

17 March 2017

(AM2014/204)(AM2016/31) formerly (AM2014/204)

**4 YEARLY REVIEW OF MODERN AWARDS  
HEALTH PROFESSIONALS AND SUPPORT SERVICES AWARD 2010**

**SUBMISSION**



**DENTAL HYGIENISTS ASSOCIATION OF AUSTRALIA LIMITED.**

The Dental Hygienists Association of Australia Limited (DHAA) is the peak professional national organisation of dental hygienists and oral health therapists in Australia, with 1030 members.

The DHAA files this submission in relation to the 4 Yearly Review of the *Health Professionals and Support Services Award 2010* ("the Award") in accordance with Directions issued on 23 November 2016.

The DHAA's submission and supporting Witness Statement from Dr Melanie Hayes, President of DHAA ([attached](#)) is filed with particular reference to section 134(1)(g) of Fair Work Act, which requires the Fair Work Commission to take into account "*the need to ensure a simple, easy to understand, stable and sustainable modern award system for Australia that avoids unnecessary overlap of modern awards*" in achieving the modern awards objective.

The list of common health professionals in the current Health Professionals and Support Services Award and in the Exposure draft, excludes the occupations of Dental Hygienist and Oral Health Therapist. These occupations are award-free.

The DHAA's submission relates solely to our submission that the Award's Schedule B - List of Common Health Professionals, is exhaustive in nature as opposed to indicative, meaning that any occupation not listed in the Schedule is unambiguously and unequivocally not covered by this award. The status quo of the occupations of dental hygienist and oral health therapist is that they are not covered by this or any modern Award. The DHAA submits that this status quo should not be disturbed.

The DHAA makes this submission in reply to the submissions of the Health Services Union of Australia (28 January 2015, 4 March 2015 and 16 July 2015 at paras 10-24, notwithstanding that at paragraph 22 the HSUA acknowledges that dental hygienists were removed from award coverage by [2009] AIRCFB 948) and the Australian Workers Union (15 July 2015 at para 4) that Schedule B – List of Common Health Professionals is indicative, not exhaustive.

The submission of the DHAA is that any variation to the award must not result in any ambiguity with regard to the current award-free status of these two occupations.

**Award Modernisation**

The DHAA was involved in the 2009 Award Modernization process resulting in the decision of the Australian Industrial Relations Commission Full Bench decision [2009] AIRFCB 958 which accepted DHAA's award variation application of 19 October 2009 to delete "Dental Hygienist" from Schedule B

– List of Common Health Professionals, on the basis that the occupation of dental hygiene was award-free.

In 2009, the occupation of dental hygienist was initially on the Award’s list of “Common Health Professionals” because in 2006, for the first time, dental hygienists became covered by an award in one State of Australia only (Victoria). This had occurred as a consequence of an application from the HSUA. At the time, the Victorian Branch of DHAA decided that it was impossible to fight award coverage, even though they wished to remain award-free, and so the HSUA’s application to AIRC went through unopposed (Case No. 2006/36 – Commissioner Cribb). This circumstance is documented in paragraphs 7 – 16 of Attachment 2 of the Form R59 in the matter of MA00027 Application to Vary A Modern Award submitted by the DHAA on 19 October 2009 (copy attached.)

The profession of dental hygiene remained award-free in the rest of Australia. As a consequence of the successful application of DHAA in 2009 to vary the Award, the profession was restored by the AIRC in December 2009, to its traditional award-free status in all States and Territories including Victoria.

In 2009, the occupation of oral health therapist was not on the Award’s list of “Common Health Professionals because oral health therapy was not a new occupation, and oral health therapists were not covered by any existing State or Federal award. Therefore the occupation was “traditionally award free” as per 2(a) of the Minister’s Consolidated request in 2009. There was no other reason for the occupation’s exclusion.

The DHAA maintains the same reasons as it did in 2009, for seeking to retain the award-free status of dental hygienists and oral health therapists, namely that the occupations are traditionally award free, and that professional award coverage would disadvantage its members. Ms Melanie Hayes expands on those reasons in her witness statement. The AIRC Full bench accepted those reasons at paragraph [3] and [4] of its Decision in [2009] AIRCFB 948 24 December 2009.

#### Proposed Variation

The DHAA submits to Fair Work Commission that the exhaustive status of Schedule B is not ambiguous. However to ensure that submissions to claim that it is ambiguous are quashed permanently, DHAA proposes the following variation:

Numbering is based on the current award, not the current Exposure Draft. The proposed change is highlighted in bold.

Clause 4.1 (b): employers engaging a health professional employee falling within the classifications described in clause 15. **Clause 15 has application only to the occupations specified in Schedule B – List of Common Health Professionals.**

Yours sincerely,



Katrina Murphy, representing DHAA Ltd

17 March 2017

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**IN THE FAIR WORK COMMISSION**

**Matter No:**  
AM2014/204

**Matter: Health Professionals and Support Services Award 2010**

**Applicant:**  
Dental Hygienists Association of Australia Ltd

**WITNESS STATEMENT OF DR MELANIE HAYES, PRESIDENT, DENTAL HYGIENISTS  
ASSOCIATION OF AUSTRALIA LTD**

I, **DR MELANIE HAYES** of [REDACTED] in the State of Victoria 3072, Occupation, Senior Lecturer at the University of Melbourne, Melbourne Dental School and Dental Hygienist at Mitcham Dental Care, make the following statement with regard to the matter before Fair Work Commission, Health Professionals and Support Services Award 2010, Matter Number AM2014/204.

