

Submission
No 43

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

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Date Received: 27/05/2005

Theme:

Summary

27 May 2005

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

Dear Sir/Madam,

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

I am a specialist paediatric dentist and an employee of the SydneyWest Area Health Service. I have worked at Westmead Hospital for over 20 years and I am currently the Head of the Department of Paediatric Dentistry, Orthodontics and Special Care Dentistry at Westmead and Head of Paediatric Dentistry at the University of Sydney. I also hold the title of Clinical Associate Professor at the Universities of Sydney and Adelaide.

I lament the pitiful state of the Oral Health in NSW and I welcome the Upper House Inquiry into this neglected area of health care. While dental caries has reduced by 80% since the introduction of water fluoridation, high levels of dental disease still persist in areas of the community and although many children are totally caries-free, 20% of the population suffer 80% of the disease prevalence. Despite spending \$3 billion on oral health per year in Australia, community needs are unmet and growing (AIHW, 2001). Of this amount, 84% is spent on private oral health services and only, approximately, \$110million is spent by on public sector oral health in this state. However, over half the population in the Area Health Service in which I am employed is eligible for free dental care. The Committee will be aware that NSW spends the least amount on oral health care per capita than any other State.

I ask that the Committee consider the following points:

1. Dental disease is increasing in the community, particularly in groups with less access to services.
2. There is a critical lack of access to oral health services for eligible patients, particularly in rural and regional areas.
3. There is a critical and expanding shortfall in the public oral health workforce and in universities.
4. There is a lack of adequate preventive dental programs and insufficient public water fluoridation programs to ensure long-term community health

I wish to state my support for the Submission on Dental Services prepared by the Association for the Promotion of Oral Health. This document details many of the current difficulties faced in oral health care and possible solutions to the problems. However, through my many years of experience in the oral health workforce I would like to bring certain points to the Committee's attention.

It is self evident that oral disease affects general health. Why are diseases of the oral cavity funded differently to pathology elsewhere in the human body? I am faced daily with an increasing demand for oral health services for children at the highest risk of disease. Currently, there are over 650 children waiting for a general anaesthetic for dental treatment at Westmead Hospital. This list is

growing at a rate of over 15% per annum. While this waiting list is prioritised in relation to medical comorbidity and severity of disease, many children less than 3 years of age will wait over 12 months for treatment. There are similar waiting times in all Area Health Services for access to specialist services and management under general anaesthesia. This is clearly unacceptable and demands immediate attention.

There is a critical shortage of trained dental clinicians to manage current disease levels. Workforce studies have predicted a shortfall of 30% by the year 2010. This workforce shortage is principally due to a lack of sufficient training positions for dentists, as well as dental therapists, hygienists, technicians and prosthetists. However, it is almost impossible to recruit the necessary senior clinical and university staff in order to train students. I wish to highlight a number of points:

- There are only 24 dental specialists employed in NSW
- Over 50% of current senior staff have been recruited from overseas
Only 1 Australian graduate has been employed as a specialist within the last 10 years
- There are huge disparities in remuneration and conditions compared with medical staff specialists who earn over 60% more than dental staff specialists in spite of similar training times, equal admitting rights, operating privileges and administrative responsibilities.
- Unlike medical trainees, most specialist dental trainees are unpaid but must pay university fees of more than \$60,000
- Hospital specialists earn less than most private general practitioners and up to 5 times less than private specialist clinicians.

It is my opinion that it is now economically almost impossible to pursue an academic career in Dentistry. Yet it is these academics who are charged with the responsibility of training future clinicians.

