

Submission  
No 34

## INQUIRY INTO DENTAL SERVICES IN NSW

**Organisation:**

**Name:** Ms Janice Lau

**Telephone:**

**Date Received:** 24/05/2005

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**Theme:**

**Summary**

22<sup>nd</sup> May, 2005

The Standing Committee On Social Issues  
Legislative Council

RE: The Inquiry By The Standing Committee On Social Issues Into Dental Health

Dear Sir/Madam,

As a dentist working within NSW health system, I am concerned about the degrading state of dental health, service and education, and welcome the Upper House Inquiry into this neglected area of health care.

I come into contact each day with people who suffer significant pain and disability from poor dental health, due to the lack of adequate access to dental services to relieve their pain and restore their lives to normal function. Not only have I worked within metropolitan Sydney, but also in rural areas of NSW. There is an incredible lack of funding and resources to public rural clinics, resulting in clinics running purely for the relief of pain. To be able to provide routine and preventive dental care in such rural areas would be a luxury we as professionals could only dream about in these areas. Yet as dental clinicians we have been trained to attempt to prevent rather than cure diseases. So you can imagine the immense frustration working within the constraints of the public system. The lack of adequate preventive dental programs and insufficient fluoridation worry me, as prevention of disease seems even more important in the absence of enough dental clinicians to treat existing dental disease. The incidence and severity of dental decay is more evident in rural non-fluoridated communities.

Not only is there inadequate funding, but there is no incentive for dentists to remain long term within the public system. There is little potential for career growth and the financial remuneration gap between working public and privately is too great. Therefore this results in fewer experienced dentists working within the public sector. I know this surely will be one of the important factors I will consider when deciding whether to continue working in public health.

It is particularly worrying to me that there is an increase in the extent of untreated dental disease. I am aware that this in part reflects a shortage of trained dental clinicians, with significant shortfalls predicted by 2010. The workforce shortage appears to be due to a lack of sufficient training positions for dentists, as well as dental therapists, hygienists, technicians and prosthetists. It worries me that despite the fact that there are many young people who would love to enter these professions, and the significant community need, the necessary training positions have not been created. I also hear that the educational staff in the training institutions are working in difficult circumstances, and am worried that if this is not reversed the dental workforce will be further degraded. Having worked with dental therapists, hygienists, technicians and prosthetists, I have recognised their true value and importance. The services they provide are invaluable and a true asset. This is made even more evident in rural clinics where resources are so stretched we must utilise our resources effectively. Therefore, there need to be greater incentive for dentists, but also dental auxiliaries, to work in rural areas. I am concerned that people living in rural areas are often unable to find a dentist, despite being able to pay for service, and am further worried by the prospect of dental shortages in metropolitan areas.

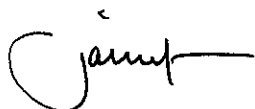
Tooth ache is not only intensely painful, but also prevents consumption of a normal diet essential for good health, as does the lack of proper dentures for those missing teeth. Also, in a

society where personal appearance is considered important, badly degraded teeth cause great psychological pain for many. I understand that there are further links between general and dental health, so that poor dental health is making our community sicker in more ways than one.

Finally, I am concerned that despite there being many internal and external reports of these problems to both State and Federal governments, including a Senate Inquiry in 1998, very little seems to have been done to prevent the current and developing dental crisis. In Perth and New Zealand, eligible patients take part in a co-contribution scheme. This seems to show that other areas are struggling to provide dental services, and maybe this will be the way of the future.

I hope that the current inquiry results in positive action being taken to address these concerns, and expect the State Government to accept its responsibility for ensuring adequate dental health, services and education for NSW.

Yours Sincerely,

A handwritten signature in black ink, appearing to read 'Janice', with a long horizontal stroke extending to the right.

Janice Lau