



**Legislative Council**  
**Standing Committee on Social Issues**  
**INQUIRY INTO DENTAL SERVICES**  
*REPORT TABLED*

The Legislative Council's Standing Committee on Social Issues has released its report on dental services. The Inquiry was referred to the Committee by resolution of the House on 7 April 2005. The terms of reference required the Committee to examine a number of issues, including the availability and funding of public dental services, the quality of services provided, the impact of private health insurance on the provision of public services, issues relating to the dental services workforce and preventive dental treatments and initiatives.

The Chair of the Social Issues Committee, Jan Burnswoods MLC, said "The Committee is very concerned that a large number of people are not able to access proper dental care. Funding was one of the key issues of the Inquiry, and the report emphasises the need for both the Commonwealth and State Governments to provide additional funding for dental services, and examines Commonwealth incentives on private health insurance and the possible extension of Medicare".

"The Committee has heard that access to public dental services is affected by very long waiting lists, difficulties in accessing treatment, particularly in rural and remote areas, and a shortage of dental practitioners working in public dentistry". Ms Burnswoods continued, "The Committee has made recommendations to ensure that public dental services are sufficiently staffed and resourced to provide an adequate level of care".

"The Committee learnt that the demand for both private and public dental practitioners is predicted to increase in the next ten years and has therefore made recommendations relating to the dental workforce and the education and training of dental practitioners" Ms Burnswoods commented.

"This report also highlights the need for more comprehensive preventive dental treatment and education, as dental disease can be avoided." Ms Burnswoods said, "The Committee recommends that a campaign, like 'Slip, Slop, Slap' for example, be used to educate people about the importance of caring for their teeth and their oral health."

"On behalf of the Committee, I thank all of the participants in this Inquiry for their time and expertise", Ms Burnswoods said.

The Executive summary and list of the Committee's recommendations is attached. The report can be obtained via the Committee's website at [www.parliament.nsw.gov.au/socialissues](http://www.parliament.nsw.gov.au/socialissues) or be obtained from the Committee Secretariat on 02 9230 3078.

*For further comment please contact Jan Burnswoods MLC, Committee Chair,  
on 9230 2488 or 0419 412 154*

# Executive summary

## Chapter 1 – Background to the inquiry

The Inquiry into dental services was referred to the Committee by resolution of the House on 7 April 2005. The motion to conduct the Inquiry was moved by the Hon Dr Chesterfield-Evans, in response to community concerns that the public dental service is not meeting current demand or providing adequate dental treatment for eligible patients, and that the cost of private dental care is increasing.

The Committee received 263 submissions to the Inquiry. The Committee also conducted eight days of hearings, at which it heard evidence from 64 witnesses, including NSW Health, the Australian Dental Association (NSW Branch), peak bodies representing various arms of the dental profession, oral health professionals and community groups. The Committee visited Port Macquarie and Broken Hill to gain an understanding of different aspects of public dental services and related issues, such as preventive treatment, in regional and rural areas of New South Wales.

## Chapter 2 – Public and private dental services in NSW

This chapter provides an overview of the public and private dental services provided in New South Wales and the criteria for eligibility to receive public dental services. Many submissions expressed concern about the increasing cost of private dental treatment, which is described in the chapter, and which highlights the issue of affordability of dental services for lower income earners. The Chapter also provides information on the consequences of poor oral health and its detrimental effect on general health. Discussion of the predicted increase in demand for dental services in the future provides a context for later chapters concerning the need for an increased dental workforce.

## Chapter 3 – Funding

The funding of public dental services in New South Wales was a key issue arising in this Inquiry, with a large number of submissions stating that funding is not sufficient to provide adequate public dental services. This chapter notes the ongoing debate between the Commonwealth and State Governments concerning their respective responsibilities to provide funding for public dental services, and explains the funding that is currently provided. The programs through which public dental services are administered are described, together with the problems that have arisen in implementing some of the programs and the corresponding effect on the provision of proper public dental services. The Committee makes recommendations concerning the need for increased funding of public dental services, the need for a more coordinated approach to oral health spending and the efficacy of some of the programs through which public dental services are administered.

In this Chapter the Committee also examines the impact of private health insurance on the provision of dental services, with particular reference to the Commonwealth Government's 30% rebate incentive on private health insurance, and the extension of Medicare to cover dental treatment. The majority of the Committee makes recommendations urging the Commonwealth Government to review the 30% rebate and redirect funding towards more affordable private and public dental services, and to extend Medicare to cover dental services provided to special needs groups and children up to the age of 16 years.

