

Submission  
No 195

## INQUIRY INTO DENTAL SERVICES IN NSW

**Organisation:**

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**Telephone:**

**Date Received:** 21/06/2005

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**Theme:**

**Summary**



# Paediatric Dentists

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& Associates

Thursday, 16 June 2005

The Standing Committee on Social Issues  
Legislative Council,  
Parliament House  
Macquarie Street,  
SYDNEY NSW 2000

SOCIAL ISSUES COMMITTEE

21 JUN 2005

RECEIVED

Dear Sir/Madam

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

As a specialist paediatric dentist (and 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, including a great proportion of young children who suffer significant pain and disability from poor dental health, and am dismayed by the lack of adequate services and lack of interest from politicians to relieve their pain and restore their lives to normal function. Tooth ache is not only intensely painful (as many of you may testify), but also prevents consumption of a normal diet essential to good health. Also, in a society where personal appearance is considered important, badly degraded teeth cause great psychological pain for many. This issue is especially frustrating for young children who rely on their parents or caregivers to attend their dental needs. There is also evidence in the current literature (see attached) of further links between general and dental health, so that poor dental health is making our children sicker in more ways than one.

It is particularly worrying that there is an increase in the extent of untreated dental disease, which 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.

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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. This issue was recently highlighted by the media regarding waiting lists for children getting access to dental care and services under general anaesthesia.

I am concerned that children and their families living in rural areas are often unable to find adequate dental care, despite being able to pay for service, and am further worried by the prospect of dental shortages in metropolitan areas.

As a specialist in my field, the move to private practice was an easy decision given the circumstances and the low wages that dentists get in the NSW public service. However, I am constantly torn with decisions of many families that present to our rooms but cannot afford treatment. Although the option of going "public" is open to many of them (and suggested by me), it is unrealistic to think that they will get treatment in a short period of time. Although some temporary or emergency work is done by the private sector, many children face long waiting lists in public hospitals.

The public dental health service in NSW and private health funds (who are not prepared to provide adequate rebates for families and their children who require dental care under sedation) recognize a need to utilize our specialist paediatric dental services. However, over the years I have attended many meetings concerning these deficiencies, but ultimately the financial decisions regarding access (and rebates) for sedation dental procedures are left to the "business people" running these government and private institutions.

I am also aware that some clinics and practitioners run their own sedation or general anaesthesia sessions for children. This is done in an attempt to minimize the financial burden to many families that may not pursue referral to a private specialist. However, most general dentists do not have the adequate experience or further training necessary for the care of children under sedation. Consequently, their treatment plans are inadequate, which translates in failed dental work and often enough in further sessions under sedation or anaesthesia. Furthermore, some of these patients may be put at added risk by sedation not being performed with the level of care and experience needed to treat children of pre-school age.

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.

It is of note that despite an increase of about one billion dollars for NSW Health in the recent budget, no new funding for dental health has been allocated.

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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,



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