

Submission  
No 223

## INQUIRY INTO DENTAL SERVICES IN NSW

**Organisation:**

**Name:** Mr Peter Dennison

**Telephone:**

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**Theme:**

**Summary**

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The Standing Committee On Social Issues  
Legislative Council, NSW Parliament  
Macquarie St, NSW 2000

Dear Sir/Madam

**RE: The Inquiry by The Standing Committee On Social Issues into Dental Health**

I am pleased to be able to make this brief submission as a resident of NSW. I have restricted my scope to carefully considered opinions in areas I am expert in. I work for the University of Sydney Faculty of Dentistry as Director of the new Bachelor of Oral Health (BOH) degree program and am registered with the NSW Dental Board as a specialist in Public Health Dentistry. I also work as a staff specialist in the Special Care Unit at Westmead Centre for Oral Health, Sydney West Area Health Service, on a part-time basis.

1. Each month the Special Care Unit has about 50 new referrals to be added to the existing patient base. The very low levels of remuneration for dentists in the public sector mean that the great majority of staff who work in this unit are new graduates employed as rotating interns at Westmead. The difficulty with recruiting experienced staff to work alongside and supervise them creates problems in an area which requires a high level of skill in the management of people with developmental, trauma related, psychiatric, degenerative, or complex medical conditions. The constant inflow of referrals and the workforce shortage is impacting on the ability of the Special Care Unit to provide timely, high quality care for this group of people, the vast majority of whom are community card holders and do not have alternative places to go - even if they could afford it.

2. The Bachelor of Oral Health degree program will produce graduates at the end of 2007 with skills in oral education and promotion, dental hygiene, and dental therapy – a skill mix well suited to working in the public and private sectors with dentists in providing care especially for our aging population. The first cohort has 15 students in it, and in subsequent years it will graduate only 20 students covered by HECS funding. This will not be enough to sustain the current workforce let alone develop appropriate services for the huge numbers of dentate “baby-boomers” who will retire in the next 15 years.

3. An unfortunate fact, which I recently discovered, is that there are still students from the final year of the Diploma of Dental Therapy Program in 2004 who cannot find employment in public dental services in the greater metropolitan area. They are restricted because of family commitments about where they can work. Sadly, this means much of their training will largely be wasted because they will not be able to consolidate their clinical skills. I find it difficult to believe that this situation is allowed to happen, but they are unable to work even on an honorary basis.

4. NSW has the 2<sup>nd</sup> lowest pay rates for dental therapists in Australia. This was brought home to me when I was talking, at a recent dental conference, with a manager who informed me that new dental therapy graduates in the ACT started on \$10,000 more than those across the border in NSW. This interstate differential is still less than the situation where in NSW Dental hygienists can earn 2-4 times as much in private practices as dental therapists employed in the public sector. This very well could drive many graduates of the Bachelor of Oral Health to find work outside the public sector since they will have a HECS debt of almost \$60,000 quite apart from living expenses. Potentially, without significantly better remuneration, this very useful public sector workforce is likely to be further depleted.

5. Recently I talked with a public health colleague, an Associate Professor from Western Australia, who voiced an opinion which I also share – that NSW is a example on how not to provide dental services for children. Both of us use dental services for children in NSW as a cautionary case study for post-graduate dental students in dental public health. This is because access to public dental care for children is prioritized on the same basis as access to dental care by adults - acute dental need - which is inappropriate during the period of growth and the establishment of the permanent dentition. If we were a third world country this might be what we were reduced to. Such a policy confuses repair with health and, in dentistry, repair results in a life-time of dependence on dental services for maintenance of restorations and appliances. As well, the preschool population, where decay often first starts among disadvantaged groups, is almost completely ignored.

I am glad that you are conducting this enquiry on dental health, and hope that as a result there are significant improvements made in the highly unsatisfactory state of our public dental services. I would also be prepared to make an oral presentation to the committee.

Yours sincerely,



**Peter J. Dennison**  
**BDS DPH(Dent) MComDent**