Oral Health Fee for Service Scheme

Summary This Policy Directive provides a framework by which Local Health Districts can engage private practitioners and associated dental businesses to provide care to public oral health service patients through the Oral Health Fee for Service Scheme.

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Author branch Centre for Oral Health Strategy

Branch contact (02) 9391 9925

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Secretary, NSW Health

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.

NSW Health

Policy Directive

Oral Health Fee for Service Scheme

Policy Statement

NSW Health provides “safety net” dental services for eligible NSW residents. Public dental clinics are usually located in public hospitals and community health centres and provide comprehensive dental care for patients. Patients are prioritised for care through a triage system.

Local Health Districts (LHDs) can also engage private dental practitioners and associated businesses to provide care for public oral health patients through the Oral Health Fee for Service Scheme (Scheme).

Private practitioners registered with the Scheme can provide urgent, general and denture care upon receipt of a voucher issued by an LHD. The Scheme supplements the dental care provided in NSW Health public dental services.

Summary of Policy Requirements

Patient access

Patients seeking access to public dental services are assessed through the NSW Health Policy Directive *Oral Health Access* [PD2024_034]. Patients may be issued a voucher by their LHD to have their dental treatment completed by a private practitioner. LHDs must assess whether care provided by a private practitioner is an appropriate option.

LHDs can make an appointment on the patient’s behalf or inform the patient how to find a suitable private practitioner. On completion of treatment, the voucher must be forwarded to the LHD for payment in accordance with the Oral Health Fee for Service Scheme Schedule of Fees.

Practitioner and business participation

Private dental practitioners (dentists, dental therapists, dental hygienists, oral health therapists and dental prosthetists) who provide care to public patients must be registered with the Dental Board of Australia and only provide dental services within their scope of practice.

To participate, the business and the practitioner must apply to join the Scheme, agree to the terms and conditions, and meet the mandatory requirements. LHDs are responsible for approving the business or practitioner to participate in the Scheme in their area, and managing their ongoing registration in the Scheme. The Ministry of Health and LHDs retain discretion to remove a business or practitioner from the Scheme.

The online administration system facilitates business and practitioner registrations.

Governance and responsibilities

The Ministry of Health and LHDs have shared responsibility for ensuring efficient administration of the Scheme and effective communication with businesses, practitioners and patients. Providers are responsible for the quality of the services they provide.

LHDs are responsible for maintaining systems to ensure good governance under the Scheme, such as periodic administrative and clinical audits.

The Ministry of Health is responsible for overseeing statewide governance and continuous improvement of the Scheme.

Revision History

Version	Approved By	Amendment Notes
PD2026_006 February-2026	Deputy Secretary, Population and Public Health & Chief Health Officer	• Updated mandatory requirements for practitioners. • Updated process for additional treatment needs for patients. • Updated management of completed and uncollected denture work.
PD2024_025 July-2024	Deputy Secretary, Population and Public Health & Chief Health Officer	Updated terms and conditions (Appendix 1).
PD2024_003 January-2024	Deputy Secretary Population and Public Health & Chief Health Officer	Structural and content review to clarify requirements and streamline processes. Updated voucher titles to urgent, general and denture. Clarified the roles and responsibilities of businesses/practitioners, LHDs, and the Ministry of Health. Reduced mandatory documentation requirements for private practitioners to register on the Scheme. Removed the requirement for documents to be certified. Redefined reasons for removal from the Scheme. Included a section on professional practice. Strengthened governance processes. Removed terms and conditions related to use and access of the online administration system. Inclusion of terms and conditions for practitioners registered on the Scheme.
PD2016_018 June-2016	Chief Health Officer and Deputy Secretary Population and Public Health	Updated participation requirements for private dental practitioners and businesses. Inclusion of business rules for the new OHFFSS web-based administration system.
PD2008_065 November 2008	Chief Health Officer	New policy directive

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1. Background

The NSW Health public oral health system provides services to eligible patients as outlined in the NSW Health Policy Directive *Eligibility for Public Dental Services* (PD2025_030).

