EDUCATION AND HEALTH STANDING COMMITTEE

ADEQUACY AND AVAILABILITY OF DENTAL SERVICES IN REGIONAL, RURAL AND REMOTE WESTERN AUSTRALIA

TRANSCRIPT OF EVIDENCE TAKEN
AT PERTH
MONDAY, 12 NOVEMBER 2001

EIGHTH SESSION

Members

Mrs Martin (Chairman)
Mr Board (Deputy Chairman)
Mr Ainsworth
Mr Andrews
Mr Hill

BYWATERS, MS JENNINE,
Dental Therapist, Dental Therapy and Hygiene Association of Western Australia,
examined:

BINET, MISS SUSAN,
School Dental Therapist, Dental Therapy and Hygiene Association of Western Australia,
examined:

PLATELL, MRS HELLENE,
Dental Therapist, Northbridge Dental Clinic,
examined:

KORCZYNSKYJ, MS JOHANNA,
Dental Therapist, Dental Therapy and Hygiene Association of Western Australia,
examined:

Mr BOARD: Thank you for attending. Have you read and understood the details of witness form and signed it?

All Witnesses: Yes.

Mr BOARD: If you have any questions, please do not hesitate to ask.

This is the first year of operation of the Education and Health Standing Committee. Committees of the lower House - with the exception of the Public Accounts Committee - are select committees; that is, they are appointed for a specific purpose. This is a standing committee; that is, it is inquiring into health and education issues in the State on an ongoing basis. It is a bipartisan committee.

You will be provided with a transcript of this hearing so that you have a record of what you have said. Parliament will also have a record of what we have said. This is a user-friendly committee. The focus of this inquiry is trying to improve the provision of oral health in Western Australia. In this case, it is particularly focusing on remote and regional areas. The committee is not out to cause division, to engage in a witch-hunt or to play political games. It is looking at improving services in Western Australia and how that might be achieved. Members value any comments and opinions. We need to hear them. The more we learn about what is going on, the better informed we will be when making recommendations. Thank you for your submission, which was accurate and good - it was not too long. Do you wish to make an opening statement about your association, what you are doing and trying to achieve? How long it has been going and what is its general thrust?

Ms Bywaters: The Dental Therapy Association started about 25 years. It combined with the dental hygienists after they graduated in 1996. Ours is a representative body for both professions. We are not direct service providers. Our main aim is to provide ongoing education for members and to act as a social network to enable members to keep in touch with what is happening in the private and public sectors. At the moment, there are dental therapists working in both sectors. Without a combined association, it would be very hard for members to know what was happening.

We appreciate the committee giving us the opportunity to make a submission. It is nice that members are interested in what we have to say.

The thrust of our submission is that we are concerned about and very interested in the provision of services in remote and regional areas. Our main focus is equity of access. The provision of

services outside the metropolitan area should be equal to the services provided within the metropolitan area.

Mr BOARD: How many people belong to your association? I know that is in the submission, but let us explore it a little more.

Ms Bywaters: In total 120, with probably 100 dental therapists working in both the public and private sectors, and 20 dental hygienists.

Mr BOARD: How many would be classed as being in regional, rural and remote areas, and how many outside the metropolitan area?

Miss Binet: There may be 30 members outside the metropolitan area. We tend to have a high membership from the metropolitan area, because they can make better use of the services that we provide; all country people get is a newsletter. It is harder for them to participate in our activities because of distance.

Mr BOARD: What is the biggest issue facing your association?

Ms Bywaters: The biggest issue facing the association is membership. Western Australia probably has over 400 registered dental therapists and hygienists. As with any association, attracting a membership base is always quite hard. The biggest problem facing members would be recognition of our respective careers. There are always pay and condition issues, which are different for people working in the public sector and the private sector, and access to ongoing education. A lot of ongoing education in dentistry is aimed at dentists and any ongoing education for therapists and hygienists usually comes from individuals. That is one of the issues facing our association.

Mr BOARD: Could you tell us a little about your profession? First, what training is required, and what are the levels of professionalism after you have completed your training?

Ms Bywaters: You have opened a can of worms. I will speak mainly for dental therapists, because that is what we all are, and that is mainly whom we represent today. That is because dental hygienists do not work within the public sector. Initially, training was performed at the Mt Henry Dental Therapy Centre and was then transferred to the Western Australian Institute of Technology, which is now Curtin University. Presently, it is a two-year course in which therapists and hygienists do a combined first year and then they stream off into the second year. Those therapists who graduate at the end of two years can be employed only within the school dental services. Prior to that no dental therapists were trained for two or three years.

