

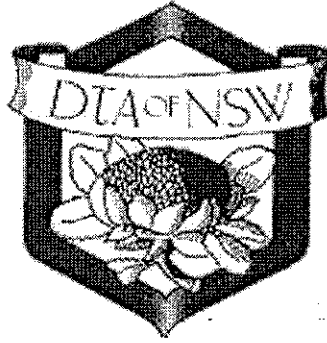
Submission
No 78

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation: NSW Dental Therapists Association Inc
Name: Ms Kay Franks
Position: President
Telephone:
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Theme:

Summary



NSW Dental Therapist Association

PO Box 48
Westmead
NSW 2145

Contact Details

President:

Ms Kay Franks
206 Steyne Road
Saratoga
NSW 2250

02 43631168 (H)

43203881 (W)

kfranks@acay.com.au

Research Officer:

Ms Janet Wallace
3 Carlyle Close
Jilliby
NSW 2259

02 43511486 (H)

02 948196 (W)

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SUMMARY

This submission presents the views of the NSW Dental Therapy Association Inc. the professional representative body in NSW for Dental Therapists.

Dentistry is currently in crisis in NSW, the profession is experiencing extreme labour shortages across all disciplines in both the public and private sector, in rural and urban areas.

In the public sector waiting lists for dental treatment in NSW are escalating, treatment is being provided in an ad hoc manner, resulting in a 'bandaid' solution for a long term, entrenched problem. The private sector fares a little better, however many practices have had to refuse new patients' because of the increasing demand for services

"The dental labour force is also mal-distributed within the private and public sector; this is indicated by 30% of the adult population eligible for public dental visits, in contrast with the 9.8% of dentists working within the public sector." (AIHW Dental Labour Force, Australia 2000.)

Specific groups are particularly disadvantaged by these shortages, for example low socio-economic, children, Indigenous peoples, young adults, the elderly, CALD and special needs patients.

Dental Therapists are the only other existing allied dental occupation with similar skills to dentists. These skills need to be enhanced and recognised as valuable to the current critical situation.

"In many professions greater use of Para-professional employees could help to solve problems in the delivery of professional services. By performing jobs formally handled by professionals, the auxiliary worker frees the professional for more complex tasks and thereby insures a greater supply of services. In medicine, dentistry and law, for example, the greater use of Para-professionals is increasing, resulting in greater outputs of services by these professionals." (MacBride, 1974)

Dental Therapists have provided dental care to children within NSW for the past 30 years. They are currently restricted to the public sector as historically, training was supported financially by the Department of Health. This is no longer the case. The Faculty of Dentistry at Sydney University is currently offering the Bachelor of Oral Health, which has replaced training, previously provided by the College of Dental Therapy.

As a result of the review of the Dentists Act 1989, in 2001 Dental Therapists gained registration. This is a step forward for the profession and brings NSW Dental Therapists in line with other states. However, this is where the similarities end. **In other states Dental Therapists have gained the right to work in the private sector, a right that has been denied thus far to Dental Therapists in NSW.**

The Australian Dental Association has lobbied hard and loud to insure that these restrictions are maintained, despite the demonstrated history and clinical capabilities of Dental Therapists.

NSW Dental Therapists are the only allied dental occupation restricted to working in the public sector, in contrast with the following:

- Dental Assistants
- Dental Technicians
- Dental Prosthesis
- Dental Hygienists

In this period of dental health crisis, extreme measures are required to address the ever-increasing demand of dental need, both in the public and private sectors. **Dental Therapists' are a viable and immediate commodity, with the ability to make a difference to the current situation.**

"They play important roles in the delivery of dental services to defined sub-population groups. They can be both complimentary to; and a substitute for dentists under particular circumstances" (AIHW Dental Labour Force, Australia 2000.)

In this submission, the NSW Dental Therapists Association wishes to bring to the committees' attention, the following issues:

- Remove public sector practice restrictions
- Increase the age restriction from 18 years to 25 years
- Increase training of Dental Therapists
- Examine the wage case for Dental Therapists

The NSW Dental Therapist Association identifies these points as having the most potential to impact positively on the current dental health calamity. They directly relate to the following terms of reference:

A) The quality of care received in dental services

B) The demand for dental services including issues relating to waiting times for treatment in public services

D) Access to public dental services, including issues relating people living in rural and regional areas of NSW

E) The dental services workforce including issues relating to the training of dental clinicians and specialists

F) Preventive dental treatments and initiatives, including fluoridation and the optimum method of delivering such services

Dental Therapy in NSW

*“A Dental Therapist is a multifaceted professional member of the oral health team who provides quality primary dental care to various sections of the community.”
(Australian Dental Therapists Association.)*

The Dental Therapy profession was initially introduced in 1974 to provide low cost clinical dentistry to children within NSW. Dental Therapists are dedicated to the delivery of quality dental care to the community, while providing clinical dentistry and oral health education and promotion, in **the public sector**.

