

Queensland Health

# Statewide Oral Health Services Plan

Healthier mouths for  
all Queenslanders



Queensland  
Government

# Statewide Oral Health Services Plan

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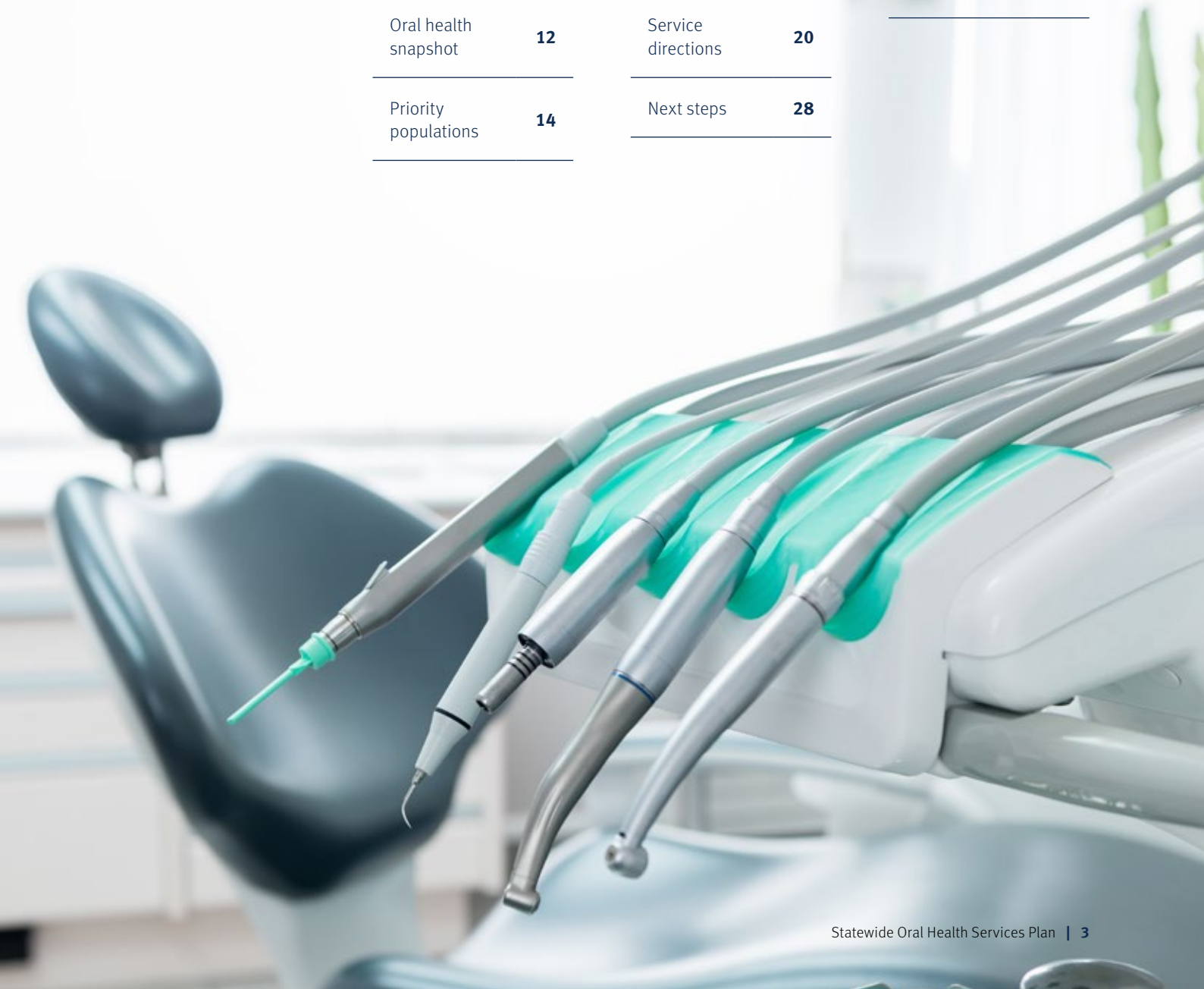
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# Introduction

Queensland Health is committed to improving the oral health status of Queenslanders across their lifespan and increasing access to public oral health services. The *Statewide Oral Health Services Plan* (the plan) builds on the [Australian Government's National Oral Health Plan 2015–2024](#) and has been developed to meet the specific needs of Queenslanders.

*Australia's National Oral Health Plan* defines oral health as a 'standard of health of the oral and related tissues that enables an individual to eat, speak and socialise without active disease, discomfort or embarrassment and that contributes to general wellbeing'. Poor oral health is associated with chronic disease including diabetes, cardiovascular disease and respiratory illness.

