

Submission  
No 241

## INQUIRY INTO DENTAL SERVICES IN NSW

**Organisation:** University of Newcastle Oral Health Students Society  
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**Theme:**

**Summary**

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24 July 2005

Ms Susan Want  
Standing Committee on Social Issues  
Inquiry into Dental Services in New South Wales  
NSW Parliament House  
Macquarie Street  
SYDNEY NSW 2000

Dear Ms Want,

Re: Submission to the Inquiry into NSW Dental Services

**1. Pretext**

The University of Newcastle Oral Health Students Society (UNOHS) is an association representing students undertaking the new Bachelor of Oral Health degree at the University of Newcastle.

Starting this year, the new Bachelor of Oral Health courses at both the University of Newcastle and Sydney University will be producing Dental Hygienists who are clinically and academically trained in the identification and prevention of tooth and gum disease, as well as client education. The course focuses especially on providing for the oral health needs of at risk groups such as the elderly, indigenous, special needs and children.

Until now, university training for Dental Hygienists has not been available in NSW. As a consequence, Hygienists have been a relatively rare resource in NSW. From 2007 however, they will graduate in increasing numbers, and will offer an increasingly sophisticated resource to the profession.

It is likely therefore, that there is presently no greater dental resource in the pipeline in NSW than these people.

This submission proposes to offer this resource in a manner that compliments the existing strengths of the profession, provides earlier dental intervention and education to a wider population, shortens waiting times, and offers effective use of public funding.

**2. Proposal**

Acute dental disease has a severe impact on a patient's quality of life. Poor oral health can affect nutrition, speech and communication, social relationships and self esteem as well as impact upon other health conditions. Currently public dental clinics are only available to health care card holders and pensioners who are eligible for care, and who are then able to gain access to care.

It is widely acknowledged that the public dental system is under-resourced, and consequently only the most acute cases are being treated. The cost to the public increases, while relatively few people benefit.

Many, if not all, of these acute cases are preventable with timely intervention and education. Appropriate deployment of the Dental Hygienist in the public dental system has the potential to refocus the system toward preventative care, and efficiently prioritise client access to the system. Yet presently, the Award for Dental Hygienists in the public sector is actually lower than that of the Dental Assistant working at the chairside with them.

In the general health care system, no patient presenting to an emergency room at a public hospital would expect to be initially assessed by a specialist, and then, if the condition was not serious or required more general care, referred back to a GP or to their local chemist.

This 'top down' approach would be an inefficient use of invaluable specialist resources, creating vast wait lists, and having the effect of diluting, not focusing, our peak resource.

Yet in the public dental system, this seems to be effectively what happens. Initial assessments, examinations, and preventative treatments are currently carried out by a dentist. The most valuable and experienced resource in the system is often providing care that could be delegated to a middle tier allied health professional.

The public health system has long responded to this pressure by constantly reviewing the work practices and roles of its personnel. For instance, middle tier allied health professionals, such as Registered Nurses, have been reskilled and redeployed to undertake critical activities previously thought to be the sole domain of doctors.

Public dental services could learn much from a similar approach. Now with the advent of Dental Hygienist training in NSW, the dental profession will have a middle tier allied health professional in increasing numbers.

We believe the Inquiry should consider a recommendation to widen the scope of the role provided by the Dental Hygienist, to fill this critical role in public dental services by providing a comprehensive range of preventative treatments and education in a range of clinical settings.

### **3. Conclusion**

NSW will now graduate over 50 qualified Hygienists per year from 2007 with extensive skills in preventative oral health care and public health education.

The opportunity is in place to change the emphasis in public dental services, from emergency treatment, to preventative care. This would lead to a range of positive outcomes; improved oral health to a wider population, reduced waiting lists, and efficient use of high end expertise of public dentists.

Dental Hygienists have the potential to contribute fundamentally to these outcomes. Yet there is no guarantee that they will be deployed to their full potential in the public sector, unless the scope of their role in the profession is widened and the award modified.

Yours Faithfully

**Melanie Murphy and Heather Hawes**  
**University of Newcastle Oral Health Students Society**