FACT SHEET

DENTAL WAITING LISTS AND DENTIST SHORTAGES

AS AT NOVEMBER 2002

VICTORIAN WAITING LISTS 2002

- DHSV advises in their 2001/02 Annual Report that there are now 218,952 people on dental waiting lists in Victoria as at June 2002, an increase of 35,000 over June 2001 (DHSV – 2002).
- Waiting times for non-emergency treatment increased from 10 months in 1996 to 24 months in 2001/02, and on current projections will blow out to 29 months in 2002/03 (DHSV, 2000 & 2002). In some regional centres, the waiting time is already 33 months (Ballarat Courier).
- Between 1996 and 2002, waiting lists in Victoria have increased from 101,800 to 218,952, an increase of over 100% (DHSV – 2000 and 2002).
- DHSV treated 171,934 individuals, 15% of the eligible population, in 2001/02 (DHSV – 2002).
- About 500 000 people are on waiting lists around Australia (Spencer – 2001) and only about 11% of those eligible for treatment receive it each year.
- Longer waiting lists mean that people rely more on emergency treatment and as a result more teeth are extracted instead of filled.
- The rate of extractions has increased as waiting lists increase.
- As waiting lists grow, each person on the list has a greater backlog of treatment and the cost of treating them increases.
- Public treatment is limited by the number of dentists who can be recruited. The State-wide dentist vacancy is an average of 19%, with 37% unfilled vacant positions in rural areas that also have the longest waiting lists (DHSV – 2002).
- 'Strategies to improve the team approach in context of the clinical team and the relationship between management and staff and enhancements to remuneration packages not solely based upon increases to salary may influence both recruitment and retention of dentists in the public sector in Victoria.' (AIHW – 2001.)
- Treatment has been contracted privately using a voucher system, but in a number of country areas the shortage of private dentists makes even contracting work privately difficult if not impossible.
- As noted in the Dental Health Alliance media releases in 2001, people who have dental problems are unable to eat normally, and their poor dental health can seriously affect their general health.

PUBLIC DENTAL FUNDING

- Victorians receive lower per capita public dental funding than residents of any other State. In 2000, the average allocation per Victorian was $22 compared with $39 in SA and over $50 in Queensland (DHSV – 2000).

- Victoria was approximately $25m per annum behind other States in terms of overall funding comparisons for 2001. That situation has not improved in 2002.
- The Commonwealth also subsidises private dental treatment through its private health insurance rebate. Duckett has estimated that the cost of this subsidy amounts to around $180m p.a. (Duckett, 2000) which is almost twice the cost of the disbanded Commonwealth Dental Health Program. A more recent analysis puts the amount at between $316m and $345m pa (Spencer 2001), and shows that the wealthy are by far the greatest beneficiaries when considering all sources of government funding and subsidies for dental care.
- Spencer (AIHW) has calculated that direct current expenditure on public dental health services is around $215m p.a. In order to provide the same level of services for concession cardholders as received by the rest of the population, a total of $536m pa would be required. Given the limitations to a rapid increase in public provision, much of this would have to be provided through the private sector, at a total cost of about $700 million pa, an increase of $500 million over current expenditure. Estimates are that a minimum of $200m p.a. for a national scheme is necessary. The Victorian share of that, on a per capita basis would be approximately $50m p.a.

FLUORIDATION

- The Auditor General (October 2002) notes that 'Despite evidence of improved oral health outcomes in fluoridated areas, some communities within Victoria, including Geelong, Ballarat and Wodonga, remain unfluoridated due to local resistance.'
- Non-metropolitan areas in Victoria would be the greatest beneficiaries of this highly cost effective preventive measure. Melbourne has been fluoridated since 1977 while Tasmania will be celebrating the 50th anniversary of fluoridation in 2003.
- The cost per person per annum of fluoridation is less than $2, yet many times that amount could be saved in dental treatment costs. That benefit accrues over succeeding years so that more and more cost savings become evident.

DENTAL DISEASE

- Australians are keeping their natural teeth longer. In 1979 approximately 67.7% of Australians aged over 65 years had lost all their teeth compared to only 33.4% in 1999 (AIHW – 2000).
- Thirty years ago the average 12-year old had approximately 10 decayed, missing or filled permanent teeth. By the late 70's the number was four. Now, with new dentistry practices, it's less than one (AIHW – 2000).
- Disadvantaged people in Australia are having their teeth extracted at twice the average rate because of the lack of Government funding and waiting lists of 2 to 4 years (AIHW – 2001).

DENTAL DEMOGRAPHICS

- ADAVB has over 2000 members with around 2300 on the register.
- ADAVB represents over 94% of private practising dentists and around 55% of public sector dentists.
- Currently only 56% of the population visit their dentist annually.
- There are more than 4 million Australians now eligible for publicly funded treatment, including more than 1 million Victorians.

WHY IS ADAVB COMMENTING?

- One of the ADAVB's key objectives is to promote the oral health of the community.
- ADAVB members in both public and private sectors are affected by the waiting list and workforce problems.
- The Auditor General (October 2002) 'observed a system under stress facing increasing demand pressure. In the Community Dental Program, emergency services are being provided to the detriment of preventive treatments…'
- ADAVB members in the public sector are demoralised by poor terms and conditions relative to their medical colleagues, and by being obliged to provide more emergency than general dental care because of the lack of funding and staff.
- Private sector members in rural areas report that their appointment books are full months in advance, and many currently have no capacity to help treat public patients using voucher schemes. They are having difficulty seeing their own patients in a timely way and whilst they are usually willing to work with voucher schemes, they cannot do so in present circumstances.

ENQUIRIES:

Dr David Curnow
President
Australian Dental Association Victorian Branch Inc.

ADAVB Office
PO Box 434, Toorak VIC 3142
Ph. (03) 9826 8318, Fax (03) 9824 1095
www.adavb.com.au