

Submission
No 93

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

Name: Ms Venkatesh Bhardwaj

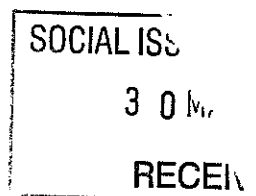
Telephone:

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Theme:

Summary

The Standing Committee on Social Issues
Legislative Council
Parliament House
Macquarie Street, Sydney, NSW 2000



24th May 2005

Dear Sir/ Madam,

I write this letter in order to communicate the views that students in the Graduate Dental Program at the University of Sydney have about dental services to the wider community of New South Wales.

My name is Venkatesh Bhardwaj and I am a fourth year dental student in the Graduate Dental Program at the University of Sydney. I have been the student representative for the past 4 years of the Bachelor of Dentistry program. My peers and I are involved in the NSW public health system on a daily basis as part of our ongoing professional education. As part of our clinical education, we are required to treat patient cohorts at two of the major public dental hospitals in NSW. In our final year we are also rotated to various public rural clinics for two weeks.

This document aims to briefly outline the major concerns that we as students have regarding the public dental system, as well as brief possible solutions to address the issues at hand. The problems encountered may be broadly categorised into the following:

- Poor communication
- Waiting lists in the public dental system
- Shortcomings in dental education relating to decreased clinical time at University and lack of experienced staff.

The solutions to these problems may be broadly categorised as:

- Improved communication amongst various health groups
- Better and more active Community Oral Health policies/programs
- Improved state and federal funding

Poor communication is a common feature in the downfall of many great organisations. Being such a common feature it is hardly surprising that it exists in great proportions amongst the major players in public oral health. The lack of good collaboration is evident to us as consumers (as well as providers) of the public dental system. Due to a lack of communication between the public dental hospitals and the Faculty of Dentistry we as students are missing out on the opportunity to benefit from the already limited resources available.

This lack of communication directly affects and hinders our ability to provide services to the wider community. Rather than having several organizations working in their own methods towards improving public oral health, there needs to be a more collaborative effort from each of these organizations in creating a uniform approach in order to achieve the required goals. There needs to be a representative of each organisation that is able to correspond with each other on behalf of their respective entity. These individuals could then be overseen by a group at the NSW Department of Health. Some of the key players who could perform this role include the NSW Department of Health, the Dental faculty at the University of Sydney, the Oral Health Foundation (OHF), the Australian Dental Association (ADA), the Association for Promotion of Oral Health (APOH), the Sydney University Dental Undergraduates Association (SUDUA) and various others. The aim of the collaboration must be towards achieving the common goal of an improved public dental system.

Improved communication and appropriate channelling of resources would greatly enhance the ability of the public dental system to provide appropriate and effective dental care to the community.

Long dental waiting lists in hospitals are partly an attribute of the backlog in the system, and also due to a lack of community understanding of oral disease. As professionals we spend significant amounts of time learning that dental disease is preventable. This means we are in a good position to implement a community dental program (CDP) which aims to decrease the extent of oral disease in the community by increasing awareness. A collaborative effort would allow the program to engage various target groups. Raised awareness in the community would equate to reinforcement of the idea that dental health is part of an overall state of well being. This would have a direct effect on the treatment provided in hospital waiting lists.

Improved oral health awareness would lead to shorter waiting lists and more treatment would be provided as part of general routine and preventative care rather than emergency care.

One of the major issues in the public dental system is the severe lack of funding allocated to the public dental clinics and the University. There needs to be a strategic plan to allocate financial resources to the University in order to increase the number of places for local students to study dentistry. The current trend of international students serving as “Cash Cows” in order to help financial shortcomings is a sad truth that will have serious repercussions in the future. There exists a growing demand for an injection of local students trained to address the dental needs of urban and rural communities in NSW. There is also an urgent need to increase funding for the payment of appropriately qualified instructors and tutors for students in the Bachelor of Dentistry program. In the past four years of this degree, the decline in numbers of general practitioners and specialist staff employed by the University as well as the hospitals has become evident. Recent graduates (sometimes with less than one year’s experience) are being employed as tutors. As such, the lack of experienced staff as educators inhibits the “passing down” of expertise to future clinicians, thereby not optimizing service provision to the consumers of the public health system and the community at large, and affecting the quality of dental education. More monetary benefits and incentives need to be offered to attract senior staff back to teaching positions. The state government needs to intervene urgently in this regard.

There is the need for a collaborative effort between the various clinical schools in the urban and rural areas of NSW in order for better public services to be provided. This would enable the pooling and sharing of teaching resources including specialist and general dental practitioners. This plan could be modelled on the current system in place with the medical clinical schools attached to base hospitals that provide teaching, learning and accommodation facilities. While reducing the demand in these regions, it provides students with an exposure to the wider population of NSW. To achieve this, it may also be worthwhile to introduce a dental internship program. This would incorporate an extended period of time (3-5 months) in a rural setting within a base hospital. Such a program would have two aims – firstly to increase severely lacking clinical time under partly supervised conditions, so as to improve and increase

learning experiences. Secondly, to provide a continuous supply of clinicians and specialists to the rural regions of NSW, thereby relieving the pressure on public dental services in rural NSW. This is likely to have a significantly positive impact in uplifting the poor state of public dental health both in rural as well as metropolitan NSW.

While the above mentioned issues are not the only concerns to us as students involved in public dental health, they form the key issues that we consider are likely to have a harmful effect in the long term on the profession and the wider community that it serves. We sincerely appreciate having being given this opportunity to present our collective thoughts and look forward to working together with the key players in the provision of quality dental care in New South Wales. We would be only too glád to respond to any comments or answer further queries on the matter as we feel it pertains directly to us. We look forward to hearing the outcomes of the inquiry.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Venkatesh Bhardwaj', with a horizontal line underneath the name.

Venkatesh Bhardwaj BSc

Year 4

Bachelor of Dentistry
University of Sydney