

Brief submission

I am a dentist with 30 years experience in public oral health across Australia. The delivery of dentistry in general is based on an out-dated model which rewards output - mostly restorative dental treatments. However this approach is apart from being very expensive does not change oral health or quality of life for the individual or population. I have attached an example of an alternative model of care which has been developed at North Richmond Community Health. This model is comprehensive, preventive, evidence based and address the real issues in oral health which are behavioural. We must move away from disease focussed acute care to partnership with clients and managing their risk of dental disease, this approach requires a team of dental professionals working together with the client to support change and therefore require less intervention from the dental providers. The suggested model of tender by private dentists for public dental service in the report, without clear and enforceable health outcomes indicators will give us more of the same ineffectual treatment, an increased risk of over servicing (outputs) without any measurable health outcomes. Public oral health is much more than "drill, fill and bill" as it works with the most vulnerable communities to develop trusting relationships, respect and sustainable changes in oral health and quality of life. This takes time, planning and commitment which is explained in the attachments.

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