

# UQ School of Dentistry: Clinical Operations



Written by Brad Wright - Clinical Operations Manager

As part of the 2008 reorganisation of the School of Dentistry, a new position was created in the Management Structure at the University. I was appointed on January 5th, 2009 as the Clinical Operations Manager.

In this position I am on the School Executive with Mr Mark Smith, the School Manager (who replaced Mr Eddie Delsorte) and we report to Associate Professor Camile Farah as Deputy Head of School and Professor Laurie Walsh as Head of School.

In 2008 Professor Ian Meyers had the role of Director of Clinics in addition to his academic appointment as Professor of General Practice Dentistry. Ian has moved across to his new role as Chief Dental Officer, and he is maintaining involvement with the School as an adjunct professor. The School is shortly to interview applicants for that vacant chair, to replace Ian. However, the position of "Director of Clinics" no longer exists as all the functions from that regarding clinical operations now fall under my new role.

The position is a non-academic role, and my dental experience and knowledge is of much use in understanding how to most efficiently operate a facility of this size. I need to be familiar with all aspects of the schools operations as they all impact on each other. With 99 chairs in operation at the School, and 40 Reception and Dental Assistant Staff, over 200 undergraduate students in the clinics, and as many as 50 clinical academic staff, overseeing the daily operations of the

clinics is quite a challenging and stimulating role, which I am enjoying. The Faculty of Health Sciences and the University have invested significantly in the school's change process and this has already produced positive changes, with more to follow in coming months.

Challenges to be faced this year include refining the fee base so that we can afford to run our clinical operations at their current scale. Most dental schools in Australia have their clinical operations supported in part or in whole by arrangements with the state health department, and in our case we have a service agreement for treating some publicly eligible patients and receive State Government funding for that purpose. Until July 2008, this agreement did not work ideally for either Queensland Health or the University, so we are now working under a new agreement which means we will have more fee-paying patients in the School than in the past. Dentists are recognised the world over as being very expensive professionals to educate and graduate. I have visited two dental schools so far this year and I hope to have visited all schools with operational clinical facilities by the time the first semester ends. They all face similar problems to us, but with our new structures bedding down, I believe that the worst problems are now behind us.

Changing the working culture in the clinics at the School is just as important as the business model, to make the people who work in the clinics feel valued and included. Dentistry is a people business, and I have been looking

at aspects of organisational behaviour and have begun to address these. This type of change takes time, and of course not everyone will instantly approve of doing things or thinking in a new way.

Now that it is more than a decade after all the clinics were re-equipped, we are in a stage where the larger equipment such as chairs will need to be replaced. The Siemens chairs that now populate most of the school are reaching the end of their operational life.

The School's IT infrastructure is being upgraded to give a computer at each chair and we are introducing a new Practice Management System - an enterprise level application - Spark Titanium. This is used in many dental schools and some State health organisations and so there is a good existing user base. We went live with this on April 23rd. Together with the gradual implementation of Digital Radiography and a less centralised radiography operation, we will see immense benefits in clinical efficiency and teaching outcomes.

The coming months promise to be exciting times at the school, and a very great deal is being achieved across the school behind the scenes, with new staff appointments being made and changes to the curriculum proceeding apace. Integration of all dental disciplines into a more comprehensive care/General Practice Model of delivery will progress. This is mentally quite

a shift from the departmental model where clinics are compartmentalised and operate independently. We are changing this mentality into one school with many clinics. This is an interesting process since each clinic runs as a different business, for example Oral Surgery as an undergraduate discipline is more expensive to run because of the high staff/student ratios than other areas, and cannot charge the level of fees that one could get in postgraduate or undergraduate Orthodontics. However we cannot graduate dentists who are good at orthodontics but cannot perform dento-alveolar extractions. The old fashioned concept of one clinic being 'better' than another is not workable - they are just "different".

Finally, as a General Practitioner, I want to do all I can to represent GPs across the state at the school. We want to graduate dentists who are educated in a way that prepares them well for the profession. We would like interested practitioners to come to the school, teach and work, and of course to talk with us about what you see as the future for the profession. We cannot do our best and achieve excellence without your support!

I would like to thank Ian Meyers and Laurie Walsh for encouraging me to apply for this position, and I look forward to working with all of you, both at the School and in the profession at large.

