

Submission
No 42

INQUIRY INTO DENTAL SERVICES IN NSW

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Theme:

Summary

Submission to the Parliamentary Inquiry into Dental Services in NSW

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I would like to advance the following submission to the Parliamentary Inquiry into Dental Services in New South Wales. In particular, I am interested in the provision of dental services to rural NSW and the link between workforce issues, such as recruitment, with the potential for the delivery of essential services. As such, I specifically address the following Terms of Reference:

1(d) access to public dental services, including issues relevant to people living in rural and regional areas of New South Wales, and

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

Background

The background to this submission rests with Charles Sturt University's (CSU) role in the provision of both clinical services and recruitment of health professionals to rural communities. In exactly the same way that there is a shortage of rural doctors and dentists there is an equally critical shortage in all allied health professions in rural and remote Australia. CSU has responded directly to this need by providing courses of study and relevant research into these varied disciplines. In addition, the University runs community clinics in the areas of podiatry, respiratory function testing and nutrition which are staffed by staff and students.

The University's Faculty of Health Studies sees as a priority the provision of programs of study in areas of health that promote best practice and the higher level knowledge-base required for employment in country areas. Allied health and nursing are central components of the Faculty's broad profile of clinical, therapeutic and biomedical programs. Other professional areas include pharmacy, pathology, diagnostic imaging, nuclear medicine, physiotherapy, occupational therapy, speech pathology, paramedic studies, nursing, nutrition and dietetics, midwifery, podiatry and indigenous health. At this stage dentistry is one of the only health programs currently not on offer in the Faculty.

CSU's Role in Rural Health Professional Recruitment

The underlying philosophy of the Faculty is to provide multi-skilled professionals who can interact as part of a health team and this is enhanced by the potential for students of all disciplines to study and work together. This unity of purpose and opportunity has been focused through the activities of allied health and nursing students in professional and clinical settings. The opportunity for dental students to join this team approach and to benefit from rural clinical experience at all levels of their education would be an attractive extension of the success of the model to-date.

This key interaction is probably at its most intense and influential in rural and remote settings where services are scarce or unavailable.

Currently, CSU offers its profile of allied health and nursing programs across campuses in Albury, Wagga Wagga, Bathurst, Orange and Dubbo. As such, it is the principal provider of health and medical science professionals to rural and remote communities throughout New South Wales. It has a demonstrated ability to change the face of recruitment to country practice in relatively short timeframes. A graphic example of this comes from the observation that for the decade prior to the first graduation of pharmacy students from CSU in Wagga Wagga in 2001 less than 5 graduate pharmacists took up practice outside the metropolitan zone in NSW. In 2001, this jumped to 34 pharmacists and has since risen to over 40 new CSU educated graduates per year entering and remaining in rural areas to practice¹.

The above figures have been shown to be sustained for some years following graduation and can be generalised across the allied health disciplines offered by the Faculty. A recent report, commissioned by the Western Research Institute, described data derived from the Graduate Destination Survey for students graduating from CSU². It demonstrated that in 2002, 83% of CSU graduates from health courses were recruited to regional health providers and that this forms part of a trend which has increased over time as new professional health programs have been offered.

Dental Services in Rural Areas

There is a vast body of literature which outlines the clear lack of dental services on offer in rural and remote areas of Australia. This has been recently reviewed by colleagues from the Faculty of Dentistry at the University of Sydney and I provide here a recent publication list for reference^{3,4,5,6,7,8,9,10}. CSU has also been acutely aware of the poor level of opportunity for its constituency in relation to access to dental services and has received a number of representations from community groups, politicians, Area Health Service Providers and individuals seeking its participation in the provision of dental education.

¹ Figures supplied by the Registrar of the Pharmacy Board of New South Wales, July 2003

² The destination of on-campus graduates of Charles Sturt University. Prepared for Office of Planning and Audit, Charles Sturt University. Western Research Institute, 2004

³ Teusner DN & Spencer AJ 2003. Projections of the Australian dental labour force. AIHW cat. no. POH 1. Canberra: Australian Institute of Health and Welfare (Population Oral Health Series No. 1).

⁴ Australian Dental Association. Dental Workforce and Dental Schools. National Dental Update, December 2003.

⁵ Australian Institute of Health and Welfare Dental Statistics Research Unit, unpublished data.

⁶ Pearlman J, Ryle G. Dentist shortage acute as training program cuts bite. The Sydney Morning Herald, February 16, 2005

⁷ Spencer AJ, Teusner DN, Carter KD & Brennan DS 2003. The dental labour force in Australia: the position and policy directions. AIHW cat. no. POH 2. Canberra: Australian Institute of Health and Welfare (Population Oral Health Series No. 2).

⁸ Healthy Mouths Healthy Lives. Australia's National Oral Health Plan 2004-2013. Adelaide: Australian Health Ministers' Conference, 2004.

⁹ Oral health of Australians: National planning for oral health improvement : final report. South Australian Department of Human Services, on behalf of the Australian Health Ministers' Conference, Adelaide: 2001.

¹⁰ Population Health Division. The health of the people of New South Wales - Report of the Chief Health Officer. Sydney: NSW Department of Health. Available at: http://www.health.nsw.gov.au/public-health/chorep/ora/ora_hlt.htm. Accessed on February 6, 2005.

In 2004, the University commissioned a feasibility study into the need and the potential for it to engage in the process of the development of a dental program. The combination of necessity and the central opportunity for the University to meet the recruitment and retention issues surrounding dentistry in rural areas was a clear implication of the study. It also highlighted the significant level of resourcing and infrastructure required for such a proposal to reach fruition in the necessary time-frame. CSU's ability to respond to the imperative is inherent in its health profile, its mission and its location, but is principally limited by those resource requirements.

A Collaborative Approach

CSU has traditionally taken a collaborative approach to the resolution and success of many of its endeavours. This has recently been exemplified by its interaction with the University of Sydney in the facilitation of the transfer of its Orange campus to Charles Sturt University. This process has been lengthy and not without significant difficulty but has been achieved by combining the skills and the strategic thinking of both organisations. One of the main themes underlying the transfer has been the recognition of the role in education of rural communities played by CSU alongside the longstanding experience of the University of Sydney. In this climate the University of Sydney's Orange-based pharmacy program is now evolving into the CSU pharmacy program thus further enhancing rural recruitment of pharmacists.

There is similar opportunity for the development of collaborative programs between these two Universities in relation to dentistry. Initial discussions have been particularly fruitful and constructive. It is likely that an agreement may be met between the parties towards the development of a joint dental program that could be offered from both Universities. The current option being considered is a degree program that would see a regular cohort of rural sourced students being recruited by CSU, educated for an initial 3 year period, with appropriate curriculum, on one or more of its rural campuses and then articulating into the University of Sydney dental program. The latter would be bolstered by regular rural-based clinical experience programs within a specific course stream.

Additional discussions are being held in relation to connecting the University of Sydney's Oral Health degree program with CSU's indigenous health worker program offered from Dubbo. This would enhance the articulation pathways and entry of indigenous students into the area of dentistry resulting in better dental care options for aboriginal communities. It also meets the strategy of broadening the potential professional outcomes for indigenous graduates to include oral technology as well as nursing and other health professions of relevance to key recruitment deficits.

Conclusion

There is great potential to address many of the issues of recruitment and retention of dental providers in rural areas and thus improve dental services in that environment. There is strong commitment on the part of tertiary education providers to facilitate this process in a collaborative fashion. The potential for success will depend on the support provided to these parties from government.