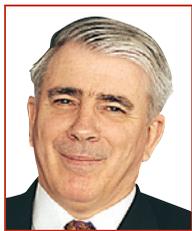


# Dental numbers crisis growing worse

By Graham Middleton, BA, MBA



*“One wonders why Australia’s nine dental schools haven’t joined together to demand of the government that the dental immigration program be ceased, yet that program has just been extended for another year!”*

**T**o date, the workforce debate has concentrated heavily on the supply side, i.e. the supply of dentists and dental auxiliary staff pouring out of dental schools and entering Australia via immigration programs. Scant attention has been given to the demand side of the equation.

The demand side consists of the numbers of vacant positions for dentists, as well as dental auxiliaries, if any.

The true evidence of an oversupply will be a significant number of dentists who either can’t get jobs or are working part-time but would extend the number of days and sessions worked if the opportunity existed.

The evidence reaching Synstrat through our huge number of dental contact points indicates that:

- a. There are many dental practices with spare or partially spare dental surgeries;
- b. There are many employed dentists wishing to extend their work time, if the work was available;
- c. There are significant numbers of dentists who lost their jobs when the Medicare Chronic Disease Dental Scheme ended and who have been desperate to either buy practices or obtain work;
- d. Dental vacancies advertised by employment agencies have disappeared. In fact, dental employers are unlikely to even approach an employment agency, as most practices experience unsolicited enquiries from dentists looking for work; and

e. Dental employment agency business has dried up.

It is now apparent that not only were some of the newer dental schools, together with the immigration program, created to produce a supply of dentists for an assumed demand that didn’t exist, but that demand was also decreasing through the increasing impact of fluoridation of water supplies.

## Head in the sand

Dental schools are ignoring the problem. For example, in response to a recent comment about Melbourne’s School of Dentistry offering a post-graduate course, which effectively means seven years of study, an academic from that school contacted us to say that:

1. The number of HECS students given was wrong, a fact which we are happy to correct when the gentleman provides us with the right number; and
2. The number of applications for the course had risen over the past three years. This begs the question, so what? What happens when the students entering first year dentistry realise that demand for places has nothing whatsoever to do with the decreasing probability of their gaining a full-time dental position at the end of their course?

Do the dental schools have an ethical responsibility to advise students entering dental programs, which are essentially vocational courses, that their chances of being employed may indeed be poor? New students enter long and often expensive courses, in which they have to work hard for years, foregoing the opportunity of preparing themselves for some other vocation. For dental schools to promote expensive training courses of long duration without informing prospective students of the true state of the job market is ethically no different to property spruikers misrepresenting to investors the return on high-rise units in a new development.

Now that we know the dental workforce numbers are growing at a rate which is much greater than population growth, students in the early part of their courses will face a much more difficult employment market when they graduate than do those who have recently graduated or are about to graduate.

### Dental therapists

Recently, Associate Professor Mark Gussy extolled the virtues of the La Trobe Bachelor of Oral Health Science degree to the Melbourne Age, giving the distinct impression that graduates were going to walk into well-paying, full-time positions. This is decreasingly likely to occur.

One wonders why Australia's nine dental schools haven't joined together to demand of the government that the dental immigration program be ceased, yet that program has just been extended for another year!

Since the immigration program has effectively been producing as many dentists as about three dental schools, we would have thought that the Australasian Council of Dental Schools would have been busy lobbying the government to shut down the immigration program several years ago, or severely curtail it. The immigration program is severely damaging the prospects of their graduates getting jobs.

Much information that does get compiled concerning graduate employment tends to be treated as so confidential that dentists cannot see it until it has been massaged.

### Will students leave dental programs?

The undergraduate contacts we have suggest that most dentists in the early years of study are unaware that their course may be leading them to an unemployment queue and the Australian Research Centre for Population Oral Health (ARCPOH) of the University of Adelaide has consistently underestimated the number of dentists being produced, which tends to make the employment prospects of graduates look better.

### Unemployment statistics

Officially, dentists are employed even if they only have part-time work. Hence a large number of dentists working one or two days per week who would like to work full-time are regarded as being employed and therefore, few dentists show up as being among the unemployed. Additionally, a graduate who has given up seeking dental employment but is working as, say, a shop assistant in retail, is recorded as being employed.

The statistics therefore don't disclose that there is an unknown but large number of dental graduates waiting to work full-time as dentists, many of whom only work part-time and others are employed in areas outside of dentistry out of personal necessity.