Ms Korczynskyj: It may be longer.

Ms Bywaters: No therapists were trained for maybe five years, during which time they trained only hygienists. Prior to that purely dental therapists were trained. It was a two-year associate diploma, which is now an associate degree. The push within training institutes around Australia is to have dental therapy as a degree course. That is now the case in three States and that is what we would promote in Western Australia. Training has changed so much over the years, including the people we trained on and the duties that we were able to perform once we qualified. The Dental Act is currently open for review, and we hope that will clear up some of the many grey areas that exist within dental therapy. It is a hard question to answer, because we all do quite different things.

Ms Korczynskyj: In terms of further education, there are no real opportunities to further the degree.

Ms Bywaters: There are no postgraduate possibilities for therapists or hygienists, except for those who are graduating currently. They can go back and maybe undertake the other stream of the course that they did not do. If we wanted to get any other qualification we would have to do an undergraduate degree before undertaking any postgraduate studies. We are not accepted directly into any postgraduate courses.

Mr BOARD: I will get to the Dental Act in a little while. For the purposes of our records, I want to explore the range of tasks that you perform in both public and private dentistry in Western Australia.

Ms Bywaters: I will ask Susan to answer for the public sector.

Miss Binet: I am a school dental therapist. The duties that we perform are examination, caries detection, treatment of caries in permanent and deciduous teeth, extraction of deciduous teeth, radiographs, impressions, local anaesthetic and pulpotomies. Basically, the children come in for their checkup by the dental therapist, who decides on the treatment. The children come back for further visits, and the therapists do the treatment. If a child needs a permanent tooth extracted or referral to an orthodontist the dentist attends to them. However, generally a dental therapist provides their treatment.

Ms Bywaters: Within the private sector, it depends on whether one works in a general practice or a specialist practice. I may have to ask one of the others what occurs in a specialist orthodontic practice, because I do not know as I work in a general practice. Therapists do not do any examination or caries detection in private practice. We are mainly responsible, in the bulk of general practices, for preventive care. That can be preventive care on children - in which case we would have the same scope of duties as a school dental therapist. On children older than school age, we can place fillings in teeth that have been previously prepared by a dentist. That can be any type of filling material whether it is amalgam or any of the new composite resins. We do the periodontal work, which is the diagnosis and treatment of gum disease. That is quite involved. We can do things like extractions of deciduous teeth. However, it is more of a team effort within the private practice. In other practices, therapists are utilised more in restorative work, which is the placement of fillings into prepared cavities.

Mr BOARD: Is there a disparity in terms of salary between the private and the public sector ?

Ms Bywaters: It is huge.

Mr BOARD: How huge is it?

Ms Bywaters: Would the top range for a school dental therapist be $45 000?

Miss Binet: For a supervising therapist. It would be less than that for a therapist; more like $38 000. Off the top of my head, I do not know.

Ms Bywaters: Whereas in private practice around $60 000 a year would not be outrageous.

Mr BOARD: Why would anyone work in the public sector?

Miss Binet: I do. Basically, I enjoy it, plus government employees have better conditions - superannuation, sick leave and those things. I enjoy it because I have a lot of autonomy. You run your own clinic. The dentist visits one day a week to do his or her bits and pieces, but generally you provide the whole treatment for the child. I enjoy that.

Mr BOARD: We will get into the specifics, because we need that information to explore what is happening in rural and remote areas. Do you think that the pay structure leads to a difficulty in attracting people who want to work in the public system, and hence that is a restriction in the way that we deliver dental services in rural and remote areas?

Ms Korczynskyj: During the five years in which there were no dental therapists being trained - only the hygienists - the school dental services offered placements that were part of a bridging course, so that people could do dental therapy and go into the school dental service. However, very few people were going in that direction.

Miss Binet: As far as I know, that was not because people were not interested, but the school dental service was not offering those positions because they did not have any current vacancies.

Ms Korczynskyj: Okay.

Ms Bywaters: I was with the school dental service initially. I then left Australia to travel. When I came back the difference in pay was greater. I was offered a position with the school dental service, but because of the pay I was unable to accept it. By the time one has a mortgage and other expenses, the salary in the public health sector is too low, which is a shame because my focus is on public health. The pay in the public sector must allow for a standard of living that could be achieved by working in the private sector.

