

Submission
No 198

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation: Public Health Association of Australia
Name: Ms Pieta Laut
Position: Executive Director
Telephone: 62852373
Date Received: 28/06/2005

Theme:

Summary



Ms Susan Want
Standing Committee on Social Issues
Inquiry into and on Dental Services in New South Wales
NSW Parliament House
Macquarie Street
SYDNEY NSW 2000

Dear Ms Want

Oral Health Inquiry

The Public Health Association of Australia (PHAA) is a forum for the promotion of the health of the public as well as serving as a professional resource for public health personnel. The Association has a national and multi-disciplinary perspective on public health issues and actively undertakes advocacy for public health policy, development, research and training. The PHAA is a non-party political organisation.

Thank you for providing this opportunity for the PHAA to provide comments on the provision of oral health in New South Wales (NSW). The PHAA apologises for the lateness of this submission, but in light of the short period for making submissions, requests that the Committee be given the opportunity to take into consideration this submission.

The PHAA believes that the issues faced in the provision of oral health in NSW are currently being faced in all of the States and Territories. We believe that the most significant problem lies in the imbalance between supply and demand.

Firstly, oral diseases are unevenly spread through the population with demographic 'pockets' where disease levels are high. These are usually linked to low socio-economic status.

Secondly, our population is ageing and we have a greater proportion of older people who have been able to keep their teeth unlike earlier generations. This has created an increased demand for services and for complex dental care, which is projected to grow into the future.

Thirdly, there is a geographical imbalance in demand and supply, with supply meeting needs in some communities and not in others. This imbalance extends to the distribution of fluoride, especially in rural areas. Future workforce projections show that the gap between ability to supply oral health care and the demand for care is going to grow. It is clear that Australia as a whole will need many more providers to meet

needs based on today's supply levels, let alone to deal with the increased demand brought about through an increasingly aged population that still retain their teeth.

The PHAA believes that the appropriate use of Oral Health Therapists (OHTs) can provide a significant contribution to overcoming these supply issues.

Background

Caries and periodontal diseases run at epidemic levels in our communities and the need for immediate treatment is apparent. It is also apparent that the NSW oral health program must:

- incorporate the capacity to treat disease with low and medium technologies;
- respond to the uneven distribution of disease (there is little economy in having the most expensive provider seeing every person when in many situations lower cost providers can assess and refer patients);
- meet the unmet needs for care even for those who are expensive to service; and
- provide an appropriate workforce level (Workforce projections of shortages mean that we either have to reduce demand for care or increase supply. The Bachelor of Health graduate can fulfill both of these needs due to the strong emphasis on prevention and Oral Health Promotion and the lower cost and shorter training time for graduates. This provides an increase in supply of providers to compliment dentist workforce numbers. A workforce mix study in the United Kingdom recently recommended that the ratio of Oral Health Therapists (OHT) to dentists should approach 1:1 for optimal service provision. The ration in NSW is about 14.3 dentists to one Oral Health therapist.

The PHAA would like to note that between 1998 and now all States and Territories:

- have reviewed their oral health legislation in light of the national competition policy criteria related to the ability to maximise competition. In this regard NSW has shown the least change; and
- have moved to allow dental therapists to work in private practice and allow hygienists to work off-site from dentists, so long as a dentist has carried out an examination and developed a treatment plan.

Overseas practice shows that:

- dental hygienists and therapists can and do provide services in a wide range of settings and with less regulation. These models are useful to inform our thinking about future developments. In the UK and Netherlands the oral health therapist is the practitioner of the future. The Netherlands has added diagnostic and restorative skills to their existing dental hygienists who can work in independent practice, hospitals and community settings, anywhere that there are needs that match their skills. Independent practice also occurs in some State in the United States and Canada, Switzerland, Sweden, Norway and Denmark. Hygienists in those countries can diagnose and develop treatment plans for their own services and refer patients with further needs to a dentist. They work in

community health settings, outreach programs, hospitals, public health programs as well as private dental practices including specialist practices of all types.

- UK legislation now allows practice according to competency and education without defining specific skill areas and New Zealand's new legislation has also grappled with how to regulate practitioners with different educational backgrounds and abilities. They have used a range of categories of registration similar to the registration process in Western Australia.
- Oral health is not only a biological phenomena, rather it is the cultural and behavioural features of each person that makes the difference in oral health status. Practitioners need to be able to work with these characteristics in order to improve oral health. This is what makes the practice of Oral Health Therapists philosophically public health based, that is, they work with individuals but it is improvement of oral health that is the basis of this approach.

OHT's potential contribution

The PHAA believes that OHTs can contribute to improving oral health in NSWs communities by:

- providing a wellness' approach that emphasises health promotion, prevention and minimal intervention first;
- providing social and biomedical approaches;
- working collaboratively, inside and outside the oral health sector;
- enabling lower cost models of care to be introduced and
- providing care in underserved communities.

The PHAA believes that the outcomes that could be engendered by altering regulations to allow for the use of dental therapists and hygienists include:

- in the short term, more dental therapists and hygienists in the workforce;
- therapists and hygienists working in team relationships with dentists and other health care providers applying their skills where required to support oral health for all members of the community;
- increased levels of prevention services in the community leading to lower levels of disease and a re-orientation of health services to a more health promoting approaches;
- unprofitable consumer groups (eg the elderly, disabled, homebound, homeless, rural and remote, low income, chronically ill) can utilise least costs models of care in the future, reflecting trends interstate and overseas;
- improved innovation and responsiveness to local service needs based on a better understanding of competence and roles;
- practices could develop a wide range of skills based on Dental Therapists and Dental Hygienists including (children, disabled people, orthodontics, perio or prosthodontic practices, youth programs, domiciliary care, schools and specialist dental units in hospitals);
- consumers being provided with more choice about which practitioners they can see;

- reduced prices of services particularly at the market margins where consumers are forced out of the market; and
- therapists and hygienists in primary care roles which is less costly in communities where dental needs are diverse, and where the cost of having a dental hygienist or technician carrying out a dental examination and undertaking appropriate referrals is less than having a dentist undertake the same service.

The PHAA would be happy to talk to you or your staff on these matters should you find it useful in your deliberations. I can be contacted on (02) 62852373 or at plaut@phaa.net.au

Yours sincerely,

Pieta-Rae Laut

Pieta Laut

Executive Director

Public Health Association of Australia

20 June 2005