In order to become an academic in a specialist discipline (eg. Orthodontics, Paediatric Dentistry) a prospective student must complete 4 degrees and over 16 years of training:

- Primary degree 3 years (BA, BSc etc)
- BDent 4 years
- General practice experience 2 years (mandatory prior to commencement of graduate degrees)
- MDSc 3 - 4 years specialist training
- PhD 4+ years

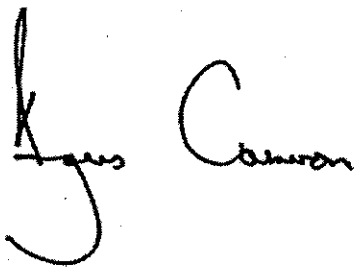
Following completion of this pathway, they would be appointable at Senior Lecturer level with a salary of \$84,000 (including clinical loading), while their newly qualified graduates would be earning a similar amount after 2 years of employment and 8 years less training. The fees involved in undertaking such training would be in the order of \$110,000 (for Commonwealth funded positions) to \$230,000 for local fee paying places. The periods and costs for Academic and Specialist training are detailed in Appendix 1. Some would argue that the remuneration is much greater than the majority of the workforce. However, these represent the most senior members of the profession and have already foregone any significant income for at least 14 years to achieve this end.

The problems of workforce remain the most important issue to address. Without adequate well-trained staff, oral health services will collapse.

This submission details only a few of the fundamental chronic problems that both State and Federal governments have failed to address over decades. I also wish to express my deep concern that despite there being many internal and external reports into these problems at both governmental levels, including a Senate Inquiry in 1998, nothing has been done to address this current and increasing dental crisis.

I am hopeful that the current inquiry will result in positive action being taken to address these concerns, and I expect the State Government of NSW to accept its responsibility for ensuring adequate dental health, services and education for the people of this State.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Angus Cameron'. The signature is written in a cursive style with a large initial 'A'.

Angus C Cameron BDS(Hons) MDSc FRACDS FICD
Specialist Paediatric Dentist and Clinical Associate Professor

Appendix 1

Training periods and costs for Academic and Specialist Training

Specialist Dentist

	Degree / Qualification	Period	Tuition Fees ¹		Income/Salary ²	
			HECS	Non HECS	Private	Hospital Public
Primary degree	BMedSci BSc BA	3 years	\$20,547	\$54,000		
Dental degree	BDent BDS/BDSc	4 years 5 years	\$32,072	\$108,096		
General Practice ³		2 years			\$70 - \$100K+	\$50K
	Part I RACDS ⁴			\$2,000		
Specialist training	MDSc DClinDent	3 years		\$62,784		Registrar (0.6) ⁵ \$35,083
Senior Registrar		1 year				\$82,985
Total		13 years	\$115,403	\$225,080		\$186,234
Post graduation salary / income					\$300 - \$500K+	\$106,866

¹ Quoted fees are current and do not include CPI or other increases. 2004 – 2005, MDSc fees for coursework programs in Dentistry increased 50% from \$14000 to \$21000.

² Living expenses not included

³ Mandatory prior to commencement of specialty training (minimum only)

⁴ Primary Examinations Royal Australasian College of Dental Surgeons completed within first 2 years

⁵ Junior Registrars are employed by Area Health Services at Westmead and Sydney Dental Hospital at 0.6 for 3 year MDSc degree programs

Specialist Dentist Academic

	Degree / Qualification	Period	Tuition Fees ¹		Income/Salary ²	
			HECS	Non HECS	Private	Hospital Public
Primary degree	BMedSci BSc BA	3 years	\$20,547	\$54,000		
Dental degree	BDent BDS/BDSc	4 years 5 years	\$32,072	\$108,096		
General Practice ³		2 years			\$70 - \$100K+	\$50K
	Part I RACDS ⁴			\$2,000		
Specialist training	MDSc DClinDent	3 years		\$62,784		Registrar (0.6) ⁵ \$35,083
Research degree	PhD	4 years	Commonwealth Research grant			
Total		16 years	\$115,403	\$225,080		\$105,249
Post graduation salary / income					\$300 - \$500K+	Senior Lecturer ⁵ \$86079

⁵ Including Dental Clinical Loading \$10,200