



## **INCENTIVES FOR DENTISTS TO WORK IN RURAL AND REMOTE COMMUNITIES**

Shortages in the dental workforce and a maldistribution in the current supply of dentists make timely access to dental treatment a difficult proposition for a number of Australians. Urgent steps are required to train additional dentists and to encourage existing dentists to work in areas of greatest need.

### **Workforce shortages**

The number of dental students graduating from Australian dental schools is one-third lower now than in the 1970s and at its lowest level since the 1950s.<sup>1</sup> Without change, this shortage will amount to the equivalent of 3.8 million dental visits – or 1,500 dentists – by 2010.<sup>2</sup>

In addition to the shortage in supply, there is a maldistribution in the current workforce. Throughout Australia there is an average of 47.4 practising dentists per 100,000 population. A breakdown of this figure shows:<sup>3</sup>

- Major cities – 56.2 dentists per 100,000 population.
- Inner regional – 33.6 dentists per 100,000 population.
- Outer regional – 26.6 dentists per 100,000 population.
- Remote/very remote – 22.9 dentists per 100,000 population.

### **Short-term responses**

In recent years, Australia's response to dental workforce shortages has largely focused on recruiting overseas trained dentists.

From 1990 to 2001, an average of 27 overseas trained dentists were accredited by the Australian Dental Council per year. In the period from July 2004 to June 2005, 100 overseas trained dentists passed the Australian Dental Council final exam and are eligible to register to practice in Australia. This figure is considerably larger than the numbers graduating from any Australian dental school.<sup>4</sup>

A recent report by the World Bank<sup>5</sup> showed Australia heading the list of OECD countries recruiting skilled migrants to this country. While the recruitment of overseas trained dentists helps in the immediate term, this is not a long-term solution to workforce shortages.

Furthermore, there are serious ethical concerns associated with recruiting dentists from developing countries.<sup>6,7</sup> This is supported by the World Health Organisation which has argued:<sup>8</sup>

*“The loss of human resources through migration of professional health staff to developed countries usually results in a loss of capacity of the health systems in developing countries to deliver health care equitably”.*

### **The solution**

The Australian Health Ministers' *National Health Workforce Strategic Framework*<sup>9</sup> argues that “Australia should focus on achieving, at a minimum, national self sufficiency in health workforce supply, whilst acknowledging it is part of a global market”.

While the ADA (through its annual scholarship program for dental students from rural and remote communities) and the Commonwealth Government provide some funds, considerably more needs to be done. The ADA believes the Commonwealth Government should:

*“Australia should focus on achieving, at a minimum, national self sufficiency in health workforce supply ...”*

- Increase the number of Commonwealth-supported (formally HECS) places at all levels (undergraduate and postgraduate) to achieve a sustainable level of dentists in the long-term.

- Ensure dental courses are financially accessible to suitably qualified applicants from all backgrounds.

Furthermore, the Government should offer a range of incentives for dentists and dental graduates to work in the public sector and regional, rural and remote parts of Australia where need is highest. Incentives should include:

- Scholarships for dental graduates to work in rural and remote parts of Australia.
- An extension of the general practitioner and medical specialist relocation program to dentists. (This program offers financial grants for GPs and medical specialists to relocate to areas of doctor shortage.)
- Introduction of an optional clinical placement year for graduating dentists. This placement year, to be served in the public dental sector, would increase access to dental care for public sector patients and significantly reduce waiting lists.

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AUSTRALIAN DENTAL ASSOCIATION INC.

## References

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