



HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON HEALTH AND AGEING
ADULT DENTAL SERVICES INQUIRY

SUBMISSION BY CHARLES STURT UNIVERSITY SCHOOL OF DENTISTRY AND HEALTH SCIENCES

INTRODUCTION

The University welcomes the opportunity to contribute to this Inquiry and thanks the Committee for the invitation to attend the Dubbo public hearing. This submission briefly outlines the history of dentistry and oral health therapy at Charles Sturt University, describes the dental facilities, outlines student profiles, briefly outlines our oral health service activities and capabilities relative to rural-regional NSW and concludes with a brief overview of future activities relevant to this Inquiry.

BACKGROUND

The School of Dentistry and Health Sciences at Charles Sturt University opened its doors to dental and oral health students in late February 2009. The school was established to address chronic mal-distribution of dentists and oral health therapists in inland rural and regional Australia, the low numbers of rural and regional students admitted to city university-based dental programs, and consequently the low number of city dental graduates moving into rural and regional practice.

The University's dental and oral health strategy was based on growing evidence largely from medical education and Charles Sturt University's own success in recruitment and retention of rural based health graduates who showed that the integrated delivery of dental education in rural locations would progressively lead to improved retention of graduates in rural practice. More recent research, including a comprehensive global study by the World Health Organization into the recruitment and retention of health graduates in rural practice, has reinforced the evidence base for this approach, as does the high proportion of Charles Sturt University's oral health graduates that have moved into rural practice after graduation.

Based on this evidence of the University carefully designed its dental and oral health program to:

- Increase the number of rural and regional students able to enrol in dental and oral health therapy;
- Educate and train students wholly in rural and regional locations alongside students from other health disciplines to support the development of interpersonal and inter-professional networks that promote long term rural practice;

- Develop a curriculum that addresses factors relevant to successful practice in rural and regional communities;
- Engage through its educational programs and dental facilities in the delivery of dental services to rural-regional NSW communities;
- Increase the retention of rural dental and oral health therapy graduates in rural and regional practice.

CSU DENTISTRY FACILITIES

The School's dental facilities are based in Dubbo, Orange, Bathurst, Wagga Wagga and Albury-Wodonga (Thurgoona). These facilities comprise both teaching related and private dental clinical infrastructure. The dentistry course is offered out of our Orange campus facilities while the oral health program is based on the CSU Wagga Wagga campus. The Orange and Wagga Wagga facilities are major buildings housing teaching clinics, simulation clinics, laboratories, private dental clinics, patient waiting rooms, reception areas, lecture and other teaching rooms and offices for academic and other dental staff. The Orange and Wagga Wagga oral health facilities each have 16 student clinic operatories and 8 private dental suites.

The Dubbo facility is a suite of student dental clinics, private dental clinics and dental clinics operated in conjunction with the Western Local Health Network with whom the university enjoys a very close working relationship. The facilities in Bathurst and Albury each comprise teaching clinics and two private dental suites along with patient waiting areas, offices and dry teaching areas fitted with intercampus interconnectivity systems.

Dental and oral health students undertake clinical training and patient service delivery across all five facilities.

THE DENTISTRY COURSE AND CURRENT STUDENT PROFILE

The dentistry course is a five year program of study and clinical training. Around 40 students (from a pool of several hundred applicants) are selected each year to enter Year 1. This year – 2013 – is the year where we have students in each of the five years of the program and our current fifth years will graduate in December. Students can be selected to enter the program direct from high school year 12 studies or having completed all or part of a tertiary degree program. Currently there are 201 enrolled dental students with an approximately equal gender distribution across all years and a significant rural student representation. The 2013 intake has a 55% rural student proportion and the School is implementing its plan to incrementally increase this proportion to around 70% over the next few years.

The dental program exposes students to supervised patient treatment beginning in the second half of Year 2. Patient service delivery increases through Years 3-5 such that in Year 5 students spend the majority of their time (24 weeks) in supervised clinical treatment of patients – the greatest majority of whom are adults. This occurs across our regional clinics where students provide a comprehensive range of patient treatment care including examinations, radiographs, management plans, scaling and cleaning, simple and complex fillings, crowns, root-fillings, tooth extractions and oral health promotion.

The first graduates in dentistry will enter the workforce after graduation in December 2013. In a survey of the fifth year class the majority have signalled their intent to seek employment in rural and regional NSW and other equivalent areas of Australia.

THE ORAL HEALTH THERAPY COURSE AND CURRENT STUDENT PROFILE

The oral health therapy course is a three year program of study and clinical training. Around 30 students are selected each year to enter Year 1. Students can be selected to enter the program direct from high school year 12 studies or having completed all or part of a tertiary degree program. Currently there are 64 oral health students with a predominantly female gender distribution across all years and a significant rural student representation.

The oral health therapy program exposes students to supervised patient treatment beginning in Year 2. Patient service delivery increases through Year 3 such that in Year 3 students spend the majority of their time in supervised clinical treatment of patients - children and young adults (dental therapy) and adults (dental hygiene) with a strong emphasis on oral health promotion.

Our first cohort of oral health students graduated in 2011 and the majority of that cohort, and the subsequent 2012 graduate cohort, are employed primarily in rural-regional NSW.