NSW public oral health services provide efficient, safe and high-quality care, ensuring patients are prioritised equitably and seen within benchmark waiting times.

As part of providing efficient, safe, high-quality care, NSW Health is committed to delivering value-based healthcare, which centres on improving:

- health outcomes that matter to patients
- experiences of receiving care
- experiences of providing care, and
- effectiveness and efficiency of care.

In addition to services provided in public dental clinics, eligible patients may be offered a dental voucher under the Oral Health Fee for Service Scheme (Scheme). These vouchers can be used at a participating private dental practice for services provided by privately practising practitioners who participate in the Scheme.

1.1. About this document

This Policy Directive provides a framework by which Local Health Districts (LHDs) can engage private practitioners (practitioners) and associated dental businesses (businesses) to provide care to public oral health service patients through the Scheme.

1.2. Key definitions

Business	A facility where oral health services are provided either by a single dental practitioner or a group of dental practitioners; or a business linked to an Australian Business Number (ABN) that has been designated as a place for payment for services.
Denture care	Care for full or partial dentures following an initial denture exam (item number 011 in the Schedule of Fees).
General care	An appointment or series of appointments following a comprehensive oral examination (item number 011 in the Schedule of Fees) that addresses all the patient's oral health needs, excluding dentures.
OHFFSS Provider	Private dental practitioners who are registered on the Oral Health Fee for Service Scheme.
Practitioner	A dental practitioner registered with the Dental Board of Australia in the appropriate division (dentist, dental therapist,

	dental hygienist, oral health therapist or dental prosthetist) who is working in a private business.
Urgent care	A limited course of care provided with the intent of addressing a specific, clinically urgent patient presentation following a limited oral examination (item number 013 in the Schedule of Fees).
Voucher	The Oral Health Fee for Service voucher is a combined authority, claim form, and treatment request. There are 3 voucher types: urgent care, general care and denture care.

1.3. Legal and legislative framework

The regulatory and legislative framework within which this Policy Directive operates includes the obligations on practitioners provided for in the *Health Practitioner Regulation National Law (NSW) 2009*. Further information regarding the registration of practitioners is available from the Dental Board of Australia and the Australian Health Practitioner Regulation Agency.

Practitioners are also subject to relevant statutory requirements, including in relation to the supply, administration, and issue of prescriptions under the *Poisons and Therapeutic Goods Act 1966* (NSW).

2. The Oral Health Fee for Service Scheme

2.1. Overview of the Scheme

The Oral Health Fee for Service Scheme (Scheme) is a framework whereby Local Health Districts (LHDs) provide eligible patients with a voucher for dental services which can be redeemed through private practice practitioners participating in the Scheme.

Patients seeking access to public dental services are triaged through the Priority Oral Health Program (POHP). The Scheme supplements the dental care provided in NSW Health public dental services. Public dental staff will determine whether a dental voucher is appropriate to provide to a patient. Patients are unable to request a voucher directly from the LHD.

There are 3 service types provided under the Scheme that patients may be issued a voucher for:

- Urgent care
- General care
- Denture care.

Patients are issued a voucher that can be redeemed through a practitioner approved to participate in the Scheme.

On completion of treatment, the business or practitioner must forward the voucher to the LHD for payment. The business and practitioner must agree to a set price schedule as listed in the

Oral Health Fee for Service Scheme Schedule of Fees (Schedule of Fees). The Schedule of Fees is reviewed regularly.

3. Local Health District Responsibilities

3.1. Issuing a voucher

Before issuing a voucher, the Local Health District (LHD) must:

- confirm the patient is eligible for public dental services, and
- assess whether care provided by a private practitioner is an appropriate option.

