Dental Education & Training Committee;
- Dental Informatics & Digital Health Committee;
- Dental Instruments, Materials & Equipment Committee;
- Dental Therapeutics Committee;
- Infection Control Committee;
- Oral Health Committee;
- Schedule & Third-Party Committee; and
- Honours & Awards Committee.

For more information on ADA committees, visit [ada.org.au](http://ada.org.au).

## Recent Graduates Advisory Panel

The Recent Graduates Advisory Panel (RGAP) is a really great place to start committee life. It's made up of recently graduated member dentists from around Australia for the purpose of increasing the ADA's relevance to, the benefit of, and engagement with recent graduates.

You'll receive training on becoming a committee member, as well as an opportunity to represent recent graduates and influence membership support on their behalf. Nominations occur every two years. If you have a question, a suggestion, wish to find out more or would like to be involved, send an email to [contact@ada.org.au](mailto:contact@ada.org.au). This could be the start of your ADA career.

## Volunteering

For many dentists, volunteering provides an opportunity to give back to the community through the provision of pro bono professional services. Volunteering can range from less than one day of service to months or even years of involvement with a project. There are many existing projects tailored to disadvantaged and underserved communities both in Australia and abroad. An excellent introduction to volunteering is to get involved with an existing program that is seeking volunteer dentists as they will have systems in place to make your volunteering experience enjoyable and productive.

For information on volunteering both in Australia and abroad, and for resources on how to get involved, search for volunteering at [ada.org.au](http://ada.org.au) or [adhf.org.au](http://adhf.org.au) or contact your ADA state/territory office for local opportunities.

You can also find information about international volunteering opportunities at [healthcarevolunteer.com](http://healthcarevolunteer.com).

### Some benefits of volunteering

- Contributing to reducing oral disease in underprivileged areas;
- Developing leadership skills and self-confidence;
- Forging relationships with communities and fellow volunteers;
- Gaining professional respect and goodwill from patients;
- Being exposed to different cultures and languages; and
- Experiencing travel beyond a normal holiday.



## ADHF (Australian Dental Health Foundation)

The Australian Dental Health Foundation (ADHF) coordinates volunteer programs that provide pro bono dental treatment to those who don't have timely access to dental care. By harnessing the support of the dental profession and the wider dental industry, and working closely with registered Australian charities, the ADHF enables volunteers to provide care to the most disadvantaged in their community.

Dentists can get involved by participating in a Dental Rescue Day or the Adopt a Patient and Rebuilding Smiles® programs.

In addition to its volunteer programs, the ADHF provides funding for Indigenous Study Grants for Dental Hygiene or Oral Health Therapy students, and it partners with the Mars Wrigley Foundation to fund a Community Grants program, supporting community-based oral health programs within Australia.

To find out more or get involved contact:

Phone: 1300 880 978

Email: [info@adhf.org.au](mailto:info@adhf.org.au)

Visit: [adhf.org.au](http://adhf.org.au)

**“It’s about the impact that you can have on the life of even one person!**

**You won’t ever look back and think you have wasted your time, you will only be emboldened and more grateful in your everyday private work. I sincerely believe it’s just another side to the world of dentistry and it’s something we can all be a part of.”**

Australian Dental Health Foundation volunteer





AUSTRALIAN DENTAL  
ASSOCIATION



## Download ADA Connect now with CPD streaming!

CPD Made Easy - Streamline the way you watch, listen and log CPD with the latest update to the ADA Connect App.



- How to scan:
- Open the camera app.
  - Hover over the QR code.
  - Click on the web link.

## Grants

### ADRF grants

The evolution of dentistry is directly related to advancements made through research which can lead to improved delivery of care for patients, reduction of risk factors, and better management of the burden of oral disease, for the benefit of individuals, the health system and the economy.

Each year, the ADRF invites applications for research grants at the beginning of January and closes the offer at the end of March.

All submitted applications undergo rigorous internal and external peer review coordinated by the ADRF's Research Advisory Committee. The Committee recommends the highest ranked research applications to the ADRF Board of Directors for funding. Applicants are advised of the outcome in December each year so that successful applicants can commence their projects at the beginning of the following year.

The ADRF application process is rigorous by intent. It is designed to help aspiring dental researchers understand the requirements of the National Health and Medical Research Council and the Medical Research Future Fund, where they will be competing for funding alongside applicants from other health and medical professions.

The ADRF website has information about a range of grants that are funded to support research in specific areas of dentistry. Applications for ADRF grants can be made online at [ada.org.au/adrf](http://ada.org.au/adrf).

**“ADRF funding has allowed us to expand our research parameters and introduce greater innovation”**

Manju Sofia Pitchai, a Ph.D. candidate undertaking dental research at Griffith University, Harnessing the immune response to enhance osseointegration, acknowledges the role of the ADRF in supporting early career researchers. She hopes that her work will inspire other young dental graduates to become researchers.

ADRF grants support research in:

- development of innovative dental and oral health care treatment pathways;
- eliminating oral health disease;
- minimum intervention dentistry;
- implantology and tooth replacement solutions;
- microbiology, biochemistry, immunology or molecular biology with relevance to clinical dentistry;
- development of new products;
- sustainability in dental practices; and
- better understanding within the community of the importance of preventative care.



To find out more about ADRF research grants or to make a donation:

Phone: 02 8815 3333

Email: [adrf@dentalresearch.org.au](mailto:adrf@dentalresearch.org.au)

Visit: [ada.org.au/adrf](http://ada.org.au/adrf)

### ADA grants

#### ADA's Graduate student scholarships

These scholarships, worth \$4,000 each, are intended to assist graduate students in specialty training programs to travel interstate to complete components of their course work. Each dental school can nominate one or more recipients, and one scholarship is available per school.

The scholarships are subject to the following conditions:

- they are not available for overseas travel;
- the graduate students must be members of the ADA; and
- applications must be supported by a recommendation from each school's Dean detailing how the funding will be disbursed.



## Continuing professional development

Continuing professional development (CPD) is a requirement of your registration with the Dental Board of Australia (the Board). The Board expects dental practitioners to meet the requirements set out in the Board's CPD registration standard and guidelines on continuing professional development (both are available at [dentalboard.gov.au](http://dentalboard.gov.au) and search for 'CPD Resources'). It's essential in maintaining, improving and broadening your knowledge, expertise and competence as a dentist. You must declare CPD undertaken each year when renewing your registration and it may be audited by the Board.

### Requirements for Dental Board registration

- You must complete a minimum of 60 hours of CPD over three years. The current CPD cycle is from 1 December 2022 to 30 November 2025;
- 80% (48 hours) of the minimum 60 hours must be clinical or scientific learning;
- Up to 20% of non-clinical CPD should relate to the delivery of dental services, e.g. practice management, financial well-being, and dento-legal responsibilities;
- You must record the details of the activities and the number of hours spent. Supporting documentation such as certificates may be required at times; and
- The Board expects dental practitioners to engage in a range of CPD activities in line with the objectives of CPD. Practitioners should exercise professional judgement and ensure any CPD they undertake is relevant and aligns with their specific learning needs.

Note: CPD details are not required for your initial registration application; however, it's important to start this log as soon as you begin undertaking CPD. It's also worth noting that the Board does not accredit, review or approve CPD courses or CPD course providers.

### Keeping track of your CPD

Your CPD log should include the following information:

- Name of CPD provider, e.g. ADA, University of Queensland;
- Title of activity, e.g. the title of the lecture or article;
- Dates attended;
- Type of activity, e.g. lecture, video, article, conference;
- Content category, e.g. endodontics, medical emergencies;
- Number of scientific hours; and
- Number of non-scientific hours.

If you are an ADA member any content (including webinars, videos and audio files) consumed on the CPD Portal at [ada.org.au](http://ada.org.au) is automatically added to your logbook.

CPD undertaken through state/territory offices or other outside channels can be added to the log manually.



# Explore the ADA National Digital Library

Knowledge when you need it.

Get access to **thousands of journals and electronic books** which you can search from the one location. Features such as bookmarks, journal table of content alerts and Browzine digital book shelf for journals help with quick access to your favourite items.

[ada.org.au/library](http://ada.org.au/library)





## Continuing education providers

### ADA CPD events

Most ADA state and territory offices conduct a comprehensive CPD program with a calendar of events published on the ADA website. For more information search for 'Calendar of Events' at [ada.org.au](http://ada.org.au).

