



NATIONAL RURAL
HEALTH
ALLIANCE INC.



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19 March 2010

The Hon Nicola Roxon MP
Minister for Health and Ageing
Parliament House
CANBERRA ACT 2600

Dear Minister

Seizing current opportunities to build the rural and remote dental health workforce

In the context of the current round of health reform announcements we are writing to inform you of the shared position held by our four organisations on the issue of improving the dental health workforce in rural, regional and remote areas. We are of course not aware of the timing or content of any forthcoming announcements on dental health, but we want you to know that the National Rural Health Alliance (NRHA), the Australian Dental Association Inc (ADA), the Australian Healthcare and Hospitals Association (AHHA) and the Public Health Association of Australia (PHAA) agree about the importance and urgency of this matter.

It is quite likely that generic national reform measures relating to oral health will not provide a fair share of improvements to people in rural and remote areas unless their access to 'dental practitioners', including dentists, dental hygienists and dental therapists, is first improved.

You will recall that all four of our organisations had contact with you in 2009 about proposals to achieve an accessible and affordable system that delivers preventive and general oral health care to all Australians. We join in commending the Government for including dental health in the reform process and eagerly await the detailed announcement. We strongly support the notion that good and accessible oral health care is an essential element of the primary care system.

We believe it is critical to move early with initiatives that better meet the needs of those whose oral health is worst and we welcome your support for this general approach. People in rural and remote areas are among such groups.

The recent increases in the intake of dental practitioner students through the five long established dental schools, coupled with the establishment of five new dental schools, provides an excellent opportunity to focus on improving uptake and retention of the dental workforce team in rural and remote communities.

The oral health outcomes of people in rural and remote Australia are substantially worse than those of urban people, with surveys showing that rural people aged 25-44 were only half as likely to visit a dentist as city dwellers in the same age group, that about 40 per cent of Indigenous people avoided some foods because of dental problems and that child dental health was significantly worse with increasing remoteness from major cities, with lack of access to fluoridated water being one contributing factor. Despite the greater need for care, a 2005 AIHW study of the dental health workforce showed that rural and remote Australians enjoy less than half the access to dental health services of their urban counterparts.

We remain committed to working together to ensure longer term oral healthcare reforms, and in the meantime our organisations recommend immediate action to ensure that an appropriate proportion of the increased number of dental practitioners now in training will take up and enjoy sustainable careers in areas of high need, particularly in the public sector and rural areas.

We very much hope that the forthcoming health reform announcements and/or the 2010-11 Budget will include new investments in the dental team, including:

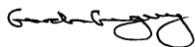
- staged introduction of a 'foundation year' for graduate dental practitioners, starting with dentists, initially on a voluntary basis, then expanding to other dental practitioners and with an appropriate proportion of the placements being offered in rural and remote areas;
- a commitment to extend to the dental workforce the full package of incentives available to GPs in rural areas (eg rural undergraduate scholarships, HECS relief, rural and remote incentives, locum relief services);
- incorporating more experienced oral health staff and facilities in selected regional service hubs, with professional support provided by the University Departments of Dentistry and/or Rural Health;
- an increased emphasis on oral health in rural health infrastructure programs, including mobile services; and
- increasing outreach services by visiting dental practitioners and extending patient eligibility for PATS to urgent dental care until the number of rural dental practitioners increases.

Workforce development is vital but takes considerable time to flow through to better services in rural and remote areas. However, even a small increase in numbers of dentists recruited to rural areas would have an appreciable and early impact on the provision of dental health services.

As an immediate step, and in the event that your policies for a new Commonwealth Dental Health Program remain blocked by the Senate, we would support the extension of the pre-school and school dental health programs to ensure they reach those children who most need such care, especially in rural and remote Australia. We would also support funding for oral health promotion (along the lines of the sun protection and anti-smoking campaigns) to strengthen the preventive approach.

We would be pleased to discuss with you and your Department the priority, affordability and detailed implementation of these proposals.

Yours sincerely



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