Politicians love to brag that Australia's unemployment is low at 5.5% of population (at June 2013 figures), but neglect to state that under-employment accounts for another 7.5% of the population, while youth unemployment is vastly higher.

The multitude of dentists who have experienced direct approaches by dentists desperately seeking dental employment know otherwise.

It should not be too much to expect of dental schools that they get meaningful data concerning most recent graduating classes and publicly state how many of their graduates desire full-time dental employment but cannot get it. They must make that information available to their student bodies as well. We live in an age of business disclosure. All manner of professions and occupations have to give detailed product disclosure statements. There is no reason for university dental schools to be any different. From the view of dental schools, this might feel a bit like turkeys voting for Christmas. It also may force them to tailor the size of their courses to the actual equilibrium point of the supply/demand equation.

### OECD statistics

A common recourse for economics students is to quote studies from OECD countries. Nobody ever asks how reliable such statistics are. Our own Australian Bureau of Statistics has had wrong information about dental incomes on its website for about the last 14 years! The information put up was wrong when originally gathered, because the ABS staff didn't correct for the differences between incorporated and unincorporated dental practices, nor did they understand the workings of dental associateships. Probably somebody in an OECD think-tank has incorporated ABS data into some OECD report without questioning its correctness. Aside from this, there's a lot we don't know about the OECD countries. Do all OECD countries have a fluoridated water supply? Is there a cultural requirements for some forms of dentistry, for example gold fillings, etc, desired by some ethnic groupings altering the statistics? In any case, what does an average OECD ratio of dentist to population mean, if anything? How many dentists in OECD countries are under-employed? A word of advice to Health Department bureaucrats is not to rely on OECD statistics.

### Not demand side

The recent report of Inside Economics commissioned by the ADA amounted to a desktop review of past studies, specifically of ARCPOH and concluded that there had been a consistent understatement of the net number of dentists produced. That approach is welcome, but it is the easy side of the equation.

### Demand side ignored

It is relatively straightforward to tote up numbers of dentists and dental auxiliaries being produced in the various dental programs, but what of the demand side? How many dental vacancies actually exist across Australia?

If a significant proportion of Australian dental practices had long waiting lists for treatment, there would be a significant indication of there being insufficient dental appointments available, to which the obvious conclusion might be that producing more dentists would result in more dental appointments being available and shorter waiting lists. Hence we could validly conclude that there

is an unsatisfied demand requiring more dentists to be produced. Unfortunately, very few dentists have long waiting lists, whereas many have holes appearing in their book which they have difficulty in filling, and many practices have reduced the number of assistant dentists or the days on which they employ assistant dentists.

There is of course the argument that different demand schedules exist for those who can afford to pay for their own dental treatment and those who have substantial unmet need which they are unable to afford. That position gets clouded a little further because the Medicare CDDS revealed to many dentists that there are a host of people who could clearly afford dentistry, judging by their home addresses and the cars that they drove out of the car park, who weren't prepared to prioritise the spending on dentistry but were quite willing to turn up when they were given a form by a doctor offering them \$4250 worth of free dental treatment. When those patients were advised by a dentist that the treatment they needed exceeded the free government component, they were unwilling to pay for follow-on treatment, preferring instead to wait for another government handout. Many could afford dentistry but chose not to prioritise it. The reality was that the scheme was rorted with extended community groups lining up for their \$4250 worth of free treatment. Some doctors and some dentists abused the scheme and damaged the reputation of the bulk of the profession who acted responsibly.

### Canaries in the mine

Synstrat's interest in this has been long-term. We publicly queried whether too many immigrant dentists were being allowed into Australia back in February 2008, as we had noted that dentists advertising vacancies were being swamped with applications from immigrant dentists. This was an early indication of the oversupply. Similarly, the drying up of vacancies across country practices, including the disappearance of locum vacancies, was another sure sign that the supply side of dentistry had caught up and passed the demand side.

All the while the officials of the Federal Department of Health were busy advising education bureaucrats on the opening of dental schools and encouraging dental immigration programs, while simultaneously pushing to widen the scope of practice of dental auxiliaries. There could have been two explanations:

1. The health officialdom was conducting a deliberate strategy of flooding the dental profession; or
2. The officials were too incompetent to determine the actual demand side of dentistry.

### Vested interest vs dental employment

The vested interest lined up heavily on the supply side. Vested interests included:

1. Universities that wished to start dental schools would have had to have been very creative with numbers to attract the funding from government, even though back as far as early 2008 the flood of dental immigrants was creating difficulties for the employment of dentists in Australia.
2. Health Department bureaucrats wanted a Denticare scheme mirroring Medicare, giving them another profession to manage from a bureaucratic standpoint and they estimated they needed a bigger dental workforce to achieve that end. This can be likened to the Yes Minister portrayals of Sir Humphrey Appleby

as being ever ready to manipulate government decisions to the benefit of the civil service.

