

## INQUIRY INTO DENTAL SERVICES IN NSW

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**Theme:**

**Summary**

## **Inquiry into Dental Services in NSW**

### **Submission**

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My main points re the Inquiry into dental services in NSW are thus:

a) Apart from complaints and incidences, no evaluation is ever made on the quality of dental services in NSW, particularly to the bulk of services provided in the private sector. Health funds just reimburse and/or consumers just pay.

b) Waiting times could be reduced if dental therapists were allowed to work in the private sector where the bulk of dentistry is performed. Moreover, dental therapists should (with appropriate training, of course) be able to treat adults as well as children and adolescents. The former came into effect in Qld in late 2003 and the latter is currently under consideration by Qld Health's Innovation and Workforce Reform Directorate which is lead by Dr Mark Waters.

c) The 30% rebate for ancillary cover, that includes dental services, has encouraged increased demand for dental services across Australia - in fact, business is booming in the private sector. This is especially so for orthodontia, bleaching and replacement of amalgam fillings or restorations with 'tooth coloured' ones.

d) More people would be able to access public dental services if dental therapists were allowed to work in the private sector where the bulk of dentistry is performed. Moreover, dental therapists should (with appropriate training) be able to treat adults as well as children and adolescents. The former came into effect in Qld in late 2003 and the latter is currently under consideration by Qld Health's Innovation and Workforce Reform Directorate which is lead by Dr Mark Waters.

e) Dental therapists should (with appropriate training) be able to treat adults as well as children and adolescents - this is currently under consideration by Qld Health's Innovation and Workforce Reform Directorate which is lead by Dr Mark Waters. Furthermore, at the University of Sydney and the University of Newcastle the clinical loading for dentally qualified academics should be the equivalent of the clinical loading for medically qualified academics. This is the case at the University of Adelaide where registered dental professionals receive the same clinical loading as registered medical professionals.

f) Water fluoridation should be fully supported in terms of start-up capital and running costs.

g) Private health insurance funds should be lobbied to give rebates directly for dental services performed by dental therapists and dental hygienists. These rebates could be at a lower rate than that for dental services performed by dentists and specialists. As cost is a major barrier for access to dental services, reducing the cost of dental services should increase access to dental services.

Kind regards,

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