

Submission
No 49

INQUIRY INTO DENTAL SERVICES IN NSW

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Theme:

Summary

**Submission to the
Parliament of New South Wales'
Standing Committee on Social Issues**

**Inquiry into
Dental Services in NSW**

By

The Barrier Dental Clinic

Broken Hill

May 2005

TERMS OF REFERENCE:

This submission addresses item (e) – *The dental services workforce including issues relating to the training of dental clinicians and specialists* – in the terms of reference.

In particular it addresses the extreme difficulty in attract dental workforce to a rural and regional area such as Broken Hill.

THE BARRIER DENTAL CLINIC:

The Barrier Dental Clinic is the result of a merger between the Broken Hill Mines Dental Clinic and the Broken Hill Town Dental Clinic. The Broken Hill Mines Dental Clinic was established in 1946 by the mining companies of Broken Hill for the benefit of mine employees. The NSW Dental Act had to be amended to allow for such a clinic. The Act was amended on 7th January 1946. The Broken Hill Town Dental Clinic was established to service people who were not working on the mines.

Following a decline in mining and therefore a slow decrease in the population of Broken Hill the two clinics merged to form the Barrier Dental Clinic in 2001.

The Barrier Dental Clinic is an Incorporated Association that is operated for the benefit of its members. A person is qualified to be a member of the Clinic if they are a natural person that has applied for membership and, once approved by the Board, has paid all fees payable. Membership fees are currently \$2.00 per week and covers the member and his/hers eligible dependants. Treatment fees are payable for all treatment and these fees are, on average, approximately 30% less than the average fee charged by private dentists throughout Australia.

ADDRESSING THE TERMS OF REFERENCE:

(e) the dental services workforce including issues relating to the training of dental clinicians and specialists.

Attracting and retaining dentists to rural and regional of NSW and Australia has always been extremely difficult. The Barrier Dental Clinic is no exception to this situation and since its inception in the late 1940's the clinic has always struggled to attract and retain dentists.

Through our experience in maintaining a workforce we believe there are a number of issues that affect our ability to attract dentists. These issues include but are not limited to:

- **Location:**

There is a strong perception among dentists and new graduates that rural and regional areas are very isolated and are not serviced by modern facilities.

These facilities include both town services and those in our clinic.

- **Demographics:**

There is also a strong perception that the demographics of the region is mainly of low socio-economic people. As an example of this a locum who was employed by us in late 2004 informed us that his friends in the industry thought he was crazy to come to Broken Hill because all he would be seeing was aborigines and the unemployed. The clinic has, in the past, operated under

contract a public dentistry service. A number of our dentist refused to see public patients.

- **Lifestyle:**

The majority of dentist and students originate in capital cities and or on the east coast and do not wish to change from their city or beach lifestyle.

- **Family Ties:**

The vast majority of our dentists and locums have come from an ethnic background. Due to the strong family ties they have only been willing to spend very short periods in our region. This is confirmed by many of the final year students that we take for their placements who indicate to us that they would be willing to do a maximum locum of 6 weeks but no longer as they will not leave their families. This includes those who are still single. Finding work for partners is also an obstacle in attracting a more mature workforce.

- **Remuneration:**

Remuneration packages offered are at the higher end of the remuneration field. Packages of over \$100,000 per annum plus accommodation expenses are average for a dentist. Dentist with longer experience can achieve greater packages. Although we believe this to be at the high end of the scale we were recently asked to provide a dentist with a base rate of \$156,000 per annum plus 50% of all crown and bridge and denture work. Also included was the request for return flights to Melbourne every 4 weeks.

We have endeavored to try different salary packages such as offering a commission based wage. This was not successful as the dentist involved went from seeing 10% of their clients having crown and bridge work whilst on a base rate to 26% of their clients having crown and bridge work whilst on commission. This has been tried on a number of occasions with the same result of over servicing our members.

It is noted that the University of Sydney has increased its intake of dental students for this year. Approximately 82 students have been enrolled with 12 being overseas students, 42 being full fee paying students and the rest HECCS students. We would suggest that rural and regional Australia have very little hope of attracting 65% of the 82 students once they have completed their studies.

SUMMARY

We believe that attracting dentists to the rural and regional areas of New South Wales cannot be fixed with short term knee jerk reactions. We have proven that conditions of employment and remuneration are not the main factor in attracting dentists.

The focus on attracting dentists has to be in the selection of those entering universities. Currently the universities are offering over half of their places to full fee paying students. Those students who are most likely to practice in rural areas are students from a rural or regional background. These students are at an immediate disadvantage to city centered students due to the fact they have to find expensive accommodation, let alone university fees, before they can start their degrees. If more HECCS places were available to students from a rural or regional area we believe there would be a greater amount of these graduates willing to return to their roots.

A lot has been said by governments and professional dental bodies about how to fix the problem but little has been done by either. There is a strong believe in the community that the professional bodies do not really want to fix the supply problem because it will adversely affect the fees they can charge. This is a simple business principle.

We strongly believe that the time for talk is over and that action must take place immediately if we are to start to make inroads into the employment crisis that has already become apparent in rural and regional dentistry.