LHDs must issue a voucher that contains:

- an oral health electronic record unique ID authority number and barcode
- patient details
- service type (such as urgent care, general care, denture care)
- date of issue and expiry date
- maximum amount of the voucher. GST should not be included on vouchers.

The voucher can also include, where appropriate:

- treatment need
- for dentures, the voucher can also indicate:
    - whether a full or partial denture is required
    - for partial dentures:
        - type of base material
        - number of teeth required
        - number of retainers and rests required.

The service type listed on the voucher and recorded in the patient's oral health record must be consistent with the titles in this Policy Directive and the Schedule of Fees.

3.1.1. Voucher expiry timeframes

The 3 voucher types will expire over the following timeframes:

- One (1) month for urgent care, and
- Three (3) months for general care and denture care

LHDs have the discretion to extend the expiry date when required.

3.2. Making an appointment

LHDs can make an appointment on the patient's behalf or must inform the patient:

- how to find an appropriate participating business or practitioner through the public list, and
- that vouchers must be used by the expiry date.

LHDs must not recommend a business or practitioner, however, the LHD may indicate to the patient the practitioner type most suitable for their type of voucher. Practitioners can accept certain voucher types as outlined below:

Practitioner type	Vouchers accepted
Dentist	Urgent, General, Denture
Dental Therapist, Oral Health Therapist, Dental Hygienist	General
Dental prosthetist	Denture

3.3. Managing businesses and practitioners registered on the Scheme

LHDs are responsible for managing the ongoing registration of businesses and practitioners in their area under the Scheme. It is advisable to have a designated employee responsible for managing the Scheme in each LHD.

3.3.1. Managing applications to participate in the Scheme

Businesses and all practitioners at the practice seeking to participate in the Scheme must register to participate through the online administration system.

LHDs are responsible for approving whether a business or practitioner to participate in the Scheme in their area and informing them of the outcome. A business or practitioner may not be approved for several reasons, including but not limited to:

- they do not meet the mandatory requirements set out in Section 4 of this Policy Directive
- they do not agree to the terms and conditions (see Appendix 1)
- they have a condition, undertaking or limitation on their Australian Health Practitioner Regulation Agency (AHPRA) registration
- they are not located in, or adjacent to, the LHD with which they are registering
- there are concerns about service standards, including standard of care and infection control
- there is no demand for the Scheme in the geographical region in which they are located.

An explanation must be provided to the business or practitioner if they are not approved.

Businesses and practitioners must be notified that once they are approved in one LHD, other LHDs can engage that business or practitioner.

3.3.2. Maintaining businesses and practitioners on the Scheme

Businesses and practitioners registered on the Scheme are maintained in the online administration system.

LHDs are responsible for ensuring businesses and practitioners in their area have current documentation. Businesses and practitioners will be automatically notified when their documents are expiring. If documents are not updated by the expiry date, patient referrals must be paused, and after 30 calendar days, the business or practitioner's registration will be suspended from the Scheme.

3.3.3. Removal of a business or practitioner from the Scheme

The Ministry of Health and/or the relevant LHD retain discretion to remove a business or practitioner from the Scheme for several reasons, including but not limited to:

- the mandatory requirements to maintain registration on the Scheme are not met
- there is a breach to the terms and conditions (see Appendix 1)
- they have a condition, undertaking or limitation on their AHPRA registration
- there is evidence the practitioner has not provided treatment as per the items claimed
- there are concerns about service standards, including standard of care and infection control
- there is no demand for the Scheme in the geographical region they are located.

If a business or practitioner is to be removed from the Scheme, the Ministry of Health and/or the relevant LHD must contact the business or practitioner to advise of the reasons for proposed removal.

If a business is removed from the Scheme, all practitioners registered under the business may also be removed depending on the reason for removal and at the discretion of the Ministry of Health and/or the relevant LHD. If a practitioner is removed from the Scheme, they may be removed from all businesses they are registered under depending on the reason for removal and at the discretion of the Ministry of Health and/or the relevant LHD.