1. I am the President of the Dental Hygienists Association of Australia Ltd (DHAA.)
2. DHAA is the peak professional body representing dental hygienists and oral health therapists in Australia. The National Association was formed in 1991. The mission of the Association is to support the continuing development of the oral health professions and preventive models of care.
3. The DHAA has 1,030 members representing all States and Territories of Australia.
4. I am aware that none of DHAA's members are covered by the Health Professionals and Support Services Award. A small minority of our members (dental hygienists, oral health therapists and dual qualified members) who are employed by larger organisations, particularly universities and larger corporate dental firms, are covered by enterprise agreements.
5. Our professional association provides dedicated industrial relations support to our members and has done so on a State by State basis since 1994 and on a National basis since 2003.
6. In 2003, DHAA has offered a national IR advice line to our members as part of member benefits. This is an email based source of written responses on industrial relations and employment conditions queries submitted by our members. DHAA IR Advice Line is co-ordinated administratively on a volunteer basis by DHAA members and utilises the professional services of Katrina Murphy. The purpose of DHAA IR advice line is to provide advice and guidance on employment conditions and employee relations matters. Our members conduct their own individual advocacy for their employment conditions, based on this advice and guidance. DHAA IR advice line service is used extensively by our members, receiving over 200 queries per annum. DHAA derives statistical data on trends and usage from this service.
7. DHAA supplements the IR advice Line service with "special case" support for industrial relations advice and serious member cases, where an individual case has potential deleterious impact on our

professions in general. Such cases are identified from IR advice line queries, and are subject to Board approval. These special cases differ from the usual model of IR advice line because DHAA assumes the direct advocacy role for the dental hygienist or oral health therapist, rather than providing behind the scenes advice.

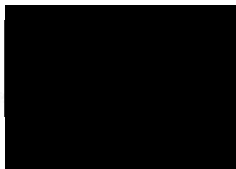
8. The IR advice line is also complemented by regular presentations and question and answer sessions on topical industrial relations issues by Katrina Murphy at DHAA conferences throughout Australia for the last 15 years.
9. I am aware that the most common serious industrial relations problems for our members identified via IR advice line and DHAA conference question and answer sessions are sham contracting, forced stand-down and/or unreasonable restrictions on use of annual leave.
10. I am aware that no IR queries, cases or trends of significant concern identified through IR advice line records, relate to problems caused by non-coverage of the Health Professionals and Support Services Award.
11. As President of DHAA, I liaise with the Australian Dental Association (ADA) on a collegiate basis to work through significant employment conditions issues of concern and this has been largely successful to date. Past Presidents of DHAA have done the same. The ADA is aware that DHAA has the professional industrial relations resources necessary to commence Fair Work Commission and Fair Work Ombudsman proceedings, if necessary, and will do so when and if required, on behalf of our members.
12. I am aware that the DHAA Board engaged Katrina Murphy in 2015 to participate on DHAA's behalf in the AM2014/204 proceedings to ensure that the occupations of dental hygienist and oral health therapist retained their current award free status.
13. I am aware that DHAA engaged Katrina Murphy in 2009 with regard to Australian Industrial Relations Commission proceedings which culminated in the AIRC Full Bench decision of 24 December 2009, [2009] AIRCFB 948, because dental hygienists were initially on the list of "Common Health Professionals" for the Health Professionals and Support Services Award.
14. I am aware that dental hygienists were on this list was because in 2006, dental hygienists had become covered by an award in Victoria, due to an application from the HSUA which was contrary to the wishes of the DHAA Vic Branch and the National DHAA Association.
15. I am aware that due to advice the Victorian branch was given in 2006 by a private industrial relations advocate, the Victorian Branch decided that it was impossible to fight State award coverage of dental hygienists at that time. As a consequence, the HSUA's application for award coverage for dental hygienists in Victoria went through unopposed. However the profession of dental hygiene remained award free in the rest of Australia.
16. I am aware that in 2009, DHAA engaged Katrina Murphy to conduct a national case in the Australian Industrial Relations Commission to correct the effect of the Victorian anomaly which had resulted in inclusion of the occupation of dental hygiene in the new modern Award, by way of a successful application by DHAA to vary the award under section 576H of the Workplace Relations Act. This application was not opposed by ADA or by the HSUA.

17. As a consequence on 24 December 2009, when the AIRC Full Bench decision was handed down on our application to vary the award, the occupation of dental hygiene was restored to its correct position of being an award-free occupation.
18. The occupation of oral health therapy was not included as part of these proceedings by DHAA as it was not on the common health professionals list and therefore remained award free. Registration and the dental board had nothing whatsoever to do with the fact that the occupation was traditionally award free and therefore was not included on the award list.
19. The DHAA and the ADA were the only dental professional associations that were involved in the 2009 AIRC award modernization proceedings. DHAA retains all our supporting documents and correspondence from that time.
20. I am aware that the concern of the DHAA Board, a concern that I share, is that any variation to the award that results from these proceedings most not disturb or in any way result in any ambiguity with regard to the current award-free status of the two occupations of dental hygienist and oral health therapist.
21. The view of the DHAA was, and still is, that the traditional award-free status of dental hygienists and oral health therapists is in the best interests of our members, and our association's infrastructure is designed specifically to support our members' interests in the context of supporting them to negotiate terms and conditions that are significantly more favourable (and different) to the Award.
22. The main employment conditions problems that our members (dental hygienists and oral health therapists) experience, namely sham contracting, stand down and incorrect payment of long service leave, would not be improved by coverage by the award.

I declare that this witness statement is true and correct:

Name: Dr Melanie Hayes

Signature: \_\_\_\_\_



Date: 13 March 2017

# Form R59

Rule 5 of the *Australian Industrial Relations Commission Rules*

*Workplace Relations Act 1996*

[or other legislation as appropriate]

AUSTRALIAN INDUSTRIAL RELATIONS COMMISSION

## APPLICATION TO VARY A MODERN AWARD

(Section 576H of the Act)

**IN the matter of: MA000027**

**Health Professionals and Support Services Award  
2010**

### Applicant

Name:	Dental Hygienists' Association of Australia Inc			
Address	c/o KMIR PO Box 786 Nundah QLD 4012			
Contact Person:	Sue Aldenhoven, National President, DHAA Inc, Tel. 0411 553809.			
	Advocate: Katrina Murphy, Katrina Murphy Industrial Relations Pty Ltd			
Phone No:	(07) 3266 3186			
Facsimile No:	(07) 3266 1596	Mobile No:	(0419) 325 054	
Email address:	<a href="mailto:katrina@kmir.com.au">katrina@kmir.com.au</a>			

### Provision under which application is made:

Section 576H of the Act.

