

Submission
No 173

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

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Theme:

Summary

Submission To The Inquiry Into Dental Services
By The
NSW Legislative Council Standing Committee on Social Issues

S COMMITTEE

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This Submission is a Personal Report from a Dental Academic

Thank you for the opportunity to provide this submission to your inquiry into dental health, service and education.

I am a dental academic, and although employed by the University of Sydney, as well as being the Chairman of the Association for the Promotion of Oral Health (APOH), it is important to note that this letter is a purely personal submission and does not speak for either of these two organizations.

As a prelude, please note that I am in agreement with the analysis and concerns expressed in the submission to your inquiry from APOH. Consequently, this submission is written to try and provide your committee with an insight into the personal experience of a dental academic, struggling to deliver and maintain dental training in NSW.

I apologize in advance for the personal tone and length of this submission, and can only hope that you find it more informative than tedious.

My Background and Position

It may be important to provide some information of my background and position. I graduated in Dentistry at the University of Sydney in 1983, and after three years of rural general dental practice, completed a PhD through four years of research training at the Institute for Dental Research in Sydney.

With the exception of some after-hours clinical practice, I then left Dentistry for a time, working three years as a post-doctoral scientist in the Department of Medicine at the University of Melbourne, followed by two years in the Department of Physiology in the University of Vienna.

Since 1995, I have been at the Dental Faculty at the University of Sydney. In this appointment, I teach at all levels of dental education including: undergraduate, graduate, postgraduate and specialist dental students; science research students; dental Fellowship candidates; and more recently dental therapists and Bachelor of Oral Health students. I have also had a major role in development of the new graduate dental curriculum and head an active Cell and Molecular Pathology research group. I have had some training in clinical Oral Pathology, and have served as a junior registrar in Anatomical Pathology at Westmead Hospital. In addition, I examine in Pathology for the Royal Australasian College

of Dental Surgeons, serve as Secretary for the Westmead Scientific Advisory Committee, and am also the chairman of APOH.

I am currently head of the Discipline of Oral Pathology in the Dental Faculty, and in the middle of my third consecutive contract with the University. I believe it is reasonable to claim that I am amongst those at the sharp end of dental education in NSW.

A Personal Investment in the Future of Dental Education

As indicated above, I had effectively left the dental world to work as a research scientist, and it was gratifying to enjoy reasonable success in funding and publication. In late 1994, the choice had to be made to either stay in Vienna or return to Sydney. It was a difficult decision. On the one hand, we could stay in Vienna, and enjoy the benefits of a full time tenured appointment in Physiology and a substantial ten-year research grant. Alternatively, we could come home to the vagaries of a three-year contract with the Sydney Dental Faculty and our less than generous research granting system. In the end, we elected to come to Sydney for both personal and professional reasons.

Personally, both my wife and I wanted our children grow up in Australia, within reach of their grandparents and our extended family.

At a professional level, the particular opportunity open to me was in the newly created department of Oral Pathology and Oral Medicine. As a graduate of the Sydney school before establishment of our Department, I had not had the advantage of undergraduate training in Oral Pathology and was acutely aware of my own limitations as a dentist due to this gap in education. It was exciting to think that I could help improve the quality of dentistry in my home State by joining Professor DM Walker, a world expert in oral pathology, and helping him to establish this area of teaching and service in Sydney.

Professor Walker and I worked hard to build an effective team, introduce undergraduate teaching in oral pathology, establish post-graduate training, deliver the first oral pathology service in NSW, and build up a productive research laboratory that has made novel discoveries. I take pride in our achievements, and derive particular satisfaction from knowing that the dental students now graduating from our Faculty are much better educated in oral pathology than I ever was. I often speak with dentists graduated from our course, and hear of patients who have been helped by the knowledge gained in our classes. There is great personal satisfaction in knowing that we have served the people of NSW well.

You will understand that there is a sense of personal investment in what we have built, and that I feel strongly about ensuring that our work continues into the future.

The Future of Dental Education Under Threat

However, the future of dental education is not at all secure in NSW.

Under-funding at all levels, long hours, excessive teaching loads, heavy administrative burdens, inadequate infrastructure, a lack of research opportunities, comparatively low wages, the persistent need to supplement university activities from personal income, and

low morale has driven many of my academic colleagues to either leave the Faculty, or threaten to leave in the near future.

We have been increasingly reduced to a part-time Faculty. This has established a vicious cycle in which the remaining full time academics bear even heavier burdens and leave more readily.

I do not believe that dentistry can be properly taught by purely part time academics, so that the currently destructive cycle can only lead to eventual collapse of the Faculty. Although there still seems time for rescue, the collapse of dental education is already underway and will soon be complete unless urgent action is taken.