If a business or practitioner opposes a proposed removal, or believes they have been unfairly removed from the Scheme, they can contact the Ministry of Health to have the matter referred to the Governance Committee (see Section 5.2.1).

3.4. Processing claims

Before paying a claim, the LHD must check:

- The patient has signed the voucher verifying that the treatment claimed has been provided.
- The treatment claimed is in accordance with the Australian Schedule of Dental Services and Glossary and the Schedule of Fees.

Where item numbers have been claimed in accordance with the Schedule of Fees, LHDs must pay these at the approved fee. The LHD has the discretion to pre-authorise and fund a

limited number of additional item numbers not listed in the Schedule of Fees, where it is applicable to an individual patient or model of care.

Once the above has been checked, the LHD must forward the claim to the relevant LHD Manager, or nominee, for authorisation and HealthShare NSW payment processing.

LHDs may decline payment of a voucher if:

- The treatment does not meet expected standards. The LHD may request clinical records, radiographs, photographs or other supporting documents as appropriate to determine quality of care provided.
- The treatment is over and above that recommended.
- Treatment is over the total monetary value of the voucher without prior approval.
- Prior approval has not been obtained for certain item numbers as outlined in the Schedule of Fees.
- There is evidence that treatment has not been provided as per the items claimed.
- The treatment has not been completed by the expiry date.
- Services are provided by a business or practitioner that is not currently accepted to participate on the Scheme.
- Businesses or practitioners have not complied with the requirements of this Policy Directive.

4. Business and Practitioner Responsibilities

4.1. Registration on the Scheme

All dentists, dental prosthetists, dental therapists, oral health therapists and dental hygienists can apply to participate in the Oral Health Fee for Service Scheme (Scheme). All practitioners must only provide dental services within their scope of practice.

Dental therapists, oral health therapists and dental hygienists applying to participate in the Scheme must outline their scope of practice in the online administration system when registering. They must have an established referral pathway with a dentist who is registered on the Scheme within the same practice to ensure that patients requiring treatment outside of their scope of practice can be treated promptly.

4.1.1. Application to register on the Scheme

To register on the Scheme, businesses and practitioners must establish a profile in the online administration system and meet the mandatory requirements to join the Scheme as outlined in the table below:

Mandatory requirements for businesses	Mandatory requirements for practitioners
Businesses must provide: • Company/trading name • Australian Business Number (ABN) • Relevant bank details • Radiation management licence (if applicable) Businesses must hold: • Public liability insurance adequate and appropriate for their practice, and • Worker's compensation insurance as required by all relevant laws of Australia relating to worker's compensation. Businesses must produce satisfactory evidence of current public liability, or worker's compensation insurance when reasonably requested to do so. Once approved by an LHD, businesses must register as a NSW Health supplier (see below, Section 4.1.1)	Practitioners must provide: • Australian Health Practitioner Regulation Agency (AHPRA) registration number, including where the practitioner has given an undertaking under the Health Practitioner National Law or where their registration is subject to a condition or restriction under that Law. • Valid Working with Children Check number. Practitioners must hold professional indemnity insurance that satisfies the requirements of the Dental Board of Australia *Registration Standard: Professional Indemnity Insurance Arrangements*. Practitioners must produce satisfactory evidence of current indemnity insurance when reasonably requested to do so.

Practitioners with limitations, undertakings or conditions on their AHPRA registration may be unable to participate in the Scheme. LHDs have discretion to determine acceptance in these circumstances.

All practitioners must agree to the terms and conditions outlined in Appendix 1.

Businesses must nominate the LHDs where their business is located or adjacent to and must nominate the service type(s) that practitioners registered under the business can provide.

Once a business has been approved in an LHD, the relevant LHD will provide a link for the business to register as a NSW Health supplier.

