

Policy Statement 3.1 – Dental Workforce

Position Summary

Government should limit the number of university placements for students undertaking study to become dental practitioners to balance the number of registered practitioners with the needs of Australians. 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. Maintaining and improving the oral health of the community relies on adequate dental workforce and infrastructure.
- 1.2. Training numbers of dental practitioners should reflect demand for services and this depends on population, demographic changes, levels of oral diseases, price sensitivity and access to quality care.
- 1.3. 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.
- 1.4. 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.
- 1.5. 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.
- 1.6. Between 2013 and 2016, the overall rate of dentists increased from 58.2 to 60.5 per 100,000.
- 1.7. The number of dentists on Dental Board registers in Australia increased from 9,108 in 1987 to 17,727 in 2019 (49%). In the same period, the number of dental hygienists in Australia increased from 192 to 1,451 (and the number of dental therapists decreased from 1,109 to 1,015). There are also, in 2016, 1,776 dental practitioners dually-trained as dental hygienist and dental therapist. The population of Australia grew in the same period from 16.26 million to 25.36 million (37%).
- 1.8. 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.
- 1.9. Australian Bureau of Statistics 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%.
- 1.10. 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.
- 1.11. The registered workforce has increased by 6.9% (1,070) since 2013, with an average yearly growth rate of 2.3%.
- 1.12. Replacement Rate In 2016, there were 1.7 new registrants for every dentist that did not renew their registration from 2015. This replacement rate has increased from the rate of 1.5 in 2015.

- 1.13. 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.
- 1.14. 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.
- 1.15. 28.2% (4,123) of dentists responded that they had obtained their initial qualification(s) overseas, up from 27.8% (3,746) in 2013
- 1.16. Health Workforce Australia's report of 2014 confirmed that at least until 2025, there is an increasing oversupply of dental practitioners.
- 1.17. International dental graduates of Australian dental schools frequently gain residency and practise in Australia.
- 1.18. Successful Australian Dental Council examinees do not always immediately register to practise in Australia.
- 1.19. Productivity of dental practitioners depends on the hours worked, the skill of the clinician, the efficient use of all members of the dental team and efficiency of equipment. It is reduced by retreatment and administrative tasks.

Definitions

- 1.20. A DENTIST is an appropriately qualified dental practitioner, registered by the Board to practise all areas of dentistry.
- 1.21. BOARD is the Dental Board of Australia.
- 1.22. DENTAL PRACTITIONER is a person registered by the Board to provide dental care.
- 1.23. A DENTAL TEAM comprises a mix of dentists and other registered dental practitioners and support staff 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 and the dentist supports and directs the other members of the dental team working directly with them.
- 1.24. INTERNATIONAL DENTAL GRADUATES are dentists who were privately funded fee-paying students from overseas who have qualified as a dentist at an Australian university.
- 1.25. OVERSEAS QUALIFIED DENTISTS are dentists whose primary dental degree was gained outside of Australia.
- 1.26. PRODUCTIVITY is the quantity of dental services produced by a dental practitioner per year.

2. Position

- 2.1. Australia must be self-sufficient with regard to the training of the dental workforce.
- 2.2. The dental workforce training numbers for each category of registered dental practitioners and support staff should be based on the requirements and demand of the community.
- 2.3. 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.

2.4. The dental workforce is best served by dental teams with the dentist as the team leader.

2.5. The training of allied dental practitioners should focus on prevention.

2.6. The dentist, by providing a full spectrum of care, is the head of the dental team that provides dental services to the community. Dentist-based systems of care and delivery must be accorded top priority.

2.7. There should be an immediate moratorium on further increases in the number of dental practitioner students being trained and no new dental practitioner programs should be established.

2.8. Governments must recognise the current oversupply of dental practitioners and should place a cap on the number of dental practitioner students in Australia. Governments must also ensure adequate funding to achieve national self-sufficiency with regard to training of the dental workforce.

2.9. 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.

2.10. The number and distribution of dental practitioners should be carefully monitored and there should be annual publication of workforce data in a timely fashion.

2.11. International Dental Graduates should not remain in Australia on completion of their degree.

2.12. The Department of Home Affairs 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.

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