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#### **Chapter 4 – Dental workforce**

This chapter examines dental workforce issues in New South Wales. The Committee notes that there is a current shortage of dentists and other dental practitioners working in public dentistry, particularly in rural and regional areas, which will be exacerbated by the increased demand for both public and private dental services in the future. The nature of the current dental workforce and its composition is described, as are the issues that deter dental practitioners from working in the public dental system, particularly lesser remuneration levels compared to private dentistry and a loss of dentistry skills. The Committee is committed to a well-resourced public dental service, staffed by salaried professionals and considered the suggestions made by many of the peak bodies representing dental practitioners that would promote employment in public dentistry. The Committee makes recommendations to strengthen the public dental workforce through increased remuneration levels, adjusting State awards and other incentives.

#### **Chapter 5 – Education and training**

This chapter considers the education and training of the dental workforce, following on from the workforce shortages described in Chapter 4. The Committee examines the current structure of dental courses, the cost of training students in dentistry, student fees and the number of graduating students. The Committee recommends that a greater number of HECS funded student places be provided in university courses to ensure that there are enough graduating dentists to meet future demand. To increase employment in the public dental workforce the Committee also recommends that internships for newly graduated dental practitioners be considered. The Committee also discusses the shortage of academics to teach in dental faculties.

#### **Chapter 6 – Demand for and access to public dental services**

A second key issue to arise out of the Inquiry was the great demand for public dental services. A large number of submissions commented on the length of time patients were required to wait in order to receive public dental treatment and the quality of the treatment received. This chapter details current demand and examines the quality of care received in dental services, noting the contrast in equipment and treatment in the public system to that in private dentistry. The Committee makes recommendations to reduce waiting lists for public dental treatment and to ensure that public dental clinics are adequately resourced and equipped.

Access to adequate public dental services emerged as a major issue, particularly for those patients living in rural and remote areas, and the Committee makes recommendations to increase those services and the adequacy of treatment provided. The oral health of special needs groups such as children, the elderly, indigenous Australians, migrants and refugees, disabled patients and other such groups is also addressed and the Committee recommends that services to these groups should be specifically addressed. The Committee also recommended in Chapter 3 that these groups should receive dental services by the extension of Medicare to cover their oral health.

#### **Chapter 7 – Prevention**

Oral disease is largely preventable, and this chapter examines the importance of preventive dental treatment, and how that treatment can be best provided. The lack of comprehensive monitoring of oral health in New South Wales was highlighted, as was the importance of such information in planning oral health strategies, and the Committee accordingly recommends that a survey unit be established within NSW Health.

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The Committee notes the link previously discussed in Chapter 2 between oral and general health and the importance of an holistic approach to the two, and recommends that oral health promotion be integrated into mainstream health promotions in areas such as schools and early childhood health centres. The Committee also heard evidence that greater community knowledge about preventive treatment and the effect of diet on oral health is required and therefore recommends the dissemination of information through combined Federal and State Government targeted education programs, the use of oral health promotion teams, and nutrition education campaigns. The Committee also recommends that sufficient funding be allocated to prevention and oral health promotion strategies.

### **Chapter 8 – Fluoridation**

The Committee received an overwhelming amount of evidence on the issue of fluoridation of public water supplies, with a significant amount of the material being scientific information outlining potential positive and negative effects of fluoridation. This chapter provides an outline of the arguments for and against fluoridation. The Committee recommends that any decisions as to fluoridating water supplies should be taken by NSW Health rather than local councils, and that the decision making process should be carried out in consultation with councils and communities.

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## Summary of recommendations

### Recommendation 1

That the funding of public dental services in New South Wales be reviewed and increased to improve public dental services and be comparable to other states.

### Recommendation 2

That area health services spend their oral health budgets on providing oral health services, and that a transparent accounting system be developed to monitor oral health spending in area health services to ensure a coordinated approach to oral health spending.

### Recommendation 3

That NSW Health continues to work in coordination with other state and territory governments, the Federal government and a broad range of stakeholders within New South Wales to achieve the actions and objectives of the *National Oral Health Plan 2004-2013*.

### Recommendation 4

That the NSW Government urge the Federal Government to increase direct spending on oral health and public dental services.

### Recommendation 5

That the oral health strategic plan, the associated framework for action, and the Aboriginal and Torres Strait Islander plan be implemented by NSW Health and the NSW Oral Health Promotion Network in consultation with relevant stakeholders, including the Commonwealth Government, and that sufficient funding to implement the objectives of the plan be made available.

### Recommendation 6

That NSW Health, in consultation with relevant stakeholders and users, review developments to the Information System for Oral Health to ensure its improved efficacy and usefulness.

### Recommendation 7

That a comprehensive child oral health program, targeted through schools, be implemented and adequately staffed and funded.

### Recommendation 8

That NSW Health review the fee schedule under the Oral Health Fee for Service Scheme, in consultation with the Australian Dental Association and other relevant stakeholders, with consideration to the dental fee schedule of the Department of Veterans' Affairs, and continue to review the schedule regularly.