Mr BOARD: What is the proportion of members in the public system as against the private system?

Miss Binet: It is pretty well half and half for public and private membership.

Mr BOARD: Are there vacancies in the public system?

Miss Binet: Yes.

Mr BOARD: Are there many?

Miss Binet: Last week I spoke to my manager about this issue. Earlier in the year there were several vacancies in the metropolitan area that have now been filled; however, there are quite a few vacancies in the country.

Ms Bywaters: We were able to obtain a list of those fixed and mobile services that are currently closed due to a lack of staff. Currently, 11 fixed or mobile centres are closed. The present therapist to patient ratio is one therapist to approximately 1 980 children. That means that 20 000 children at least - about 11 per cent of the State's children - currently are unable to access a school dental service.

Miss Binet: They can access other clinics for emergencies if they are willing to travel, but they are not provided with their routine dental care.

Mr BOARD: Do you have that list? Is the committee able to have a copy of that?

Ms Bywaters: If you do not say how we got it!

Mr BOARD: There is no need to tell us, you can just provide that list and we will incorporate it into our report.

Miss Binet: No-one is pretending the clinics are open; they are definitely closed.

Mr BOARD: Is there is a shortage of therapists in the public system?

Miss Binet: Yes.

Mr BOARD: Generally, is there a shortage of therapists in the State?

Miss Binet: Yes.

Mr BOARD: Do the other States face the same situation?

Ms Bywaters: The Northern Territory has a lot of trouble attracting therapists. Positions are often advertised for work there and the pay rates are quite attractive. More than once I have been tempted to travel to the Northern Territory. The shortage of therapists is an Australia-wide issue. Some services are closed not only because of the lack of dental therapists but also because a dentist must be available to man those areas. If there are no dental staff, those areas cannot operate. All children have to be seen by a dentist at the initial examination before being seen by a dental therapist.

Mr ANDREWS: What are the entry requirements to get into dental therapy?

Ms Bywaters: Previously they were based on a tertiary entrance examination score. I understand that in recent years there has been an inclination to employ people who have a history of dental nursing. A fairly high percentage of the intake into dental therapy courses would now be mature-age students.

Mr ANDREWS: What is the quota? Is there a quota on the number of students entering dental therapy?

Ms Bywaters: It is about 30.

Mr ANDREWS: Do you know what the required TEE score is?

Ms Bywaters: No, I do not even understand the TEE nowadays.

Mr ANDREWS: These days it is actually the TER - the tertiary entrance ranking.

Ms Bywaters: If you scored 99 in my day, you definitely failed.

Mr ANDREWS: Do therapists do any pain relief?

Ms Bywaters: Yes.

Mr ANDREWS: What is it and how does it work? When would or would not a therapist apply pain relief?

Ms Bywaters: Would the member like to know about pain relief for children or adults?

Mr ANDREWS: Both. Is it correct that therapists would not provide pain relief for adults?

Ms Bywaters: Some aspects of pain relief can be performed by a dental therapist because not all pain comes from a tooth that must be drilled or extracted. If a patient has discomfort, he may well be seen by a therapist - this is where the hot water starts to boil, because therapists do not have diagnostic duties. It is common for therapists to conduct a diagnosis of a patient who was in pain. They may run through a series of diagnostic tests to locate the pain, take an X-ray film, or ask questions that help with the diagnosis, and then the patient is always referred to a dentist. The dentist is usually in the surgery next door and would ask the therapist to numb the patient or perform X, Y or Z on the patient. Under the Dental Act, a therapist can treat the pain if it is caused by a gum condition. If it is for a child in private practice -

Mr ANDREWS: Would a therapist diagnose the gum disease as well, or does a dentist have to diagnose it before the therapist can treat it?

Ms Bywaters: Technically, all diagnoses should be done by a dentist. However, it is generally accepted within the Dental Act that if the therapist is able to supply the dentist with a list of symptoms and if the therapist consults with the dentist to confirm the diagnosis, the treatment can be performed.

Mr ANDREWS: Is the diagnosis done by the dentists themselves?

Ms Bywaters: In a private practice it is.

Mr ANDREWS: Would the therapist then apply whatever treatment -

Ms Bywaters: Whatever treatment we are capable of under the Dental Act.

