

Supplementary
Submission
No 61a

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation: Health Services Union
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Theme:

Summary

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MW:KLS:A035251

The Director
Standing Committee on Social Issues
Legislative Council
Parliament House
Macquarie St
Sydney NSW 2000

Dear Sir/Madam


Re: Inquiry into Dental Services in NSW

Please find attached the additional submission from the Health Services Union, in accordance with the discussion between Ms Kim Sewell and the Committee Secretariat's Assistant on Friday 20 May 2005.

We apologise for the delay of this document, however the bulk of information was provided in the initial submission, and we consider this an extension of that document.

If you require any further information regarding this, please do not hesitate to contact Ms Kim Sewell at Head Office on (02) 9229 4907.

Yours sincerely,


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GENERAL SECRETARY



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**YOUR
HEALTH
UNION**



Health Services Union

***Additional Submission to the NSW Legislative
Council***

Standing Committee on Social Issues

Inquiry into Dental Services in NSW

**Authorised by Michael Williamson, General Secretary
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Additional Submission to the NSW Legislative Council
Standing Committee on Social Issues
Inquiry into Dental Services in NSW

The Health Services Union is the peak body acting as advocate for the industrial and professional concerns of all dental professional groupings employed the NSW Public Sector and it is appropriate that HSU should make a submission to this Inquiry so as to acquaint the committee of members' grave concerns for the system in which they work.

Primarily all the problems arise from financial constraints, both on the funds available for training of dentists, and on the salaries for those dental professions working in the public health sphere.

Some members of the dental staff spectrum have over the last 12 months received significant salary increases for instance, dental assistants and dental technicians. Unfortunately dentists, dental therapists and dental hygienists seem to have been forgotten.

Salaries for dentists are too low to attract and retain staff. Recruitment of appropriate staff is very difficult for this reason. Even in areas where a rural incentive allowance operates there are severe and significant shortfalls in staff. Due to these staff shortages in many areas staff are only able to provide stop gap or emergency treatment, and are instructed by administrators not to offer or provide treatment modalities which are time consuming. Further frustration is felt by Dental Officers when clinical direction is given to them by managers who are not trained as dentists, and who therefore lack understanding of the scientific and medical issues which inform clinical decisions.

Specialist services are overstretched and inadequately staffed with severe difficulties being experienced in attracting suitable staff to fill many vacant positions throughout the health service.

There are staff shortages in many health service areas at many levels, from local clinics to hospital departments and over the entire spectrum of dentally based employees.

Support staff and dental professionals have to often face aggressive and abusive patients who exhibit high levels of frustration flowing from the inability of the system to respond to the patients' perceived needs in what the patient feels is a timely fashion.

In regard to training of dentists, it would appear that inadequate time is spent treating patients in clinics, producing operators with limited and restricted clinical and diagnostic skills. Many new graduates would seem to be barely safe beginners. Recruiting such graduates to minimally staffed outer city and country clinics may place both operator and their patients at risk, as there is a distinct lack of suitably experienced staff to mentor them. Further, many patients needing care from the public dental health system have complicated treatment needs and a significant percentage have overloads from psychological and social problems. This impacts upon and complicates their treatment needs. A further complication is that a large proportion of dental undergraduates is of a CALD background and may not function readily into a non-metropolitan area. This difficulty is exacerbated if there is minimal supervision/guidance by mentors who may not even be available or if they are in the system are distant from the clinic. This problem persists whether the service provider is a newly trained dentist, dental therapist or hygienist.

A considerable proportion of the small yearly class of dental undergraduates is now made up of overseas candidates who will not be available for employment in NSW, thus further diluting the already small pool of potential employees within the public dental health system...

The feedback from our HSU members in Dentistry services indicates the following:

- "Old" Dentists are becoming disillusioned, while "young" Dentists are deskilled.
- There is no opportunity for a "Career Path"
- There appears to be little in the way of liaising with Private and Public Sector to help resolve the shortcomings of the Dental Services
- The Rural Incentive Scheme no longer attracts Dentists to leave their coastal practices
- It is the dedication of the staff that keeps the Dental Services functioning
- There is a pressing need for updated IT Infrastructure in most of the Areas
- Eligibility criteria needs to be reflective of circumstance and distance to services
- Supervision and support is virtually none existent in rural areas
- Quality of care is compromised
- Increased population will impact severely on forecasted future growth

"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."

Writes a Dentist from Shellharbour