### Recommendation 9

That NSW Health conduct further research to determine the feasibility of co-payments for public dental services, taking into account funding requirements, budgetary implications, systems used in other States and impacts on low-income public dental services users.

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**Recommendation 10**

That the New South Wales Government urge the Federal government to review the 30% rebate and to redirect funding towards more affordable private and public dental services.

**Recommendation 11**

That the NSW Government urge the Federal Government to extend Medicare to cover dental services to special needs groups and children up to the age of 16 years.

**Recommendation 12**

That:

- the award remuneration levels be reviewed for dental officers (dentists) and increased to a level to attract dentists to the public dental sector
- the State award for dental therapists and dental hygienists be reviewed and remuneration levels increased to include recognition of the Bachelor of Oral Health degree from both the University of Newcastle and the University of Sydney
- a State award for dental prosthetists be created
- the State award for dental specialists be reviewed and remuneration levels increased.

**Recommendation 13**

That NSW Health consult with the Australian Dental Council to address issues relating to overseas registered dentists and to promote the limited registration scheme.

**Recommendation 14**

That NSW Health consider additional incentives to encourage more oral health professionals to practise in rural areas.

**Recommendation 15**

That the NSW Government work with the University of Sydney and Commonwealth Government to increase the number of HECS places for the Bachelor of Dentistry course.

**Recommendation 16**

That the NSW Government with the universities and Commonwealth Government carry out a review of numbers and impact on the workforce of graduates from the Bachelor of Oral Health courses in NSW.

**Recommendation 17**

That NSW Health investigate the benefits of internships and specialist registrarships for graduating dentists, including the feasibility of achieving interstate mutual recognition.

**Recommendation 18**

That the NSW Government work in collaboration with the Commonwealth Government to address the issue of low remuneration for dental academics, and the corresponding need to increase funding.

**Recommendation 19**

That the Priority Oral Health Program be reviewed, with particular reference to waiting times, to ensure that patients in the public system receive adequate treatment within reasonable time frames.

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**Recommendation 20**

That the standard of equipment at public dental clinics, particularly in rural and remote areas, be reviewed to ensure that it is adequate to deliver a satisfactory level of treatment to patients.

**Recommendation 21**

That:

- rural and remote dental services be increased
- new dental clinics and facilities be located in areas accessible by public transport
- clinics and facilities in rural and remote areas be fully equipped
- the use of mobile dental units be investigated
- the use of existing medical infrastructure for the transfer of medical information be explored with respect to dental services.

**Recommendation 22**

That, in addition to recommendation 11 concerning the extension of Medicare to cover dental care for special needs groups, the following issues be considered with respect to elderly patients in the light of the new oral health plan to be implemented in New South Wales:

- access to dental services, including transport possibilities and difficulties faced by frail patients in wheelchairs
- education about oral health, including the dissemination of information through doctors, dentists and pharmacists about medication and its effect on oral health
- the greater provision of oral health services in aged care facilities
- the training of dentists, staff and carers in the oral health needs of elderly and frail patients and patients suffering dementia.

**Recommendation 23**

That the new oral health plan for New South Wales consider the need to provide culturally appropriate and accessible oral health services for indigenous people, comprising education for children and adults, the provision of a wider range of services beyond emergency treatment, and the means of providing preventive treatment and education.

**Recommendation 24**

That the new oral health strategic plan for New South Wales consider the issues related to special needs groups, including priority in treatment, appropriate training for dental practitioners and the need for ongoing education programs and the dissemination of information.

**Recommendation 25**

That NSW Health consider the feasibility of alternative means of providing public or subsidised dental services including public-private partnerships.

**Recommendation 26**

That NSW Health consider establishing a survey unit and its role within the Centre for Oral Health Strategy.

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**Recommendation 27**

That oral health promotion be integrated into mainstream health promotion, such as Early Childhood Health Centres, the Blue Book and primary school education programs.

**Recommendation 28**

That a targeted oral health promotion campaign, like the “Life Be In It” and “Slip Slop Slap” campaigns, be part of the Oral Health Promotion Framework, and that the NSW Government continue to work with the Federal Government to ensure funding and coordination of a national oral health campaign.

**Recommendation 29**

That NSW Health consider the use of oral health promotion teams in area health services across NSW.

**Recommendation 30**

That nutrition education be included in NSW Health oral health and general health promotion initiatives.

**Recommendation 31**

That additional funding be specifically allocated to prevention and oral health promotion strategies.

**Recommendation 32**

That the legislation be amended to make decisions to fluoridate public drinking water the responsibility of NSW Health not local councils, with provisions for consultation with councils and communities.

**Recommendation 33**

That NSW Health publish the results of the National Adult Survey of Oral Health when available.