

# Policy Statement 2.3.4 – Delivery of Oral Health: Priority groups: Individuals in Remote Areas

## Position Summary

The lack of resources and infrastructure in regional areas can lead to difficulties in accessing preventative and routine dental care, which may contribute to differences in oral health observed between urban and rural populations. Government should provide frameworks to increase access to dental services in remote areas to reduce disparities in access to oral health care.

## 1. Background

- 1.1. Around 142,269 people do not have access to dental services within a 60-minute drive time.<sup>i</sup>
- 1.2. In 2020–21, the rate of potentially preventable hospitalisations due to dental conditions (per 1,000 population) was found to increase, as remoteness increased, ranging from 3.0 per 1,000 population in major cities to 4.8 per 1,000 population in very remote areas.<sup>ii</sup>
- 1.3. Between 2016–17 and 2020–21, the rate of potentially preventable hospitalisations due to dental conditions was consistently higher for those living in very remote areas than those living in major cities.<sup>iii</sup>
- 1.4. In major cities and metropolitan areas, public dental services are generally more accessible, with a range of options available to patients. However, in outer-metropolitan, rural, regional, and remote areas, availability challenges arise. These areas frequently experience limited access to public dental clinics, and a shortage of dental professionals, leading to longer waiting times for appointments.
- 1.5. The lack of resources and infrastructure in regional areas can lead to difficulties in accessing preventative and routine dental care, which may contribute to differences in oral health observed between urban and rural populations.
- 1.6. Overall, people living in regional and remote areas of Australia have poorer oral health than those living in major cities, and oral health status generally declines as remoteness increases. People living in rural areas have access to fewer dental practitioners than their city counterparts, which, coupled with longer travel times and limited transport options to services, affects the oral health care that they can receive.<sup>iv</sup>
- 1.7. Australia's geography and population distribution characteristics make it both challenging and costly to ensure equal access to dental services for all Australian residents, regardless of their location. The low population density in many remote and very remote areas cannot sustain a permanent dental workforce and/or the required dental facilities. In some cases, there may be facilities but not staff.
- 1.8. Previous strategies to increase the oral health workforce have not improved the maldistribution of dentists in Australia and have failed to address the problem of retention and recruitment of dentists in regional and remote areas of Australia.

### Definitions

- 1.9. NON -DENTAL PRACTITIONERS are health care providers other than those who are registered by the Board.
- 1.10. DENTAL PRACTITIONER is a person registered by the Australian Health Practitioner Regulation Agency via the Board to provide dental care.

## 2. Position

- 2.1. Government subsidy directed to remote and very remote dental care should be directed to utilise already established dental clinics in those regions as set out in the ADA's Australian Dental Health Plan.
- 2.2. Increasing the overall number of Dental Practitioners is not a solution for recruitment and retention of dental professionals in remote areas.
- 2.3. Efforts to recruit and retain dentists to remote areas, and specialist dentists to regional and remote areas

This Policy Statement is linked to other Policy Statements: [6.28 Teledentistry](#), [2.2.1 Community Oral Health Promotion: Fluoride Use](#), [2.4 Research](#), [3.1 Dental Workforce](#), [3.2 Dentists](#) & [3.3 Allied Dental Personnel](#), [Australian Dental Health Plan](#)

capable of sustaining a dental workforce should be a priority. For those areas where it is difficult to recruit dentists, efforts should include:

- 2.3.1. inclusion of dental students in existing Commonwealth education and training initiatives, such as scholarships and housing support
- 2.3.2. local community support and incentives
- 2.3.3. working conditions and incentives for public practitioners.
- 2.4. Government schemes should be flexible enough to allow the Dental Practitioner to treat any patient within their scope of practice, based on the patient's oral health requirements, rather than binding the practitioner to quotas of, for example, public or private patients.
- 2.5. Oral health evaluation by Non-Dental Practitioners should be basic, reflecting their lack of oral health training. A referral pathway to a Dental Practitioner must be provided by the Non-Dental Practitioner.
- 2.6. Research funding should be supported to assess the oral health needs of regional and remote populations.
- 2.7. Regular national dental workforce reviews should be established, which incorporate regional and remote areas.

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<sup>i</sup> Gardiner, F. W., Bishop, L., de Graaf, B., Campbell, J. A., Gale, L., Quinlan, F. (2020). Equitable patient access to primary healthcare in Australia. Canberra, The Royal Flying Doctor Service of Australia

<sup>ii</sup> Australian Institute of Health and Welfare. (2022). Oral health and dental care in Australia: Hospitalisations. Retrieved 22 May 2023 from <https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/hospitalisations>

<sup>iii</sup> *ibid*

<sup>iv</sup> Oral health and dental care in Australia [Oral health and dental care in Australia, People living in regional and remote areas - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/reports/dental-oral-health/oral-health-and-dental-care-in-australia/contents/hospitalisations)

#### **Policy Statement 2.3.4**

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