

Submission
No 55

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 provide a submission to this inquiry into dental services in NSW.

I have addressed the terms of reference relevant to my issues.

Thank you for the opportunity to contribute to this inquiry, I hope that the serious issues facing the dental profession and the community, receive the interest and support they so desperately need.

Please find attached my submission.

Yours truly,



Janet Wallace
Senior Dental Therapist
Cert. Dental Therapy
Dip. Business Management
Grad. Cert. Oral Health Promotion

Submission to the Review of Public Dental Services in NSW

Submission prepared by:

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The provision of dental services within NSW in the public and private sectors is in crisis. The dental labour force is at an all time low affecting all disciplines, particularly Dentists and Dental Therapists. As a practising Dental Therapist within the public sector I wish to draw attention to the following issues directly relating to this reviews terms of reference.

A) The quality of care received in dental services.

In my capacity as a Senior Dental Therapist, my role is primarily clinical, with some administrative duties associated with this position. In the past few years the delivery of dental services to our client base has dramatically changed. In an area where entitlement cards are held by the majority, the demand on our services has become intense. Patients' in extreme pain, emergencies and critical patient care has increased, dental needs have become more complex and demand and patient expectation is immense. Patients require extensive dental restorative work, primary and permanent extractions have become the norm and an ever increasing demand for sedation and general anaesthesia for dental treatment is present.

The patient type is changing, necessitating an emergency based provision of service. The current demand on public services is limiting the opportunity to provide complete dental care with an emphasis on prevention.

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

Emergency child patients are seen within the specified period for critical care. However, access to specialist care for children under sedation and general anaesthetic is limited, with lengthy waiting lists. As a Dental Therapist, I am witnessing a change in the type of patient accessing the public child dental clinics. These patients' are requiring more complex dental treatment, more extractions, more referrals for specialist dental care and greater emotionally support due to their circumstances.

Dentistry is often the last consideration in families where poverty, abuse, lack of education and poor nutrition are part of their everyday existence. Dental decay in specific groups is increasing and the general dental health of patients' accessing the

public child dental system has declined. The myth generated by many private practice Dentists that dental decay in children is becoming non-existent, is total nonsense in our client base. Dental Therapists' provide dental care to a large proportion of children; many of these children never visit a private Dentist as the cost is prohibitive.

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

In some rural and regional areas, access to dental treatment is either non-existent or over utilised, resulting in long waiting lists, this affects the private and public sectors.

Registration for Dental Therapists to work only in the public sector limits the community's ability to access appropriate child dental care. Many remote areas and specific client groups are disadvantaged if public hospitals are not within a reasonable distance. The restriction placed on Dental Therapists to work within the public sector only, disadvantage sections of the community. If this restriction was removed, the community could access dental care at a reduce price and have availability in areas previously un-serviced by a public dental clinic. Other states have shown that Dental Therapists registered to work in the private sector significantly improve dental access and equity of treatment. This restriction is anti-competitive and discriminatory; it prevents Dental Therapists from significantly assisting in the dental care of the community.

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

Dental Therapy training has recently become a degree course offered by the Faculty of Dentistry at Sydney, this is a dual qualification in Dental Hygiene and Dental Therapy. Students graduating from this course will have the opportunity to work in private practice as registered Hygienists, use this degree as a pre-entry into the Bachelor of Dentistry or seek employment in the public sector as a Dental Therapist. The award wage for Dental Therapists is significantly less than the two other career options, in fact experienced Dental Assistants can earn more than Dental Therapists' with up to five years experience. In view of these facts, a career path in Dental Therapy is unlikely.

Dental Therapists are the only other allied health profession with similar skills to Dentists; these skills should be developed and valued. Dental Therapists have the potential to positively affect the current public dental health crisis. Restrictions pertaining to private practice rights and the current age restriction of 18 years should be removed.

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

Dental Therapists are committed to preventative dentistry on an individual and community level, many Therapists have been and continue to be actively involved in public health dental programs. These programs target at risk groups within the community and ultimately aim to provide information and assistance to reduce dental decay. This is not a service that is generally offered by the private sector, as many private Dentists see their role as providing individual dental care. The removal of current restrictions of practice for Dental Therapists would benefit the community currently unable to access this particular skill.

Dental Therapists have been providing quality dental care to children in NSW for the past 30 years, this role has changed and developed with the needs of our patients. Within our working environment we provided dental care, oral health promotion, dental health education, counselling, referral pathways, liaison with other health professionals unrelated to dental and so much more in the course of a days work. The clients that we deal with have wide and varied needs and often come to the service with potentially detrimental issues. Dental Therapists approach their patients in a holistic manner, providing relevant information and avenues for services.

Dental Therapists are under valued by the dental profession and many Dentists fear their entry into the private sector. The reality is that Dental Therapists have a lot to offer the general public in both the private and public sector and should be given the opportunity to pursue their careers without restriction. To ignore the potential of Dental Therapists is to ignore a significant existing workforce.

The following issues need to be addressed:

1. Remove the restriction to public sector practice and allow registration for private practice.
2. Increase the age restriction to 25 years, this will benefit young adults and ultimately reduce the demand on adults dental services.
3. Increase the wage scale for Dental Therapists, to encourage workforce development and retention.
4. Encourage the existence of dental teams, with all allied dental health professionals working together for the good of their patients and the community.

Dental Therapists are a valuable commodity with the ability to make a difference to the community both in the public and private sectors. To overlook this value is discriminatory, anti-competitive and ultimately disadvantages the community.