

## DELIVERY OF ORAL HEALTH CARE SPECIAL GROUPS: RURAL/REMOTE AREAS

### 1 Introduction

- 1.1 The oral health of people living outside urban areas is frequently compromised because of significant disadvantage in accessing timely and comprehensive oral health care. A major factor is the difficulty in attracting and retaining dentists to rural and remote areas, both general practitioners and specialists.
- 1.2 Improved oral health delivery and a viable dental workforce in rural/remote areas will result from improved planning by Governments in collaboration with the dental profession and other stakeholders. A co-ordinated approach involving improved education and training, greater local community support, increased incentives, and better work conditions is urgently needed.
- 1.3 Rural and remote areas are defined by the Accessibility/Remoteness Index of Australia (ARIA) as compiled by the Commonwealth Department of Health and Aged Care.

### 2 Principal

- 2.1 People in rural and remote areas should enjoy the same oral health as the rest of Australia.

### 3 Policy

#### **Oral health promotion**

- 3.1 Water supplies in rural and remote areas should be fluoridated wherever practicable.
- 3.2 Oral health should be promoted through collaboration with other health care, community and education workers and organisations.
- 3.3 Dentists should be included in rural health associations and organisations.
- 3.4 Community-centred promotion of oral health and preventive care should be initiated.

#### **Delivery of oral health care**

- 3.5 Every Australian should have access to quality oral health care.
- 3.6 The specific needs of residents of rural and remote areas, including those with special needs (children, adolescents, elderly, disabled, those with language difficulties and indigenous Australians) should be recognised and supported.
- 3.7 Efforts to recruit and retain dentists to rural and remote areas are of the highest priority and should include:

### 3.7.1 Education and training initiatives

- exposure of school students to rural dental practice;
- university enrolment practices which increase the number of rural dental students (such as rural origin scholarship schemes and selective placement of rural students in courses);
- exposure for dental students to rural practice; and
- access to ongoing and appropriate continuing education.

### 3.7.2 Local community support and incentives

- education of prospective rural dentists about the community; and
- assistance to dentists to integrate into the community including aid in providing surgery rooms and accommodation for dentists, their spouses and families.

### 3.7.3 Working conditions and incentives

- relocation grants and retention payments;
- financial incentives such as HECS debt forgiveness;
- better locum schemes;
- mentor support from experienced dentists;
- provision of equipment and other facilities for service delivery; and
- rural health informatics to assist in professional exchange on clinical matters and continuing education issues.

3.8 All dental schools should conduct placement programmes for dental students in rural and remote areas.

3.9 Dentists practising in rural and remote areas should have access to professional support and flexible continuing education opportunities.

3.10 A rural and remote dentists' network should be established.

3.11 Government should have initiatives to enhance the recruitment and retention of dentists and allied dental personnel.

3.12 State-based initiatives that promote effective utilisation of existing infrastructure and personnel to improve access to oral health care should be developed.

3.13 The Australian Dental Council should incorporate rural and remote placements into its procedures for assessment of overseas-trained dental graduates seeking Australian qualifications, provided that qualification standards are maintained at the present level.

## **Research**

3.14 National Oral Health Surveys should enable the assessment of the oral health of rural and remote communities.

3.15 National dental workforce reviews, which incorporate rural and remote areas, should be regularly undertaken.

3.16 There should be funding for ongoing studies into strategies that address the recruitment and retention of dentists and allied dental personnel in rural and remote areas.

- 3.17 Research should be collaborative and should involve Departments of Health, universities and other stakeholders.

**Policy Statement 1.3.4**

Adopted by ADA Federal Council, April 10/11, 2003.  
Amended by ADA Federal Council, April 16/17, 2009.