Mr ANDREWS: What sort of treatment can therapists provide?

Ms Bywaters: At the extreme end, under the direction of the dentist, the dental therapist is able to remove part of the nerve of an adult tooth. That would occur if the dentist was not physically able to be in the practice himself. For a broken tooth, the therapist can usually attach the temporary replacement material to cover any exposed dentine and to alleviate roughness. If it is a gum condition, the therapist can clean and irrigate the tooth and the gum. Therapists are also able to replace a tooth that has come out and splint the teeth together.

Ms Korczynskyj: Therapists can adjust occlusions.

Ms Bywaters: Often a patient experiences discomfort after a filling. If the filling is not quite in the occlusion, we are able to adjust that occlusion.

Ms Korczynskyj: Therapists can use desensitising solutions.

Mr BOARD: Therapists can perform a range of treatments.

Ms Bywaters: We are handy.

Miss Binet: Therapists work alone. Under the Dental Act, patients see the dentist once every four years. However, generally, if patients arrive in pain, we deal with that condition. We find out about the problem. If the teeth must be removed or if the patient needs a filling, we can do that.

Ms Korczynskyj: On either a deciduous or a permanent basis.

Mr HILL: How do we encourage more Aboriginal health workers into the dental profession, particularly in rural areas?

Ms Bywaters: We are keen for more Aboriginal health workers to be employed in the dental health services.

Mr HILL: Currently, how many Aboriginal people work in the system?

Miss Binet: I know of one Aboriginal dental therapist, but I do not think that she works in the profession any more.

Ms Bywaters: I am not aware of any Aboriginal dental therapists. We would like to see more Aborigines in the school dental service and working in private practice. We discussed a scholarship system whereby people from remote areas would be offered a scholarship to come to Perth to be trained on the proviso that they return to their community to work. That would alleviate some of the problems that workers who travel to remote areas have; for example, not being familiar with the culture or not being as well accepted as an Aboriginal health worker would be. We are keen to put that scholarship program in place. It is a shame that Carol Martin could not be here because I was looking forward to meeting her and asking her about that.

Mr BOARD: I will let her know that. She might send you a note. Have there been professional indemnity issues concerning therapists in Western Australia? Has there been any litigation regarding services provided by a therapist who should not have provided them? Are there any other related issues of which the committee should be aware?

Ms Bywaters: I am aware of only one or two therapists who have been brought before the dental board. In one case, it was because the therapist had drilled a permanent tooth and then replaced a filling. Subsequently, the nerve had died and the tooth needed root canal treatment. That matter was brought before the board because when the patient lodged the complaint and described the list of events, it was stated that the therapist had done the work on the filling. That was not the patient's complaint; the patient's complaint was about the treatment that followed thereafter. That therapist was very severely dealt with and no longer works as a dental therapist. In the profession, therapists are well threatened. Anyone who breaks the Dental Act will be severely dealt with. We are well aware of our limitations.

Mr BOARD: Does the Dental Act prohibit services being provided to the general community, particularly to remote and regional areas, whereby people could otherwise get access to a wider range of services?

Ms Bywaters: Definitely. It is disappointing to limit further any areas of services by imposing an age restriction on an industry in which services are already limited per se. Children who finish the end of their school careers have all the teeth they would normally expect to have by the time they die - hopefully at an older age than when they leave school. There is no difference in their dentition at that age than when they are adults. We hope that the Dental Act will offer some opportunity for the age restrictions to be considered carefully. We have considered the age restrictions for the elderly as well as people in remote areas. We have especially considered emergency treatment in remote areas.

Mr BOARD: Currently, the Government is considering changes to general nurses and nurse practitioner-type legislation. There has always been a debate about who can deliver what service

and who is professionally trained to provide those services. Obviously, therapists have similar issues. Our concern is how dental services can access remote and regional areas. Is a combination of technology plus increased professional training for therapists able to resolve some of the issues in remote areas? For example, could using the Internet to discuss issues between the therapist and the dentist be a solution?

Ms Bywaters: Unfortunately, dentistry is a very hands-on profession and any new technology must be learnt hands on. Therefore, therapists who want to expand their skills, especially in remote areas, would need intensive training in a clinical setting. A lot can be learnt from the Internet and accessing articles, but a lot of training needs practical application.

Mr BOARD: When I refer to the Internet, I am referring to emerging technologies that make it possible, for example, to talk to someone live across the Internet.

