Submission
No 57

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

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Theme:

Summary

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The Director
Social Issues Committee
NSW Parliament
Macquarie Street
Sydney

Dear Sir/Madam

I am a registered Dental Therapist in NSW and would like to make a submission to the committee in regards to the inquiry into dental services in NSW.

I wish to address the terms of reference A, B, E, & F

I have been prompted to forward a submission to the committee, because of the critical level that dental services in this state have been reduced to, and the blatant neglect of the service and the community it serves.
I hope that by making a contribution to this inquiry that I will in turn make a contribution to the better oral health services for the people of this state.

Please find attached my submission.
Yours sincerely

Kay Franks.

A) The quality of care received in dental services.

The quality of care received in dental services in this state in the public sector can be at best described as basic.
This is not to cast doubt over the skill and expertise of the practitioners that work within the system but the system itself.
The eligible population for public dental treatment far exceeds the workforce employed to cope with these numbers. These clients are often the most disenfranchised of our community who bear the biggest burden of dental disease
The type of treatment these eligible clients need is often complex and lengthy. With the small workforce and vast numbers of clients the treatment delivered is often the most basic. Nearly always in an emergency situation and almost certainly, at that stage a tooth extraction.
The public dental system designed to provide adequate dental care is itself contributing to people in this state losing their teeth. This is not quality care.
The child dental service fairs no better, with all children from 0-18 being eligible, the client pool is also far outstripping the Dental Therapist workforce Again we have only emergency treatment being delivered in the most extreme of circumstances.
The emergency care that results for children is also in most cases extraction and this will ultimately plunge us back into the dark ages in terms of the public perception of dental care. The dental visit will once again be fraught with misery.
As a Dental Therapist this is not how I wish to work, disheartened with treatment options and a failing system that only perpetuates distress for children and their caregivers.

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

The waiting list for access to public dental care has blown out to totally unmanageable levels.
NW South Wales has a central intake system for dental care and it gives clients a code according to their assessed need.
Code 1 is the most critical of dental emergencies and dental services both child and adult has to see these clients within 24 hours.
Code 3a is the next priority and these patients are to be seen within 5 days because they report continual pain.
The waiting list for adult emergency care on the Central Cost with patients coded as 3a as of 26th of May 2005 is 467.
The sum total of full time dentists to cope with this load is 4. Yes 4 dentists to see 467 clients in pain within five days. Impossible!

However it's not all doom and gloom there are 2 part time dentists's to help, both of whom are in their seventies!
But that's not counting the other list's, accumulating daily, for routine treatment, the not so urgent codes, denture assessments and the code 1 patients who are to be seen daily.
This to a lesser extent is mirrored in the child service.
Our waiting lists are a little more manageable with the emergency codes seen within allocated time.

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

The workforce issue in my opinion is one of, if not the most, critical factors in the decline of the dental services in NSW.
The inability to recruit Dentists and Dental Therapist's must be addressed before the any measures can be implemented to help clients receive good quality dental care.

One of the major stumbling blocks to recruitment is the remuneration that Dentists and Dental Therapist's receive in the public sector.
With the recent restructure of the Dental Assistants award a Dental Therapist has to practice for 4 years before they can earn as much as the grade 2 Dental Assistant that assists them. I do not attempt to devalue the worth of the Dental Assistant; they to, for many years, were the poor cousin to the private sector Dental Assistant and I can only applaud the achievement in gaining proper recompense.
NSW has a number of child clinics in rural areas that are staffed by sole Dental Therapist practitioners. The experience of my rural colleagues is that a Dental Therapist can work for as little as 50 cents more than their Dental Assistants.
So much for the responsibility of running a child clinic it seems worthless and totally undervalued.
This lack of appropriate remuneration hinders the retention of staff. Dental Therapists find employment in areas other than dentistry. The new graduates, who have a HEC's debt to pay, will hardly seek employment in the public sector when working as a Dental Assistant or Hygienist in private practice will earn double the wage the public sector offers.
It's very much the same with new graduate dentists who having now have to have an initial degree before studying the Bachelor of Dentistry. They find the public sector wage scale laughable when compared to the bright lights of private practice.
The wage comparison for a Dental Hygienist is so much more attractive in the private sector that I have not been able to locate a single Dental Hygienist practising in any public dental facility in NSW. When canvassing colleagues about why they thought Dental Hygienist's don't work in the public sector one made the comment "I think they need to eat". This humorous slant on the situation pretty well sums up the feeling in public dental clinics that our wage barely covers the basics.