Dental Therapists work within the Dentists Act and are registered with the Dental Board. The profession comprises many experienced practitioners, predominantly female, providing a wide range of dental services to an ever -expanding client base. Dental Therapists work without practice oversight and in many areas work without any direct contact with a Dentist.

In 30 years of Dental Therapy, in this state, there has never been a case of malpractice brought against a Dental Therapist. This highlights the fact that Dental Therapists are very aware of their limitations and work within their scope of practice.

In NSW in 2000, there were 216 working Dental Therapists, there is an unutilised workforce currently, not working within the profession. The reasons are many, including:

- Restrictions of practice to the public sector
- Wage issues
- Availability of positions
- Disenchantment with the professional advancement opportunities
- Family or personal reasons.

“The overwhelming majority of dental care for children in Australia is provided by Dental Therapists.” Dr.J.Satur 2003, The Development of the Dental Therapy Profession

Currently, in NSW there are Dental Therapists working in hospital dental clinics, school dental clinics, community health clinics and Aboriginal dental and medical clinics. Many of these Therapists work without the direction of a dentist, their only access to a Dentist by phone, some have a dentist on the premises, and are able to consult with them if necessary. There are areas where Dental Therapists have no direct contact with a dentist and work autonomously.

The profession and its capabilities have changed and developed during the past 30 years to currently provide dental services to clients 0 to 18 years of age with a wide range of needs.

In many areas, Dental Therapists are the only dental professionals that children see throughout their life, particularly in low socio-economic groups where the cost of visiting a Dentist is prohibitive.

While many private Dentists expound the myth that dental decay in children is declining, they are only seeing a small group of children who for the most part are not from underprivileged groups.

“Dental decay is prevalent and increasing, for example in the 0 to 5 age groups.”
The Child Dental Health Survey – Australia 1990 – Trends across the 90’s

Dental Therapists are registered to provide a wide range of treatments to children, including the following:

- Dental examinations
- The taking and interpretation of dental radiographs
- Deciduous and permanent restorations using metal or plastic restorative materials
- Administration of local anaesthetic
- Extraction of deciduous and permanent teeth
- Pulpotomies and pulp capping
- Placement of Stainless steel crowns
- Mouthguard manufacturing
- Placement of fissure sealants
- Fluoride applications
- Dental health and Oral health counselling

The restriction to public sector practice is limiting the scope of Dental Therapists; the existing restrictions placed on Dental Therapists are currently reducing the professions’ ability to contribute fully to the current dental catastrophe.

Current Restrictions

NSW Dental Therapists are restricted to working on clients within the public sector. The Dentists Act 1989, stipulates that Dental Therapists must work under the supervision of a Dentist, termed "Practice Oversight" The Act also defines the terms of treatments Dental Therapists can perform. This list is document under the previous heading.

Currently, the Australian Dental Board regulates Dental Therapists. There is one position on this board, allocated to the allied dental occupations of Dental Therapy and Dental Hygiene, this position is currently held by a Dental Hygienist. As such, the Dental Therapy profession is not represented and has little or no influence in the development of policies affecting their profession or their clients.

Without representation from a Dental Therapist to this board, in the associations view, there is a distinct lack of understanding and awareness regarding high decay rates and the misconception that dental decay in children is becoming non- existent. A total misnomer in the Dental Therapists'client group.

This has lead to the view in some dental circles, namely the NSW branch of the ADA that Dental Therapy is not a viable profession.

In it's policy statement

'Practice Oversight and Allied Dental Personnel'
24th January 2002

5.3 Dental Therapist

5.3.1 Training of Dental Therapist should be phased out.

This statement highlights the level of fear and ignorance within some facets of the NSW ADA that has pervaded and poisoned the potentially advantageous relationship between some Dentists and Dental Therapists. A relationship that can only be beneficial to the dental community, both public and private.

"The relationship between a Dental Therapist and a Dentist is a collaborative and referral relationship where both form part of a team providing optimal oral health care." Dr.J.Satur, The Development of the Dental Therapy Profession

Dental Therapists are largely responsible for providing appropriate dental care to a very important section of our community, children. This could be expanded to increase the age restriction to 25 years. This would assist in the dental health of young adults and ultimately have a ' knock – on' effect for the demand on adult dental services in the future.