### ADA's CPD resources

The following are free to ADA members (at [ada.org.au](http://ada.org.au)):

- **CPD Portal** – free video, audio and webinar recordings plus your CPD log;
- **Library and research service** – access hundreds of dental journals 24/7, reading lists and more; and
- **Australian Dental Journal** with peer reviewed academic articles.

### Study clubs

Most ADA state/territory offices support study clubs. These are a good way of connecting with peers as well as keeping up to date. To find out about groups in your areas, contact your ADA state/territory office.

### CPD tips

- There are many CPD providers so it's important to be judicious in the courses you choose. Plan your CPD to address your specific knowledge gaps or practice needs.
- Even though some CPD events are free, most have a fee, especially those with a hands-on component. Set aside a budget for CPD so that you know you will be able to attend the courses that you require each year.
- Make sure to keep your receipts so that where possible you can claim CPD expenses on your next tax return.
- Start recording your activities as early as possible. Each time you read a journal or watch a webinar, get into the habit of logging this on your personal ADA CPD log. It all adds up!
- Remember, as an ADA member, any content you consume on the CPD portal at [ada.org.au](http://ada.org.au) is automatically added to your logbook.
- Make the most out of your ADA membership by accessing the CPD Portal, joining your local study group and attending ADA events.

## The Royal Australasian College of Dental Surgeons

The Royal Australasian College of Dental Surgeons (RACDS) is a prestigious postgraduate education college providing professional development and qualifications to both general practice and specialist dentists.

A general practice dentist successfully undertaking RACDS's membership exams may qualify as a Member, and ultimately a Fellow of the College. General practice members may use the post-nominal MRACDS (GDP), and Fellows may use FRACDS (GDP).

Membership represents a skilled and competent practitioner based on scientific knowledge and evidence-based practice. Fellowship represents a highly skilled and proficient practitioner with significant scientific knowledge and clinical acumen gained through both study and experience.

Membership or Fellowship may be awarded in General Dental Practice, or in Specialist Dental Practice where disciplines include:

- Endodontics;
- Orthodontics;
- Periodontics;
- Paediatric dentistry;
- Prosthodontics;
- Oral medicine;
- Special needs dentistry;
- Dental public health; and
- Dento-maxillofacial radiology surgery.

Successful completion of Fellowship in oral and maxillofacial surgery is a requirement for registration as an oral and maxillofacial surgeon in Australia and New Zealand.

## MRACDS (GDP)

The MRACDS (GDP) program offers formal continuing education with the College delivered through flexible, self-directed study. It is a two-year program with modules covering:

- Practice management, law, ethics and risk management;
- Medical emergencies;
- Infection control;
- Therapeutics in dentistry, pain and pain management;
- Diagnosis and treatment planning; and
- Clinical examination technique and dental imaging.

In addition, three electives are selected from:

- Restorative dentistry and prosthodontics;
- Dentoalveolar surgery;
- Endodontics;
- Periodontics;
- Paediatric dentistry and orthodontics; and
- Oral medicine, oral pathology and special needs dentistry.

The Primary Dental Sciences (PDS) Examination is one pathway towards Fellowship (GDP) but is often advantageous when applying for entry into a specialty training program.

To find out more about Royal Australasian College of Dental Surgeons courses or the MRACDS/FRACDS programs, contact:

Phone: 02 9262 6044 or 1800 688 339

Visit: [racds.org](http://racds.org)

For more information on pursuing a career as a specialist – see pages 71–72.

## Specialties

Dental specialists limit the scope of their practice to a field in which they have obtained additional formal qualifications. You must have practised general dentistry

for at least two years to be eligible to apply for a specialist training program in Australia.

To find out more about the registration of specialists, visit [dentalboard.gov.au](http://dentalboard.gov.au).

### Dental specialties and approved programs of study recognised by the Dental Board of Australia

Specialisation	Definition	Approved Programs of Study
Dento-maxillofacial radiology <ul style="list-style-type: none"> <li>Dento-maxillofacial radiologist</li> <li>Oral and maxillofacial radiologist</li> <li>Dental radiologist</li> </ul>	Diagnostic imaging procedures applicable to the hard and soft tissues of the oral and maxillofacial region, and to other structures that are relevant for the proper assessment of oral conditions.	Doctor of Clinical Dentistry in Dento-Maxillofacial Radiology (3 years) <ul style="list-style-type: none"> <li>University of Queensland</li> <li>University of Western Australia</li> </ul>
Endodontics <ul style="list-style-type: none"> <li>Endodontist</li> </ul>	The morphology and pathology of the pulpo- dentine complex and periradicular tissues. Its study and practice encompasses the basic clinical sciences including the biology of the normal pulp, and the aetiology, diagnosis, prevention and treatment of diseases and injuries to the pulp and associated periradicular tissues.	Doctor of Clinical Dentistry in Endodontics (3 years) <ul style="list-style-type: none"> <li>University of Adelaide</li> <li>Griffith University</li> <li>University of Melbourne</li> <li>University of Queensland</li> <li>University of Western Australia</li> </ul>
Forensic odontology <ul style="list-style-type: none"> <li>Forensic odontologist</li> <li>Forensic dentist</li> </ul>	The branch of dentistry that is involved with the examination and evaluation of dental evidence, which may then be presented in the interests of justice. Forensic odontologists are involved in: <ul style="list-style-type: none"> <li>identification of unknown human remains</li> <li>identification of unknown deceased individuals following mass disasters</li> <li>examination and assessment of bite mark injuries</li> <li>examination and assessment of facial injuries following assault or trauma</li> <li>age assessment of both living and deceased persons</li> <li>examination and assessment of child abuse injuries</li> <li>civil cases involving malpractice and fraud allegations</li> </ul>	Fellowship of the Faculty of Oral and Maxillofacial Pathology (5 years) <ul style="list-style-type: none"> <li>Royal College of Pathologists of Australasia (RCPA)</li> </ul>
Oral and maxillofacial surgery <ul style="list-style-type: none"> <li>Oral and maxillofacial surgeon</li> </ul>	The diagnosis and surgical and adjunctive treatment of diseases, injuries and defects of human jaws and associated structures.	Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) (5 years) <ul style="list-style-type: none"> <li>Royal Australasian College of Dental Surgeons (RACDS)</li> </ul>
Oral and maxillofacial pathology <ul style="list-style-type: none"> <li>Oral/Oral and Maxillofacial pathologist</li> </ul>	The nature of diseases affecting the oral, maxillofacial and adjacent regions.	Fellowship of the Faculty of Oral and Maxillofacial Pathology (5 years) <ul style="list-style-type: none"> <li>Royal College of Pathologists of Australasia (RCPA)</li> <li>Doctor of Clinical Dentistry in Oral Pathology (3 years)</li> </ul> Doctor of Clinical Dentistry in Oral and Maxillofacial Pathology (3 years) <ul style="list-style-type: none"> <li>University of Adelaide</li> </ul>
Oral medicine <ul style="list-style-type: none"> <li>Specialist in oral medicine</li> <li>Oral medicine specialist</li> </ul>	The oral healthcare of patients with chronic and medically related disorders of the oral and maxillofacial region and with their diagnosis and nonsurgical management.	Doctor of Clinical Dentistry in Oral Medicine (3 years) <ul style="list-style-type: none"> <li>University of Melbourne</li> <li>University of Queensland</li> <li>University of Western Australia</li> <li>University of Sydney</li> </ul>



