Dear Professor Høj

Decision to discontinue the Bachelor of Oral Health course

The Public Health Association of Australia (PHAA) is writing to express our deep concern with the University’s recent decision to stop the 2015 intake to the Dental School’s highly successful and long standing Bachelor of Oral Health course and urge reconsideration.

Given the recent similar decision by Griffith University, we believe this decision by the University of Queensland leaves oral health therapy in a parlous position in Queensland which is most regrettable. We believe it is akin to cutting out a nursing program and justifying it with the decision to continue training doctors. It seems highly inappropriate and short-sighted given the suitability of oral health therapists as key primary health care providers and the broadly acknowledged need for dental care to become universally accessible, affordable and prevention-focussed by means of socially aware and economically sensible policy development. There is a strong argument to be made that an enhanced workforce of oral health therapists and dental hygienists would significantly improve access to care by reducing cost barriers and promoting access to preventive services, particularly in regional and remote areas.

Oral health therapists and dental hygienists are ideally suited to provide preventively oriented oral health care within a future primary health care system that must incorporate oral health. In discussing skills and competencies, there is also a need for upskilling in the broader primary care workforce to support the delivery of oral health promotion, screening and referral pathways. The majority proportion of Australians’ dental care needs do not require highly trained dentists for sophisticated diagnosis and technical care. It is also worth considering that there is likely to be an increased need for preventive services in Queensland over the coming years given the State Government decision to allow Local Government to decide whether to fluoridate their water supplies and that as a consequence many have opted out of this.

Furthermore there are many rapidly growing socially and economically disadvantaged population groups in Queensland - and Australia generally - for whom the most appropriate and cost-effective services can be provided by oral health therapists from your University. For example, every nursing home in Australia needs a dental hygienist/oral health therapist to provide preventive and early interceptive care and to coordinate and oversee daily oral health activities for residents, and the numbers of nursing homes in Queensland are rapidly escalating.

Closing the Gap for Indigenous people suffering from multiple acute and chronic dental conditions is another enormous challenge that won’t be met without major innovation and affordable oral health care expertise and health promotion at the primary health care level. There is also a need to expand the Aboriginal and Torres Strait Islander dental workforce across all the professional categories.
Given the afore-mentioned factors, we can find no justification for the University’s decision and urge reconsideration.

Yours sincerely

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