Rural dental workforce enhancement:
The establishment of a sustainable interprofessional model

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This presentation describes a model proposed by University Departments of Rural Health for optimising oral health services in rural and remote Australia.

The Australian Rural Health and Education Network (AHREN) is the body representing the 11 UDRHs.
Dentists can be frustrating. You wait a month-and-a-half for an appointment, and they say, "I wish you'd come to me sooner."

http://butlerwebs.com/jokes/medical-dental.htm
Dental cavities are the second most costly diet related disease in Australia with an economic impact comparable with that of heart disease and diabetes.

By 2010 there will be 1500 fewer Oral Health providers than will be needed just to maintain current levels of access.

(General and specialist dentists, dental therapists, dental hygienists, oral health therapists, prosthetists and dental assistants)
Rural issues

- Training of the dental work force remains distant
- Little contact between students and dental educators
- Poor contact between dentists and wider community
- Dentists recruited to the region often leave within 1-3 yrs
- Shortage of dentists in regional public dental clinics
- Absence of fluoridation
- Demand is driven by community’s experience of caries
Rural issues (continued)

- Local dental health messages are not well coordinated and monitored, and can be confusing or conflicting
- Few local students gain entry into training courses (dentistry, dental therapy/hygiene)
- Geographic isolation
- New graduates prefer to work in cities rather than in regional areas
- Poor access to services
National Oral Health plan 2004-2013

The report recommends four broad themes

1. Recognition that OH is an integral part of general health
2. Population health approach with a strong focus on promoting health and preventing oral disease
3. Access to appropriate and affordable services
4. Education to achieve a sufficient and appropriately skilled workforce
The National Oral Health plan

Recognises:

- The threat of worsening national shortage of dental providers
- The ability of the public and private dental sector to jointly provide dental services demanded by Australians
What is needed in rural Australia

- Implementation of solutions tested successfully for GPs and allied health staff. A dental academic could:
  - Coordinate local OH prevention activities
  - Increase applications for dental courses in secondary schools
  - Act as a peripatetic locum for the private sector thereby releasing private dentists to work in the public clinic, experiment with new models of care, and engage in teaching. This option would lead in time to recruitment of students to local practices, expansion of the capacity of the dental workforce through use of dental therapists and provide a new professional interest for private dentists
What is needed (continued)

- ‘Communities of Practice’ for the Dental staffs in UDRHs (as in Pharmacy)
- Teaching clinics supported by a UDRH Dental Academic
- To establish and promote bonded scholarships
- Liaison with key stakeholders
- Sharing information and problem solving in groups with a common interest
- Victorian Emergency Dental, General Dental and Denture Schemes could be expanded assuming the private workforce was large enough to accommodate demand
UDRHs and National Strategies

- Broking between State and Federally funded programs
- Translating policy to action. Well placed to implement national policies for OH
- The Pharmacist Academic UDRH program has provided a model for improvement and could be replicated for dentistry
- Favoured approaches to workforce enhancement for dental health come from a combination of:
  - enhanced numbers of students experiencing good rural placements
  - new models of OH care
Achievements

- UTAS: evidence base for methods to improve access and oral health workforce education in Tasmania
- UDRH Tasmania: the need for local strategies to address the non-economic, organisational barriers to obtaining dental services
  - E.G., unavailability of providers and models of service delivery (Tasmania has the lowest national ratio of dentists to population (25.3 dentists per 100,000 population) and has no dental school)
Achievements (continued)

- A group of dentists in south west Victoria approached Greater Green Triangle UDRH to assist in addressing recruitment and retention issues of dental health professionals

- Proposed actions related to:
  - Retention of Recruited Professionals
  - New Models for Public/Private Dental Care
  - Entry of Local Students into Dental Training Programs
  - Bonded Scholarships to Regional Areas
Achievements (continued)


- The UDRHs advocate:
  - Sustainable workforce enhancement models that include dentists as well as dental auxiliaries (e.g., dental therapists, dental hygienists)
  - Interprofessional practice
  - Combining private and publicly funded services
  - Greater placement opportunities for dental students (In 2004, 3% of the undergraduate student placements and 1.2% of the student weeks were dental)
Fractioned dental academics

- Fractionated dental academics can foster rurally based dental education similar to the pharmacy academic program
  - Two UDRHs have fractionated academic dentists
  - One UDRH has a junior research fellow in oral health conducting a NHMRC research project on models of public oral health services (including the introduction of primary health care models)
- Dental academics can play a proactive role in the introduction of clinical placements for dental students in rural Australia
References


- Teusner and Spencer 2003