3. The CEOs of the various ADA state bodies and the federal body were happy to have increasing membership, but showed no signs of being concerned about the issue of too many dentists being produced for too few jobs until the last year or so, even though for at least the last five years there has been no more important issue in Australian dentistry.
4. Dental auxiliaries: In early 2008, the Association for the Promotion of Oral Health postulated that there would be a shortage of 1500 oral health workers in Australia by 2010. Their claim was nonsensical, as dentists were reporting large numbers of applications when a dental position was advertised. It was also self-serving, as the move towards widening the scope of practice of dental therapists and hygienists showed. In actual fact, the increase in dental numbers will mean that many dentists will provide the services which could be provided by auxiliaries in order to stay busy. Dental therapists and hygienists will be pushed down the employment queue. As they say in the classics: be careful, you may get what you wish for.

In July 2008, Synstrat noted a huge number of dental registrations to

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do the ADC exams and this pointed to the need for the various bodies concerned to bring the matter to the attention of the federal government authorities. There is no evidence that substantial action took place. Synstrat was merely reporting a situation which had been emerging for several years. It had become so apparent that it was newsworthy.

The current situation has been nakedly visible for about six years. The ADA study of 2012 was welcome, as was the subsequent activity to highlight the problem within the dental profession, but it's been years late in coming and it does not address the demand side.

### Custer's last stand?

George Armstrong Custer had been promoted to the Civil War rank of Major General and had been brave in Civil War battles, but fortunately had strong superiors in Generals Grant, Sheridan and Mead, who placed limitations on his impulsive behaviour. After the Civil War, he reverted to his regular Army rank, but retained the brevet (honorary) rank of Major General. Several years after the Civil War, he was promoted to the regular army rank of Lieutenant Colonel and placed in command of the United States 7th Cavalry, a regiment specifically formed to defend the frontier against Indians.

Opposed to Chief Sitting Bull's warrior leader Crazy Horse, the impulsive Custer rode deeply into opposition territory without proper

reconnaissance and having divided his force. Custer, together with the main body of his command, was wiped out by Crazy Horse's warriors on a hill overlooking the Little Bighorn River.

The dental schools' approach has been to ignore that a problem exists and meanwhile several universities have turned dentistry into a post-graduate course, thereby extending study to seven years, while other schools pump up the numbers of dental therapists and hygienists in training. However, just as Custer ignored the necessity of doing proper reconnaissance, the dental schools, by ignoring the problem of dental numbers, will only make the eventual outcome much worse. In an age where the student population is internet savvy, student bodies will eventually get the message that the dental job market is bleak and growing worse over the next several years of their study, as the dental workforce is growing at a much faster rate than that of the population. These students will be disenchanted that the facts about dental employment were denied to them at the time that they enrolled in their courses. What happens then? Do first year dental students start to transfer to other courses? Will the Australasian Council of Dental Schools hurry up and do something for its collective good and bring pressure on government to suspend immigrant programs and reduce the number of positions in dental courses to a responsible level?

It is problematical, even today, as to whether the crisis facing dentistry would have been recognised by the ADA had Synstrat not been pushing the point publicly for the past six years. It certainly wouldn't have been recognised publicly by the dental schools and the recent evidence of the Health Workforce Australia spokesperson giving a presentation at the recent seminar conducted in association with the ADA conference being surprised and unable to answer questions by recent graduates of 'why can't I get a job?' indicating that Health Workforce Australia, which advises the Department of Health bureaucrats on dental numbers, has clearly lost touch with the situation.

### The urgent task

There is urgent need to know:

1. The number of qualified dentists in Australia who are available

- to work as dentists but cannot get work, including those dentists who are temporarily employed in other industries;
  2. The number of dentists who are working part-time who would like to work full-time or to extend the number of days/sessions worked; and
  3. How many equipped dental surgeries are not being used or are only being staffed for part of the week due to insufficient patients.
- This information on the demand side is vital if true facts about the future need for dentists are to be established.

### Synstrat Publications

If you would like a free copy of Synstrat's booklets *Buying and Selling General & Specialist Dental Practices* or *50 Rules for Success as a Dentist*, please email [annie@synstrat.com.au](mailto:annie@synstrat.com.au) and advise your postal address.

### About the author

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