### Order or relief sought:

Deletion of "Dental Hygienist" from Schedule B - List of Common Professionals.

### Grounds upon which the applicant relies:

#### A. Traditionally Award Free

1. The Minister's Consolidated request in 2(a) states that:

*“The creation of modern awards is not intended to (a) extend award coverage to those classes of employees, such as managerial employees, who, because of the nature or seniority of their role, have traditionally been award free. This does not preclude the extension of modern award coverage to new industries or new occupations where the work performed by employees in those industries or occupations is of a similar nature to work that has historically been regulated by awards (including State awards) in Australia.”*

2. It is submitted by the Dental Hygienists' Association of Australia Inc (DHAA Inc) that dental hygienists in the private sector have been traditionally award free since their first inception in Australia (via enabling legislation enacted in 1971 in South Australia) because of the nature of their role.
3. We note that the Australian Dental Association (ADA) at clauses 3.2 to 3.4 of its submission to the Australian Industrial Relations Commission of 23 February 2009 on the making of a Modern Award highlighted and emphasised the importance of this principle of the consolidated request to matters to the health and welfare services industry.
4. We refer to clause 6.14 of the ADA's submission to the Commission on the making of Modern Award which argues that employed dentists in private practice are a class of employee who are traditionally award free.
5. As stated in 6.15 of the ADA's submission, DHAA Inc agrees with the ADA's submission that it cannot be said that dentistry is a new occupation thus it is not within the terms of the exception set out in the Minister's consolidated request. The DHAA Inc submits that the same arguments apply to the profession of dental hygiene and to dental hygienists.
6. If an Award is allowed to apply to dental hygienists in the private sector, this will mean that the Commission has extended award coverage to a class of employees who, because of their nature of their role, have traditionally been award free.
7. Private sector dental hygienists are currently award free in every State of Australia except Victoria.
8. In 2006, dental hygienists in the private sector in Victoria became covered by an award. This was contrary to the DHAA Inc Victorian Branch's wishes, and contrary to the position of the national Association.
9. The Australian Dental Association Victorian Branch Inc. (ADAVB) initiated proceedings (case Number 2006/36) in the Australian Industrial Relations Commission seeking to vary the Dental (Private Sector Victoria) Award 1998 by the insertion of minimum award rates



of pay for dental hygienists, after seeking agreement for such with the Health Services Union of Australia (HSUA).

10. At the time of the award variation submission from the ADA, the HSUA had no membership or any involvement in any way with dental hygienists in private practice in Victoria. This is still the case.
11. The Commission heard no argument from the Victorian Branch of the DHAA against award coverage at that time (2006/36).
12. The DHAA Vic chose not to oppose the ADA and HSUA's application. The Branch was given advice by a private advocate that it was impossible to successfully oppose the application. As a member-based organisation with limited funds and with very little time to consider viable alternatives, the Victorian Branch of the DHAA felt it had no alternative but to negotiate a settlement with the HSUA.
13. It is a matter of documented fact that dental hygienists in the private sector did not wish to be covered by an award in 2006 as they considered it would significantly disadvantage them as employees and in 2009 on the basis of survey work done by DHAA Inc, it is clear that they still hold that view.
14. As submitted to the DHAA in October 2009 by Anne Di Paolo, the President of the Dental Hygienists' Association of Australia Victorian Branch Inc;

*"The Executive of the Victorian Branch of the DHAA made a decision in 2006 not to oppose award coverage of dental hygienists in Victoria in the Industrial Relations Commission. The Executive made this decision because it believed the Branch had little or no prospect of success, with limited funds and limited time.*

*The Executive would consider it unfair if recent award coverage in Victoria was used as any part of a rationale to force private sector dental hygienists in all States and Territories of Australia into award coverage.*

*Members of the Victorian Branch of the DHAA were disappointed to be covered by an award after many years of successfully resisting all attempts to cover us.*

*Nonetheless, we were successful in achieving confirmation at that time from the Commission that dental hygiene was a health profession in its own right. We consider this to have been an important achievement for dental hygienists and for the Victorian Branch of the DHAA."*

15. In Case No. 2006/36 Commissioner Cribb found that dental hygiene was a health profession in its own right and not a dental auxiliary.

16. To include private practice dental hygienists in the Award would involve extending those conditions for the first time to dental hygienists in Queensland, New South Wales, South Australia, Australian Capital Territory, Northern Territory and Western Australia.

**B. Not a New Occupation**

17. Dental hygiene is not a new occupation, having been established in Australia in 1971 and hence the aspect of the Consolidated request in 2(a) which relates to similar nature of work to that which has historically been regulated by awards in Australia, does not apply.
18. The dental hygienist is a tertiary qualified oral health practitioner that treats all age groups using proven preventive regimens. The profession of dental hygiene deals with the prevention of all oral diseases, focusing on dental decay, gum disease, detection of oral cancer, oral health education, lifestyle counselling including diet and smoking cessation and other health issues with a focus of promoting general health through oral health. Dental hygiene professionals work in a variety of settings including dental offices, aged care facilities, hospitals, institutions, community and rural and remote locations. Dental hygienists work under a variety of supervisory arrangements being direct supervision, indirect supervision, unsupervised i.e. in aged care facilities and there is also legislation in Australia allowing independent practice.
19. The dental hygienist is internationally recognized as the primary preventive oral health practitioner and essential to the early diagnosis of many illnesses which manifest in the oral cavity first, such as HIV/AIDS Kaposi's Sarcoma and diabetes.
20. It is important to note that dental hygiene in private practice is significantly different from other professions in the dental team, such as dental assistant, which have traditionally been award covered.