'Since the dental legislation reviews, conducted under the auspices of the National Competition Policy in 1998 – 2004, Victoria, Tasmania, South Australia, Queensland and Northern Territory have passed legislation removing the restrictions on the employment of Dental Therapists. NSW has been the only state to retain the public sector restriction. The ACT is yet to complete its review.' Dr.J.Satur 2003, *The Development of the Dental Therapy Profession*

In theory, current restrictions placed on Dental Therapists, ensure the Dental Board has control over the profession by enforcing restricted practice, removing them from the private arena. Perhaps the ADA and Dental Board perceive Dental Therapists as competition. This couldn't be further from the truth. Other states have shown, Dental Therapists working in the private sector support Dentists in a very positive role, not only by providing clinical support but also by enhancing the financial aspect of a private dental practice.

In other states, private practice rights have also benefited the community by making dentistry more financially accessible, allowing disadvantaged groups better access to good dental health, rather than limiting them to the over taxed public health system.

Existing restrictions limit the profile of Dental Therapists and reduce their ability to provide an equitable service to an extended client base.

In view of the working conditions of Dental Therapists in other states, the NSW Dental Therapists Association and its members consider the current NSW restrictions to be discriminatory and anti-competitive.

Dental Therapy Training

The Bachelor of Oral Health is now being offered at Sydney University, the Faculty of Dentistry, this course is a dual qualification in Dental Therapy and Dental Hygiene.

As the quote from McBride highlights (pg.1) the use of Dental Therapist's in the extended dental setting can enhance the delivery of service to the community.

Whilst the BOH has a Dental Therapy component, the restrictive practice of the Dental Therapist leaves a glaring disparity in the reality of employment in the public sector. The wage scale for a Dental Therapist has significant financial pitfalls for the newly graduated BOH student with a HECS debt.

Consider this scenario:

In NSW under the current Dental Therapist award, a Dental Therapist has to progress to the fifth year of service to earn more than an experienced Dental Nurse providing chair-side assistance. **Essentially this is the death knell of our profession.**

If the BOH graduate can progress to a well paid position in private practice as a Dental Hygienist, or use the BOH as the prerequisite degree to progress onto the Bachelor of Dentistry, the poorly paid alternative career path as a public health Dental Therapist is highly unlikely. **This is not only the ultimate disadvantage to the profession of Dental Therapy, but also limits the provision of service to the community by a valuable allied dental professional.**

To maintain the Dental Therapy occupation these issues must be addressed, Dental Therapists have the potential to deliver cost effective clinical services to the public and private sector as a long term commodity.

Viable Alternatives to Current Restrictions

1. Benefits to the community:

- By removing the regulation of public sector practice for Dental Therapist, the community could access services at a significantly reduced price.
- Increased age limit has the potential to reduce long public waiting lists, with Dental Therapists' treating adults up to the age of 25 years.
- In the private sector, dental treatment for this client group could be offered at a lower cost and increased availability, with the private practice dentist concentrating their skills on more complex treatments.
- Increase choice and options for the community, with a multi-skilled dental team.
- Increased access to dental care in areas previously limited due to location or economic disadvantage.
- Increased availability to communities and specific groups interested in accessing dental health and oral health promotion, a role well supported by Dental Therapists.
- Increased, committed availability and access to preventive dentistry, a role well sustained by Dental Therapists.

2. Benefits to the profession:

- Removal of the existing restrictions would enhance the Dental Therapy profession by providing a wider scope of employment opportunities.
- Enhanced recruitment and retention of the profession by lifting restrictions would encourage students of the Bachelor of Oral Health to pursue Dental Therapy as a career path.

- Removal of existing restrictions would encourage a review of the current Dental Therapy wage index. In our opinion, this would encourage retention of the workforce. This may entice Dental Therapists' back into the profession, as NSW has the lowest practising rate of Dental Therapists' 3.3% per 100,000 populations. It may also counteract the aging population of the profession. (47.8% of Dental Therapists' are 40 years and over.)
- Improved remuneration and career structure would encourage a more diverse student interest, as occupational sexual division is another main feature of the dental workforce. The Dental Therapist labour force is highly feminised and similar to other highly feminised labour force groups, the average hours worked per week is reduced. (*Dental Labour Force, Australia 2000.*)
- Removal of existing restrictions has the potential to increase training of Dental Therapists, this will enable the capacity of the workforce to match future population growth

CONCLUSION

In accordance with the terms of reference in this document, the NSW Dental Therapists Association Inc. seeks to have the current restrictions pertaining to: public sector registration and, the current age restriction of up to 18 years, for the practice of Dental Therapy removed.

The association believes that the removal of these restrictions will benefit the current dental crisis within NSW and provide the community with better access and equity. To ignore this proposal would be to ignore the very real potential of an existing workforce capable of enhancing dental health within NSW.

Removal of the existing restrictions for Dental Therapists registered in NSW directly relates to the terms of reference in this document and has the potential to positively affect the current deficit in dental health services for the people of NSW.

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