

Submission  
No 193

## INQUIRY INTO DENTAL SERVICES IN NSW

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**Theme:**

**Summary**

# Institute of Dental Research

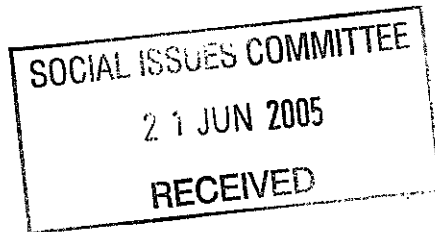
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The Inquiry into Dental Services  
The Standing Committee On Social Issues  
Legislative Council  
Parliament House  
Macquarie St. Sydney, NSW 2000



17 June 2005

Dear Sirs,

I am writing as the Director of the Institute of Dental Research and therefore as an interested party, to emphasise the underlying importance of research.

Under the aegis of the previous health minister the Institute was relocated to the Westmead Campus for the strategic purpose of strengthening the capacity to make significant contributions to oral health research. This initiative also included the planned establishment of an Oral Health Research Committee to provide oversight, independent review, and to recommend allocation of resources from an Oral Health Research Fund. This key component has lapsed, due in large measure to the hiatus in leadership in Oral Health.

While the Standing Committee will undoubtedly receive submissions relating to concerns of service and the linked issue of workforce, it is important to understand the importance of research in population health outcomes. By way of background, reference is made to two diseases that contribute the greatest morbidity, caries (tooth decay) and periodontal diseases (inflammation of the gums leading to loosening and loss of teeth). Rapid progress in biomaterials research has provided a range of advanced restorative materials for the repair of carious teeth. Applications remain restricted however, because of the limitation imposed by uncertainty regarding the complexity of the disease process of caries. Recent analysis, including data obtained at the Institute using advanced molecular techniques developed with funding from the National Institutes of Health USA, has enabled dissection of the polymicrobial consortia that initiate and extend the lesion. This knowledge provides a platform for interventional strategies both to reduce the incidence of disease and to inform regarding treatment choices with major implications for population health. Similarly, in the context of periodontal disease, research at the Institute has built on the global research effort to both define the association of variants of a key microbial pathogen with susceptible population groups and to target anti-microbial drugs to this organism to achieve selective suppression without altering the normal microbial flora.

Accordingly, while investigative activities such as those described contribute important new information and provide a pool of experts who have the ability to interpret new technologies,

there is a present disjunction from clinical management and population health strategies. A governance model incorporating an empowered Oral Health Research Committee would facilitate the required synergies. By way of examples: representation to support conjoint clinical appointments and to strengthen registrar funding will impact immediately on the provision of high level care but will also provide the interface of clinical research and laboratory investigation which is presently lacking. Representation to adapt the acclaimed Information System for Oral Health developed at the Westmead Centre for Oral Health to include research modules would allow the ready translation of clinical procedures to service at the population level. Further linkage would be provided by an initiative to establish a population oral health surveillance unit, most logically achieved by the metamorphosis of the Centre for Oral Health Strategy.

This is a personal view based on a research perspective. It is important that the Standing Committee is aware of the opportunities as well as the threats relating to oral health in NSW. I will of course, be prepared to provide further information, as required by the Committee.

Thank you for considering this submission.

Sincerely,

A handwritten signature in cursive script that reads "Neil Hunter".

Professor Neil Hunter