Dental hygienists are assisted in their clinical work by dental assistants as are dentists and assistant dentists. Dental assistants are auxiliaries they work directly with a dentist and are covered by the employer professional indemnity insurance. A dental hygienist is required by law to have their own professional indemnity insurance as are dentists and assistant dentists. Dental assistants as a group collectively bargain and their working conditions are relatively similar from practice to practice.

21. The closest comparable profession to dental hygiene is the employed dentist, who is currently appropriately excluded from Award coverage.

**C. Disadvantage Employees**

22. The Minister's Consolidated Request in 2(c) states that "the creation of the modern award is not intended to disadvantage employees."
23. It is submitted that award coverage of dental hygienists in private practice will disadvantage employees in four ways:
- (a) The Award would act to erode dental hygienists' real high hourly wage both immediately and over time which they have maintained successfully for decades via private individual negotiations, without any industrial instrument benchmarks being used or desired.
  - (b) The existence of the Award minimum rates of pay would be used by their employers as a benchmark to disadvantage dental hygienists in negotiations on remuneration.
  - (c) The Award's classification structure would be used to limit promotion and progression for dental hygienists.
  - (d) The Award's classification structure and low entry pay rates for graduates would significantly disadvantage new graduates in comparison to current award-free conditions.
24. The profession is represented nationally by the Dental Hygienists' Association of Australia Inc which was established in 1991.
25. Award coverage of dental hygienists in Australia would significantly disadvantage the growth and development of the profession as it has occurred internationally. Dental hygiene is traditionally a highly respected, highly qualified and very well remunerated profession. It is not an auxiliary which requires business or supervisor responsibilities as a precursor for re-classification.
26. Trends identified by the International Federation of Dental Hygienists Longitudinal Study of 24 countries (International association for dental hygienists) show that the profession of dental hygiene has evolved immensely since its inception in 1906 (USA). Dental hygiene is a global profession with the majority of practitioners in North America, Scandinavia, Europe and the Asia Pacific region including Australia and New Zealand.

In many of these countries the dental hygienist can operate independently of the dentist either unsupervised or as an independent practitioner.

The profile of the dental hygiene profession has evolved into a highly skilled, highly qualified, independent oral health practitioner who is highly respected by the dental profession and viewed as a colleague.

In many countries, dental hygiene is self determined, governed by a dental hygiene board independent of the dental board.

27. The dental hygienist is not an auxiliary which requires business or supervisor responsibilities as a precursor for re-classification. Therefore the principles underpinning the classification structure at

A.2 of the Health Professionals and Support Services Award 2010 are not relevant to the profession and would significantly disadvantage experienced dental hygienists if applied.

28. The dental hygienist independently generates very significant revenue for every practice. The flexibility of supervisory arrangements within and outside of the traditional practice setting provides valuable oral care services to the greater community and it is on this basis that remuneration is privately and effectively negotiated.
29. If the classification structure at A.2 of the Health Professionals and Support Services Award 2010 was applied, it would be used by employers to actively disadvantage dental hygienists as it specifies business involvement and supervision as minimum requirements for Levels 4 and 5 – which currently have minimum rates of pay far below the average rates of pay of dental hygienists.
30. There is no doubt that this classification structure, which is an integral part of this Award, will be used to disadvantage current dental hygienists from obtaining pay increases and future dental hygienists with regard to their commencement and progression salaries.
31. The National DHAA Inc in conjunction with well established and highly organized Branches in every state have been assisting its members in the private sector to conduct highly effective and profitable negotiations with their employers for many years.
32. The National DHAA Inc's industrial relations work has included the development of a sample suite of employment contracts in 2003, published negotiating guidelines and a popular Industrial Relations/Employment Conditions helpline which has helped and educated members free of charge for the last five years and will continue to do so.
33. The DHAA Inc has conducted extensive consultation amongst its members for the last four months to determine their views about award coverage and has been met with strong and resounding objection to award coverage.
34. 97.3% of DHAA Inc members surveyed strongly oppose any Award coverage and consider that any award coverage will operate to significantly disadvantage them
35. In particular, there is very significant concern about the award minimum pay rates which are on average, approximately 50% below the average equivalent hourly rate of pay of an experienced dental hygienist.

36. Currently, commencement and on-going rates of pay are negotiated between the individual dental hygienist and the employing dentist. On occasions, dental practices contact the DHAA for advice about market rates for dental hygienists, particularly upon initial employment after graduation.

**D. Disadvantage Employees and act against the Consolidated Request Requirement (3(f) to Improve Retention and participation of employees in the workforce.**

37. The Minister's Consolidated Request in 3(f) states that in performing its function the Commission must have regard to *"the need to assist employees to balance their work and family responsibilities effectively and to improve retention and participation of employees in the workforce."*

38. It is submitted that should dental hygienists be included in the Award, that new graduates will be offered pay rates in accordance with the award minimum rates of pay.

39. The DHAA Inc survey of members indicates that if this occurs, new dental hygienists will not be retained by the profession as the cost of entering and continuing in the profession is very high.

40. New dental hygiene graduates are reasonably expecting to recoup high education costs and be able to afford professional entry costs. This would not be possible under the minimum rates of pay in the Modern award which would apply to dental hygienists. Hence dental hygiene graduates would be lost to the profession and to the community at large.

41. As a dental health professional, unlike a dental auxiliary, new graduate and experienced dental hygienists must comply with legislated licensing requirements by paying licensure for Dental Board registration and radiation license, compulsory professional indemnity insurance and compulsory Continuing Professional Development. Professional organizational membership fees are also an essential cost to be met by dental hygienists. These annual costs are very significant and are a contributing factor to the current market pay rate for dental hygienists. Moreover, recent graduates have the additional burden of reimbursing their HECS debt.

42. With regard to work and family responsibilities, 63.9% of dental hygienists choose not to work full-time (see attached September 2009 DHAA Inc National Employment survey results).

43. 9.6% of dental hygienists are self-employed and some employ other dental practitioners (dentists and dental hygienists) in their own practice. Tasmanian legislation allows independent practice and

currently independent practice for dental hygienists is under discussion in WA. The DHAA Inc 2009 National Employment survey results indicate that the desire to work part-time and with very flexible hours with a great deal of autonomy is related to family commitments for many dental hygienists.