Specialisation	Definition	Approved Programs of Study
Oral surgery <ul style="list-style-type: none"> <li>• Oral Surgeon</li> </ul>	The branch of dentistry that provides full range of surgery services to manage oral diseases including appropriate oral surgical management of the medically compromised patients, diagnosis and management of oral pathology.	Doctor of Clinical Dentistry in Oral Surgery (3 years) <ul style="list-style-type: none"> <li>• University of Sydney</li> </ul>
Orthodontics <ul style="list-style-type: none"> <li>• Orthodontist</li> </ul>	The supervision, guidance and correction of the growing and mature dentofacial structures; it includes the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures.	Doctor of Clinical Dentistry in Orthodontics (3 years) <ul style="list-style-type: none"> <li>• University of Adelaide</li> <li>• University of Melbourne</li> <li>• University of Queensland</li> <li>• University of Sydney</li> <li>• University of Western Australia</li> </ul>
Paediatric dentistry <ul style="list-style-type: none"> <li>• Specialist in paediatric dentistry</li> <li>• Paediatric dentist</li> <li>• Paedodontist</li> </ul>	The preventive and therapeutic oral health care for children from birth through to adolescence and those with special needs. It includes management of orofacial problems related to medical, behavioural, physical or developmental disabilities.	Doctor of Clinical Dentistry in Paediatric Dentistry (3 years) <ul style="list-style-type: none"> <li>• University of Melbourne</li> <li>• University of Sydney</li> <li>• University of Western Australia</li> </ul>
Periodontics <ul style="list-style-type: none"> <li>• Periodontist</li> </ul>	The prevention, diagnosis and treatment of diseases or abnormalities of the supporting tissues of the teeth and their substitutes.	Doctor of Clinical Dentistry in Periodontics (3 years) <ul style="list-style-type: none"> <li>• University of Adelaide</li> <li>• Griffith University</li> <li>• University of Melbourne</li> <li>• University of Queensland</li> <li>• University of Sydney</li> <li>• University of Western Australia</li> </ul>
Prosthodontics <ul style="list-style-type: none"> <li>• Prosthodontist</li> </ul>	The branch of dentistry that deals with the restoration and maintenance of oral health, function and appearance by coronal alteration or reconstruction of the natural teeth, or the replacement of missing teeth and contiguous oral and maxillofacial tissues with substitutes.	Doctor of Clinical Dentistry in Prosthodontics (3 years) <ul style="list-style-type: none"> <li>• University of Adelaide</li> <li>• University of Melbourne</li> <li>• University of Queensland</li> <li>• University of Sydney</li> <li>• University of Western Australia</li> </ul>
Public health dentistry (Community dentistry) <ul style="list-style-type: none"> <li>• Specialist in public health dentistry</li> </ul>	The branch of dentistry that is concerned with oral health education of the public, applied dental research and administration of dental care programs including prevention and control of oral diseases on a community basis.	Master of Dental Public Health (1 year FT) <ul style="list-style-type: none"> <li>• University of Sydney</li> </ul>
Special needs dentistry <ul style="list-style-type: none"> <li>• Specialist in special needs dentistry</li> </ul>	The branch of dentistry that is concerned with the oral health care of people with an intellectual disability, medical, physical or psychiatric conditions that require special methods or techniques to prevent or treat oral health problems or where such conditions necessitate special dental treatment plans.	Doctor of Clinical Dentistry in Special Needs Dentistry (3 years) <ul style="list-style-type: none"> <li>• University of Adelaide</li> <li>• University of Melbourne</li> <li>• University of Queensland</li> <li>• University of Sydney</li> </ul>

## Affiliates

Listed below are the special interest groups that the ADA recognises as affiliates. A brief description of each can be found at [ada.org.au](http://ada.org.au).

**Academy of Australian & New Zealand Prosthodontists**  
Visit: [aanzp.com.au](http://aanzp.com.au)

**Australasian Academy of Paediatric Dentistry**  
Visit: [aapd.org.au](http://aapd.org.au)

**Australian & New Zealand Academy of Endodontists**  
**Australian & New Zealand Academy of Periodontists**  
Visit: [anzap.org.au](http://anzap.org.au)

**Australian and New Zealand Association of Oral and Maxillofacial Surgeons**  
Visit: [anzaoms.org](http://anzaoms.org)

**Australian and New Zealand Academy of Special Needs Dentistry**  
Visit: [anzasnd.org](http://anzasnd.org)

**Australian & New Zealand Society of Paediatric Dentistry**  
Visit: [anzspd.org.au](http://anzspd.org.au)

**Australian Prosthodontic Society Inc.**  
Visit: [prosthodontics.com.au](http://prosthodontics.com.au)

**Australian Society of Endodontology**  
Visit: [ase.org.au](http://ase.org.au)

**Australian Society of Orthodontists**  
Visit: [aso.org.au](http://aso.org.au)

**Australian Society of Periodontology**  
Visit: [asp.asn.au](http://asp.asn.au)

**Oral Medicine Academy of Australasia**  
Visit: [omaa.com.au](http://omaa.com.au)

**Australian Society of Forensic Odontology**  
Visit: [ausfo.org.au](http://ausfo.org.au)

**Academy of Dentistry International**  
Visit: [adint.org](http://adint.org)

**Australian Central Association of Dentists**  
Visit: [acadconferences.com.au](http://acadconferences.com.au)

**Australasian Osseointegration Society Ltd**  
Visit: [aos.org.au](http://aos.org.au)

**Australian Society of Dental Anaesthesiology**  
Visit: [asda.net.au](http://asda.net.au)

**Australian Society of Implant Dentistry**  
Visit: [asid.org.au](http://asid.org.au)

**Australian Society of Special Care in Dentistry**  
Visit: [asscid.org.au](http://asscid.org.au)

**International College of Dentists (Australasian Section)**  
Visit: [icd.org](http://icd.org)

**Pierre Fauchard Academy**  
Visit: [fauchard.org](http://fauchard.org)

**The Australasian Association of Orofacial Orthopaedics**  
Visit: [ada.org.au/About/Affiliates/Australasian-Association-of-Orofacial-Orthopaedics](http://ada.org.au/About/Affiliates/Australasian-Association-of-Orofacial-Orthopaedics)

**Australasian Sleep Association**  
Visit: [sleep.org.au](http://sleep.org.au)

## Referral networks

### Building networks

From time to time, situations will arise where the clinical procedures and patient management skills required are beyond your scope of training and expertise.

Typically, such cases may be referred to a more experienced clinician, or those with specialist training. It's useful to consider who you might refer cases to so that you are prepared when the need arises.

### Sources for a referral network

Both the 'Find a Dentist' tool at [ada.org.au](http://ada.org.au) and [Peer.org.au](http://Peer.org.au) allow you to search for ADA member dentists across Australia. Ask your colleagues about their own referrals.

In some cases, you may wish to either meet with the specialist or send an introductory letter telling them about your practice location and asking for their permission to refer cases. This may also be a good opportunity to seek information regarding their requirements for referred cases and any referral forms/systems.

For example, some specialists will require certain radiographs prior to treatment and so including these with referral information may expedite patient care.

Some will be happy to accept a faxed referral form or even an email, whilst others will require a traditional posted referral letter. Some will have template referral pads for you to complete, however, for more complex cases you may wish to write a letter with further details of the case.

Providing the relevant information when referring will mean a more efficient patient transfer and treatment. Remember that all letters leaving your surgery including template referrals and even lab slips are like a business card to your colleagues.

If you are not confident in your written communication skills, you may wish to have a colleague or practice staff member review your documents before sending these so that all correspondence reflects well on your professional standards.

**Important:** When referring patients for ongoing care, it's important to be aware of your responsibilities for maintaining privacy. For more information, go to [ada.org.au/privacy](http://ada.org.au/privacy). You can also search [ada.org.au](http://ada.org.au) for Policy Statement 5.12 on dentistry, privacy and confidentiality. If you're sending patient information by email, ensure you're aware of data security and privacy laws. You can find more information at [ada.org.au/data](http://ada.org.au/data).

### What to include in a referral letter

Relevant information typically includes:

- date of letter;
- your name and qualifications as the referring practitioner;
- location and contact details of your practice;
- the specialist's practice location and contact details;
- three patient identifiers (e.g. name, date of birth, address);
- patient contact details;
- relevant medical history (medical conditions, allergies, medications);
- specific condition for which you are referring the patient and what you would like the specialist to do. For example, 'Diagnosis/second opinion regarding origin of pain in upper right molar region versus treatment of chronic apical periodontitis affecting tooth 26';
- background to the condition (history of complaint, diagnostic tests, treatment attempted);
- important contextual dental information. For example, 'The patient wears a partial denture, therefore the final restoration will need to be retrofitted to this appliance'; and
- an invitation for the specialist to contact you if they wish to discuss the patient's treatment further.

## Dental laboratories

Every experienced dentist will tell you how important it is to have an excellent dental technician. You can engage the assistance of a dental technician in your workplace, utilise a local dental laboratory or contact your local dental prosthetist to assist with the manufacture of your dental appliance (medical device). A good dental lab will often be the difference between average and excellent dentistry. If you are working in a practice where you can choose, here are some tips on how you can find the right one.