Very recently, some efforts have been made to support the Faculty. There has been a modest but welcome increase in staffing. New and more financially favorable arrangements have been made with the Faculty of Medicine to reduce the drain of monies from Dentistry. The unusual burden of developing and introducing a new undergraduate dental curriculum, whilst simultaneously teaching a separate curriculum, has recently come to an end, although in some ways this difficulty continues as we commence the new Bachelor of Oral Health program. It has also been most encouraging to have an energetic new Dean, Prof. E Schwarz, who is working hard to restore morale and marshal the resources of Faculty as best he can.

Unfortunately, with an annual budget deficit of about 25%, and the effect of this in making it almost impossible for the Faculty to attract and retain the necessary trained full time academic staff, recent improvements seem too little too late. More help is needed.

I have expressed my fears for the Faculty directly and personally to Vice Chancellor Brown, urging him to support the new Dean in any way possible, but particularly by reducing the percentage of dental academic funding captured centrally by the University. To my knowledge, however, no increased funding to the Faculty has been made.

It may be necessary to note that the internal funding formulas of the University are complex, and appear to result in about half of the Federal funding devoted to dental training being retained centrally by the University. In discussion, the Vice Chancellor indicated to me that central facilities such as the library are expensive to maintain, but it must be said that the approximate cost per user of the library is in the order of only \$400 per year, greatly exceeding funds retained centrally. Also, the University does not carry any specific building and maintenance costs for our Faculty, as these are provided entirely through the hospitals.

The Vice Chancellor did indicate that the Faculty could perhaps gain more funds by competing more effectively for national research grants. However, it should be noted that only very limited funds could be gained in this way, and these would be dedicated to specific research projects. Nonetheless, it is correct that such competitive grants and other research activities do result in increased indirect funding to the Faculty. But again, such indirect monies as do come to the University in reward for research activities, are in large

part retained centrally and do not find their way to either the Faculty or the laboratories generating the research.

It is particularly worrying, that a new funding formula is soon to be introduced, which will almost certainly result in the further impoverishment of our Faculty.

You will understand that I am deeply troubled by the thought that what we, and our predecessors have struggled to build, is starved of resources and under threat.

The Consequences of Failure of the Faculty of Dentistry

Your inquiry will likely have received a number of submissions from people with chronic or acute dental pain. From other submissions, including that from APOH, you will also be aware of significant shortfalls in the dental workforce, together with projections of greater shortages to come and projections of increasing dental disease.

The Faculty is responsible for supplying general dentists, specialists and now Bachelor of Oral Health Graduates to this State. In addition, through research and continuing education, the Faculty serves as a critical conduit for the transfer of new ideas and clinical techniques, into the dental surgeries of NSW.

If the Faculty collapses, the already current and well-documented dental workforce shortages will be very much worse, and the quality of dental care will reduce in NSW.

NSW can not afford to adopt a "cargo cult" mentality. Dentists and their educators will not flock to a State that has destroyed its own dental infrastructure. Instead, they will choose to stay in, or move to, States where there is good specialist back-up, support for continuing education, professional development opportunities, opportunity to mentor the next generation of professionals, and a rich professional intellectual life.

It is a matter of public health and importance, that the Faculty of Dentistry at the University of Sydney be preserved and strengthened.

Rescue of the Faculty Requires Only Modest Funding

There is an international shortage of dental academics, against which Sydney must compete in order to attract suitable academic staff. Despite this, rescue of the Faculty of Dentistry can be comparatively inexpensive. In one estimate, it has been calculated that significant and sustainable improvement for dental academia would be achieved by investment of from \$6-7 Million of additional recurrent expenditure per year, together with approximately \$27 Million initial capital infrastructure.

In a recent Sydney Morning Herald article, the Dean of the Faculty of Medicine was quoted as saying that the cost of education for a single medical student is over \$200,000 per year. If it is remembered that dental students are even more expensive to teach than those studying medicine, extreme under-funding of our Faculty becomes apparent.

In general, dental academics can be attracted to positions which offer fairly modest incomes. Although it is depressing for junior academics to be paid significantly less than

the new graduates they have taught, most senior dental academics are not particularly unhappy about their wages.

What academics do want, however, is reasonable support for genuine academic activity. Academics would be well pleased if it was ensured there was adequate funding for research, conference travel, participation in clinical continuing education courses, some reasonable tenure, and importantly the time and opportunity to carry out research and high quality teaching. Separately, both academics and the research students dependent upon continued academic supervision, would respond well to improved security of employment.

Most academics would be satisfied with the opportunity to work in a reasonable and productive way. Currently, however, there is a sense of frantic overwork, insecurity, and undignified professional impoverishment.

When I was an undergraduate student, there were a number of academics who were not only wonderful role models, but who's job I rather envied. Understandably, this factored towards development of my own career aspirations. Our current students do not envy me my job, or that of my academic colleagues. Knowing that we have difficulty attracting dental academics from elsewhere, we must "grow our own" in NSW, but this is very difficult if our students pity rather than envy us.

