AUSTRALIAN DENTAL ASSOCIATION INC.

SUBMISSION TO JOINT STANDING COMMITTEE ON MIGRATION

'Inquiry into Overseas Skills Recognition, Upgrading and Licensing'

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EXECUTIVE SUMMARY

An examination of the skills and licensing of overseas trained dentists must be considered within the broader context of shortages in Australia's dental workforce. The shortage of dentists in Australia is not locally based, but rather a global phenomenon.

Although the number of dentists in Australia has increased in recent years, Australia ranks 19th out of 29 OECD countries for numbers of practising dentists per 100,000 population. By 2010, it is estimated there will be a shortfall of 3.8 million dental visits, the equivalent of 1,500 dentists.

As well as an overall shortage in dentists, Australia also experiences a maldistribution of dentists. In 2000, there were 55.7 dentists per 100,000 population in Australian capital cities compared to 31.4 dentists per 100,000 population in rural and remote areas. The maldistribution in the dental workforce reflects a similar trend in the broader health workforce and for non health professions.

Workforce shortages and the maldistribution of dentists make it particularly difficult for people living in rural and remote areas of Australia and for people on public dental waiting lists to access timely dental care. The Australian Dental Association (ADA) estimates there are approximately 600,000 people on public dental waiting lists throughout Australia. For some people, waiting times for public dental care extends beyond three years.[1] It is unlikely that recent changes to Australia's higher education system will alleviate this problem. Rather, dental students will be graduating with higher levels of debt, meaning they will be less likely to practice in areas of need, particularly in the public sector.

The ADA recognises the important contribution that overseas trained dentists have made and continue to make to the Australian dental workforce. Assessment of overseas trained dentists to practice in Australia is administered by the Australian Dental Council, with dentists who pass the

assessment process then registering with their relevant state board. Australia mutually recognises dental qualifications from England, Ireland and New Zealand, while dentists from other countries wishing to migrate to Australia must undertake an examination conducted by the Australian Dental Council. During the period from 1990-2001, 294 overseas trained dentists (or an average of 27 per year) were accredited by the Australian Dental Council to practice in Australia.

While the recruitment of overseas trained dentists can be considered as one measure to alleviate workforce shortages in Australia, this must be balanced by Australia's international and ethical obligations. Given that there is a global shortage of dentists, the recruitment of overseas trained dentists should only be seen as a short-term measure. Attention must immediately be given to the education of Australian students so Australia is in a position to achieve self sufficiency in the dental workforce.

RECOMMENDATIONS

The ADA makes the following recommendations to the Joint Standing Committee on Migration:

1. That the recruitment of suitably trained overseas dentists, via the Australian Dental Council assessment process, be seen as a short-term solution to the significant labour shortage that exists in Australia. This sentiment is supported by the Australian Health Ministers' Conference[2] which argues that Australia should "reduce immediate shortages through short-term strategies including improving workforce re-entry and ethical overseas recruitment".

2. The various workforce issues that confront the effective delivery of oral care in Australia are best addressed by the education and training of Australian dental students as they will represent the best long-term solution. According to the Australian Health Ministers' Conference:[3] "Australia should focus on achieving, at a minimum, national self

sufficiency in health workforce supply, whilst acknowledging its part in a global market."

3. That Schools of Dentistry be provided with additional funding to assist with recruitment and retention of staff to alleviate shortages in the current academic dental workforce.

4. Overseas trained dentists must be of a standard commensurate with that of existing dentists qualified to practice in Australia. To do otherwise will only cause a deterioration in the delivery of dental care to the community. Despite workforce shortages, the ADA believes the delivery of potentially inferior care would compound rather than rectify the problem.

5. In the case of recruitment of overseas trained dentists, the ADA believes that such dentists should be deployed to areas of greatest need – that is, the public sector and rural, regional and remote areas. There is no necessity for the recruitment of such personnel for any reason other than to service those areas of need that the current Australian dental workforce is unable to meet.

6. That the Australian Dental Council continue in its role of assessing overseas trained dentists.

7. That the Commonwealth Government increases the number of Commonwealth supported places in dental faculties. (Currently, there are many Australian students each year who seek admission to dental faculties with the secondary school or equivalent results suitable for admission and who, due to insufficient dental school places available, are not permitted to enter the faculties.)

8. That the Commonwealth Government creates further scholarships for students from rural and remote parts of Australia as one measure to address the maldistribution of dentists. Research suggests that students

from rural, regional and remote areas are more likely to work in these areas following their graduation.[4, 5]

9. That the Commonwealth Government create a moratorium or debt forgiveness on fee indebtedness for all dental graduates who in turn agree to provide their services in rural, regional and remote areas or in the public sector. The extent of the moratorium or debt forgiveness could reflect the period of time the dental graduate undertakes practice in those particular areas. The longer the period of guaranteed service in rural, regional or remote areas, the greater the moratorium or debt forgiveness.

INTRODUCTION

The Australian Dental Association's submission responds to the Joint Standing Committee on Migration's 'Inquiry into Skills Recognition, Upgrading and Licensing'.