When it comes to choosing a lab, it's helpful to remember the 3 Cs:

- Communication
- Consistency
- Cost.

### Communication

Good and clear communication with your dental technician is critical. It can impact the productivity of your working relationship and the outcomes you provide your patients. As with any good relationship, that of a laboratory technician and dentist should be based on mutual respect. This includes respect for each other's skills and communicating respectfully when delivering instructions or raising questions or concerns.

As a new graduate, it's useful to select a laboratory and technician(s) willing to teach and advise you on materials and products. Similar to finding a dentist mentor, consider developing a relationship with a laboratory that will accelerate clinical proficiency and scope of practice during your first years of practice. (Please note that if you work for a practice, you may be required to use a specific laboratory.)

To get an idea of whether your communication styles and dental philosophies will be compatible, ask the laboratory some basic questions about the materials and procedures used. As part of the *Therapeutic Goods Act 1989 (Cth)* and *Therapeutic Goods (Medical Devices) Regulations 2002* those responsible for manufacturing medical devices (in this case your dental laboratory/dental technician) are required to provide evidence of compliance with the Essential Principles. It is therefore highly recommended you source an Australian dental laboratory and ask for proof of compliance which could include a written statement highlighting that your dental laboratory is aware of and is compliant with the Essential Principles framework.

Laboratories with written technical guides often provide the clearest guidelines for shared reference and clearer understanding. You will receive respect from your laboratory and support from your technician if provide them with detailed requests, rather than expecting them to work from abbreviated notes.

The foundation of a good relationship is to set expectations at the beginning and address any conflict as soon as it arises.

## Tips

- Complete the Laboratory Contacts template to compare and track your laboratory options (see resources at [ada.org.au](http://ada.org.au)).
- Ask other dentists which technicians they use for certain procedures.
- Ensure your laboratory is manufacturing within Australia and ask for evidence of compliance with the Essential Principles.
- Look for a laboratory willing to provide support and guidance.
- Arrange a visit to the laboratory your practice uses.
- Make sure the laboratory is using materials that conform to ISO standards and the TGA Medical Device Regulations (i.e., the materials used in the manufacturing of medical devices are listed on the Australian Register of Therapeutic Goods).
- Make sure the laboratory is clean and organised with efficient systems and current technology.
- Make sure the laboratory/technician has extensive product knowledge and an enthusiasm for sharing it.
- Make sure your laboratory/technician are aware of and comply with current infection control standards and guidelines.
- Set shared expectations for the relationship.
- Troubleshoot any issues with the technician.
- Be clear about liability for substandard work.

## Consistency

Everyone has a bad day now and then, but having good procedures in place will stop a bad day in the laboratory from affecting your patient.

Poor quality work will become evident over time so to determine which laboratories produce consistently good quality work, ask dentists with 10+ years' experience which laboratories they use.

If you do have a problem, work with the technician to troubleshoot it; some issues can arise at the clinical level and you may need to consider your procedures such as impression-taking techniques.

However, if laboratory work standards are unpredictable or frequently unsatisfactory, it's better to look for a more reliable laboratory.

A good laboratory will usually stand behind the quality of its materials and products by offering to take some degree of responsibility if certain standards are not met.

It is advisable you work with your laboratory/technician to determine in writing what occurs when there is an issue with the quality of work and how these issues can be resolved.

## Cost

Although cost is important, you should look for value. This means considering:

- Materials and technology are being used;
- Training and expertise of the laboratory staff;
- If quality control procedures are in place;
- If any warranty or replacement policies exist;
- What shipping/transport charges are involved; and
- The overall quality of the appliance/restoration typically produced.

## How to handle problems

To minimise patient dissatisfaction should there be a problem, discuss the possibility of problems with the patient beforehand, and explain that all dental devices including crowns, bridges, and implants all have a finite lifespan and will need to be replaced at some point for a cost (part of your informed consent discussion with your patient). Orthodontic and orthotic devices such as retainers, splints, and sleep devices will last for a shorter period again and will require more regular check-ups and replacement at some point for a cost. Explain that the insertion procedure is a 'try-in' and if there are any concerns, further amendments may need to be made to ensure the best result. The patient will have a better understanding of the process and appreciate these exacting standards.

If there is a problem, don't blame the laboratory in front of the patient, it will undermine the patient's confidence in the process. Look objectively at why the work is not meeting expectations – capture this with pictures, descriptions, a new impression/scan, or anything else that is likely to help the laboratory to rectify the problem. Note that a new impression or scan will often explain why the device is not fitting or meeting your expectations and will be greatly appreciated by the laboratory as it provides a means to elimination.

## What to ask for

Make sure you know what details the laboratory will need when you request a job. Most will have pre-formatted slips, but some laboratories are more prescriptive than others. If the laboratory slip is vague or you are not sure what details are needed, ask. We recommend you keep a copy of your laboratory slips in your patient records to help meet your record keeping and medical device obligations.

Understanding the material and design options available will optimise patient outcomes and significantly improve communications between you and the laboratory.

Note that instructions to and communications with laboratories form part of the dental record and must be recorded and maintained.

If you are unsure, other dentists in your practice may be able to give some guidance. Importantly, ask the laboratory to contact you if there are any questions about the job. For more complex cases, leaving a direct contact number is always appreciated. Your dental technician will be able to communicate effectively via text and allow for better time management on both sides. This will provide useful feedback as well as ensuring the job is correct.

Be aware of laboratory turnaround times. This could differ between procedures and it's your responsibility to book patients according to the pre-agreed laboratory time so that jobs are not rushed. Some laboratories may require you to book laboratory work ahead of time.

It's also important to understand the requirements of the laboratory/technician you are working with for each procedure.

Make sure you provide everything required in order to achieve a good result. For example:

- Does the lab require a full arch impression as well as the quadrant involved?
- What bite registration records are required?
- What is the shade system to which you will both be referring?
- Do they prefer digital scans? and
- Do they require photographs for certain cases?

Being clear on their requirements will also give you an insight into the laboratory's standards and their ability to provide the support you need when starting in practice. A good laboratory will be able to provide significant assistance on what procedures and materials are currently being used by experienced clinicians, which can take a lot of the guesswork and stress out of increasing your clinical scope.

If there is a problem with any of your cases, it's important to review the records you are sending to the laboratory and ask if any changes need to be made to the laboratory request protocol (for example, additional records) to help prevent future complications.

## Tips

When you are choosing a laboratory, ask what specific details they need for each procedure, then create a completed laboratory slip as a reference, especially for procedures that are infrequent or new to you. Check with the laboratory that your reference slip meets their needs.

Laboratory slips may be sent either with the physical impressions or via a digital portal or download. A laboratory slip is critical and will flow through each step of the device construction process. Generally, laboratory slips will include:

- Patient name;
- Dentist name;
- Practice location;
- Submission date;
- Restoration/appliance type;
- Materials/protocols you wish to be used;
- Design elements to be integrated including as much information as possible about shade and characterisations required and detail any special considerations or limitations;
- What records have been sent to the laboratory, for example, digital impression, PVS impression, bite registration, photos;
- What to do if there is a problem (call/email/send an image);
- What stage of work you expect back from the laboratory. For example, do you want a try-in with teeth or are you going straight to a finish;
- When work is required to be returned to your clinic;
- Decontamination/disinfection method of all materials transported to the dental laboratory (and are packaged/labelled accordingly); an

Make sure you keep a copy of these requests with the patient file.

## TGA changes

The Therapeutic Goods Administration (TGA) changed the law relating to patient-matched medical devices in 2021, including what must be registered on the Australian Register of Therapeutic Goods. The ADA worked closely with the TGA to limit the impact to dentists of the legislative changes, and has prepared the web page – [ada.org.au/Campaign/TGA](http://ada.org.au/Campaign/TGA) – summarising how to approach the new requirements.

## Top 10 tips from the laboratory

### 1. Ensure your finishing lines are visible

Regardless of what type of fixed restoration you are creating (metal, porcelain-fused-to-metal or PFM, all-ceramic, Zirconia, EMAX etc.) it's critical that smooth and visible margins are captured in the impression. The type of finish (bevel, shoulder, chamfer) will depend on the type of restoration you are planning. If you are unsure, ask.