44. As Tanya Fane, President DHAA (ACT) Inc has submitted in October 2009 to the DHAA Inc for the purposes of this submission,

*"I am a Dental Hygienist, married mother of two teenage sons and President of DHAA (ACT Branch) Inc.*

*The Award modernization document states:*

*"the need to assist employees to balance work and family responsibilities effectively and to improve retention and participation of employees in the workforce".*

*I simply do not believe this will be the result of the award modernisation process in regard to dental hygienists in Australia.*

*My current flexibility to arrange agreements for all employment conditions and entitlements has served me optimally for the past 10 years in private dental practice. It is exactly this direct control and negotiation potential that caused me to vacate employment in the Public Service dental services, in favour of working without an award system. My work/family balance is best served under my current negotiated arrangements, and has allowed for more effective participation in the private oral health workforce. The oral health workplace is distinctly different from most health situations in that I work in partnership with my employer/supervising dentists in the functioning of the practice and patient treatment provision.*

*Reversion to an award system would effectively take my career, achievements and progress backward, and place the balance of work and family responsibilities in serious jeopardy."*

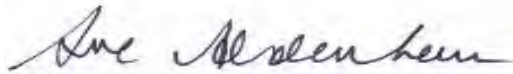
45. There is no doubt that the ability to negotiate desirable hourly rates for dental hygienists with family commitments would be disadvantaged which will lead to many dental hygienists being forced to compromise the work/family balance that they have currently negotiated for themselves. This is not a sound result for the profession, for individual families or for the community at large and is therefore contrary to the principles of the Consolidated Request.

## **Conclusion**

46. We respectfully request consideration of our submission that inclusion of dental hygienists in the Health Professionals and Support Services Award 2010 would be contrary to four of the principles of the Minister's Consolidated Request.

47. Accordingly, we request deletion of "Dental Hygienist" from Schedule B - List of Common Professionals.
48. The President of the Dental Hygienists' Association of Australia Inc, Ms Sue Aldenhoven or our Advocate, Ms Katrina Murphy would be very happy to elaborate on any aspect of this submission should the Commission require further explanation or information.

Signature

A handwritten signature in cursive script, appearing to read "Sue Aldenhoven". The signature is written in black ink on a light-colored background.

Dated 19 October 2010.