The restriction of Dental Therapist's to public sector services is also a great deterrent for Dental Therapist to stay practising in NSW.As all other states have private practice rights the Dental Therapists of this state are "handcuffed "to the public system.
No wonder of the estimated 752 Dental Therapy graduates this state has produced only 200 are practising at this point in time!
If we had the right to work in private practice we could make a valuable contribution to providing lower cost dental services for the children of this state in mutually acceptable partnerships with private sector dental practitioners.
The Dental Therapists still practising are demoralised and disillusioned with their chosen profession. The ones that I talk to are those with a strong social obligation, and still think that they do make a difference to the health and wellbeing of some families.

The training of dental professionals has also been let run down to a critical level. The training of Dental Therapist has now been transferred to the Faculty of Dentistry, Sydney University. These students studying the Bachelor of Oral Health degree are termed "dual trained" .When graduated they can practice as a Dental Therapist, as it is now in the public sector, or a Dental Hygienist in both public or private sector services, and for all the reasons outlined above I think if I were in their shoes I know which career path I would choose. Common sense would prevail and yes I to would need to eat!

F) Preventative dental treatments and initiatives, including fluoridation and the optimum method of delivering of these services.

The implementation of fluoridated water supplies, in my opinion, should be a state government initiative. The decision to fluoridate when left to individual councils is fraught with difficulties.
An example of that is the prolonged debate with the Gosford city council on the NSW Central Coast.
The mayor and some of his councillors are rabid anti fluoride advocates. They have attempted to stall debate and stymie information being disseminated to the community of Gosford.
Many parents of young children who present to the child clinic in which I practice are astounded to find out that Gosford has no fluoride in its water supply. They are even more astounded to find out that their children have five times the decay rate than children in neighbouring Wyong shire who have the benefit of fluoridated water. It is well documented that dental decay rates, whilst declining in the population as a whole, are increasing in the 0-5 age group. This is never more evident than in Gosford. The waiting list for specialist care to treat the smallest clients has now blown out to a 12 month delay. My question is why these children should be disadvantaged because of their unfortunately they live in Gosford?
I am a member of a group of dedicated professionals, headed by Dr Tony Adams the former Chief medical Officer, who are locked in this battle with Gosford council. As I talk to families in the course of my daily practice I am

more convinced that the council have got it wrong in their decision not to add fluoride to Gosford water supply.
The saving to the community in terms of dental treatment needed by these children would be substantial; **these health changing decisions should not be left to a few misguided individuals, but be made at government level where good health outcomes are paramount.**

In conclusion to this submission I would like to thank the committee for the opportunity to bring to their attention some of the issues, that I my opinion, I see as contributing to the poor condition of public dental services in New South Wales.

I hope that the issues I have raised will help highlight the desperate situation some of the community find themselves in when trying to seek dental care, and the plight of the workforce in trying to deliver its services under mounting pressure.
The hopeless situation in dental services doesn't often evoke the public sympathy vote. The media's not so interested in the patient that can't access care for a tooth ache, as opposed to the public out cry that ensues when the newborn baby can't access a neonatal bed. Nevertheless the situation is still dire, and people still suffer as a result of dental disease.

The situation I find myself in, and that of my colleagues on the Central Coast, is very much like the Dutch boy in the fable with his finger in the dyke. We can't sustain that position for much longer and the hole in the "dental dyke" will soon give way to a major catastrophe that no one wants to see.

Kay Franks

Dental Therapist.