4.1.2. Maintaining registration on the Scheme

To maintain registration on the Scheme, businesses and practitioners must:

- ensure the information on their profile is current and update details of change within 14 days
- continue to comply with the mandatory requirements outlined in Section 4.1.1 of this Policy Directive, including continuing to comply with insurance requirements, and
- continue to comply with the terms and conditions (see Appendix 1) and reaffirm their agreement with them at least every 12 months.

The online administration system will automatically notify businesses and practitioners when their documents are expiring. Businesses and practitioners are responsible for providing evidence of renewal of mandatory documentation.

4.1.3. Taking leave or withdrawing from the Scheme

To withdraw from the Scheme, take periodic leave, or for a planned closure, businesses and practitioners must give 14 days' notice to the relevant LHDs.

In the event a practitioner takes unplanned leave or there is an unplanned closure of the business, the relevant LHDs must be notified within 14 days of this. Practitioners can submit a leave notification through the online administration system.

4.2. Professional Practice

Practitioners must meet the registration standards required by the Dental Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA), maintain and enhance their professional standards and skills, and keep up to date with best practice. Practitioners also have a professional responsibility to be familiar with and apply the AHPRA Shared Code of conduct.

Businesses and practitioners must act in a way that protects and promotes the interests of NSW Health and avoid conduct that could bring NSW Health into disrepute. Businesses and practitioners must not provide misleading information to the public, including on practice websites and when using social media. Businesses and practitioners must adhere to the AHPRA guidelines for advertising a regulated health service.

4.2.1. Quality assurance

Businesses and practitioners are expected to have a commitment to continuous quality improvement.

Businesses and practitioners must immediately inform the LHDs they are registered in of:

- Any change in AHPRA registration status, including where the health practitioner has given an undertaking under the *Health Practitioner Regulation National Law (NSW) 2009* or where their registration is subject to a condition or restriction under that Law.
- Any complaint made against the practitioner or business with, or being investigated by, a relevant authority, such as the Dental Council of NSW, Health Professional Councils Authority, or the Health Care Complaints Commission.

If requested, businesses and practitioners must provide the LHD with any relevant information regarding a change in their AHPRA registration status, or any complaint made against them.

LHDs can inform the Ministry of Health of any limitations, undertakings or conditions placed on a practitioner's AHPRA registration, or of any complaint made against a practitioner or business, if it is appropriate for this to be escalated to the Ministry of Health.

Businesses and practitioners must also participate in periodic audits and/or other quality assurance activities.

4.3. Work Health and Safety

Businesses and practitioners must fulfill their professional obligations for work, health and safety as directed by relevant regulatory bodies, such as Safe Work Australia.

Businesses and practitioners must be compliant with current infection control standards. All staff working at the practice should be informed of the risks of working in a healthcare setting, including exposure to vaccine preventable diseases and blood borne viruses.

Businesses and practitioners must comply with any policies issued by AHPRA and the Dental Board of Australia regarding work health and safety, and any policies issued by NSW Health that apply.

4.4. Provision of care

Prior to commencing treatment, practitioners must:

- Check that the voucher has not expired. If expired, the LHD should be contacted prior to starting treatment.
- Confirm the patient's identity.
- Review the patient's medical history and ensure it is safe to commence any dental treatment.
- Review the proposed treatment request that is documented on the voucher where specified, and develop a treatment plan, if required.
- Ensure treatment to be provided is clinically justified, and the site is appropriate.
- Ensure the treatment to be provided is within their clinical scope of practice, and if not, refer the patient to the LHD.
- Gain the patient's informed consent to proceed with treatment.

Where the patient has additional treatment needs that are not covered by the voucher, the practitioner must refer the patient back to the referring LHD to provide the required treatment. The practitioner must not enter into a private agreement with the patient to provide the additional treatment.

Practitioners can consult with the LHD if:

- the patient's clinical needs have changed significantly
- there are additional treatment needs beyond the voucher request, and/or
- payment for service is expected to be greater than the maximum entitlement as identified in the Schedule of Fees.