Miss Binet: Like when doctors have a picture of a patient on screen.

Mr ANDREWS: A digital diagnosis.

Ms Bywaters: Yes, that could be a way of arriving at a thorough and correct diagnosis if a therapist had to treat a patient in an emergency. I am not sure how expensive a service like that would be.

Mr BOARD: When you say that you cannot authorise the diagnosis but you can perform certain tasks and seek advice, must that advice always be face-to-face?

The Witnesses: No.

Mr BOARD: Can it be over the phone?

Ms Bywaters: Definitely; it is quite often over the phone.

Mr BOARD: Such as it also is between nurses and doctors in remote areas. Does that also happen in the city?

The Witnesses: Yes.

Mr ANDREWS: With regard to the Act and your training, I want to take it one-step further. In the scenario that you are working in a rural area, where should the line be drawn between what a dentist does and what a therapist does?

Ms Bywaters: It would be very case dependent.

Ms Korczynskyj: Our duties are exact in that dental therapists can do this and this. It does not allow for a grey area.

Mr ANDREWS: In which part of the grey area do you stop? Can you elaborate on the grey area?

Ms Bywaters: The grey area is the drilling of teeth. In the school dental service, Susan Binet can drill any permanent tooth up until the day that child leaves school. However, once they leave school, we are not allowed to drill on that tooth and yet, the decay process and the tooth would be exactly the same; they will not lose that tooth and have it replaced. For us, that is the grey area.

Mr ANDREWS: Take me to the next step up. If you are drilling permanent teeth, what would be the next step beyond that?

Ms Bywaters: Pain relief would be the next step. In a child's tooth the nerve can be removed, which then removes the infection, and the tooth can then be filled and remain as a tooth.

Mr ANDREWS: Is that something that you can do at this moment?

Ms Bywaters: Yes, but under the Dental Act we can only do an emergency removal of part of the nerve of an adult tooth. In remote areas it would be beneficial to a lot of people if we could offer more services that involved the removal of nerves. If we were granted the ability to drill, that

would be the next step. The ability to prescribe antibiotics in the case of an abscess would be another consideration. Do nurse practitioners currently have prescriptive duties?

Mr BOARD: Yes, in some areas. That area is currently being debated.

Ms Bywaters: For someone working in a remote area it would be beneficial to be given a prescriptive right - not for a full prescriptive range - to be able to get rid of dental pain.

Mr ANDREWS: What would be the upper level of providing pain relief?

Ms Bywaters: That would be the removal of a tooth. Currently, we can only remove deciduous teeth. There is no facility for a therapist/s to remove any permanent teeth in Western Australia.

Mr ANDREWS: In the course of a patient visiting you in a rural or remote area, is there any dental situation that we have not mentioned. We have prescription, pain relief, diagnosis and so on. When a patient comes through the door in a country region, when must you say that you have to get a dentist to do the job?

Ms Bywaters: If a tooth needed complex restorative work, such as a crown. However, that would not be routine dentistry.

Mr ANDREWS: I am thinking about emergency-type situations.

Ms Bywaters: We could not do surgical procedures. That would definitely be beyond our scope with our current training. Any surgical procedure whereby the gum must be cut and the bone removed to then remove teeth from underneath the gum line would be something that -

Mr ANDREWS: That is clear enough in my mind now.

Ms Bywaters: If there was a provision for therapists to be able to drill an adult tooth, fill it and remove enough nerve to get someone out of pain, and to have simple prescriptive rights, it would cover 99 per cent of the emergencies in remote areas.

Mr ANDREWS: Are you speaking figuratively when you say 99 per cent?

The Witnesses: Yes.

Mr ANDREWS: Can you guess what the real figure would be?

Ms Bywaters: On a day-to-day basis it would probably be about 90 per cent.

Mr BOARD: Thank you for your submission and the open way in which you have given us the information we need today. You will receive a copy of the Hansard and if you have inadvertently left anything out or want to add anything by way of additional information, that can be done. If there is anything in there that you think is incorrect, then it can be corrected and you have 10 days to do so.

Ms Bywaters: Prior to attending the hearing we received a list of questions that might have been asked. Thankfully the committee has been very kind to us. However, we have some information that answers those questions. Would that be useful for the committee?

Mr BOARD: Yes. We tried to cover that through the bulk of our discussions but if you have some additional information, we would like to receive it.