The Australian Dental Association Inc. (ADA) represents approximately 9,500 registered dental practitioners in Australia, the equivalent of over 90% of all dental practitioners in this country. The primary objective of the ADA is to encourage the improvement of the health of the public and to promote the art and science of dentistry.

Rather than respond to each point in the inquiry's terms of reference, the ADA's submission will address current dental workforce shortages, recent changes to Australia's higher education system and the role of skilled migration in the dental workforce.

The ADA's submission also makes a number of recommendations that we believe will bring benefits to the dental workforce and therefore the provision of oral health care in Australia.

DENTAL WORKFORCE SHORTAGES

The Australian Health Ministers' Conference *National Health Workforce Strategic Framework* makes the point that workforce shortages and a maldistribution of the workforce are two challenges currently facing the broader Australian health system.[6] The ADA firmly believes that such challenges also apply to the dental workforce.

In the period from 1994 to 2000, the Australian dental workforce grew from 43 dentists per 100,000 population to 46.9 dentists per 100,000 population. [7] During this period, the dental workforce has increased by 17.3% compared to a population increase of 7.4%. Despite this growth Australia ranks 19th out of 29 OECD countries for numbers of practising dentists per 100,000 population.[8]

Although it is estimated that the number of dentists will increase by 13.9% from 8,991 to 10,241 in the period from 2000-2010, dentists' capacity to provide dental visits will only grow by 3.9% from 24.1 to 25 million visits.[9]

In terms of dental workforce shortages, Spencer et al,[10] argue that Australia's capacity to supply dental care is projected to fall below demand in forthcoming years. According to the authors:

> *"The capacity to supply visits is projected to fall well short of the Australian population's demand for dental visits ... If trends in demand continue, even at half the pace observed during 1983-1998, Australians' demand for dental visits will increase from 23.8 million visits in 1995 to 33.2 million visits in 2010. The increase in demand is projected to be predominantly among middle-aged and older Australians, and for diagnostic, preventive, endodontic and crown and bridge services. The aggregate projected shortage in supply in 2010 is about 3.8 million visits, which equates to approximately 1,500 dental providers.*

In addition to the projected shortfall in the number of practising dentists in Australia, research shows a considerable difference in the number of practising dentists in city areas (55.7 practising dentists per 100,000 population) compared to rural, regional and remote areas (31.4 practising dentists per 100,000 population).[11] This is highlighted in Table 1.

Table1: Practising Dentists per 100,000 Population: 2000

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUST
Capital city	58.4	52.4	52.3	64.6	55.6	34.6	48.7	59.2	55.7
Rest of state	31.2	29.9	36.7	28.1	29.0	18.7	15.0	-	31.4
All	48.4	46.3	43.9	54.8	48.5	25.3	30.5	59.3	46.9

Source: Source: Teusner, D. and Spencer, J. (2003) *Dental Labour Force, Australia 2000*, Dental Statistics and Research Unit, Australian Institute of Health and Welfare, AIHW Cat. No. DEN 116, Figure 7, p. 10.

For some people living in remote parts of Australia, the number of dentists per 100,000 population is significantly lower than the 'rest of state' averages. Some examples include:[12]

- North Western New South Wales – 21.4 practising dentists per 100,000 population.
- Centre West New South Wales – 17.4 practising dentists per 100,000 population.
- Wimmera in Victoria – 23.6 practising dentists per 100,000 population.
- Goulburn in Victoria – 24.5 practising dentists per 100,000 population.
- Fiztroy in Queensland – 27.6 practising dentists per 100,000 population.
- North West Queensland – 2.8 practising dentists per 100,000 population.
- Yorke and Lower North in South Australia – 22.6 practising dentists per 100,000 population.
- South East South Australia – 25.5 practising dentists per 100,000 population.
- South Eastern Western Australia – 8.5 practising dentists per 100,000 population.
- Pilbara in Western Australia – 7.4 practising dentists per 100,000 population.

Workforce shortages and the maldistribution of the dental workforce make it particularly difficult for people living in rural, regional and remote areas of Australia and for people on public dental waiting lists to access timely dental care. The ADA estimates there are approximately 600,000 people on public dental waiting lists throughout Australia. For some people, waiting times for public dental care extend beyond three years.[13]

Shortages in the dental workforce also include shortages in the number of academics teaching in dental faculties. Dental schools are facing the immediate difficulty of attracting and retaining teaching staff, a trend that is common in a number of developed countries.[14] One reason for this is due to the gap between academic salaries and remuneration for dentists working in private practice. According to Tennant and McGeachie,[15] to compensate, some dental schools have developed the practice of initially appointing academic staff on relatively high salaries. They then provide such staff with restricted rights of private practice (for example, up to 20% of their time can be spent in private practice). While attracting staff, budgetary constraints

mean these measures effectively reduce the ratio of staff and staff teaching hours available in comparison to other faculties. Although this measure acts as an incentive for staff to remain in academia, it also means the school's salary costs are comparatively high and 20% of their time cannot be devoted to academic research and teaching.