4.4.1. Conditions related to the provision of care

The following conditions for the provision of care must be followed:

- Practitioners must provide post-treatment instructions and any reasonable after care management, including but not limited to, management of pain or infection following treatment provided.
- Unless specified on the voucher, dentures are acrylic. The provision of a chrome denture through the Scheme requires prior approval by the LHD. An OHFFSS Provider must not enter into a private agreement with the patient to make a chrome denture if an acrylic denture has been approved.

- An OHFFSS Provider is responsible for all denture repairs and adjustments required within 3 months of issue of a denture.
- The provision of care provided by an OHFFSS Provider should not extend beyond the oral health services offered in-house by NSW Health.
- Dentures must comply with lawful obligations, including obligations under the *Therapeutic Goods Act 1989* (Commonwealth), *Therapeutic Goods (Medical Devices) Regulations 2002* (Commonwealth), and relevant determinations and standards.
- Dental treatment must be recorded as per the Australian Schedule of Dental Services and Glossary and Schedule of Fees.
- The items claimable are restricted by the voucher type, treatment request and the Schedule of Fees, unless pre-authorised by the LHD.
- Practitioners must provide relevant clinical information to the LHD upon completion of treatment to support continuity of care.

4.4.2. Managing missed or cancelled appointments

When a patient notifies the business or practitioner that they are unable to attend prior to the appointment, the business or practitioner should reschedule the appointment.

If a patient fails to attend a scheduled appointment, the business or practitioner must contact the patient or carer to reschedule.

If a patient fails to attend 2 consecutive appointments, or the business or practitioner has been unable to contact the patient, the referring LHD must be notified and the LHD should manage the patient in accordance with NSW Health Policy Directive *Oral Health Access* (PD2024_034).

The business or practitioner must not charge a patient if they fail to attend or cancel a scheduled appointment. The business or practitioner can consult the LHD regarding part payment for interim work completed for patients who repeatedly fail to attend to complete treatment. If prosthodontic work has been completed and the patient does not collect the completed denture, the business or practitioner may charge for the completed work on the supply of the denture to the LHD.

4.5. Making a claim

To make a claim, the business or practitioner must:

- ensure treatment has been completed by the voucher expiry date
- complete details of treatment provided on the voucher form in accordance with the Australian Schedule of Dental Services and Glossary and the Schedule of Fees
- ensure the patient has signed the voucher after the treatment has been completed, verifying the treatment to be claimed has been provided
- forward the voucher to the LHD within 30 calendar days of treatment being completed (LHDs have discretion to remove businesses or practitioners from the Scheme if they are repeatedly submitting claims outside of this timeframe).

5. Governance

5.1. Local Health District governance

Practitioners are responsible for the quality of the services they provide. Local Health Districts (LHDs) must maintain systems to ensure appropriate governance under the Oral Health Fee for Service Scheme (Scheme), for example, periodic audits of businesses and practitioners. This can include:

- administrative audits to ensure financial accountability and to identify errors of accounting and claiming
- clinical audits to ensure accurate and complete medical records are kept, and to address issues in quality of care provided.

5.2. Statewide governance

The Ministry of Health is responsible for developing guidance on quality and safety for state-wide implementation, developing and reporting on system-wide quality indicators, monitoring and analysing serious clinical incidents and overseeing state-wide governance.

5.2.1. Governance Committee

The Ministry of Health convenes the statewide Governance Committee. Its role is to:

- identify priorities for and support the development of guidance and tools to strengthen local and statewide governance of the Scheme
- support the development and implementation of statewide quality improvement initiatives
- provide a forum where issues can be discussed in a confidential manner, and
- serve as an escalation pathway for unresolved complaints or disputes.

5.3. Managing complaints

Complaints made by patients, carers, members of the public, businesses and practitioners, must follow the NSW Health Policy Directive *Complaints Management* (PD2020_013).

