INQUIRY INTO DENTAL SERVICES IN NSW

Organisation:

Sydney University Dentistry Undergraduates Association

Name:

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Position:

President

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Date Received:

1/06/2005

Theme:

Summary



Sydney University Dentistry Undergraduates Association

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The Standing Committee On Social Issues Legislative Council Parliament House Macquarie St. Sydney, NSW 2000 SOCIAL ISSUES COMMITTEE

1 JUN 2005

RECEIVED

23 May 2005

Dear Sir/Madam,

I am writing to you to share the views of the dental students of the University of Sydney about the provision of dental services in New South Wales. My name is Paul Dever, and I am the current president of the Sydney University Dentistry Undergraduates Association (SUDUA). This group of young professionals study and work in the New South Wales public dental system every day, and as such have extensive knowledge of how the system works and where it can be improved. In addition to this, the final year students spend two weeks of their clinical time in a public rural clinic. This letter aims to outline the students' observations of the major problems the public dental system currently faces, as well as providing ideas to solve each problem.

The students believe that there are four main problems involved. These problems are listed below:

- 1. Poor communication between the different organisations involved in oral health provision in New South Wales
- 2. The obscene waiting list times for patients in the public dental system in New South Wales this problem can be broken down further to:
 - The high disease load in the community, and
 - The lack of trained oral health professionals
- 3. A lack of experienced senior staff in the University, dental hospitals and rural public clinics
- 4. A reduction in the amount of clinical time in the new Bachelor of Dentistry program

We think the answer to these problems lies in three key areas:

- 1. Improved communication
- 2. Oral Health Promotion Programs, and
- 3. Increased funding



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Everyday our students witness the lack of communication within the public dental hospitals and between them and the faculty of dentistry. In these modern times it should be easy to be in telephone or email contact with all parties involved in the delivery of oral health care. Instead of all of the different factions working independently, there should be collaboration between them. This would be best achieved by each organisation having a stable contact person (such as a departmental secretary) who could be contacted easily and where correspondence could be sent. To assist in maintaining this network, the New South Wales Department of Health could have a centralised contact person. The groups involved in this network would include (but not be limited to) the NSW Department of Health, the Area Health Services, the Faculty of Dentistry, the Australian Dental Industry Association (ADIA), the Oral Health Foundation (OHF), the Association for Promotion of Oral Health (APOH), the Australian Dental Association (ADA), the Sydney University Dentistry Undergraduates Association (SUDUA). In this way, everyone could work together towards a common goal with open communication and interaction between all parties involved.

When effective communication has been established, it is possible for us to tackle the problem of poor oral hygiene practises in the community as a united team. We know that dental disease is preventable, so by implementing an oral health promotion (OHP) program we can decrease the disease burden in the community by raising awareness. By including all of the above parties in developing the OHP program, it can be used universally to reach all target groups. If people in the target group are receiving the same information from different sources (eg at school, and then the public dental clinic) it will serve to reinforce the message of good oral hygiene. Of course, improving oral hygiene does involve the motivation of the patient, and some people will never be motivated enough to make a change. However, if we can educate the people who are motivated, we can change the incidence of dental disease in the community. This will shorten waiting lists and change the main treatment profile from emergency care to general care.

The final way to improve dental services in New South Wales is of course to increase the amount of funding allocated to the public dental clinics and the university. There are several key areas in which funding could be best utilised. The first is allocating more funds to the university to increase the number of places for local students to study dentistry. At the moment, the number of places for international students is rising in the university to over come financial shortcomings. We need more local students trained to address the growing waiting lists in New South Wales. The second key area is increasing spending on experienced staff specialist wages. We have noticed over the four years, the substantial decline in the numbers of experienced staff that are employed by the hospitals and the university. More needs to be done to coax senior staff back to teaching positions – final year students being taught by recent graduates with 1-2 years experience is not acceptable. On rural placements, our students noted the huge demand for clinicians in rural New South Wales. The state government needs to offer better incentives to join rural practice.

Paul Dever SUDUA President Venkatesh Bhardwaj SUDUA Treasurer

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One suggestion to help with this problem is the construction of several dental clinical schools in rural New South Wales. These would be similar to the medical clinical schools, in that they would be attached to a base hospital and provide clinics, accommodation and learning facilities for dental students. This would reduce the demand for services in these regions, while providing the students with clinical experience and social aspects of living in a rural location. The suggestion that an intern year be introduced at the completion of fourth year prior to registration was actively debated by our students. However after these in depth discussions a general consensus could not be reached on this topic.

We appreciate the opportunity to present our views, and look forward to working together to improve the provision of dental care in New South Wales. We welcome any comments or further questions and eagerly await the outcomes of the inquiry.

Kind regards,

Paul Dever JP BSc SUDUA President