

**Fair Work Commission**  
**Four Yearly Review of Modern Awards**  
***Health Professional and Support Services Award***  
**Matter No: AM2016/31**

**STATEMENT OF CRAIG WHITEHEAD**

1. I am currently employed by Dental Health Services Victoria (DHSV) as a dental prosthetist at the Royal Dental Hospital Victoria ('the Hospital'), in a permanent part-time role, 3 days per week.
2. I also work one day per week as a dental prosthetist for DPV Health, which is a Community Health organisation.
3. I also work around one day per week in my own private practice, where I am self-employed.
4. In my employment at DHSV I am covered by the *Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement 2016-2020* ('the EA'), at the level of Dental Prosthetist Grade 3. This is the highest level for dental prosthetists under the EA.
5. I completed a Certificate in Dental Technology in about 1982 or 1983 through RMIT. I later completed a Certificate in Advanced Dental Technology in about 1987 or 1988, which was a course taught by senior dentists at the Royal Dental Hospital. After completing this course I was qualified as an 'Advanced Dental Technician'. My professional title was renamed as 'Dental Prosthetist' in or around 1990, although the role I performed remained the same.
6. I have completed further courses to upskill since graduating, including a Bridging Partial Denture Course in about 1995 and an Implant Retained Overdenture Course in about 2013, both through the Royal Melbourne Institute of Technology (RMIT). These days you would complete an Advanced Diploma in Dental Prosthetics to qualify and practice as a dental prosthetist.
7. The equivalent qualification now is an Advanced Diploma in Dental Prosthetics.
8. I am accredited with the Dental Board of Australia which is governed by the Australian Health Practitioner Regulation Agency (AHPRA).
9. In each of my three roles working as a dental prosthetist across private, public and community health, I follow the same set of steps for denture construction:

- a. I perform an initial consultation including asking for medical history, social history, denture history and performing an intra and extra oral exam. I will then take first impressions of the gums and mouth.
  - b. Second consultation involving taking secondary impressions with a custom-made tray of the gums and mouth.
  - c. Registration which involves recording the relationship with the mandible to the maxilla.
  - d. Try-in, which involves trying a wax denture in the patient's mouth. If ok, I will proceed to the next step at the next appointment. Other times I will need to perform a further try-in appointment if the registration is out or if there's any aesthetic issues.
  - e. Fitting of the denture to the patient.
  - f. Final check-in visit to make sure patient not in any pain, is able to eat and speak, and make any adjustments as needed.
10. At DPV Health I will see 20-25 patients a day. Most visits are a standard half-hour or 20 minute appointments. Some shorter appointments may be 10-15 minutes. I don't work with dentists directly but will sometimes call a dentist in to have a joint consultation with a patient to discuss modifications to treatment plan. I work with oral health therapists, and may refer work to them such as fillings or cleaning, according to their scope of practice.
11. In my private practice I work across the whole scope of practice. I've had my private practice since the mid 1980s. I used to work in this practice full-time, which included doing all the laboratory and technical work making and manufacturing dentures. The laboratory and technical work is the most time-consuming, so once I was able to subcontract this work to a dental technician, I was able to decrease my hours there. I now work in my private practice only one day a week seeing patients, while working three days a week in public health, and one day a week in Community Health. The difference between my work in my own practice and my other roles is that in my private practice I will see the patient from start to finish, and I am in charge of the laboratory and technical work. In the Hospital we work as part of a team. I will also see more complex patients and interesting cases.
12. At the Hospital I will tend to see 8 – 13 patients at most per day. I work with all other dental professionals, including dental hygienists, oral health therapists, dental therapists and dentists and specialists. Every patient we see have already been seen

by dentists, and have had clean bill of oral health. We have access to dental hygienists, oral health therapists, and dental therapists if required.

13. I started working for the Hospital in 2007 when I saw an advertisement for a 6 month stint as a dental prosthetist to cover someone's leave. My colleague Anthony Varos had seen the same advertisement and also applied. The two of us completed our studies together and our careers have been almost mirror copies of each other. We both ended up getting the role and have been working together ever since.
14. I regularly deliver presentations at the Royal Dental Hospital together with Anthony Varos on denture design, complications and techniques, amongst other things, for any dental clinicians who are interested. This includes dentists, other dental prosthetists and dental technicians. Those presentations attract CPD points which we require in order to maintain accreditation through the Dental Board of Australia.
15. My work in the Hospital involves two days working with our domiciliary patients. This means I am out with a car and accompanied by a nurse, visiting special needs patients who are not able to come into the hospital. Many of these patients are elderly people with conditions such as Multiple Sclerosis, dementia or Parkinson's Disease or who are medically compromised, who are based in nursing homes. Sometimes we need to treat these patients while they are in bed (if they are bed-bound) or in wheelchairs. These patients require complex treatment because of their conditions.
16. My other day at the Hospital involves working in the Hospital's specialist Removeable Prosthetics and Integrated Special Needs (ISND) Departments, working side by side in a team with specialist Prosthodontists.
17. The patients I see in the ISND also have complex needs. They may have developmental issues, mental health issues, or phobias. They may be highly stressed, anxious or have severe depression. Others may be wheelchair-bound. We have to approach these patients with an understanding of their whole health needs and employ a holistic approach to their treatment.
18. The Removeable Prosthetics Department treats patients who don't have the issues with communication or other disabilities that our ISND or domiciliary patients have. However, they will also require complex treatment in relation to their dentures because they may have a history of failed dentures, or other complications. The patients we see may have had 2 or more different dentures that failed, so we are their last hope. Typically, we will meet with the patient, the Prosthodontist will give us their treatment plan for how we should treat the patient. We will then look at the treatment plan, decide whether we agree or disagree, and tailor a treatment plan for the patient.

19. Fundamentally the work I perform with patients across these three departments is the same as the six steps for treatment that I outlined earlier in my statement. But you have to be a bit more aware with these patients. Our ISND patients may be going through chemotherapy, or have had surgery to have some of their mandible removed, for example. It requires a higher skill sets and dexterity to obtain a successful outcome. Practically, it means appointment times will be longer, and I might see a patient on several additional occasions throughout the course of their treatment, pre or post insertion of the final denture.
20. Most dental prosthetists around the world are called 'denturists' and have to have their work overseen by dentists. Australia is unique in that dental prosthetists are qualified to work independently.
21. Moreover, much of the work that my colleague Anthony Varos and I perform at these specialist clinics operated through the Hospital is unique in Australia, and which we are able to perform due to our skill sets and years of expertise in our field. For example, we pioneered the practice of visiting patients in aged care homes.
22. I used to be a member of the ADPA until approximately 5 years ago, back when it was a state-based association known as the VDPA. I left because I felt that the association was not willing to help me and my colleagues with our industrial issues at work at the Hospital. The VDPA would not provide us with any advice or industrial assistance. I decided to no longer be a member, and to join the Union instead, which could better represent my interests.
23. I consider myself a health professional. Every time I go to work, I have to be attuned to the overall health needs of my patients, especially in my work with patients with special needs, patients with mental health problems or the elderly. My work in both in the public hospital setting and in private practice involves working with patients to improve their quality of life and health outcomes. Working as a dental prosthetist means you have to be driven by care for patients, not by the dollar.
24. I want to be covered by the Health Professional and Support Services Award (the Award), along with other health professionals. I am concerned that if Dental Prosthetists are not covered by the Award, management could take advantage of us, as we would have access to less rights and protections.

**Craig Whitehead**

**9 April 2020**