



The Australian Dental and Oral Health Therapists' Association recognises that need for dental care across the community is increasing and that 40% of our population has poor access to dental care. When fully utilised, Dental therapists, Dental Hygienists and Oral health therapists have skills matched to the unmet needs of the population. They provide safe and high-quality care, held to the same standard as dentists in a smaller range of services.

With an increasing demand for all dental professionals, the ADOHTA supports the education and training of Dental and oral health therapist graduates to help meet this need.

When utilised to their full scope, dental therapists and oral health therapists have the capacity to:

- Lower demand by providing effective health promotion, prevention and maintenance services and basic treatment services
- Increase supply and access to care through lower cost services and a shorter undergraduate time means they can be providing services after 3 years instead of 5 years for dentists
- Flexibility to respond to sectors where unmet needs are greatest e.g. rural and remote, disability, low income and aging
- Collaborative capacity to link dentistry and oral health into general health services and other avenues for health promotion e.g. educational services, integration within general health services

It is ADOHTA's view that building workforce capacity and investing in the team model, is an investment to better the communities' oral health.

Supporting Evidence

Traditionally dental therapists worked exclusively with children as part of various state and territory governments' school dental programs. Consequently, the majority of dental care for the majority of Australian children from the 1970's to today was provided by dental therapists. Since the 1990's the education of dental therapists moved to the tertiary sector and the addition of the hygiene and oral health promotion components led to the creation of oral health therapists whose skills include those of a dental hygienist. Since the introduction of expansion of scope programs and expanded undergraduate curriculum, many oral health therapists graduate with an adult scope of practice and can offer diagnostic and restorative services to all ages. With a preventative focus and enhanced clinical skills, the oral health therapist brings an added dimension to any dental workforce.

An unequal equation of supply and demand for dental services exists. The growth in demand for dental visits can be attributed to a number of factors not least the aging population and the fact that people are keeping their natural teeth for longer. This increasing population of aged clients who are partially edentulous most of whom are eligible for the rationed public sector services is not currently being met by the supply of dental practitioners capable of providing these services. No one state or territory in Australia experiences these issues in isolation.

Australia's National Oral Health Plan, published in 2015 by the National Advisory Committee on Oral Health (NACOH) deals with workforce issues in a national context. The report recognises the need

for a concerted effort from both public and private sector resources nationally to address the oral health needs of the population. The ADOHTA considers its members to have a vital role to play in advocating for future workforce changes. The strategies that the National Oral Health Plan proposes, “that the team model approach to providing the community with quality dental care is the way to progress.” The rationale behind increasing the ability for the dental and oral health therapist to be an integral part of the oral health team is soundly endorsed by ADOHTA.

ADOHTA considers the team model of care to provide cost effective services. It increases the oral health team’s competence to provide a preventative focused oral health care plan for its clients across the spectrum of clinical services in both public and private sectors.

Recruitment and retention of dental and oral health therapists is a concern that impacts on the oral health team’s ability to provide client services and one which ADOHTA recognises impact on its members. ADOHTA acknowledges the evidence which indicates this is a national issue and is particularly critical in rural and remote areas. Contributing factors influencing workforce retention and recruitment include: an ageing work force, attrition due to poor remuneration, lack of career structure, cessation of undergraduate programs in universities and restriction of work environment. These have contributed to the slow decline of the oral health professional with core dental therapy skills. The lack of career structure’s impact on the erosion of the workforce of those oral health professionals with dental therapy skills is demonstrated in a recent Western Australian study where 32.4% of dental therapist’s surveyed had left the profession to pursue a new career, while 50.0% of non-working dental therapists have completed other studies.

The issue of remuneration is one that has an ad hoc approach across all areas in which dental and oral health therapists are employed. Whilst it could be argued across most professions, the disparity in pay scales can best be illustrated in NSW where in 2005 the restructure of the Dental Assistants pay scale saw the new graduate dental therapist paid less than a dental assistant. The addition of dental hygiene skills to those of dental therapy, coupled with the need to meet university expenses has led to many new graduates seeking employment in the private sector where better remuneration is offered. However, due to lack of understanding and/or support the majority of those oral health therapists are unable to fully utilise their dental therapy skills.

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