

# The Complexities of our Profession



Dr Bob Cvetkovic

With ever-continuing advances of our profession, it has become more complex, mirroring our society; a vision of our future. Where we place ourselves in the big picture depends to some degree on us. (In my imagination, at one fanciful stage, I thought of myself as an Uber-generalist - I had been trained, theoretically, to do the lot and I would).

As dentists, we have the widest scientific scope and can practise all aspects of dentistry, and this has been the case for well over 100 years. Our demography and curricula have changed in appearance and yet we are still in essence 'general dentists'. We continue in this vein, not for vanity, but for the lifeblood of our profession and the benefit of our patients and our community at large.

Alternatively, we can choose to deepen our broad skill base through CPD or do formal training and become specialists. Hygienists, oral therapists or oral health therapists practise a sub-set of the full scope. Specialists may be concerned about general dentists exploring treatments traditionally their domain, whilst general dentists may have concerns about prosthetists, hygienists and therapists taking on areas historically managed by them. I have heard this called 'vertical competition'. To this we add swathes of nudge psychology, high level changes from the Productivity Commission, competition philosophies and workforce bureaucracies and private health insurers all influencing our development. And ... it has been confirmed that we have an oversupply of dental practitioners until at least 2025.

Somewhere in this big mix fits the structured professional relationship and us, as team leaders, contemplating the meaning of independent practitioners, the notion of preventive dental practice at personal and population health levels, with a good addition of technology and technique.

Whilst a dentist chooses to not provide dentures for a patient someone else will. Whilst a dentist chooses not to clean a patient's teeth because they don't have the time and it can be done more cheaply, someone else will shine their smile and possibly confuse the patient as to who is really taking care of them. Whilst a dentist may find some children troublesome, and be frustrated with the restrictive demands of Medicare, someone else will be paid to patiently work with them and find joy with the family, focusing on that success. Then there is the dentist who doesn't reach out to the frail and elderly, doesn't have time to assess a complex medical history and the slower story telling taxes someone's patience.

Someone else will help, providing simple dignity. Whilst a dentist doesn't accommodate and help someone in pain in their 9 to 5 schedule, someone else will tend to their suffering and provide relief and hope. These are our individual and collective decisions.

In all that, we can establish a path, our own unique life. It's our choice how to practise and live our professional lives.

This is the reality of our profession. And for me, what it boils down to, is that ... we dare to care. We care for our patients, for our community and our profession. We are carers.

## OUR FUTURE

I recently listened and laughed with new graduates just stepping out from La Trobe and Melbourne universities. They filled me with hope and enthusiasm. Their sharp questions challenged me. I am also thankful for the older practitioners - my mentors - who sometimes seem cynical and yet provide wisdom, both for our profession and me. The last six months have taught me that we are in good hands. Many people have the good will to work toward a healthy future, and we will create our unique selves and a special place. Welcome to the New Year - may it be fruitful for all.

# Pre-Budget Submission 2015/16



Mr Garry Pearson

In mid-December, not long after the new Labor Ministry had been announced, the Branch lodged its pre-Budget submission for 2015/16 with the new Treasurer, The Hon. Timothy Pallas, and the new Health Minister, Jill Hennessy MLA.

As usual, our Budget submission sought to assist the Government to fund programs and activities that will improve the oral health of Victorians, especially vulnerable or disadvantaged people, who rely on public dental care. Our submission focused on four main areas of need:

- increased public dental funding for services and infrastructure;
- providing care to those in aged care and remote populations;
- achieving a sustainable dental workforce; and,
- continuing to focus on preventive care.

Key points made in relation to these four areas are summarised below, while a full copy of the submission can be found on the Branch website ([www.adavb.net](http://www.adavb.net) under News & Advocacy / Submissions).

## 1. FUNDING FOR PUBLIC DENTAL SERVICES AND INFRASTRUCTURE

### a. Increased funding for the Victorian Dental Voucher Schemes

These schemes subsidise the cost for public patients to receive care from private practitioners when public waiting lists become too long. To maintain the current high standard of care increased funding to these schemes is needed. Without additional support these schemes will not be able to meet demand, and the waiting time for public dental treatment will

become unacceptably long.

### b. Insufficient public dental services in growth corridors

We urge the Government to provide funding to refurbish and expand existing clinics, and establish new clinics in locations with a high demand for dental care. Populations in growth corridors are increasing by as much as 6% per year. There is a growing demand for public dental care, particularly in these areas, but also statewide, with only 24% of Victoria's eligible population receiving public dental care each year.

### c. Capital planning to facilitate targeted re-development and expansion of public dental infrastructure

We propose that a Public Dental Infrastructure plan be developed to schedule maintenance and expansion of existing clinics and creation of new clinics. This plan should consider both the current and future public dental care needs of Victoria's population.

## 2. PROVIDING CARE TO THOSE IN AGED CARE AND REMOTE POPULATIONS

### a. Improving the delivery of oral health care services to Victoria's ageing population

Through a pilot project, ADAVB is assisting the Department of Health and Dental Health Services in Victoria (DHSV) to determine the best strategies to deliver oral health care to people living in residential aged care facilities. When completed, we urge the Government to take the project's findings into account and plan to sustainably fund aged care oral

health service delivery across Victoria.

### b. Funding the Royal Flying Doctor Service (RFDS) Mobile Dental Program

This service delivers much-needed dental care to Victorians who need to travel large distances to access dental care, many of whom effectively do not have access at all. In partnership with DHSV and ADAVB, RFDS seeks to expand the current service into rural high-needs regions such as East Gippsland and North East Victoria, and Government funding will be needed to support this expansion.

## 3. ACHIEVING A SUSTAINABLE DENTAL WORKFORCE - VICTORIAN PUBLIC DENTIST ENTERPRISE BARGAINING AGREEMENT (EBA)

After nearly two years of negotiations, public dentists had accepted an offer from the previous Government for updated terms and conditions in a new EBA. The election intervened and the EBA has not been implemented. If this EBA cannot be resolved in both RDHM and community clinics, public dentists may be tempted to seek employment in other States, where they can expect to receive a salary that is up to 43% higher for doing the same job.

## 4. CONTINUING TO FOCUS ON PREVENTIVE CARE

### a. Supporting smoking cessation interventions in the dental clinic - Smokefree Smiles

Expanding Quit Victoria's Smokefree Smiles pilot project for smoking cessation across dental clinics in Victoria will need further funding. We urge the Government

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