



## KEY MESSAGES

**Dental practitioners: Rural work movements** 

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Leonard Crocombe, Diana Godwin, Ha Hoang, Leigh Blizzard

## **Policy context**

Oral health is poorer in rural than in urban areas of Australia. Although the oral health of Australians has improved over the last 30 years, the gap in oral health outcomes between rural and urban populations has not diminished. This gap in oral health outcomes is due to a number of factors, one of which is the unequal distribution of the dental workforce. The Australian dental workforce is concentrated in the major urban areas which exacerbates the problem of access for those living in rural and remote Australia. A current oversupply of dental practitioners in Australia has seen an easing of past rural recruitment problems however there is potential for increased workforce turnover, as dental practitioners move away from rural into urban areas. Dental practitioners provide important primary health care services to rural populations and workforce shortages and stability issues in underserved areas can have negative effects on rural communities. Successful recruitment initiatives and long-term retention schemes for rural dental practitioners are important to improve the oral health of people in underserved areas.

This study investigated the attitudes, barriers and enablers of Australian dental practitioners towards living and working in rural areas with the aim of developing effective strategies to address the unequal distribution of the dental workforce.

## Key messages

The key messages from the project are:

- > The long-term income security of a private rural practice was the main factor concerning dental practitioners about moving to, and staying in, rural areas, and was the hurdle that had to be satisfied before other factors were considered.
- Solution > Growing up in a rural area was positively associated with rural practice for women. This is known as the rural background effect; female Australian rural background practitioners were more than twice as likely as those who had an Australian urban background to work in rural practice.
- > There are complex factors such as lifestyle, life stage and family concerns that influence rural retention. Rural areas may not be able to provide the lifestyle necessitities for some practitioners given their particular life stage, hence some are unable to remain in rural practice despite their wishes to do so. One example is education for children, especially high school age and older.
- > Financial incentives, such as the Dental Relocation and Infrastructure Support Scheme (DRISS), will encourage dental practitioners to move to rural areas, but not necessarily encourage dental practitioners to stay in rural areas.

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