

Policy Statement 3.1 – Dental Workforce

Position Summary

Government should limit the number of university placements for students studying dentistry to balance the number of registered practitioners with the needs of Australians, and have incentives for dentists to work in regional or remote areas. Dentists are appropriately trained to make the full range of clinical decisions and should be considered the leader of the dental team.

1. Background

- 1.1. There has been a rapid increase in the number of dental practitioners registered and practising in Australia since the turn of the century. There is now an increasing oversupply of the dental workforce with escalating underemployment and unemployment rates of all dental practitioner categories. For the foreseeable future, Australia will be training more dental practitioners than it needs.
- 1.2. Australia's population is concentrated in widely separated cities in coastal regions with vast areas with extremely low population density. Most of the areas of low population do not have the population density to sustain a permanent dental infrastructure or workforce.
- 1.3. It has always been difficult to attract health professionals to practise outside the major metropolitan areas, even in times of workforce oversupply in those areas.
- 1.4. The number of dentists on Dental Board registers in Australia increased from 9,108 in 1987 to 16,211 in 2016. In the same period, the number of dental hygienists in Australia increased from 192 to 1,400 and the number of dental therapists decreased from 1,109 to 1,015. There are also, in 2016, 1,776 allied dental practitioners trained as both dental hygienist and dental therapist. The population of Australia grew in the same period from 16.26 million to 24.15 million.
- 1.5. The number of dentists on the registers includes some who are overseas or not practising. The 2011 Census showed 10,990 persons working as dentists and the rate of dentists increased from 40.5 to 45.7 per 100,000 persons between 1986 and 2006. Data from the Board indicates there are 67.1 dentists per 100,000 persons in 2016.
- 1.6. ABS predicts that by 2026 the Australian population will increase to between 26.0 and 28.7 million depending on fertility rates, net overseas migration and life expectancy. The moderate population growth projection anticipates annual growth of 1.3% from 2006. The annual growth rates for 2010-11 and 2011-12 were both 1.4%.
- 1.7. ADA Dental Practice Surveys show the number of hours worked per week by dentists has remained stable until 2010 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.
- 1.8. The productivity of Australia's dentists is increasing by between 0.75 to 1.25 per cent per annum and this is likely to continue in the future. This productivity increase could alone satisfy any increased demand for the dentists which has been estimated to 2020.
- 1.9. Since 2004 there has been a sharp increase in the numbers of dental practitioner students and overseas qualified dentists becoming eligible to practise in Australia. Seven new dental practitioner training institutions have opened.
- 1.10. Health Workforce Australia's report of 2014 confirmed there is an increasing oversupply of dental practitioners.
- 1.11. International dental graduates of Australian dental schools frequently gain residency and practise in Australia.
- 1.12. Successful Australian Dental Council examinees do not always immediately register to practise in Australia.

Definitions

- 1.13. BOARD is the Dental Board of Australia.
- 1.14. DENTAL PRACTITIONER is a person registered by the Board to provide dental care.
- 1.15. A DENTAL TEAM comprises a mix of dentists and appropriate allied dental personnel, and must at all times be headed by a dentist who must be responsible for the diagnosis, treatment planning, delivery of dental procedures and continuing evaluation of the oral health of the patient. The dentist supports, directs and supervises the members of the dental team.
- 1.16. INTERNATIONAL DENTAL GRADUATES are dentists who were privately funded fee-paying students from overseas who have qualified as a dentist at an Australian university.
- 1.17. OVERSEAS QUALIFIED DENTISTS are dentists whose primary dental degree was gained outside of Australia.
- 1.18. PRODUCTIVITY is the quantity of dental services produced by a dental practitioner per year.

2. Principles

- 2.1. All Australians should have access to modern, comprehensive oral health care.
- 2.2. Australia must be self-sufficient with regard to the training of the dental workforce.
- 2.3. Maintaining and improving oral health relies on obtaining equitable oral health care services, which, in turn, is reliant on an adequate dental workforce and infrastructure.
- 2.4. Demand for the services of the various dental practitioners 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.
- 2.5. The dental workforce is best served by allied dental personnel working in a team with the dentist as the team leader.
- 2.6. The dental workforce training numbers for each category of allied dental personnel should be based on the requirements and demand of the community.
- 2.7. Productivity of dental practitioners depends on the hours worked, the skill of the clinician, the use of allied dental personnel and efficiency of staff and equipment and has been underestimated in the past. It is reduced by retreatment and administration.
- 2.8. Long-term planning for dental workforce should ensure that the numbers trained satisfy the requirements of replacing retiring practitioners, increased productivity and providing for population growth. Any additional inputs will worsen current oversupply.
- 2.9. The Commonwealth, State and Territory Governments should ensure an equitable funding framework to promote excellence in teaching, learning, scholarship and research in dentistry.

3. Position

- 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;
 - ensure adequate availability in regional and remote areas; and
 - are delivered efficiently and effectively.

- 3.2. The future dental workforce should comprise dentists and specialist dentists to provide treatment, and to prescribe and supervise appropriate procedures to be undertaken by appropriate allied dental personnel.
- 3.3. The training of allied dental practitioners other than dental prosthetists should be based on prevention rather than restorative dentistry and exodontia.
- 3.4. The dentist, by providing a full spectrum of care, is the primary provider of dental services to the community. Dentist-based systems of care and delivery must be accorded top priority. Where allied dental personnel are utilised, they must be part of a dental team.
- 3.5. There should be an immediate moratorium on further increases in the number of dental practitioner students being trained and no new dental practitioner programmes should be established.
- 3.6. Governments must recognise the current oversupply of dental practitioners and place a cap on the number of dental practitioner students in Australia. For the foreseeable future a cap of 460 student dentists should be established. Governments must also ensure adequate funding to achieve national self-sufficiency with regard to training of the dental workforce.
- 3.7. International Dental Graduates should not remain in Australia on completion of their degree.
- 3.8. The Department of Immigration and Citizenship should take actions to restrict migration of dentists to Australia. Actions should include continuing to leave dental practitioners off the Skilled Occupation List and exempting for dental practitioners from the Trans-Tasman Mutual Recognition Arrangement.
- 3.9. Governments must provide targeted incentives to encourage dentists to practise in regional and remote areas and develop models to provide treatment in those areas unable to support a permanent workforce.
- 3.10. The number and distribution of dental practitioners should be carefully monitored and there should be annual publication of workforce data in a timely fashion.

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