

Submission
No 94

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

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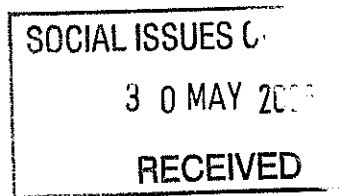
Telephone:

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Theme:

Summary

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



26th May 2005

Dear Sir/Madam,

As students currently enrolled in the Graduate Dental Program at the University of Sydney, my colleagues and I are in a good position to raise awareness of the problems present in the public dental system, and also to propose solutions to these problems. As such, this letter aims to communicate our views on the current state of public dental services in New South Wales, and to suggest some possible means of rectifying the system's inherent problems.

The problems we can identify fall into three broad areas. One major issue is the lack of cohesion and communication between the various organisations and stakeholders involved in public dental health management, service provision and dental education. Additionally, the presence of prolonged and inequitable waiting lists in the public dental system is a major concern. As students, we also have grave concerns about the quality of dental education in this state due to funding shortfalls and inadequate resource allocation.

The solutions we propose to address these problems include improvement of communication between the stakeholders in public dental health and the formulation of cohesive and focused agendas involving all these organisations, with the common aim of improving the quality of dental services in NSW. Appropriate and adequate allocation of resources to the public dental system and the University would be an initial step in addressing the problem of waiting lists and improving dental education. Additionally, recognition of the fact that dental health is a significant part of overall health and quality of life, and that the burden of dental disease extends far beyond lengthy waiting lists in public dental clinics, should translate into improved policy-making and appropriate evaluation of the importance of adequate funding for dental services.

The organisations and stakeholders involved in public dental services in NSW include such varied groups as the NSW Department of Health, the area health services, the Faculty of Dentistry at Sydney University, the Oral Health Foundation, the Australian Dental Association, the Association for the Promotion of Oral Health and many others. At present, each of these groups are pursuing their own methods of improving the public dental system, without a great deal of collaboration or communication with other groups. If the aim of each group or stakeholder is to improve public dental services, then a collaborative effort with a common agenda, but utilising the different strengths of each organisation, would be a positive step. The formation of an umbrella organisation which can coordinate the activities of each individual stakeholder towards a common goal should facilitate a more focused and effective approach to identifying problems and deficiencies in the system, and providing solutions to these problems.

Central to any improvement of dental service provision in NSW and Australia as a whole is the necessity of a paradigm shift in thinking regarding the importance of dental health. Dental disease is a significant burden on the community in terms of pain and suffering, and as is becoming apparent in research on the subject, dental disease is also a hitherto

unrecognised burden on the public health system due to the serious consequences of untreated dental infection. Periodontal disease is now recognised as a risk factor for significant systemic illnesses such as cardiovascular disease,¹ and as further evidence on this association emerges the case for re-evaluating the seriousness of dental disease will become even stronger. The Federal Government's current low priority on dental health, as demonstrated by the lack of Medicare coverage for dental services, and the lack of funding allocated to dental health by the State Government, is a mindset which must change. A patient can have a painful eye or a painful foot treated, but must wait months to years or pay a large amount to have a painful tooth treated. This is an unacceptable situation.

Related to this undervaluing of the significance of dental disease is the issue of under-resourced and inappropriately managed public dental clinics and the consequent long waiting lists for treatment. The essence of the management of dental disease is prevention – we as students are continually exposed to this fact – yet in our communities there is a significant lack of dental education and preventative programs. Adequately resourced, appropriately targeted preventative programs would go a long way towards reducing waiting lists for major dental treatment in public clinics. It would also reduce the disease burden on the community and the health system. As such, community health programs would reduce waiting lists by preventing patients being placed on the lists in the first place.

Another means for reducing waiting lists is at the service provision end, by means of adequate staffing for public clinics. This is particularly an issue in rural and remote areas. With an average of only 50 students graduating in NSW each year, an increasing number of those being international students who will not remain in the state after graduation, and the lack of incentive to remain in the public system, dental service provision in NSW is approaching crisis point. This issue can be managed by a number of different approaches. Adequate funding of the University in order to allow a larger intake of local students and a reduction of the reliance on full-fee-paying international students in order to run basic courses is necessary. In addition, the provision of a paid internship for dental graduates would ensure the presence of practitioners in the public system, both rural and urban, and would improve the quality of dental education.

With the transition of the dental program at the University of Sydney to a Graduate entry program based on the Graduate Medical Program, dental education has entered a new era and one which requires changes in the way dental students and the public health system interact. The new course involves a paradigm shift in the way dentistry is viewed – the focus of dental training is now to produce health professionals, rather than tooth mechanics. The medical program also has this aim, and medical students are provided with an internship year which enables them to gain experience under supervision and also provides service to rural areas of NSW. Consequently it may be seen that dentistry has need of an internship program as much as, if not more than, the medical program, due to the intensive clinical nature of the course. Students currently enrolled in the dental program at Sydney University feel that an internship program of up to 6 months, which may involve service in rural areas, would be an appropriate and useful conclusion to their studies.

At present, students are caught between two organisations, each with their own agenda – the University, which is seeking to educate students in the range of clinical situations which they may encounter in clinical practice; and the public dental system, which is seeking to reduce waiting lists. These two agendas frequently conflict, and this conflict is not in the best

¹ Garcia, R., Henshaw, M., and Krall, E. Relationship between periodontal disease and systemic health. *Periodontology* 2000 2001: 25: 21-36.


interest of either students or of consumers of the public dental system. Whilst students need clinical experience in order to learn, pressure from public health authorities to reduce waiting lists does not always result in an appropriate learning environment. Students attend university clinics to learn, and service provision is a minor by-product of their learning experience. Students should not be relied upon for service provision as this is an inefficient means of reducing waiting lists. Better management would involve the use of dental interns, who have completed their clinical training, to address the need for service provision.

Inadequate funding to the university has also affected the quality of dental education, furthering the case for a semi-supervised internship program to be instituted. The lack of resources has led to the loss of many experienced and highly qualified teaching staff, resulting in student clinics being supervised and taught by dentists who are only one or two years post graduation. This is unacceptable in terms of patient safety and also reduces the educational opportunities available to students. Increased funding should be used to encourage experienced tutors to return to teaching positions. A better educational experience would lead to well-qualified dental interns who could then be used effectively in service provision in rural and urban public dental services.

In summary, many of the issues relevant to the improvement of public dental services in NSW could be managed by better collaboration between stakeholders, improved funding to both dental education and dental public services, and the provision of targeted community dental programs with the aim of preventing dental disease and hence preventing patients ever entering the public dental system with significant problems. A change in thinking regarding the significance of dental health and disease would facilitate many of these changes becoming a reality.

In conclusion, whilst the issues raised in this letter represent only a few of the concerns which dental students have regarding dental education and service provision in NSW, they are key issues which may be targeted initially in an action plan to improve public dental services in NSW. As future members of the dental profession we strongly support any efforts to improve the status of dental service provision in the state, and we appreciate being given the opportunity to share our views on the topic. We are in a unique position to comment on many aspects of the public dental system and as such welcome any further questions which may arise, and will be most happy to participate in further discussion on the subject. We look forward to working with other stakeholders in dental service provision and management towards the goal of a better dental service in NSW. We will be greatly interested in hearing the outcomes of the inquiry, and thank you once again for the opportunity to put forward our views on this issue.

Yours sincerely,



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