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SPEECH BY MINISTER FOR HEALTH, DR. TOH CHIN CHYE
AT THE OFFICIAL OPENING OF THE INSTITUTE OF DENTAL HEALTH
ON FRIDAY, 9 SEPTEMBER '77 AT HYDERABAD ROAD AT 10.00 AM.

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In 1976 the Dental Services registered 786,900 patient attendances. The cost per patient attendance was \$8.60 while the amount recovered was only 90 cents. This low rate of return was partly due to school dental services accounting for 62% of total patient attendances and full-paying patients form less than 1% of all patients treated.

Such a situation where the average rate of subsidy is 64% for adults and 94% for schoolchildren obviously cannot continue without review of the present system of charging dental patients as the costs of dental services excluding development expenditure are estimated to increase by 18.3% annually for the next five years. This means that expenditure on dental services will double in 1981/82. Manpower costs are responsible for 90% of the costs of dental services. This factor alone raises two questions:

Can dental auxiliaries supplement professional dentists?

If so what types of dental treatment can be assigned to dental auxiliaries?

The answer to the first question is given by the long history of Division Two dentists in practice. They have learned their practice through observation and by acting as assistants for many years without undergoing formal training. Since this is so there is no reason why the training of dental auxiliaries cannot be institutionalized so that learning by trial and error is avoided and the end product will be able to attend to patients just as well if not better than Division Two dentists.

The answer /P.T.O.

The answer to the second question is found in an analysis of patient-attendances. In 1976 patients received almost one million treatments. Fillings took 48.6%, extractions 26%, dentures 0.8% and other types of treatment 24.6%. It is obvious that fillings and extractions form the major part of dental practice. Evidence that these tasks can be performed competently by dental auxiliaries is shown in the School Dental Service where the ratio of dentists:nurses is 1:12. Without the aid of dental nurses it would not have been possible to attend to the large number of pre-school and primary school students who require dental care. It would seem that our dental health campaigns and teaching schoolchildren how to brush their teeth in their early years have created greater awareness for dental care and generated demand.

While dental nurses have been trained exclusively to handle schoolchildren there has been no training of dental auxiliaries to treat older children and adults. This need is now being met by a scheme which will permit dental nurses of several years experience to undergo further training. This is as it should be as manual dexterity is of prime importance in dental practice. Dental nurses so selected will be designated dental therapists on passing their examinations. Our hope is that eventually they will be able to undertake some of the chores encountered by professional dentists in their daily practice so that the latter will have more time to spend on patients who require more complicated treatment.

The Institute of Dental Health brings together under one roof the training of dental therapists and nurses and other ancillary staff. It is not a university but its role will be more important to the community than some departments in universities. Expenditure on the Institute will be money well spent as it will help in keeping down the costs of dental care.