The Discipline of Oral Pathology and Oral Medicine: A Study in Underfunding

Please allow me to illustrate the current impoverishment of dental academia in NSW, with the example of my own laboratory (The Cellular and Molecular Pathology Research Unit) and discipline (Oral Pathology and Oral Medicine).

By way of background information, our discipline and laboratory were first established by Professor Walker upon his arrival in 1992, and have undergone significant expansion to provide research facilities for about 11 full time staff and students, while about 15 staff and students, often from other Faculty and University areas use our laboratory facilities on a part time basis.

Despite only a short history, our laboratory has been productive with a total of around \$700,000 in external research grant funding won on a competitive basis, as well an approximate \$600,000 from fee-paying students, facilitating the work of 13 PhD, 3 MSc Dent, 16 MSc and 6 BSc Hons students. There have been about 60 publications, primarily of original research in well regarded international journals, but also including clinical reports and reviews, fulfilling the broader responsibilities of the Discipline. There are usually several manuscripts submitted for publication at any one time.

Although our laboratory is a core facility used throughout the Faculty of Dentistry, as well as by the Faculty of Medicine, the Discipline alone bears the full cost of maintaining and replacing laboratory equipment.

There is no funding made available to the Discipline for teaching services or materials including preparation of teaching material, stationery, computers, multimedia storage materials, photocopying, reference books, preparation of clinical material or travel to teaching venues across the split campus. Similarly, there are no funds for maintenance or replacement of laboratory equipment in our research laboratory, nor for publication expenses, laboratory consumables or conference attendance.

Federal teaching funds (DETYA / DEST) have not been distributed to any of the dental disciplines with fee-paying students or external funding since 2000. A very small amount of the monies coming to the University in reward for Discipline research activity trickles down to our Discipline in the form of a "Research Infrastructure Block Grant" allocation, which varies from year to year from about \$1,000 to \$4,000. In addition, small internal Faculty competitive grants of up to about \$3,000 per year have been sporadically available.

Disregarding these very small, variable and sporadic funds, as well as staff salaries and on-costs, the only substantial University funding for the Discipline and laboratory is a share of those funds distributed to Faculty from fee-paying post-graduate students. Because the number of fee-paying students varies with intake and graduations, and the internal taxation arrangements upon these fees varies over time (67%-75%), this is a highly variable source of funding which has ranged from \$9,600 to \$26,100 per year, making proper budgeting impossible.

This compares unfavorably with the norm for consumables accepted in most industries or in public health, where a minimum of 20% of total salaries expenditure is usually committed for consumables (goods and services). Where special infrastructure is involved, such as our laboratory facilities, significantly higher percentages relative to salaries expenditure are normal.

If only 20% of staff salaries (disregarding the numerous students who receive scholarships or pay fees) were awarded to the Discipline and laboratory in recurrent funding, then we would receive between \$60,000 and \$70,000 for general consumables and maintenance. This, together with the external competitive funds we currently gain would be sufficient to deliver current teaching and research services.

It is astonishing to me that this relatively small amount of money can not be found on an annual basis. Instead, we experience an undignified and I believe unnecessary poverty. A poverty which challenges the public health of this State.

A Sense of Fear

There is a sense of fear and uncertainty amongst some of my colleagues with regard to raising the issues outlined above. I have been warned that by openly airing my concerns, my future academic career may be jeopardized.

I do not think this is very likely, but even if this were the case, it is difficult to see exactly what there is to lose. The prospect of clinging to a hopelessly under-funded, overworked and collapsing Faculty is not appealing. If it becomes clear that there is no hope in sight, and despite my natural loyalty to the University and this State, even I will join the exodus and find greener pastures elsewhere.

As the chairman of APOH, I have also been surprised by the obvious fear expressed by some public clinicians and public servants, frightened that they might be in some way targeted by their employer if seen to be critical of the current situation or perhaps be associated with APOH. Again, I suspect that their concerns are unnecessary, but do feel your Committee should be aware of this nervousness throughout the system. It may affect some of the advice reaching yourselves and your advisors as members of parliament.

The Committee is Urged to Act For Improvement

Recognizing the investigative nature of this inquiry, as well as the complexity of policy development and implementation across the multiple political and other interests in NSW Parliament, there are limits of what may be achieved from this inquiry alone.

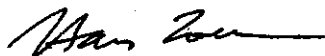
However, the State Parliament has an obligation to protect the interests of the people of NSW, while I sincerely believe that dental education and service are on the verge of collapse in this State. Once gone, it will take generations to rebuild, while during this time the oral health of the population will be severely degraded.

The dental health of an entire State cannot be allowed to rot for generations simply for lack of interest and foresight.

I urge the Committee members to support urgent action for improvement.

With thanks for your time and patience in reading this submission

Sincerely



A/Prof Hans Zoellner
5th of June, 2005