

Submission
No 186

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

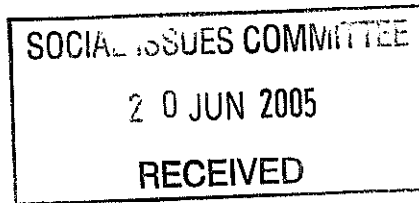
Name: Ms Joanne McLennan

Telephone:

Date Received: 20/06/2005

Theme:

Summary



17th June 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 citizen of NSW, I have long been 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 am aware of many people who suffer significant pain and disability from poor dental health, and am dismayed by the lack of adequate services to relieve their pain and restore their lives to normal function.

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.

It is particularly worrying to me that there is an increase in the extent of untreated dental disease. I am also 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.

I recognize that public dental services are patchy, with some areas receiving comparatively good care and most of the eligible population unable to access routine dental care in a reasonable time.

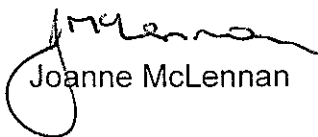
I am concerned that people living in rural areas are often unable to find a dentist, despite being able to pay for service, and am further worried by the prospect of dental shortages in metropolitan areas.

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.

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.

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.

Kind Regards


Joanne McLennan

Dear Sir/Madam

I work in the Dental Service for Greater Southern Area Health Service. I have worked in this field since my graduation as a Dental Therapist in 1983.

The changes and reduction of funding over the year has placed undue stress on staff working for Dental Service. Due to patients having difficulty receiving treatment, staff are frequently verbally abused and threatened.

We now work with security services, divers, alarms, security services and still the abuse continues. We are very dedicated and hardworking clinicians offering the best clinical decision and treatment that can be provided with our limitations.

The public have very high (and can never be realised) expectations of the treatment they should receive. This raises areas as having all their

desired treatment completed (instead of being only able to offer treatment for pain), the removal of desks in a timely fashion, the ability to be offered regular clerks and scabs and cleaners. Only being able to offer treatment for relief of pain also affects the clinicians, as they see no months they have completed to be desiredly fit. This factor has a large impact on the retention of staff.

If staff are restricted, harassed and not stimulated then they will not stay with the service.

As a clinic manager I have seen the increase in staff who now require counselling, die off more etc due to being verbally attacked for doing their jobs. Complaints by the public are on the increase and this contributes to the lowering of staff morale.

The system needs to have increased funding to result in increased staff numbers, reduced waiting lists, increased morale and in the end a more desiredly fit general public. Being desiredly fit would also reduce the risk of other health related illnesses which also place strain on the health system.

We need to stop the cycle

with kind regards & the hope of positive actions.

Joane McNamee.