### 2. Reduction should be adequate for material thickness and occlusal and labial contours

Most dentists are very conscious of being as conservative as possible when it comes to removal of tooth structure in preparation for a restoration. There is a point at which inadequate reduction creates a compromise in the restoration quality since it will mean the restorative material will need to be thinner than desired or over-contoured to compensate for the inadequate space.

If you are unsure about how much space is required for the technician to create an aesthetic and functional result, ask the laboratory.

### 3. Capture accurate impressions, scans and occlusal records

The laboratory needs an accurate impression of the preparation, the opposing teeth, and a registration of how these interrelate. The laboratory requires accurate records. Take care when taking impressions and scans. The following considerations should be made:

- Ensure there is no excessive saliva present.
- Ensure there are no defects in critical areas
- Ensure sufficient surrounding anatomy is recorded.

- Ensure the impression has not pulled from the tray when removing from the mouth. Use of a tray with locking retention slots is preferable. Test by pressing gently in the lingual areas.
- Ensure the bite has been recorded

One of the simplest ways to obtain a bite registration to assist with articulation is with a polyvinyl siloxane (PVS) bite registration in the preparation area after the preparation is completed.

### 4. Don't send alginate impressions in the post

It's best to pour up alginate impressions (using a vibrating platform +/- vacuum machine to eliminate air bubbles) prior to sending. This avoids the problem of wet impressions (and a sopping laboratory slip) becoming subject to loss of detail, distortion, and a poor resulting restoration. If you can't pour up models in your practice, select a dimensionally stable PVS material to send instead of alginate, or alternatively consider using scans.

### 5. Get to know your dental materials

All dental materials have strengths and weaknesses. It's in the patient's best interest (and yours too) that care is taken when choosing the best material for each situation. It is also important you are aware of the current medical device regulations in place; generally this will mean the materials your dental laboratory/technician use must be approved for use and are listed on the *Australian Register of Therapeutic Goods*. If you are planning on outsourcing any of your laboratory work overseas please contact your local ADA Branch to discuss your legal requirements under this.

It's critical that thought is given not only to aesthetics but also to the functional occlusal considerations particular to each case. If you are uncertain of what is the best choice, ask your laboratory to help with this decision.



## 6. Make quality temporary restorations

Poor temporaries can cause periodontal inflammation, fracturing or loss of temporary crowns, which can allow margins to become covered, adjacent teeth to migrate and opposing teeth to over erupt. To save time and trouble at the cementation stage, ensure you create a quality temporary restoration.

## 7. Give the lab sufficient time

Ensure the time you provide the laboratory is sufficient to receive, process, and return a quality restoration without rushing. If you have created a sound temporary restoration, there is no difference in waiting two versus three weeks for laboratory work to be returned. If you're not sure how long they need, ask the laboratory.

## 8. Send both pre-op and preparation photographs along with a descriptive lab slip

In general, the more information you can provide the laboratory with, the better. Photographs are an excellent communication tool. Sending both pre and intra-operative photographs of the region to be restored (along with a photograph of a shade tab) is an excellent way to ensure the laboratory is aware of aesthetic considerations in the case.

Be as descriptive as possible when describing what you want to achieve. 'A3 PFM' is not adequate detail. Consider the desired shoulder features, embrasure design, occlusion, and characterisation to ensure that what you wish to achieve is clear to the laboratory.

## 9. Be contactable

All laboratories will appreciate that you are busy, but at times it's critical that case characteristics are discussed prior to work proceeding. To avoid compromises in quality and turnaround time, be available to talk to your laboratory whenever possible. Consider some communication via text as this may allow better time management for both the technician and practitioner.

## 10. Pay your bills on time

Many laboratories are small businesses and rely on cash flow to stay operational. Just as you expect your patients to pay promptly for the services you provide, so too is it respectful and responsible to ensure your laboratory fees are met so that the laboratories you use can continue to provide you with a high standard of work.

# Dental Prosthetists

Dental prosthetists work as independent practitioners and focus on the assessment, treatment, management, and provision of patient-removable prostheses, including implant, retained overdentures, and flexible mouthguards for sport. This may also include taking impressions and records for manufacturing splints, stents, sleep apnoea or anti-snoring devices, and immediate dentures.

Dental Prosthetists begin their careers as dental technicians before completing more training, e.g. an Advanced Diploma in Dental Prosthetics or a Bachelor of Oral Health in Dental Prosthetics.

Dental prosthetists are registered nationally with the Dental Board of Australia, the same board that registers dentists, dental hygienists, dental therapists, oral health therapists, and dental specialists. They are subject to the same registration requirements, guidelines, and *Code of Conduct* as other members of the dental team.

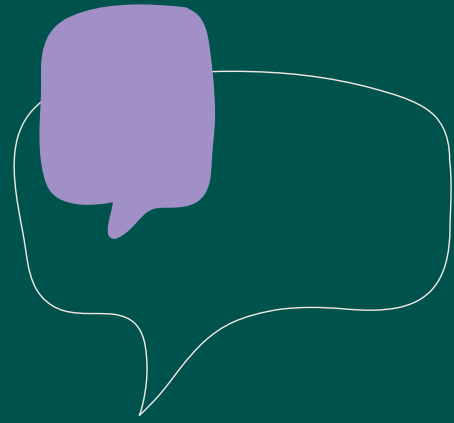
Dental prosthetists have been active members of the oral health workforce for many years and are engaged in the public and private sectors. They are members of the dental team who exercise autonomous decision-making within their particular scope of practice.

Dental prosthetists maintain strong professional relationships with other practitioners and divisions and work as part of a cohesive dental team to provide the highest levels of care for their patients. They often work within dental practices, engage dentists to work within their denture clinics or have reciprocal referral arrangements in place with their local dentist.

The Australian Dental Prosthetists Association (ADPA) is the peak body representing the interests of Australian dental prosthetists; its purpose is to advance the profession of dental prosthetists and to support the interests of members. The services of a dental prosthetist may benefit your practice and patients for their prosthetic needs.

Should you wish to find a local dental prosthetist please visit the ADPA website, [adpa.com.au](http://adpa.com.au), and search for the section 'Find a Dental Prosthetist', or for 'Contact Us'.

For more information about the work of a prosthetist search for 'prosthetist' at [ada.org.au](http://ada.org.au).



Peer is a safe place to connect,  
discuss, share and seek advice  
from fellow ADA members



Share clinical cases



Discuss CPD and  
connect with the  
speakers themselves



Safe and supportive  
for students and  
recent graduates



Every member of  
peer is a verified  
ADA member

## Welcome to Peer.

Peer is an exclusive ADA member community, providing you with endless opportunities to ask questions, share information and get answers in a non-toxic, mutually supportive environment.

Since it's restricted to just ADA members, anything you post in Peer is secure, giving you the confidence that what you share and say stays solely among trusted colleagues.

And you don't just have to talk about dentistry! While we expect you'll want to get input on cases and discuss professional matters, we hope you also feel free to talk about anything else that interests you! Think pop culture, cars, current events - it's all fair game.

Above all, Peer is your space.

DELIVERED BY







## Peer networking

Networking should be an integral part of every dental graduate's life.

It offers the opportunity to form strong and lasting professional relationships with your peers and make connections that encompass both personal support and friendship, and the exchange of professional insights.

These connections take place year-round in a multitude of situations from the ADA member-only online community, *Peer.org.au*, to ADA study clubs through to CPD sessions and conferences and events such as the World Dental Congress (FDI) and the Australian Dental Congress.

### World Dental Congress (WDC)

The WDC is a flagship event for FDI World Dental Federation, strengthening ties and fostering collaboration within the global oral health community. Held under the theme '*A passion for many, a commitment for all*', the WDC offers a unique opportunity to meet with leaders within the oral health profession from around the globe. To advance the art and science of dentistry, this annual event delivers a cutting-edge scientific program, interactive forums, and a dental exhibition attended by the most prominent figures in the dental industry. The next WDC will be held in September 2023 in Sydney. For more information go to [fdiworlddental.org](http://fdiworlddental.org).

### Peer.org.au

Launched in 2021, the ADA's *Peer.org.au* is a great place to connect, share, discuss and debate with your peers. Open only to ADA members, *Peer.org.au* gives you the opportunity to ask questions of fellow dentists whom you might not otherwise have a chance to meet or talk to. That's something that can come in handy at any stage of your career but particularly when you are starting out and you should take every chance to make the most of this unique networking platform.

