Crunch time for dental school in Australia

When Griffith University in Queensland opened its doors to dental students in February 2004, it was the first new dental school in Australia for 57 years. Most people were sceptical that it would work. As history will record, five years later, the first dentists graduated from a fully accredited program on the Gold Coast on 19 December 2008.

When the School of Dentistry and Oral Health started in October 2003, the task of recruiting experienced dental academics was a difficult one. There is a worldwide shortage of dental academics where the requirements of PhDs, research grants and publications for staff are not matched with salaries anywhere near what they can garner as specialists or general dentists in the private sector. Consequently, the academics for Griffith University have been recruited from South Africa, Thailand, India, Germany, the United Kingdom and other dental schools around Australia.

What exacerbated the recruitment process was the commencement of other new Dental Schools in Australia, namely La Trobe University (first intake in 2006), Charles Sturt University (first intake in 2009) and James Cook University (first intake in 2009), and the University of Newcastle (Dental Hygiene only).

Nobody could have foreseen such a massive growth in this discipline. However, infrastructure grants from the Victoria Government assisted La Trobe ($40m) whilst the Federal Government assisted Charles Sturt ($65m) and James Cook ($70m). It is hoped that the emergence of dental schools in regional and rural areas will encour-
age more graduates to stay in these areas to practice in order to address the shortage and maldistribution of oral health professionals across Australia.

The growth in the numbers of academic and general staff being employed in dental schools offers opportunities for NTEU to establish a firm base with comparable workloads and conditions for its members. From my experience in Griffith University, I have identified a number of issues which need to be addressed when establishing a new dental school.

**Learning and teaching**

Academics new to the tertiary environment or new to teaching in Australia require support and assistance in learning and teaching practices in Australia. This can be achieved in-house but academics need the time to attend orientation programs (Holyfield and Berry, 2008) and short courses in teaching, student assessment, intellectual property, copyright, course administration and curriculum development. This should preferably be completed before academics start teaching and convening courses.

**Mentoring**

Recently appointed academic staff members need mentoring by more experienced academics in terms of teaching and learning practices, university committees and processes, clinical procedures and protocols, intramural clinical practice, the patient management system and links with the District Health Service and Hospital.

The more the academics know, the faster it will be for them to navigate their way around the large and complex systems of health and education in Australia.

**Resettlement**

Recently appointed academic staff members and their families from an overseas country should be offered support on their settlement to a foreign country. Advice and assistance in getting a driver’s license, opening a bank account, buying a house and selecting a school for their children are important decisions for anyone who has immigrated to Australia to start a new life.

The easier and quicker these tasks are completed, or decisions are made, then the easier it will be for new staff to concentrate fully on their academic appointments. Training for all faculty members in cultural competence or diversity awareness should be provided in order to improve harmony among all people.

**Professional issues**

Recently appointed academic staff members need mentoring into the dental profession by more experienced academics in terms of registration, professional indemnity insurance, professional associations, continuing professional development, Medicare, private health insurance and introductions to professional colleagues at the local and national levels.

Being accepted and respected by your peers is crucial for any professional and important for the legitimacy and credibility of the dental school.

**Workloads**

Workloads have traditionally been higher in dental schools in Australia when compared with other schools. Owing to requirements of safe and competent clinical performance of students, semesters can be 20 weeks in duration (not the standard 13 weeks) and clinical sessions can be rostered in the evenings and on Saturdays. Workloads of 25 hours contact per week for 18–20 weeks per semester are expected, compared with 8 hours in other schools.

Medical schools do have similar long semesters of 20 weeks per semester, however the load is eased considerably as the majority of the clinical experience is outsourced to District Hospitals and General Medical Practitioner practices. Moreover, medical curricula with a problem-based learning educational philosophy are able to employ a large number of the facilitators who are not medically qualified to supplement the ranks of academic staff.

Reasonable workloads are necessary in order to allocate time for academics to undertake post-graduate study, take study leave, conduct research, write for publication, and meet ‘recency of practice’ and continuing professional development (CPD) requirements for registration.

**Clinical loadings**

Under the Higher Education Academic Salaries Award 2002, clinical loadings are provided for medically and dentally registered full-time academics. However, the loading is $20,000 for academics who are medically registered but only $10,000 for academics who are dentally registered. Furthermore, only University of Adelaide pays the loading to registered dentists, dental therapists and dental hygienists – all other universities only pay registered dentists the clinical loading.

The amount and availability of clinical loadings is a significant inducement for recruitment and retention of dental academics in Australia. It was for this very reason that NTEU and management of the University of Adelaide reached agreement to increase the clinical loading for dental academics to that of the clinical loading for medical academics in December 2003.

**School viability**

The time and effort taken to mentor and assist new academic staff in dental schools should not be underestimated. Moreover, without a successful recruitment and retention strategy, the viability of dental schools in Australia will be tenuous.

Academic and general staff members in dental schools should also be encouraged to be active members of the NTEU. This strategy is proving to be very successful at Griffith University and could be emulated at La Trobe, Charles Sturt, Newcastle and James Cook. In order to meet their specific needs, a couple of specific issues need to be taken into account when negotiating for the Academic Staff Union Collective Agreement 2009–2011.

The first of these is equitable workloads and the second is equitable clinical loadings. The successful negotiation of these two issues could mean crunch time for dental schools in Australia.