Submission to the Federal Senate Education and Employment Legislation Committee Enquiry Into: Quality of Governance at Australian Higher Education Providers
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The following is a brief statement concerning the Dental School at The University of Sydney.

This statement relates to the changes which have taken place over the last ten years, and the concerns that have been raised by former full-time and part-time staff about the current direction of the Dental School.

Unique Status of Dentistry:

Dentistry training is distinct and different from medicine training with which it is often compared. See problems 1 and 2 which specify these issues.

Dentistry is primarily concerned with the orofacial region and managing oral health care. This involves the most richly innervated area of the body, with the added challenges of the psychological and psychosocial variables of each patient.

This significantly adds to the demands of clinical responsibility and the clinical competence of the dental graduate, and is fundamental to safely meeting the needs of patient care.

In addition, Dentistry training does not include an Internship or Vocational Training year.

Problem 1:

There is no internship or vocational training year after graduation and before registration.

Status:

As a result, dental graduates must be clinically competent to enter dental practice on graduation, as a fundamental requirement for public safety. The clinical competence of each new graduate, as well as their ethical and human responsibilities for caring for their patients, is clearly the obligation of the universities providing clinical programs. Those clinicians involved in the training program need themselves to be competent to ensure that this first requirement is achievable.

Clinicians who offer their time on an honorary basis should be acknowledged with appropriate honorary titles - senior lecturer, clinical associate professor or clinical Professor as a reward for their contribution. There was a time when such honorary teachers regarded such an appointment as an honour. This was an era when the product of such contributions produced graduates who were regarded internationally as the "cream of the crop"!

New Graduate supervision

Problem 2:

Observation of new graduates and feedback from colleagues who work with them both in the public system and in clinical practice, indicates that in general, they are not competent to work unsupervised. This is a major concern for the community.

Status:

The Australian Committee of Dental Deans during the period 1994-6 were committed to working with the professional organisations in their state to develop a national supervised internship or registrar program as a requirement for registration for new dental graduates. Unfortunately, this was not achieved. At that time, the NSW Dental Board (State Boards were amalgamated as a national organisation, AHPRA in 2010), strongly supported this development.

The teaching hospitals and associated dental clinics have some new graduate dental officer positions – Sydney Dental Hospital (SDH) and Westmead Hospital Centre for Oral Health (WHCOH) have 5 to 10 dental officer trainee positions, and other dental clinics have some (limited) places for new graduates - Southwest Sydney LHD – Campbeltown and Fairfield dental clinics; Nepean Hospital - Blue Mountains, Lithgow and Hawkesbury dental clinics.

But this is far less than the dental graduates each year (now over 120 at The University of Sydney) each of whom require supervised placements before registration.

Status:

With the development and opening of Westmead Hospital and Centre for Oral Health, undergraduate student placement was shared between the SDH, and WHCOH, the latter having initially accepted half of the final year undergraduate BDS students in 1980, and the full final year was accommodated there a few years later. The first postgraduate students (Oral and Maxillo-facial Surgery; Orthodontics; Prosthodontics) were also based there from 1980.

In the past, clinical supervision from experienced part-time staff from clinical practice supervised students in the Bachelor of Dental Surgery, then the Bachelor of Dentistry and more recently the Doctor of Clinical Dentistry clinics, and as a result the students gained confidence in the reality of practice expectations. A colleague from my dentistry year recently retired after 62 years in general dental practice and commented: "he did what he was trained to do" and added "with updating through continual professional education programs".

Head of School

Status:

Just as dental training requires experienced clinical supervisors, the dentistry head of school needs to be more than an administrator. They need to be clinically competent with practice experience as well as research training (a PhD in a field specific to dentistry), so that they understand the special needs of dental practice skills-based requirements in this country, as well as leading research.

Problem 3:

The head of school needs to lead and preserve the local clinical teachers, some of whom have contributed over many years in honorary roles. This has not been the case more recently where overseas appointments now dominate clinical staff. Overseas qualified appointments may be appropriate for research (requiring a PhD and research record), however, supervision in the undergraduate program (now Doctor of Dental Medicine) need to be clinicians who are AHPRA registered and particularly in postgraduate specialties (now Doctor of Clinical Dentistry – particular specialty) need to be clinicians who are AHPRA appointed specialists.

Research

Staff in dentistry have opportunities to complete clinical research but need research support.

Status:

Research at SDH is now strongly supported. In the past the Institute for Dental Research (funded by NSW Health) was based at SDH, but was relocated to WHCOH in the 1980s to interact with research based at Westmead Hospital which has become a major source of research in Australia.

Problem 4:

The Jaw Function and Orofacial Pain Research Unit was based at WHDCS to readily interact with research at Westmead Hospital, and had an enviable record of undergraduate, postgraduate and staff research. It was established with grants from Nobel Biocare, NH and MRC, as well as grants from the then NSW Dental Board, Westmead Hospital, James Fairfax Foundation and other sources. It should still be available but was dismantled with dismissal of academic and technical staff who were responsible for a quality research record.

This should have been maintained to continue to add to dentistry's research output.

Recommendations:

- 1. The unique status of dentistry needs to be acknowledged and recognised as distinct from medicine;
- 2. An internship or vocational training year after graduation is essential to ensure clinical competence before registration and independent practice;
- 3. The head of school needs to lead by example as an administrator as well as being clinically competent and with research training and research record.
 This needs to be recognised with the next appointment of head of school;
- 4. The need to preserve the opportunity for experienced part-time staff from clinical practice to continue to have a dominant role in clinical supervision of undergraduates and postgraduates is fundamental to expected clinical outcomes, and be acknowledged with appropriate clinical titles.

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Pro-Dean then Dean, Faculty of Dentistry, The University of Sydney 1991-2009 Co-ordinator Speciality of Doctor of Clinical Dentistry Prosthodontics 1980-2016

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Board member, President, International College of Prosthodontists 2004-2008
Chair, Rural Focus Group, The University of Sydney 2000-2005
Deputy President, Dental Board, NSW 1993-1998
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