One of the key attractions of Peer is that because it is open only to members, you can feel free to discuss anything and everything, knowing you have colleagues from around Australia there to support and mentor you. The great part is the discussions don't have to be limited to dentistry. While you'll naturally want to talk about cases and discuss professional matters, you should feel free to launch conversations about whatever interests you.

### ADA face-to-face events

Each ADA state/territory office around Australia runs a range of events for members. These are a great way of keeping in touch with both your peers and your profession. The number of face-to-face events may vary from state to state and can range from CPD to social and even sporting events.

Keeping in touch with your state/territory office and attending their events is a great way to engage and be part of your profession.

### Social media

The immediacy and broad reach of social media make it a valuable networking and information tool, particularly in your early career.

Keeping up to date is a challenge. With emails flooding your inbox and little time to keep up, social media can be a good way to stay in touch with what's happening in the profession.

In this space, you have the opportunity to browse online forums devoted to dentistry, where the majority of content contributors are dental professionals. Examples include *Peer.org.au* and Instagram. There is a multitude of other smaller and public groups where a diverse range of practitioners discuss everything from technology to indemnity and post difficult cases.

Hold in mind that the views expressed on these sites are those of the individual contributor and should be treated with some caution. If you are unsure on any issue, contact your state/territory ADA office for advice.

Make sure you follow the ADA's social media profiles for accurate and up to date information:

 [Facebook.com/AustralianDentalAssociation](https://www.facebook.com/AustralianDentalAssociation)

 [@Aus\\_dental](https://twitter.com/Aus_dental)

 [linkedin.com/company/australian-dental-association-inc-/](https://www.linkedin.com/company/australian-dental-association-inc/)

 [@australiandentalassociation](https://www.instagram.com/australiandentalassociation)

## HELP / HECS DEBT

### Not the bargain you thought it was

A Higher Education Loan Program (HELP) debt is commonly touted as the cheapest debt you will ever have, and one that can stay at the back of your mind as you focus on your career or reducing other, more costly debts, such your mortgage or car loan. In fact, HELP debt can be one of the most tolerable to incur, as it is an investment in yourself and your ability to earn an income will always pay the best dividends.

As a graduate dentist it can be daunting to consider that potentially \$180,000 or more in student loans will need to be repaid, when there is nothing tangible to show for it (other than a piece of paper to hang on your wall). Importantly, things are quickly changing in a post-COVID-19 world and sitting on your HELP debt whilst pursuing other financial goals may not be the 'no brainer' it once was.

#### **To understand why, you must first understand how the HELP system works**

Eligible students can receive funding from the Government, up to a limit, for their higher education studies. But there is no such thing as a free lunch and, like all debts, HELP debt must eventually be repaid.

Your requirement to begin repaying this debt is income assessed, so the more you earn, the more you must repay each year. Starting from an income of \$48,361 per annum (net of expenses, but before tax), you will gradually begin repaying your HELP debt to the Australian Taxation Office (ATO). This will automatically be factored into your tax return and PAYG payments as an additional tax charge.

As your income increases, your minimum required repayment each year also increases, as outlined (on page 82).

The elephant in the room is if your taxable income is more than \$180,000 p.a. (which some graduate dentists can quickly achieve), then for each additional dollar earned, the tax payable is 47 cents including Medicare. Once your HELP debt is accounted for, your take home pay reduces to 43 cents for every additional dollar earned. Budding young dentists are often caught off-guard by their HELP repayment obligation and it's essential for any dentist to seek guidance from their accountant in this space, to avoid situations where they unexpectedly have to find \$20,000 on short notice, to give to the ATO.

It does not end there, though; carrying a HELP debt doesn't simply reduce your cash in hand from every client billing, it also restricts your borrowing capacity, because a reduction in your take-home pay reduces your ability to service a loan (therefore limiting your ability to buy property or start a practice). For example, if you are earning \$180,000 p.a., a HELP debt could potentially reduce your take-home pay by 15% and, by extension, reduce your borrowing capacity for a principal place of residence by up to \$300,000, based on current mortgage rates.

On the other hand, dentistry is the highest paying industry in Australia for graduates, which affords you opportunities and experiences that many people twice your age must build towards. The world is your oyster, so it is time to get serious about your financial planning.



Taxable income p.a.	Repayment rate - % of pre-tax annual income	Minimum repayment p.a.	Maximum repayment p.a.	Monthly cost of upper threshold
<b>Below \$48,361</b>	nil			
<b>\$48,361 – \$55,836</b>	1.0%	\$484	\$558	\$47
<b>\$55,837 – \$59,186</b>	2.0%	\$558	\$1,184	\$99
<b>\$59,187 – \$62,738</b>	2.5%	\$592	\$1,568	\$131
<b>\$62,739 – \$66,502</b>	3.0%	\$627	\$1,995	\$166
<b>\$66,503 – \$70,492</b>	3.5%	\$665	\$2,467	\$206
<b>\$70,493 – \$74,722</b>	4.0%	\$705	\$2,989	\$249
<b>\$74,723 – \$79,206</b>	4.5%	\$747	\$3,564	\$297
<b>\$79,207 – \$83,958</b>	5.0%	\$792	\$4,198	\$350
<b>\$83,959 – \$88,996</b>	5.5%	\$840	\$4,895	\$408
<b>\$88,997 – \$94,336</b>	6.0%	\$890	\$5,660	\$472
<b>\$94,337 – \$99,996</b>	6.5%	\$943	\$6,500	\$542
<b>\$99,997 – \$105,996</b>	7.0%	\$1,000	\$7,420	\$618
<b>\$105,997 – \$112,355</b>	7.5%	\$1,060	\$8,427	\$702
<b>\$112,356 – \$119,097</b>	8.0%	\$1,124	\$9,528	\$794
<b>\$119,098 – \$126,243</b>	8.5%	\$1,191	\$10,731	\$894
<b>\$126,244 – \$133,818</b>	9.0%	\$1,262	\$12,044	\$1,004
<b>\$133,819 – \$141,847</b>	9.5%	\$1,338	\$13,475	\$1,123
<b>\$141,848 and above</b>	10.0%	\$1,418	Total loan balance	

Note: These numbers reflect 2022/23 financial year rates.

## Where will doing nothing get you?

As your HELP debt is one of the cheapest debts you will be responsible for, it does not attract a traditional interest charge and you do not need to repay the Australian Government for the privilege of borrowing its money in the same way that you would pay interest to a bank. However, the loan balance will increase each year with the Consumer Price Index (CPI), in line with the increase to the general cost of living in Australia.

Therefore, your HELP debt retains its value in today's dollars, meaning the nominal amount of the debt may be higher in 10 years if you do not repay it, but the amount owed relative to the general cost of goods and services should remain mostly unchanged. Historically, HELP debt balances have increased at the rates shown in the table opposite for each year between 2012 and 2021.

If you ignore your HELP debt and let it tick away in the background, it will still be repaid in time, potentially 10–12 years for graduate dentists who are able to eventually work themselves into a 40% SFA. While this seems like half a lifetime, it is in fact perfectly manageable for most dentists as dentistry is an industry that provides a comfortable income and growth, and business opportunities are plentiful. However, given the quantum of the debt, knowing your options and making smart financial decisions to ensure it does not snowball into other issues is important.

## What should you do?

Everyone is different and your course of action should be driven by your needs, objectives and personal circumstances.

On face value, making tax-deductible super contributions provides the best bang for buck, due to the risk-free, upfront tax saving. Offsetting this benefit are contribution limits and restrictions on accessing this money before retirement. On the other hand, an investment in yourself and your business should provide excellent returns over time and will likely be the biggest driver of your wealth creation.

Paying down your HELP debt could make financial sense but may make no sense from a lifestyle point of view if it prevents you from going on holidays or buying the BMW M3 you have always wanted – enjoying life's journey is just as important as achieving financial freedom. Alternatively, if you have been saving effectively and do not have much HELP debt outstanding, your best option may in fact be to pay it down entirely, to increase your borrowing capacity for wealth creation purposes or other goals. If this applies to you, you should always consult with your mortgage broker and accountant first, to ensure that you're putting yourself in the best position.