PRIVATE DENTAL CLINIC FACILITIES

As described earlier, the dental facilities of the university include what are best described as private practice dental suites. The university employs registered dental practitioners (and associated auxiliary staff) to deliver dental services. These facilities are also leased to visiting specialists who provide enhanced availability to dental specialist services to the community in our region thus reducing the need for time consuming and costly visits to major specialist centres such as Sydney.

The greatest majority of patients seen are adults and a full range of dental services is provided to rural-regional patients attending these clinics in each of the five towns where they are situated.

Each practitioner in our private clinics will see (on average) up to twelve patients a day. In total staff in our private clinics provide 420 occasions of service per week and over the course of a 48 week working year approximately 20,160 patient services – predominantly to adult patients from rural and regional areas.

STUDENT TEACHING CLINICS AND ADULT DENTAL CARE DELIVERY

The teaching-training of dental and oral health therapy students at undergraduate level is unique in health care training in that students undertake actual, but supervised treatments on patients. While the primary focus of this training is knowledge and skills acquisition it does contribute to oral health care delivery at the community level. Although class sizes vary slightly from year to year students in Year 4 of the dentistry program will collectively provide approximately 12,100 patient services per year – the greatest majority to adult patients from rural and regional areas. Fifth year dental students will provide a similar or greater number of services but including more complex procedures while third year dental students will provide perhaps half this number of patient services. Oral health therapy students provide dental hygiene and oral health promotion services to patients in Years 2 and 3 of their program.

While the majority of a student's clinical training occurs in our regional placement clinics our students do provide additional outreach dental services to communities in remote regions. For example our students on placement in our Dubbo clinic are linked with the Royal Flying Doctor Service (RFDSSE TOOTH program) and provide supervised care to patients in outlying areas such as Bourke, Goodooga and Lightning Ridge. Our Oral Health Therapy students will also be working with the Walgett Aboriginal Medical Service to provide patient care in that community.

Discussions are also underway to establish a pathway to enable our students to provide dental care in a number of regional aged care facilities thus enhancing their clinical experience and contributing to the provision of much needed dental care in these adult care facilities.

A significant event in the context of the provision of adult dental care has been the signing of SLAs between NSW Health and CSU enabling our teaching clinics to provide dental care for eligible waiting list adult patients in NSW. This model of patient care shared between State health authorities and a dental teaching facility is one that illustrates the need to explore alternative methods of providing improved oral health care for rural and regional communities. This voucher-based system was previously trialled in our Wagga Wagga teaching clinic for waiting list children in that region and proved to be a success in reducing public waiting lists. The expectation is that a similar outcome will be achieved in this new adult dental care agreement and that this model agreement might be able to be rolled over in relation to the new Commonwealth funding proposal for children and eligible adults.

THE FUTURE

As the School grows development in a number of areas will occur. These developments include:

- The establishment of formal postgraduate programs
- The establishment of continuing education programs available to regional dental personal in private, public and corporate dentistry
- The establishment of formal research investigations aimed at accurately determining adult dental care needs and patient attitudes in rural and regional NSW
- The recruitment of increased numbers of rural students and Indigenous students to our programs. A plan has been established for the former and, in relation to Indigenous student opportunities, CSU has formed a consortium with the Western Institute of TAFE and the Bila Muuji Inc and developed the i-Smile program for indigenous students. This program leads to Certificate 3-4 level qualifications in dental assisting but very importantly establishes linked pathways to tertiary study at CSU in oral health for those students who might wish to continue their studies.
- The implementation of additional clinical placement and community service opportunities – for instance in the mid North by establishing appropriate facilities and also entering agreements with organisations such as the Bipiri Aboriginal Medical-Dental Centre.

Such developments have the broad objective of aligning with CSU's own aims to improve the educational opportunities for students and practitioners in rural-regional NSW and Australia while at the same time contributing to workforce shortages and improved delivery of dental services to rural communities.

NEEDS AND POTENTIAL SOLUTIONS

- There is an urgent need for better recognition by all levels of Government that the primary health workforce issue in Australia is the mal-distribution of the dental, medical and health workforce. History has demonstrated that labour market oversupplies will continue to occur in major cities if education and training is predominantly carried out in these locations, and shortages will continue in rural and regional areas due to lack of growth in access to education and training opportunities in these locations. There is a

critical need for all levels of government to acknowledge the evidence that demonstrates that the selection of students and where they study has a major impact on where they subsequently work, and how well they are prepared for the demands of that work. The aim of government should be to design rural workforce development programs from the ground up based on the evidence of what works.

- Recognition by the Commonwealth Government of the important and special roles rurally-based dental schools have in relation to education, educational opportunity, the contributions they can make to workforce deficiencies and imbalances and the quantifiable delivery of high level patient care.
- Recognition by the Commonwealth Government of the special needs of rural students and their families in the context of the need for financial support for them to undertake dental studies in a familiar rural environment.
- Recognition by the Commonwealth Government that further improvement in rural dental workforce shortages and adult patient care services can be enhanced by examining ways in which rural dental schools can and might engage in appropriate partnerships.
- Exploration of ways in which the special needs and potential capabilities of a new, rurally-based dental school such as that at CSU might be supported in relation to achieving its own aspirations and those of the State and Commonwealth Governments in relation to oral health delivery in rural Australia.

Submitted by

David Wilson

Professor & Head of School

Dentistry & Health Sciences

Charles Sturt University

May 2013