If a public patient makes a complaint to the practitioner or business, the business must notify the LHD of the complaint and attempt to resolve it. If it cannot be resolved, the complaint should be escalated to the LHD.

If a patient makes a complaint to the LHD, the LHD should attempt to resolve it. If required, the complaint may be escalated to the Ministry of Health.

Any complaint that cannot be resolved by the LHD must be escalated to the Ministry of Health.

Businesses and practitioners must cooperate with the LHD and/or Ministry of Health to resolve patient complaints or disputed claims.

Escalation

Some complaints (for example, alleged criminal conduct, child protection, reportable incidents, professional misconduct) require notification to either NSW Health or an external agency, as outlined in the NSW Health Policy Directive *Complaints Management* (PD2020_013).

If a dispute cannot be satisfactorily resolved, the Ministry of Health and/or the relevant LHD retain discretion to remove a business or practitioner from the Scheme.

6. The Online Administration System

The online administration system manages business and practitioner registrations and provides information to LHDs, community organisations and patients to facilitate access for public patients to practitioners registered on the Scheme.

Businesses and practitioners must agree to the terms and conditions related to use and access of the online administration system. These are found upon logging into the system.

The Ministry of Health is responsible for maintaining the online administration system, including:

- ensuring security of personal information and data
- undertaking routine audits of access to, and use of, the system
- identifying priorities for system development
- managing upgrades, system development and other quality improvement measures.

7. Appendix

7.1. Appendix 1: Terms and Conditions

By participating in the Oral Health Fee for Service Scheme (Scheme), I agree that I have read, understood, and will comply with the requirements in the *Oral Health Fee for Service Scheme* Policy Directive (PD2026_006), and I agree to the following Terms and Conditions:

Registration and Insurance

- I have fulfilled the mandatory requirements to register on the Scheme, and I will provide satisfactory current evidence of private indemnity insurance if requested to do so.
- The business(es) I am registered under have fulfilled the mandatory requirements to register in the Scheme and will provide satisfactory current evidence of public liability and worker's compensation insurance if requested to do so.
- I meet the registration standards required by the Dental Board of Australia and the Australian Health Practitioner Regulation Agency (AHPRA).

Professional Standards and Responsibilities

- I will apply the AHPRA Shared Code of conduct in my professional practice
- I understand I am responsible for the quality of care I provide.
- I will comply with current infection control standards.
- I will comply with the responsibilities of businesses and practitioners in the provision of care to public dental patients.

Communication and Conduct

- I will ensure that my public communications in relation to the Scheme do not undermine the Scheme's objectives or bring NSW Health into disrepute.
- I will not provide misleading information regarding the Scheme or NSW Health public dental services to the public.

Fee Requirements

- I agree to the set fee schedule as outlined in the Oral Health Fee for Service Scheme Schedule of Fees.
- I understand that vouchers are issued at the discretion of the LHD and I will not encourage patients to request a voucher directly from the LHD.
- I understand that my registration in the Scheme does not guarantee a predetermined number of patients.
- I agree to not enter into any financial agreement with a patient to provide care that is not covered by the voucher. If a patient requires additional or alternative treatment, I agree to refer the patient back to the LHD.

Compliance and Governance

- I will participate in periodic audits and/or other quality assurance activities if required.
- I will cooperate with the relevant LHDs and/or Ministry of Health to resolve patient complaints or disputed claims.
- I will inform the LHDs I am registered with of any complaint made against me or the business(es) in which I am registered under, or if I am being investigated by a relevant authority, such as the Dental Council of NSW, Health Professional Councils Authority, or the Health Care Complaints Commission.
- I will inform the Local Health Districts (LHDs) I am registered in of any change in my AHPRA registration status, including any limitations, undertakings or conditions placed on my registration, and I understand that I may be unable to participate in the Scheme if I have any limitations, undertakings or conditions on my registration.
- I understand the Ministry of Health and/or the relevant LHD retain discretion to remove me from the Scheme if I fail to comply with these terms and conditions.