

Policy Statement 3.6 – Higher Education for the Dental Workforce

Position Summary

The government must place a cap on the number of dental practitioner students to be trained in Australia and adequately fund the appropriate number of university dental schools.

1. Background

- 1.1. Higher education funding to dental schools is insufficient and staffing levels are inadequate. Dentists assist in overcoming this funding shortfall by providing voluntary unpaid clinical supervision, with the situation arising where some dental schools must rely heavily on this donated service.
- 1.2. Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015-2024 has determined as a guiding principle, that dental "services, including prevention and health promotion, should be accessible to all who need them, across all cultures, language groups, communities of place and interest, abilities and socio-economic groups, with recognition and respect for individual needs and views".
- 1.3. The higher education sector provides all education and training leading to registration for dentists, and most of the training for oral health therapists and dental hygienists.
- 1.4. The cost of dental education and training in the higher education sector is high due to the length of time of study, cost of providing and maintaining clinical and laboratory facilities and equipment, and the provision of support staff. The dental student's liability is high compared to most other students.
- 1.5. Dental schools funding is adversely impacted by universities charging higher student administration fees for dental courses.
- 1.6. It can be concluded from the Health Workforce Australia Report released in 2014 that Australia has an increasing dental workforce oversupply.
- 1.7. 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 educational institutions have opened.
- 1.8. An appropriate size and mix of the dental workforce is a key factor in maintaining and improving oral health.
- 1.9. The provision and maintenance of dental facilities and workplaces appropriate for use in the clinical supervision of dental and allied dental students is a government responsibility.
- 1.10. The services provided by allied dental practitioners are largely complementary to dentists and substitution does not necessarily reduce demand.

Definition

- 1.1. A DENTIST is an appropriately qualified dental practitioner, registered by the Board to practise all areas of dentistry.
- 1.2. ALLIED DENTAL PRACTITIONERS are those, other than dentists, working in the provision of dental services.

2. Position

- 2.1. The Federal Government must adequately fund the university dental schools to ensure viability and appropriate staffing levels while keeping dental training within the reach of all who qualify for entry by maximising Commonwealth Supported Places (CSP).

This Policy Statement is linked to other Policy Statement: 2.1 National Oral Health, 2.3.4 Individuals in Remote Areas, 2.5.1 Funding: Government, 2.5.2 Universal Dental Schemes, 3.1 Dental Workforce, 3.2 Dentists, 3.3 Allied Dental Personnel, 3.8 Overseas Qualified Dentists & 5.21 Regulatory Authorities

- 2.2. Universities should charge standard administration fees for all courses.
- 2.3. Australia must be self-sufficient with regard to the training of the dental workforce.
- 2.4. Dental schools should ensure that students are exposed to regional, remote and public sector practice.
- 2.5. To address the serious dental workforce oversupply, government must place a cap on the number of dental students to be trained in Australia. Any future expansion of dental school training numbers must be based upon demonstrable need.
- 2.6. The funding level for dental training should be determined separately from other courses, recognising the uniquely high costs of dental training and the high retention rates in dental courses.
- 2.7. The establishment of new dental schools is resource intensive and costly. Governments must not support any proposals for any further new dental schools until there is demonstrable need.
- 2.8. Funding should be available to dental schools to establish community-based clinics.
- 2.9. Allocation of Commonwealth Supported Places (CSPs) must ensure the correct mix between dentist and allied dental practitioner places. The correct mix is dependent on factors including:
 - dentists are the dental team leaders;
 - allied dental practitioner roles are complementary and should not be substitutional; and
 - regional and remote dental practices require the full knowledge and skill sets of dentists.
- 2.10. Dental education and training in the higher education sector should have their own funding band.
- 2.11. The funding for dental higher education should be reallocated to provide sustainable higher education and to provide an appropriate size and mix of the dental workforce. To achieve this may require the closure of some schools and the reduction in size of others.

Policy Statement 3.6

Adopted by ADA Federal Council, April 7/8, 2005.

Amended by ADA Federal Council, April 12/13, 2007.

Amended by ADA Federal Council, November 12/13, 2009.

Amended by ADA Federal Council, April 14/15, 2011.

Amended by ADA Federal Council, November 14/15, 2013.

Amended by ADA Federal Council, November 10/11, 2016.

Amended by ADA Federal Council, November 22, 2019.