

## DENTAL WORKFORCE SIZE

### 1 Introduction

- 1.1 Population growth, the retention of teeth, and an ageing population are likely to lead to an increase in demand for dental services. Australia has a dental workforce maldistribution. The public sector and regional, rural and remote areas are generally under-supplied with dental providers. The maldistribution in dentistry is very similar to the maldistribution of most other health professions. Developing and maintaining a sustainable Australian dental workforce is a fundamental issue.
- 1.2 The Australian Health Ministers' Conference 2004 has determined a National Health Workforce Strategic Framework. The first guiding principle of this framework asserts 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.'
- 1.3 The number of dentists on Dental Board registers in Australia increased from 9108 in 1987 to 12923 in 2009. In the same period, the number of dental hygienists in Australia increased from 192 to 1125 and the number of dental therapists increased from 1109 to 1279. There are also, in 2009, 722 allied oral health practitioners trained as both dental hygienist and dental therapist. The population of Australia grew in the same period from 16.26 million to 21.84 million.
- 1.4 The number of dentists on registers includes some who are overseas, registered in multiple jurisdictions or not practising. The 2006 Census showed 9071 persons working as dentists and the rate of dentists increased from 40.5 to 45.7 per 100000 persons between 1986 and 2006.
- 1.5 ABS predicts that the Australian population will increase by 2026, to between 26.0 million and 28.7 million depending on fertility rates, net overseas migration and life expectancy.
- 1.6 ADA Dental Practice Surveys show the number of hours worked per week by dentists has remained stable although female dentists worked between 0.8 and 0.9 the number of hours worked by male dentists. The proportion of female dentists has been steadily rising. Dentists' incomes have kept pace with other income indices and dental fees have generally increased in line with CPI.
- 1.7 In the past five years there has been a sharp increase in the numbers of dental students and overseas qualified dentists qualifying to practise in Australia. Five new dental schools have opened.
- 1.8 International dental graduates of Australian dental schools frequently gain residency and practise in Australia.
- 1.9 Successful ADC examinees do not always immediately register to practise in Australia.

## 1.10 Definitions

1.10.1 BOARD is a Federal, State or Territory dental registration board.

1.10.2 DENTAL CARE PROVIDER is a person registered by a Board to provide dental care.

1.10.3 INTERNATIONAL DENTAL GRADUATES are dentists who were privately funded fee-paying students from overseas who have qualified as a dentist at an Australian university.

1.10.4 OVERSEAS QUALIFIED DENTISTS are dentists whose primary dental degree was gained outside of Australia.

1.10.5 PRODUCTIVITY is the quantity of dental services produced by a dental care provider per year.

## 2 Principles

2.1 Australia must be largely self sufficient with regard to the training of the dental workforce.

2.2 Maintaining and improving oral health relies to a large extent on access to equitable oral health care services, which, in turn, is reliant on an adequate dental workforce.

2.3 Demand for the services of dental care providers depends on population, demographic changes, levels of oral diseases, availability of care, and quality of available care. It is also subject to some price sensitivity.

2.4 Productivity of dental care providers depends on the hours worked, the skill of the clinician, the use of allied dental personnel and efficiency of staff and equipment. It is reduced by retreatment and administration.

## 3 Policy

3.1 The future dental workforce should provide services that:

- are population based;
- are patient focused;
- lead to the coordinated, non-fragmented provision of oral health services;
- are preventively oriented; and
- ensure an adequate dental workforce in rural and remote areas.

3.2 The future dental workforce should comprise general and specialist dentists to provide treatment, and to prescribe and supervise appropriate procedures to be undertaken by dental hygienists, dental assistants, master dental technicians, dental technicians and dental laboratory assistants.

3.3 Dentist-population ratios remain a practical measure for planning workforce.

3.4 Governments must provide targeted incentives to encourage dentists to practise in rural and remote areas to achieve dentist population ratios equivalent to those in metropolitan areas.

3.5 The number and distribution of dentists should be carefully monitored.

3.6 The number of dentists being trained and the number of dental schools should be adjusted in accordance with workforce needs.

**Policy Statement 2.13**

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