**DENTAL HYGIENISTS' ASSOCIATION OF  
AUSTRALIA INC.**

**SUMMARY OF NATIONAL EMPLOYMENT  
SURVEY**

**AUGUST, 2009**

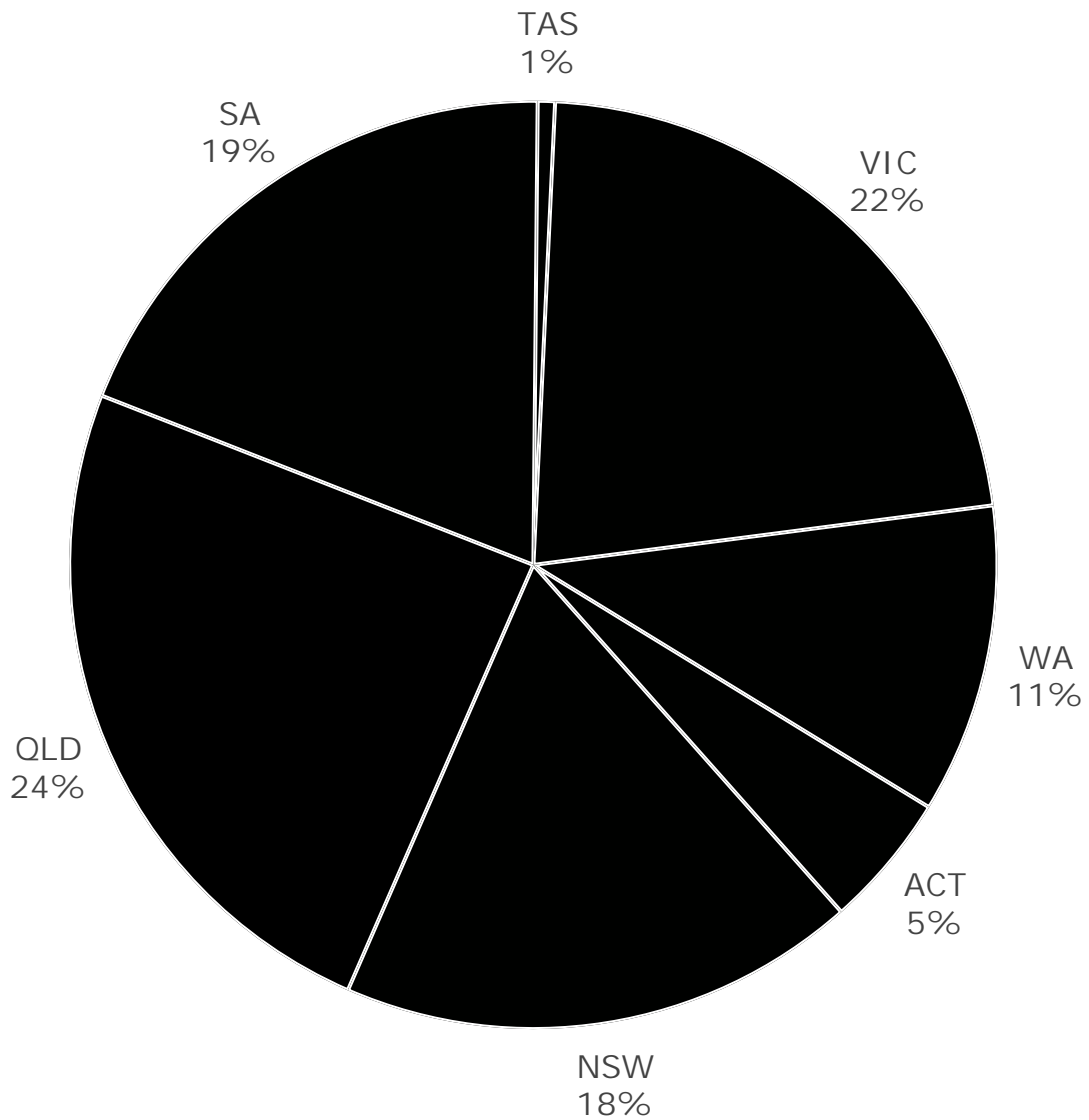
**TOTAL NO. OF RESPONDERS 487**

**The Dental  
Hygienists'  
Association of  
Australia Inc.**

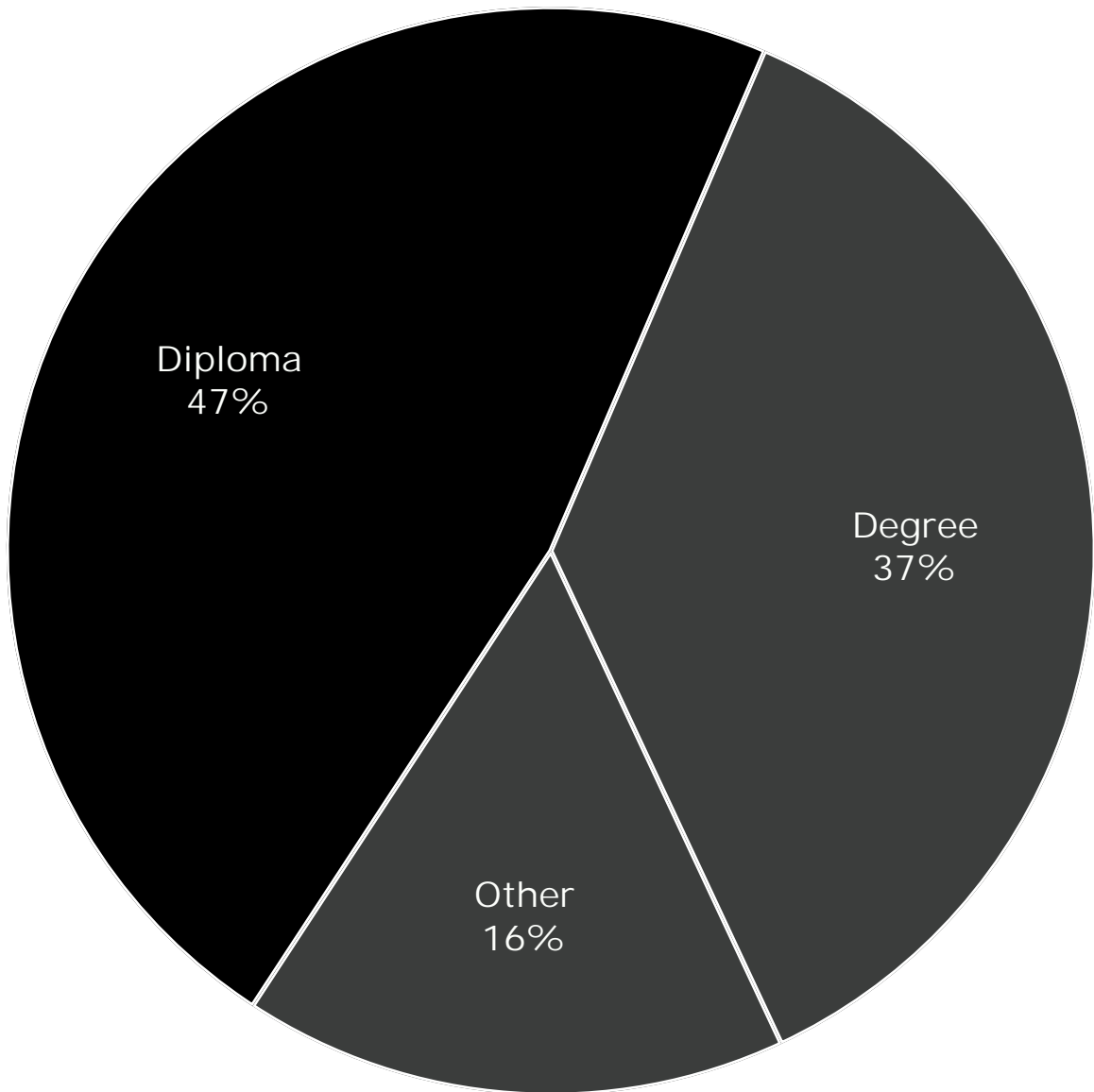


Where do you live?

Answer Options	Response Percent	Response Count
ACT	4.7%	23
NSW	18.1%	89
QLD	24.4%	114
SA	19.2%	91
TAS	0.6%	3
VIC	22.2%	111
WA	10.8%	57
answered question		487
skipped question		0

