Submission
No 38

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

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Theme:

Summary

Dr. Gordon J. Moller

25th May 2005.
The Chairman,
Standing Committee on Social Issues,
Legislative Council, NSW Government.

Dear Sir/Madam,
I have worked in for the NSW Dental Service in some capacity since 1981. I have had a solo private dental practice since 1988 and I also hold a Hospital Recognised Specialist Position in my work with the Illawarra Health Dental Service which principally involves running a Special Care Clinic and coordinating the After Hours Emergency Dental Service. Although, I am unclear about the administrative logistics of some of my suggestions, I believe the basic ideas and philosophies suggested are necessary.

A/ STAFF FITNESS AND MORAL
Dental staff need to accept that they have a responsibility to keep themselves physically and mentally fit for their work. This requires such activities as maintaining a healthy life style, daily exercises to help prevent work injuries and keeping positive and interested in work. Dentistry is physically, emotionally and intellectually demanding and if staff don't look after themselves, then break down is almost inevitable. I believe that, although the employer should provide a good work environment, a lot of compo. cases are actually the result of poor life style that is the employee responsibility and not directly work related.

A series of seminars promoting individual responsibilities and better life style strategies would be helpful. Healthy life style should be taken more in to account when employing new staff. It should be emphasised that employees are responsible for keeping themselves fit for work.

Morale appears to be low in the system and some staff seem to have a loss of clinical confidence and self esteem. I believe this may be at least partly related to the administrative structure. There are too many restrictions: too many forms, rules, appointment book restrictions, meetings, emails, treatment restrictions, too much assessments and 'fluffing around' and not enough doing. Demand for dental care is high, but the system can't meet it, so there tends to be 'a lot of doing nothing' to some how stretch or rearrange the limitations of the system to better cope.

I believe that public clinics need to be run more like private clinics with the emphasis on 'real productivity'. Dentists should take more control on how they run public clinics, (as is the case in private clinics.)

B/ ROLE OF PUBLIC CLINICS

Public and Hospital clinics primary function should be to provide care for special needs groups: medically compromised, developmentally disabled, domiciliary/geriatric, psychiatric and other public hospital inpatients. Also, after hours emergency dental services should continue to be provided through public hospital casualty departments; mainly being dental trauma.

Dentists in public and hospital dental clinics should be recognised as skilled in at least one or more of the special needs dentistry arena and should have special training and experience in these aspects. Public dental clinics should be referral centres for the above groups of patients. Public dentists and their staff would have more definite and respected roles and morale and self esteem would improve.
Other patients on social welfare benefits and children (see later), but who do not come under the special care groups above, could primarily be more the responsibility of the private practice sector on a voucher and co-payment system. They could be referred back to the public system if they require special treatment needs, for example oral surgery under G.A.

C/ INCENTIVES

Better incentives and better remuneration is needed to both attract and keep good staff in public service. Pay levels and conditions should be on par with similar professions. For example public dental officers should be paid on a similar level to public medical officers.

D/ DENTAL THERAPISTS

Dental Therapists, in particular, are underpaid and under valued and appear to be forgotten as being a significant force. They represent an effective and important treatment and prevention 'work horse' for infants, children and young adults and they take on considerable clinical responsibility. Many are skilled at managing difficult children and providing preventive regimes that many dentists would rather avoid; yet this level of skill is not formally recognised and appreciated by few. There profession deserves a status and remuneration within the system that reflects their actual level of clinical responsibility. There also needs to be more levels of structure in their award that would allow them to pursue post graduate training and qualifications. For example treating disabled children, prevention, new restorative techniques theatre procedure, etc. At present there is little for dental therapists with in their award other than to become a Senior Dental Therapist.

Dental Therapists should also be utilised in private practice. They could be employed under similar restrictions and conditions to those of public dentistry. I believe that many private dentists would be very happy to employ dental therapists, who would be a valuable addition to their private practice. Many private practices have spare, unused surgeries that could be readily utilised for this purpose. NSW is lagging behind most of the other states in Australia and New Zealand where Dental Therapists have private practice rights. Why is this? Whatever the reason, it is not to the benefit of patients.

E/ PENSIONER DENTURE SCHEME

The Pensioner Denture Scheme is dismally under remunerated. Most private dentists do not participate because of this. It is almost as if the government does not want a pensioner denture scheme and are purposely making it unworkable with ridiculous fees. The fees should at least be on par with those of Veterans Affairs.

F/ PUBLIC/PRIVATE ELIGIBILITY & FEES

Public dental service should be run more like private practice in regards to increased treatment productivity. Public dentistry should be centres of excellence that set the standards in protocol and clinical method for both public and private dentistry.

Voucher/Co-payment Scale of Services & Fees.

I believe there should be a set scale of fees of essential services that could be used to base a voucher system for emergency, restorative, preventive and prosthetic services for both adults and children. It could be similar to the present voucher systems, with fees based on the Veteran Affairs scale and with a built in proportionate co-payment scale chargeable to certain patient categories. In other words certain patient categories would be required to pay a part of the scheduled fee as out lined below. There could even be different levels or proportions of co-payment fees payable ranging from 0-100% of the scheduled fee according to the patient category.

Adults.

Partial payment of fees by patients on social security benefits could produce benefits in several ways. Patients will demand service to justify their payment and it would provide a real measure of clinic and operator productivity. A partial payment may also represent a commitment of patients to better look after themselves dentally. This may also provide a more tangible incentive for clinicians.

Adult patients, who are not on social welfare benefits, should be seen only in private dental clinics. The exception should be if they need to be referred publicly because they have special needs, such as being severely medically compromised. In this instance, referral could be made to a community or hospital dental clinic and a 'co-payment' fee for services provided be charged.

Adults on social welfare benefits should be covered for a range of procedures, whether they be treated publicly, or privately through a voucher system. But, a 'co-payment' fee for services should still be charged whether seen privately or publicly.

Children.
Children on social welfare benefits should be seen at community, school and hospital dental clinics for free up to the age of 18. They could also be seen in private dental clinics by private dentists, and dental therapists employed by private dentists, but on a voucher system. The range of services covered by the system could be restricted to a range of essential preventive and restorative procedures.
Children, not on social welfare benefits, should be encouraged to go privately, particularly if they have private insurance. They should still be eligible to go to public clinics if they wish, with out co-payment, but perhaps would not be eligible for vouchers to go privately. The exception would be if they live in a rural area where public dental facilities are not readily available in which case they could be charged a co-payment fee.

Children & Adults
All patients, adults or children with private insurance, should at least be charged the private insurance rebate in both public and private clinics. Any difference between private fees could still be charged privately at least for patients not on social welfare benefits, but depending on the surgery policy. But, private health fund rebates should be required to at least match the voucher/co-payment fee scale as set by public dental clinics.

After hours emergency dental services should continue to be run through hospital casualty departments and be available to anyone. Those with private dental insurance should at least be charged what is claimable. Others could be charged a co-payment fee.

Regards,

Gordon Moller.