Year	Indexation rate
2021	3.5%
2020	0.9%
2019	1.8%
2018	1.8%
2017	1.9%
2016	1.5%
2015	1.7%
2014	1.7%
2013	2.7%
2012	2.2%

*Note: These numbers reflect ABS data for December CPI rates.*

An essential consideration for your money before making any financial decisions is your need for capital in the short term. For example, if your intention is to buy a practice or to contribute to superannuation as part of a Self-Managed Superannuation Fund (SMSF) commercial property acquisition, whilst simultaneously carrying a significant HELP debt, you should be leaving your money in the bank. The key benefit being the capital guarantee, because any money you contribute to your HELP debt above the minimum payment requirement is locked away forever. In a similar vein, investing in the stock market to get a better return than cash, but with a short-term time horizon, carries significant risks and you could end up with less than what you initially invested, if the market turns against you.

To reiterate, your best course of action should be dictated by what you value, and the personal and financial goals you are trying to achieve.

## What could the future hold?

Interest rates are on the rise in Australia and around the world on the back of higher than expected inflation levels. This has impacted the 30 June indexation of people's HELP debt with a 3.9% increase for the 2022 financial year. However while this rate might be higher than current mortgage rates (as at July 2022), that soon may not be the case as we are seeing rates rising every month. At some point the inflation rate will begin to 'roll-off' and mortgage rates will remain higher. Generally, the inflation rate should normally be lower than mortgage rates which makes repaying a mortgage and other debts more beneficial than repaying HELP debt.

There has been a lot of volatility in share markets lately with declines over the course of the 2022 calendar year and expectations that property prices may soon begin to decline too. Looking into the future, it's still likely you will make a reasonable return above inflation if you started investing today despite the risks of seeing investments decline in value in the short term. Getting the timing right isn't so important if you have a long term view and you don't put all your eggs in one basket!

It is worth mentioning that your HELP debt has allowed you to pursue a career with incredible prospects and earning potential.

Focusing on improving your dental skills and working towards your long-term personal and financial objectives will provide a better emotional and financial return than focusing on paying down your HELP debt ever will.

## What are your options?

Should you repay your HELP debt, your mortgage, or is investing in the stock market the way to go? To answer this question, a figure of \$10,000 has been used to illustrate your options in the table.

	Repay tax-deductible debt at 3.5% (e.g. an investment property loan)	Repay your mortgage at 2.6%	Start up your own practice	Make a tax-deductible superannuation contribution and invest through super at 7% p.a.	Invest in your own name at 7% (e.g. through property or shares)	Leave your money in the bank (0.75% interest assumed)	Repay your HELP debt at 3.9% (the most recent indexation rate)
<b>Capital amount</b>	\$10,000	\$10,000	\$10,000	\$10,000 ((\$8,500 after contribution tax))	\$10,000	\$10,000	\$10,000
<b>Capital growth (assume no tax)</b>	n/a	n/a	\$1,000 – \$2,000 (potentially 10% – 20% p.a. return within a few years)	\$297	\$350	n/a	n/a
<b>Interest saved</b>	\$350	(\$250)	n/a	n/a	n/a	n/a	\$390
<b>Net investment income (taxed)</b>	n/a	n/a	n/a	\$297	\$350	\$75	n/a
<b>Tax benefit lost</b>	(\$200)	n/a	n/a	Tax-deduction on superannuation contribution at 47% = \$4,700	n/a	n/a	n/a
<b>Tax payable on income</b>	n/a	n/a	Limited tax to pay on your investment in initial years due to start-up costs incurred and available tax concessions	Contributions tax payable in super at 15% = (\$1,500) Tax on \$297 investment income at 15% = (\$45)	(\$200)	(\$43)	n/a
<b>Net Benefit (\$)</b>	\$150	\$250	\$1,000 – \$2,000	\$3,749	\$500	\$32	\$390
<b>Net Benefit (%)</b>	1.5%	2.5%	10% – 20%	37.5%	5%	0.32%	3.9%
<b>Notes</b>	Repaying tax-deductible debt results in a tax-deduction lost.	Repaying debt provides a risk-free return through the interest saved.	An investment in yourself should always provide the best long-term return.	You can claim a tax deduction for the money you contribute to superannuation (contribution limits apply). However, this money is locked away until retirement.	Investing passively can provide a good long-term outcome, which can be improved further by using appropriate tax structures.	After accounting for tax and inflation, your money sitting in the bank is losing its purchasing power over time.	Depending on your taxable income and personal situation, repaying your HELP debt may not provide the lowest financial outcome.

### Assumptions:

Options outlined apply to an SFA dentist with a taxable income between \$180,000 and \$250,000 per annum with a marginal tax rate of 47% incl. Medicare; HELP debt exists; Long-term passive investment returns through superannuation, shares or property are assumed to be 3.5% capital growth and 3.5% income, net of expenses.

As interest rates continue to rise, we suggest that interest rates for the investment property and private mortgage are reviewed at the time of analysis to ensure that appropriate rates are used for comparison.

# WEALTH CREATION

## The seven levers

This article explores the seven key wealth creation drivers at a dentist's disposal, through both career and personal life. By thinking about these drivers as financial levers, you have the power to cultivate a better financial position in your current stage of life and take appropriate steps towards your ideal retirement position.

Now, let us take a closer look at each of these levers and consider which ones you should pull, and to what extent.

- 1 INCOME
- 2 EXPENSES
- 3 THE INVESTMENT DECISION
- 4 LEVERAGE
- 5 TIME
- 6 STRUCTURING
- 7 LIQUIDITY EVENT

Dentistry is often quoted as one of the highest earning graduate degrees in Australia. For young dentists entering the profession, it can be an enormous lifestyle change to quickly transition from a university student, working casually, to a graduate dentist earning a wage that is well above the Australian median. At this point, the temptation to enjoy life a little too much can get the better of some, and it is not uncommon to see emerging dentists turn up to work in their recently purchased BMW M3, and a significant amount of debt to accompany it.

Importantly, poor financial decision making can snowball if a financial plan and foundation is not established early on. Without proper financial forethought, some of life's largest goals (i.e. home ownership and financial freedom) could take many years longer to achieve than necessary, or potentially never at all.

### 1. Income

As a dental graduate, you are already in the ranks of the highest-earning graduates in Australia, but the journey is just beginning. You now need to consider your future earnings potential and options available to maximise your income potential over your career. The decisions you make today can materially affect your income later in your career. Working more hours or working smarter and more efficiently will help you increase your income initially, but there are only so many hours in a day. Starting out as an employee or on a service commission arrangement is sufficient for most, but there is potential for much more. You may wish to consider undertaking further study to increase your earning potential and employability, such as Endodontics, Periodontics, Orthodontics, Oral Surgery or



Maxillofacial Surgery. Each of these requires a trade-off of your time through additional study (i.e. reduced earnings today) for the reward of future earnings potential.

It is also important to consider the current and future market for your chosen field of specialisation:

- Are new technologies expected to materially alter your chosen field, or make it redundant?
- Is there market saturation?
- What speciality is expected to have increasing future demand?

Alternatively, you may wish to take more of a business-minded path, establishing or purchasing your own dental practice (or multiple practices) to build your own dental empire.

Each of these paths are simple enough on paper, but all come with hours of hard work, late nights of study, planning, and years of dedication. The benefit is obvious, an increased income to allow more choice in lifestyle and greater wealth accumulation.

Ultimately, your chosen journey to retirement could dictate the choice for you, rather than retirement itself. This may mean you do not pursue greater financial rewards, so you can enjoy as much of life today, whilst you are young and healthy. You may choose to remain an employee or a sole trader on a service commission arrangement, in which case the other financial levers available to you will become more important in helping you achieve a financially secure retirement.

## 2. Expenses

This refers to your day-to-day living costs, including your debts (e.g. mortgage and car loan). Any future planning should have a foundation based on your assets, liabilities, income, and expenses. Putting together a household budget can be a confronting task, but it can also be empowering, as it puts you in a better position to make informed decisions around your spending choices.

The starting point is to identify what your spending is, and then categorise it into either fixed expenses (i.e. the non-negotiables such as keeping a roof over your head, food on the table, and other fixed costs to run your household) or discretionary costs (i.e. the fun stuff, such as your lifestyle expenditure on eating out, clothing and holidays).

Reducing your expenses to just the essentials is a more obvious example to help you achieve your long-term financial goals, but this invariably only works for the disciplined few who are prepared to make significant lifestyle sacrifices. There is also a limit on how much you can reduce your living costs. Typically, those who do not keep tabs on their expenditure will find other ways to spend their money as additional cash becomes available.

