

# Addressing the oral health workforce needs of Aboriginal and Torres Strait Islander Australians

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**Abstract.** Tooth decay and gum disease, the main dental diseases affecting Australians, can cause pain and deformity as well as affecting eating and speech. Dental practitioners are efficient and effective in relieving dental pain, and they can effectively restore oral function. There is good evidence that better health care outcomes for Aboriginal and Torres Strait Islander patients are associated with care from Aboriginal and Torres Strait Islander health professionals. Unfortunately, the representation of Aboriginal and Torres Strait Islander people within the dental practitioner workforce is very low. We argue that a strategic approach, along with additional investment, is needed to increase the number of Aboriginal and Torres Strait Islander people qualified as dental practitioners.

**Keywords:** Indigenous health, workforce, education and training, equity, health policy, dental disease, Aboriginal and Torres Strait Islander Peoples, health professionals.

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## Introduction

In Australia, very few Aboriginal and Torres Strait Islander people are registered as dental practitioners. The National Health Workforce Dataset for 2018 shows 108 Aboriginal and Torres Strait Islander Australians within the dental practitioner divisions of dentists, dental hygienists, dental prosthetists, dental therapists and oral health therapists.<sup>1</sup> The total registered dental workforce is 23 730<sup>2</sup> making the overall proportion of Aboriginal and Torres Strait Islander dental practitioners less than 0.5%. There would need to be an additional 700 Aboriginal and Torres Strait Islander dental practitioners to reach parity in proportion to the overall Australian population, where 3.3% identify as Aboriginal and/or Torres Strait Islander.<sup>3</sup>

Furthermore, there is good evidence that Aboriginal and Torres Strait Islander health professionals may enable improved care for Aboriginal and Torres Strait Islander Peoples.<sup>4–6</sup> Partnerships of non-Indigenous Australians and Aboriginal and Torres Strait Islander health professionals have been found to improve primary health care outcomes for those identifying as Aboriginal and/or Torres Strait Islander.<sup>7</sup> This can occur through deepening the knowledge of non-Indigenous health professionals about their Aboriginal and Torres Strait Islander patients, families and communities;<sup>8</sup> the high value that Aboriginal and Torres Strait Islander patients place upon the presence

of Aboriginal and Torres Strait Islander clinicians;<sup>9</sup> and improvements in cultural safety.<sup>10–12</sup>

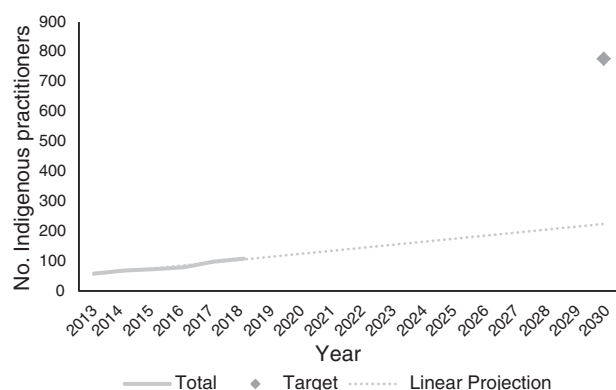
Government policy at Commonwealth, State and Territory jurisdictions is supportive of more Aboriginal and Torres Strait Islander health professionals across all disciplines, including dentistry.<sup>13</sup> The Commonwealth's 'National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023'<sup>14</sup> specifically acknowledges the beneficial health outcomes provided when Aboriginal and Torres Strait Islander patients are cared for by Aboriginal and Torres Strait Islander health staff, as does 'Healthy Mouths Healthy Lives – Australia's National Oral Health Plan 2015–2024'.<sup>15</sup> The two-fold higher level of poor oral health experienced by Aboriginal and Torres Strait Islander Peoples, compared with non-Indigenous Australians, also underpins this policy to increase representation in the oral health workforce.<sup>15</sup>

## Current action

Despite these imperatives of parity, improved workforce capability, and Government policy, there has been slow progress, approximately 10–20 per year, in increasing the numbers of Aboriginal and Torres Strait Islander dental practitioners. Dental Board of Australia registration data is presented in Table 1.

**Table 1.** Registered dental practitioners, identifying as Aboriginal and Torres Strait Islander, by year and occupation<sup>1</sup>

Year	Dental hygienist	Dental prosthetist	Dental therapist	Dentist	Oral health therapist	Total
2013	12	4	8	26	8	58
2014	12	5	6	31	14	68
2015	13	6	9	32	13	73
2016	17	7	6	34	15	79
2017	17	6	8	46	21	98
2018	19	5	8	53	23	108

**Fig. 1.** Registered dental practitioners, identifying as Aboriginal and Torres Strait Islander, by year.

The current rate of increase will not meet any reasonable target based on parity or community need. Achieving equity within the next 20 years – 780 Aboriginal and Torres Strait Islander practitioners – would necessitate a quadrupling of the current effort, as shown in [Figure 1](#).

Additional action is required now because the number of Aboriginal and Torres Strait Islander students in dental schools has dipped in recent years following 6 years of sustained growth, as seen in [Figure 2](#).

