



AUSTRALIAN DENTAL ASSOCIATION INC.

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THE DENTAL HEALTH WORKFORCE

During 2005, the Productivity Commission undertook a major study examining Australia's health workforce. The study included the release of an initial 'issues paper' (May 2005), a 'position paper' (September 2005) and a final 'research report' (January 2006). The study attracted significant attention, receiving 370 submissions – 179 at the beginning of the study and a further 191 following the release of the position paper. Key points examined by the ADA (two submissions^{1,2}) and the Productivity Commission's research report are described below.

The ADA's position

The ADA argued there are a number of similarities between the broader Australian health workforce and the dental workforce. The Australian dental workforce is characterised by shortages in the number of practitioners, a maldistribution in workforce supply, long waiting lists for public treatment, and a lack of coordination and central planning.

The provision of dental care and the coordination of the future needs of the dental workforce are hindered by the lack of integration between dentistry and the broader health workforce and by the absence of central planning by the Commonwealth Government. Recent changes to Australia's higher education system and the difficulties dental schools face in recruiting and maintaining dental academics add to these problems.

The ADA urged the Productivity Commission to examine the major points outlined in Australia's *National Oral Health Plan 2004-2013*³ as a starting point to understand the key workforce issues confronting dentistry. According to Australia's *National Oral Health Plan*⁴ the impact of workforce shortages means:

"... [M]any Australians access dental care, if it is available at all, only in emergencies or when advanced oral disease is present. This leaves little opportunity for preventive care and oral health promotion, and treatment tends to focus on extraction rather than restoration of teeth."

Key recommendations by the ADA to the Productivity Commission included:

1. The establishment of a Dental Advisory Committee to the Commonwealth Government.
2. Commonwealth Government leadership to ensure consistent planning across all states and territories with

respect to dental workforce planning and development.

3. More university places for local dental students.
4. More Commonwealth scholarships for students from rural and remote parts of Australia as one measure to address the maldistribution of dentists.
5. Commonwealth-funded incentives for dentists to work in areas of workforce shortage.
6. That the recruitment of suitably trained overseas dentists be utilised as a short-term solution to the significant labour shortage that exists in Australia.
7. That the Commonwealth, States and Territories work together to improve salaries, conditions and career paths for dentists working in the public sector.
8. That Schools of Dentistry be provided with additional funding to assist with recruitment and retention of academic staff to alleviate shortages in the current academic dental workforce.

Key Productivity Commission proposals

The Productivity Commission's final report calls for "an integrated set of national actions which will result in a more sustainable and responsive health workforce." It adds that "the proposed workforce arrangements are designed to:

- drive reform to scopes of practice, and job design more broadly, while maintaining safety and quality;
- deliver a more coordinated and responsive education and training regime for health workers;
- accredit the courses and institutions and register health professionals in nationally consolidated and coherent frameworks; and
- provide the financial incentives to support access to safe and high quality care in a manner that promotes innovation in health workplaces."⁵

Next steps

Although the Productivity Commission's final report has just been released, it is in some senses the beginning of the debate about the future of the Australian health workforce. The report will now be considered by COAG. It is likely that changes to the accreditation and registration process will be considered in the short-term, while consideration of extending MBS coverage beyond the medical profession and redesign of work roles will be examined in the medium to long-term.

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References

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2. Australian Dental Association (2005) *Submission to the Productivity Commission: Response to 'Australia's Health Workforce' Position Paper*, 17 November.
3. National Advisory Committee on Oral Health (2004) *Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004-2013*, A Committee Established by the Australian Health Ministers' Advisory Council.
4. National Advisory Committee on Oral Health (2004) *Healthy Mouths Healthy Lives: Australia's National Oral Health Plan 2004-2013*, A Committee Established by the Australian Health Minister's Conference, p. 39.
5. Productivity Commission (2006) 'Reforms needed to meet health workforce pressures', Media Release, 19 January.