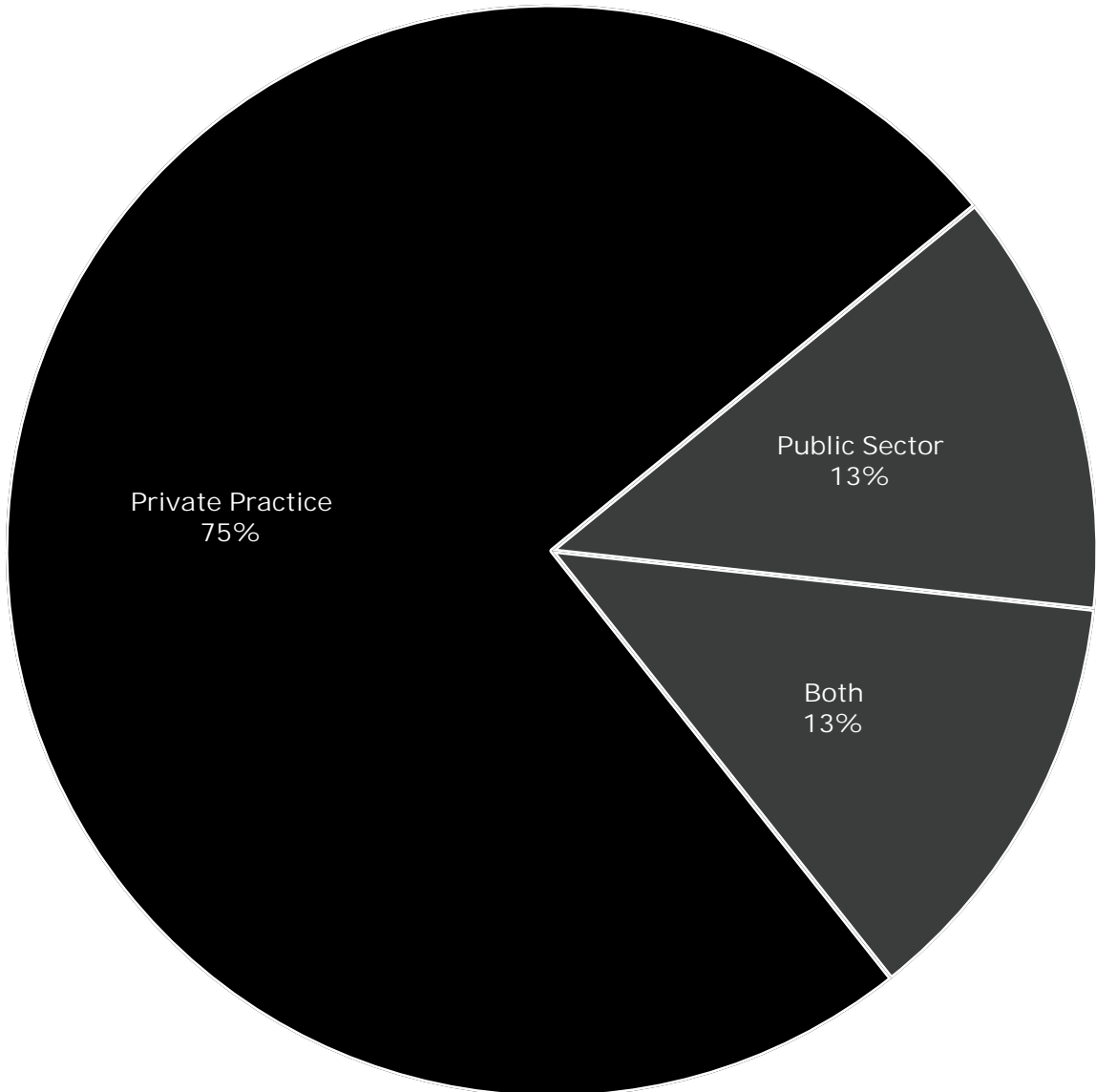


Qualification		
Answer Options	Response Percent	Response Count
Diploma	47.2%	219
Degree	36.6%	170
Other	16.2%	75
answered question		487
skipped question		0



WORKPLACE SETTING:

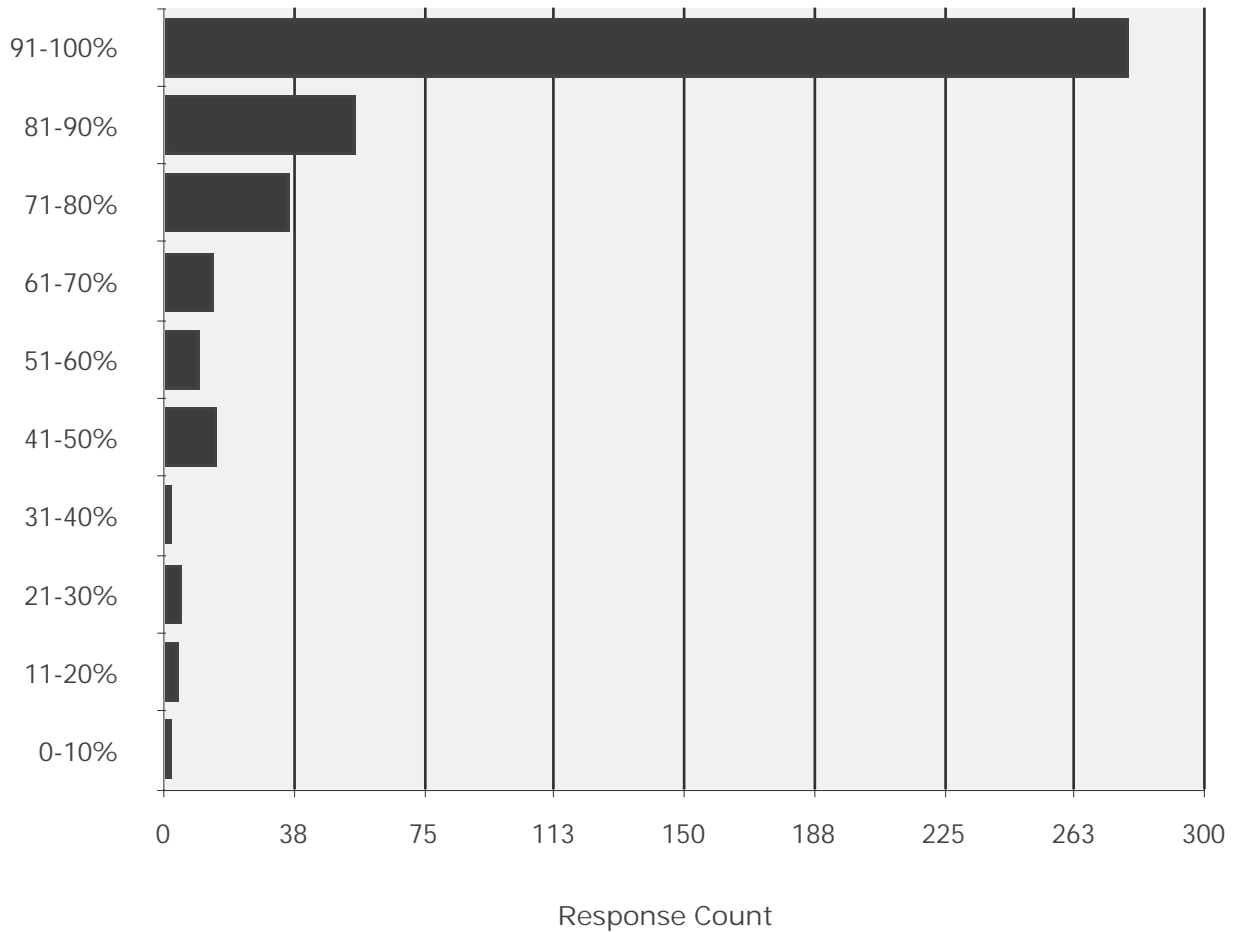
Answer Options	Response Percent	Response Count
Private Practice	93.1%	391
Public Sector	15.7%	32
Both	15.7%	42
	answered question	487
	skipped question	0