### Regulatory change

Australian dental schools have been slow to embed cultural safety for Aboriginal and Torres Strait Islander Peoples within curriculum, affecting their ability to recruit and graduate Aboriginal and Torres Strait Islander students. The accreditation of Australian dental schools is undertaken by the Australian Dental Council (ADC) on behalf of the Dental Board of Australia within the National Registration and Accreditation Scheme.<sup>16</sup> Recent changes by the ADC to the accreditation standards for dental practitioner programs introduced a new domain of cultural safety for the accreditation of Australian dental schools.<sup>17</sup> In particular, criteria 6.2 states that:

The program provider promotes and supports the recruitment, admission, participation, retention and completion of the program by Aboriginal and Torres Strait Islander peoples.

This regulatory change should support an increase in the number of Aboriginal and Torres Strait Islander dental students, and ultimately dental practitioners, however additional catalysts may be needed. Public reporting facilitates

stakeholder engagement with change as well as supporting internal organisational effort within tertiary institutions.<sup>18</sup> This is particularly the case when organisations want to drive equitable outcomes.<sup>19,20</sup> Therefore, public reporting by dental schools of their Aboriginal and Torres Strait Islander student numbers would be useful.

### Student support

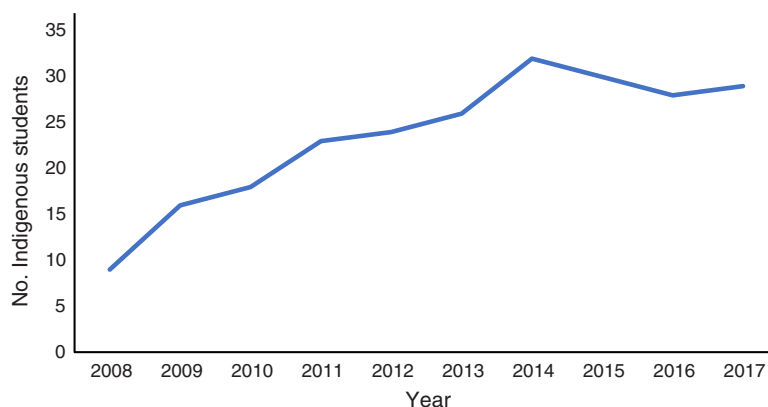
Adequate financial support for Aboriginal and Torres Strait Islander tertiary education students has been recognised as an important factor to overcoming barriers to entering higher education as well course completion.<sup>21</sup> Despite a range of available scholarships, accessing them can be complex and their support can be insufficient. These barriers are multiplied when professional accreditation courses are delivered at postgraduate level, as in some dental practitioner courses. The Puggy Hunter Memorial Scholarship (PHMS) was established in 2002 by the Australian Government to specifically support Aboriginal and Torres Strait Islander students in health courses.<sup>22</sup> Dental students were initially excluded from the PHMS but advocacy from the Indigenous Dentists' Association of Australia was successful in changing this bar in 2007. The value of the scholarship, A\$15 000 a year, has not been increased in a decade. The current COVID-19 pandemic has exposed the inadequacy of this level of financial support for the unemployed whose allowance was doubled by the Commonwealth Government.<sup>23</sup>

Between 2010 and 2019 there were 29 Aboriginal and/or Torres Strait Islander students who graduated as dental practitioners with support from the PHMS (pers. comm. PHMS). Each year, half of the Aboriginal and Torres Strait Islander dental students who apply for a PHMS miss out because there are insufficient scholarships available.

The Commonwealth Government should increase the number, and financial value, of the PHMS to enable sufficient support for Aboriginal and Torres Strait Islander people studying to become dental practitioners.

### Conclusion

The appallingly low number of Aboriginal and Torres Strait Islander dental practitioners needs to be increased to improve equity and capability within the dental workforce. This will demand both a strategic approach and additional Commonwealth Government investment. First, the accreditation changes to address cultural safety from the ADC will be helpful but they could be improved with greater public accountability by dental schools. Second, good financial support for Aboriginal and Torres Strait Islander dental students is a vital ingredient – the



**Fig. 2.** Aboriginal and Torres Strait Islander students enrolled in dental practitioner courses by year (pers. comm. Australian Department of Education 2019).

Commonwealth Government should increase the number and the value of PHMS scholarships available for Aboriginal and Torres Strait Islander dental students.

### Competing interests

Christopher J. Bourke is a Board Member of the Australian Dental Council; a Board Member of the Remote Area Health Corps; a Member of the Project Reference Group for the National Aboriginal and Torres Strait Islander Health and Medical Workforce Plan, Commonwealth Department of Health; a Member of the Health Plan Working Group, Commonwealth Department of Health; a Member of the Aboriginal and Torres Strait Islander Health Advisory Group, Australian Commission on Safety and Quality in Health Care; a member of the Editorial Advisory Board of the *Australian Health Review*; an Adjunct Associate Professor at Griffith University; and an Honorary Clinical Associate Professor at University of Melbourne. The author declares that none of these bodies influenced or controlled the decision to submit this manuscript for publication. *Australian Health Review* is a publication of the Australian Healthcare and Hospitals Association. The remaining authors declare that they have no competing interests.

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