The shortfall in academic staff has been supplemented by the voluntary contribution of dentists. Most Australian dental schools have used voluntary lecturers, examiners and clinical tutors for a number of years. The cost of voluntary contributions has been estimated by one dental school to be worth $650,000 per annum.[16]

CHANGES TO AUSTRALIA'S HIGHER EDUCATION SYSTEM

Recent higher changes to Australia's higher education system may only exacerbate the shortage of dentists working in rural, regional and remote areas and in the public sector.

According to *Australia's National Oral Health Plan 2004-2013,*[17] the number of graduates from Australia's dental schools is one-third less than in the 1970s, with graduation levels at their lowest level since the Second World War. Spencer et al.[18] estimate the number of dental graduates in Australia would need to increase by 120 each year for the Australian dental labour force to be sustainable in the medium to long-term.

For new students, the Commonwealth Government estimates that the student contribution amount (formally known as HECS) for dental students will rise from $6,136 in 2003 ($30,680 for a five year dental degree) to a range from $0-$8,355 from 2005 onwards ($41,755 for a five year dental degree).[19] For a student studying dentistry at the University of Melbourne, for example, annual student contribution fees are $8,004 in 2005 ($40,200 for a five year degree).[20] The cost of dentistry at the University of Melbourne for a full-fee paying local student is $30,000 in 2005 ($150,000 for a five year degree),[21] while a dentistry degree will cost $36,000 in 2005 ($180,000 for a five year degree) for international students studying at the University of Melbourne.[22]

Recent reforms to Australia's higher education sector mean that contribution fees have the potential to significantly impact on the delivery of dental care in Australia. While the ADA does not believe recent higher education changes will reduce the number of students choosing to study dentistry, it is concerned about the impact these changes will have on the future distribution of the dental workforce. Faced with a high level of debt, the ADA is concerned that students will be more likely to choose to practice in metropolitan areas rather than rural, regional and remote areas. Such an outcome may result in the further maldistribution of dentists throughout Australia. Similarly, the ADA is concerned that students graduating with high debts will be less likely to work in the public sector, adding pressure to public dental waiting lists. *Australia's National Oral Health Plan 2004-2013*[23] argues that lower remuneration levels in the public sector compared to the private sector is one of a number of reasons why it was difficult to attract dentists to work in the public sector.

ROLE OF SKILLED MIGRATION

Migration of overseas trained dentists to Australia is one of three main forms of recruitment to the Australian dental workforce. Dental graduates from Australian universities and dentists returning to practice after a period of absence are the other major forms of recruitment.[24]

Discussion about migration of overseas trained dentists is not new. In 1982, Spencer[25] described how the inflow of dentists to Australia during the period from 1967-1980 had changed the supply of the dental workforce from a perceived undersupply to a perceived oversupply. Spencer argued:

> *"The net long term movement (of dentists) has shown a cyclic pattern of inflow and outflow. The cyclic nature of long term movement may be tied to social, political and economic conditions in donor and recipient countries."*

Since this period, the supply of dentists has fallen considerably, as outlined throughout this submission.

Today, Australia mutually recognises dental qualifications from England, Ireland and New Zealand. Dentists from other countries wishing to migrate to Australia must undertake an examination conducted by the Australian Dental Council. Responsibility for assessing overseas qualified dentists lies with the Australian Dental Council. (The Australian Dental Council also holds responsibility for accrediting postgraduate courses for specialist recognition.[26]) If overseas trained dentists pass the assessment process they then register with their relevant state board.

Eligibility to undertake the Australian Dental Council exam is limited to people with a bachelor of dentistry from an overseas university recognised by the Australian Dental Council. The exam procedure is in fact three separate parts which consists of: "... an Occupational English Test (OET); a Preliminary Examination (Multiple Choice Questions and Short Answer questions); and a Final Examination (Clinical). These must be taken sequentially".[27] This system is fully supported by the Australian Dental Association.

Overseas trained dentists who gain recognition to practice in Australia are awarded a certificate from the Australian Dental Council.[28] In the period from 1990-2001, 294 dentists qualified for an Australian Dental Council certification, an average of 27 accreditations per year. Almost 45% of certificates were awarded to female dentists.[29]

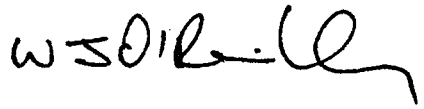
CONCLUSION

The ADA recognises the important contribution that overseas trained dentists have made and continue to make to the dental workforce. Having regard to a global responsibility, Australia must ensure that it has an adequate dental workforce to meet the future health needs of its population. According to Spencer el al:[30]

> *"The policy directions considered most useful include a short-term increase in recruitment form among overseas dental graduates, gradually reducing as the education of dentists, therapists and hygienists in Australia universities is able to satisfy the required growth in capacity of the dental labour force."*

With this in mind, policies managing the recruitment of overseas trained dentists should carefully consider the dual concerns of a global shortage of dentists[31, 32, 33, 34] and the ethical considerations[35,36] of solving workforce shortages by recruiting dentists from developing countries.

The World Health Organisation (WHO)[37] has argued: "the loss of human resources through migration of professional health staff to developed countries usually results in a loss of capacity of the health systems in developing countries to deliver health care equitably."



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