**What percentage of your workday is spent doing Hygiene or Therapy?**

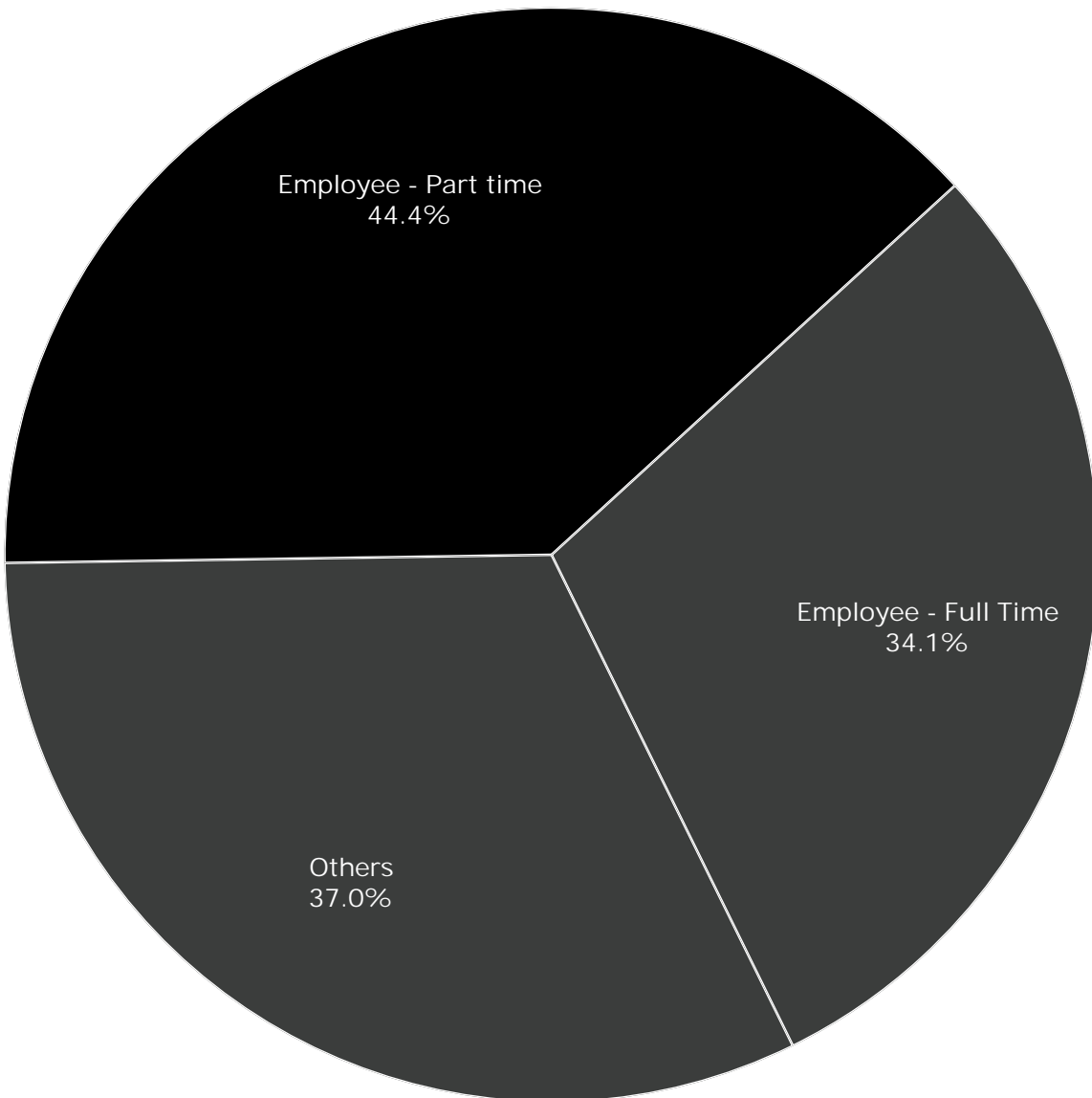
Answer Options	Response Count
0-10%	2
11-20%	4
21-30%	5
31-40%	2
41-50%	15
51-60%	10
61-70%	14
71-80%	36
81-90%	55
91-100%	278

PERCENTAGE OF DAY SPENT DOING HYGIENE



**EMPLOYMENT STATUS:**

<b>Answer Options</b>	<b>Response Percent</b>	<b>Response Count</b>
Employee - Part time	44.4%	206
Employee - Full Time	34.1%	158
Others	37.0%	152
answered question		487
skipped question		0



HOURLY RATE: PRIVATE SECTOR

Answer Options	Response Percent	Response Count
\$20-25	1	2
26-30	0	1
31-35	4	14
\$36-40	16	56
\$41-45	19	68
\$46-50	27	98
\$51-55	14	49
\$61-65	5	18
\$65-60	10	36
\$66-70	3	11
\$71-75	1	3
> \$76	0	1
answered question		357
skipped question		0

