Fair Work Commission

Four Yearly Review of Modern Awards

Health Professional and Support Services Award

Matter No: AM2016/31

STATEMENT OF ANTHONY VAROS

1. I am employed by Dental Health Services Victoria (DHSV) as a Dental Prosthetist at the Royal Dental Hospital of Melbourne ('the Hospital'), in a permanent part-time role, 3 days per week.
2. 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.
3. I also work two days per week in a permanent part-time role as a Dental Prosthetist at Monash Health in Cranbourne, also in the public health sector.
4. I started working as a dental technician after completing an apprenticeship in 1979, through RMIT.
5. I completed a Certificate in Dental Technology in about 1983 or 1984 through RMIT. I later completed a Certificate in Advanced Dental Technology in about 1985 or 1986, 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 courses have not been offered for some time. These days you would complete an Advanced Diploma in Dental Prosthetics to practice as a dental prosthetist.
7. I also hold a Certificate IV in Training and Assessment, which I obtained in order to improve my skills when giving presentations in class and group settings.
8. I am accredited as a dental prosthetist with the Dental Board of Australia which is governed by the Australian Health Practitioner Regulation Agency (AHPRA).

9. I regularly deliver presentations at the Royal Dental Hospital together with my colleague, Craig Whitehead, on denture design, problem solving 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.

10. There are six basic stages involved in constructing a denture for a patient, which may be summarised as:
    a) initial consultation and taking a first impression of the gums and mouth;
    b) taking a second impression of the gums and mouth;
    c) 'registration', which involves recording how the patient bites;
    d) 'try-in', which involves trying the denture in the patient's mouth in wax form;
    e) fitting the finished denture to the patient, and;
    f) a final check-in visit to make sure the patient isn't in any pain, is able to eat and speak, and to make any adjustments as necessary.

11. At Monash Health I work in a generalist denture clinic. Patients will come to the clinic from the community usually requiring construction of partial or full dentures. If there are more complex cases I may refer them to the Hospital. I will see anywhere from 15-16 patients a day, but could see 20 patients on a busy day. Most visits are standard half hour appointments, and may be for any of the six stages outlined above. Some appointments are 15 minutes. The laboratory work is all done by a private dental laboratory. I don't work directly with dentists, but sometimes a dentist will call in to request a discussion between the dentist, patient and myself to discuss the patient's treatment plan.

12. My role at the Hospital involves working across three specialist dental care clinics which deal with complex cases, and which require a high-level skill-set. These clinics are the Domiciliary Clinic, Removeable Prosthetics Department, and the Integrated Special Needs Department. My patients in the Hospital have higher needs and require more time, so I will tend to see 8 – 13 patients at the most per day.

13. The Integrated Special Needs Department (ISND) was set up to deal with patients who have special needs or complexities in their treatment. They may have Down Syndrome, or are otherwise developmentally delayed. We work with a lot of patients with phobias, such as dental phobias.

14. A basic process for creating and fitting a denture will take approximately 6 appointments (as I outlined earlier). But our ISND patients usually require around double that. I might see them 10 or 12 times to fit a denture, even 15 or 16 times for some cases. This is because the patients have more complex needs and problems, and may not be able to express themselves properly about any issues.

15. These patients are normally assessed initially by treating clinician (specialist dentist). We are firstly invited at one of those appointments to discuss a treatment plan with those patients and the specialist dentist. Afterwards, there is a further appointment in hospital with specialist dentists, the patient, their carer, and myself. We give them the options that are available to them and what we can offer them.

16. There are often no rule books or guidelines for dealing with such patients, we have to assess each patient and determine how best to treat them, having regard to their particular problems or difficulties.

17. The Domiciliary Clinic involves attending to complex-needs patients in nursing homes, who have higher needs and are unable to come to the Hospital. The patients we see may have multiple sclerosis or Parkinson's Disease, or intellectual disabilities, or they may be bedridden or wheelchair bound. For this work, I am allocated a vehicle and a dental nurse with all our equipment, in order to visit patients that are registered as eligible for our services.

18. Like our ISND patients, domiciliary patients usually require around 10 or 12 visits to fit a denture, rather than the six basic steps I outlined earlier. For domiciliary patients I will consult not only with the patient but with their carers and nursing staff.

19. The Removeable Prosthetics Department involves working independently alongside Specialist Prosthodontists, providing removeable restorations for complex cases. This is unique in a public setting. These are patients who are referred to the hospital from external community providers or other departments within the Hospital. We also see some private patients.

20. These patients required complex treatment in relation to their dentures but don't have the issues with communication or other disabilities that our ISND or domiciliary patients have. These patients may have had a history of denture failures, even up to 4 or 5 sets of dentures that have failed. Our clinic is the last stop for these patients; there is nowhere further they can go. Generally these patients will require longer appointments, such as one hour for the first consultation instead of the usual half hour appointment, because we need a detailed history before we start treatment to find out why their

dentures have failed and what problems they have had. Treatment options for these patients can vary in every individual case.

21. 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.

22. Moreover, much of the work that Craig 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.

23. Before working in public health, I used to have my own private practice where I was self-employed. When I started my job with the Hospital in 2007 I scaled down my practice, and in 2010 I gave up private practice completely.

24. The difference between public and working for myself in private practice is that, while I was self-employed, I would see the patient from start to finish, and was in charge of my own laboratory work. This is different to the hospital setting where you work in a team with staff members with highly different skill sets.

25. In public practice we also tend to see clients at the lower end of the socio-economic scale, and those with more complex problems. We need to be able to deal with patients with problematic behaviour, and to deal with patients who might be upset because of unrealistic expectations.

26. Apart from these differences, the substance of the work we do is the same.

27. I previously was a member of the Victorian Dental Prosthetist Association (the predecessor of the ADPA) for many years.

28. My colleague Craig and I had approached VDPA to assist us with industrial issues at work. We wanted our job descriptions to match the high-level and expert nature of the work that we are performing, and our attempts to approach management about this had been unsuccessful. The VDPA would not assist with the issue. They couldn’t offer us any assistance or legal or industrial advice.

29. I ceased being a member of the VDPA a few years ago after we found that VDPA would not assist us with our issues at work. I found that I had more access to benefits and supports by being a member of my union.

30. I consider myself a health professional. When I attend to a patient, my aim is to improve their overall health. I am helping them to be able to eat, or to smile. Being able to smile again can vastly improve someone's quality of life and health outcomes.

Anthony Varos

9 April 2020