

Policy Statement 2.3.4 – Delivery of Oral Health: Special groups: Individuals in Remote Areas

Position Summary

In regional and remote areas of Australia it can be difficult to access dental care. Governments should devise a model to recruit and retain dentists and support prevention of oral disease in these areas.

1. Background

- 1.1. The oral health of people living in remote and very remote areas may be compromised because of significant disadvantage in obtaining timely and comprehensive oral health care. A major factor is the difficulty in establishing and retaining dentists and specialist dentists in remote areas. There remains a difficulty in accessing specialist services in outer regional and remote areas.
- 1.2. There are less people in rural remote communities visiting a dentist because of the burden of geographic location and associated costs.
- 1.3. The low population density in many remote and very remote areas cannot sustain a permanent dental workforce and the required dental facilities.
- 1.4. Tooth loss, decay, and preventable hospital admissions for dental problems, is higher for people living outside of capital city locations.
- 1.5. Improved oral health delivery and a viable dental workforce in remote and very remote areas will result from improved planning by Governments in collaboration with the dental profession and other stakeholders. A coordinated approach involving improved government funding, greater local community support, increased incentives and better working conditions is urgently needed.
- 1.6. Strategies to increase the dental workforce have resulted in an oversupply of dentists in Australia and have failed to address the problem of retention and recruitment of dentists in regional and remote areas of Australia.
- 1.7. Teledentistry has the potential to be particularly beneficial for rural and remote populations.
- 1.8. Remote areas are defined by the Australian Bureau of Statistics.
- 1.9. Prevention of dental decay is a cornerstone to better oral health in rural and remote communities.

2. Position

Oral Health Promotion

- 2.1. Reticulated drinking water in remote and very remote areas should be fluoridated. The Government should consider appropriate fluoridation methods for non-reticulated water.
- 2.2. The Government should support preventive strategies and programs that decrease dental decay.
- 2.3. Oral health should be promoted through collaboration with other health care, community, and education workers and organisations.
- 2.4. Dentists should be included in rural and remote health associations and organisations.
- 2.5. Community-centred promotion of oral health and preventive care should be initiated.

This Policy Statement is linked to other Policy Statements: [6.28 Teledentistry](#), [2.2.1 Community Oral Health Promotion: Fluoride Use](#), [2.4 Research](#), [3.1 Dental Workforce](#), [3.2 Dentists](#) & [3.3 Allied Dental Personnel](#), [Australian Dental Health Plan](#)

Delivery of Oral Health Care

- 2.6. Every Australian should have equitable, timely and appropriate access to oral healthcare.
- 2.7. The specific needs of residents of remote areas, including those with special needs (children, adolescents, elderly, disabled, recent immigrants, those from culturally and linguistically diverse backgrounds and indigenous Australians), should be recognised and supported.
- 2.8. Equitable service delivery models should be developed to provide dental treatment to those areas where the population density cannot sustain permanently staffed clinics.
- 2.9. Government subsidy directed to remote and very remote dental care should be directed to utilise already established dental practices in those regions as set out in the ADA's Australian Dental Health Plan.
- 2.10. Teledentistry must only be provided in cases where direct treatment or specialist advice cannot be provided.
- 2.11. Efforts to recruit and retain dentists to remote areas and specialist dentists to regional and remote areas capable of sustaining a dental workforce must be a high priority and for those areas where it is difficult to recruit a dentist should include:
 - 2.11.1. **Education and training initiatives**, particularly appropriate continuing professional development
 - 2.11.2. **Local community support and incentives**
 - education of prospective remote and very remote dentists about the community; and
 - assistance for dentists to integrate into the community including aid in providing practice rooms and accommodation for dentists, their spouses and families.
 - 2.11.3. **Working conditions and incentives**
 - relocation grants and retention payments;
 - financial incentives such as HELP debt subsidies; better locum schemes;
 - mentor support from experienced dentists;
 - provision of equipment and other facilities for service delivery, including hospital sessions where appropriate;
 - regional and remote health informatics to assist in professional exchange on clinical matters and continuing education issues; and
 - access to specialist services and advice.
- 2.12. Dentists practising in regional and remote areas should have access to professional support and flexible continuing education opportunities.
- 2.13. A regional and remote dentists' network should be established.
- 2.14. Government should have initiatives to enhance the recruitment and retention of dentists and allied dental personnel.
- 2.15. State-based initiatives that promote effective utilisation of existing infrastructure and personnel to improve access to oral health care should be developed.

Research

- 2.16. National Oral Health Surveys should enable the assessment of the oral health of regional and remote communities.
- 2.17. National dental workforce reviews, which incorporate regional and remote areas, should be regularly undertaken.

- 2.18. There should be funding for ongoing studies into strategies that address the recruitment and retention of dentists and allied dental personnel in regional and remote areas.
- 2.19. Research should be collaborative and should involve departments of health, universities and other stakeholders.

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