Dentists who earn income through a service commission arrangement must also be cognisant of, and account for, their mandatory tax obligations. In these arrangements, the practitioner, not the practice, is responsible for handling Pay As You Go (PAYG) tax liabilities (essential) and superannuation (important). High-income earners with an income in excess of \$180,000 may be subject to tax at 57c for each additional dollar earned, once Higher Education Loan Program (HELP) repayments are accounted for. A good accountant will guide you through this and assist you to manage your cash flow successfully.

### 3. Investment (risk/return)

Investing, either passively or actively, is certainly a means to create wealth. However, there are many facets to this. Traditionally, investing would refer to buying property or shares as part of a diversified investment portfolio, with other allocations to bonds, infrastructure, and a number of different asset classes.

However, as a dentist, your greatest investment is likely to be in yourself and your 'investment' success will be dictated by the calculated 'risks' you take in your career, to achieve greater 'returns'. This will ultimately be the biggest driver of your wealth creation.

Similar to traditional investing, the safest route in your career will offer the lowest return: continuing as an employee. This is likely to provide you with a comfortable and secure wage, but it will never place you in the upper echelon of earners within the dental industry. A service commission arrangement carries more risk than working as an employee, as your earnings are self-directed, but this additional risk is typically rewarded by an income boost.

As a sole trader or employee, your initial investment in yourself may be to upskill through time/experience and additional study. From this, your investment decision-making will evolve into considerations for practice ownership, to the cost/benefit of increasing the number of chairs in your practice and then to buying additional practices, amongst other things. However, it's important to know yourself as well as your craft, as not everyone is cut out for business ownership, and taking risks does not guarantee better financial outcomes for everyone.

As a business owner, reducing risks by hiring good staff, having appropriate insurance, and surrounding yourself with a good team of advisers, including accountants, brokers, and financial planners, may come at a higher cost, but will mitigate many of the pitfalls associated with poor or uninformed decision making and will help your practice grow.

Each step in your personal or business progression will have risks and costs to implement, however, your earning potential will only ever be limited by your personal drive and vision.

### 4. Leverage (borrowing money)

Borrowing money can be an accelerator to building wealth if you use it wisely. Be careful though, as it can also be the undoing of those who make poor borrowing decisions. Borrowed money will allow you to purchase assets that would otherwise be inaccessible to you, such as your first home or ownership of a business, and can be broken down into three broad categories:

Good debt will increase your wealth or career options, this includes your university education costs (HELP debt) or a loan used to invest in appreciating assets (such as establishing your dental practice or purchasing an investment property). When debt is used for investment purposes, it will typically be tax deductible to you, which can potentially halve the interest cost you pay on money borrowed.

'Financial foundation' debt is borrowing to buy your principal place of residence (PPR). This is neither good nor bad debt, but often a necessary purchase at some point in your life. It is also the only truly tax-free store of wealth, it provides lifestyle and financial stability and can be enjoyed both today and for the rest of your life. In addition, as the value of your property grows and you pay down this debt, you can leverage off the equity in your home to take on 'good debt' to make additional acquisitions, such as buying into or establishing a business, or investment for other purposes (e.g. an investment/commercial property). Therefore, a PPR mortgage, whilst not tax-deductible, can be a means to achieve greater wealth creation. It should be noted however that using the equity to borrow against your home still means that this 'good debt' is secured against your home. In a worst-case scenario, a bad investment that leads to significant financial loss has the potential to force you to sell your home to repay that debt. Therefore any additional debt needs to be able to be comfortably serviced by your income and as always investment risks should be carefully considered.

Bad debt – A general rule of thumb would be to avoid all debt that is not tax-deductible (excluding your PPR). This includes credit cards, car loans, and unsecured personal loans for holidays or non-essential items. As the interest rates on these types of debts can be excessive, you will often achieve a better outcome by repaying these debts first, than what may be otherwise achievable through investing. For example, if you have a HELP debt, are earning income in excess of \$180,000 p.a., and are considering investing your money instead of repaying an 8% p.a. car loan, your investment would need to achieve a return of >18.6% p.a. before tax, to justify not repaying the debt. This return requirement accounts for the tax payable on investment income generated. Take note that the repayment of debt offers a 'risk-free' or guaranteed return through interest saving, whereas investing your money is subject to the risk of capital loss and is rarely likely to reach 18.6% in a year.



## 5. Time

We all have a finite time on this earth and, within our life journey, there are only a limited number of years of earning potential. At best, your career could span 30 to 40 years, and while this may seem like all the time in the world initially, life will quickly slip by if you let it.

There will be a number of time constraints in your life that will be driven by financial or lifestyle decisions, and each will impact your wealth creation differently. By understanding the impact of your actions, you can make informed decisions about the path you pursue.

Outlined below are a number of time considerations that will impact your long-term wealth creation:

### Reaching your earning potential

- How long will it take you to complete all of your studies?
- How long until you are in a position to buy a business and then build it to its peak capacity?
- How long will you be at your peak earning potential before retirement and when do you begin drawing on your accumulated wealth to self-fund your retirement living?

### Potential career hiatus

- Will you have time out of the workforce to start a family or return to study to pursue a higher qualification?
- How long will you be out of work?
- Will you return to work in a full-time capacity?

### Retirement

- How long will you need to rely on your assets in retirement (i.e. life expectancy)? A key lifestyle trade-off could be between retiring earlier and working longer to ensure your financial security throughout retirement.

## 6. Structuring

Structuring refers to the different tax structures that can be established for risk mitigation purposes, as well as a means to legally reduce the tax you pay. The compounding returns from your investments over a lifetime can be significant and will be amplified by structuring the assets through appropriate vehicles. This can potentially be the difference between paying 57c of tax for each dollar of investment earnings versus paying 30c, or potentially no tax at all depending on the structures you have in place and your personal circumstances. By understanding which entity/structure is appropriate to house your assets, and the potential implications for each option, you can make decisions about where/how to get the most out of your money, time, and energy.

There are a number of different tax structures at your disposal, through which to house your wealth or operate your business. Each has its pros and cons and should be assessed based on your circumstances and the relevant asset in which you are anticipating investment. Some of the main structures include:

- Investing in your name or in joint names instead;
- Trust structures, including family trusts, bare trusts, and service trusts;
- A company structure, including a corporate beneficiary of a trust; and
- Superannuation, including self-managed superannuation funds.

Receiving good tax advice early in your career and setting the right foundation for your future can have an initial cost, however, it helps you avoid costly restructures down the track and realise unnecessary tax liabilities, whilst protecting your assets from litigation or other unexpected liability.

## 7. Liquidity event

This refers to an event where you are the beneficiary of a lump sum. This could be the sale of a business or other assets (property), receiving an inheritance, financial settlement, or a less likely windfall, such as winning the lottery.

This can be an important consideration for dentists, as many practice owners pour their life's work into building a successful practice. The exit strategy is often overlooked and not given full consideration when it comes time to retire. Working with a team of qualified accountants and advisers who are experts in the industry will help you achieve a better financial outcome.

Manipulating each of the above levers will have a flow-on effect to the others, resulting in a different long-term outcome. Importantly, it is all about balance and enjoying the journey, not simply reaching the end goal. If every decision you make is purely financially driven, you will never eat out, enjoy holidays or have children. Taking control of your journey and knowing how to make the most of what is within your means will determine not only how much wealth you accumulate in your life, but also what level of lifestyle you enjoy throughout your journey. Good financial advisers and accountants will assist you to better understand what is achievable for you and which levers will offer you the most reward for your time and energy while guiding you to reach your goals and objectives.

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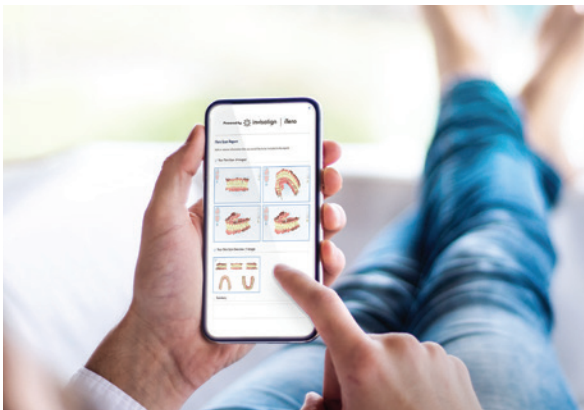
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