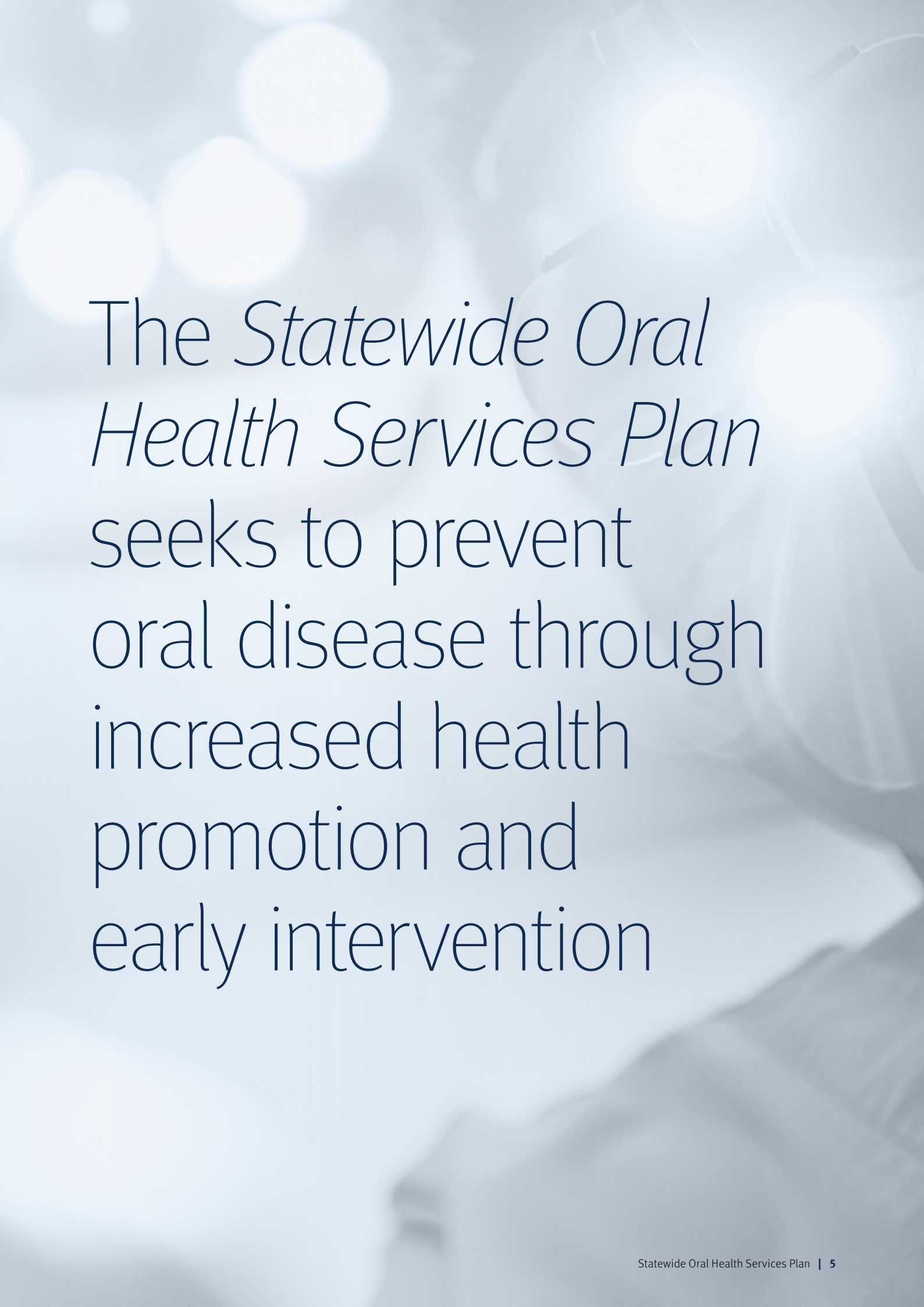
In Queensland and across Australia, oral health conditions such as dental decay, gum disease, tooth loss and oral cancer contribute significantly to the overall burden of disease. Despite evidence regarding the prevention of oral diseases, more than 63,000 Australians and over 19,000 Queenslanders are hospitalised every year for these conditions, making it the third highest reason for acute, preventable hospital admissions. Prioritising oral health early on in life is essential for long-term wellbeing, as a healthy mouth in childhood translates to a healthy mouth in adulthood.

Oral health services aim to prevent, treat and manage conditions related to an individual's teeth, gums and other tissues of the mouth. Timely access to public oral healthcare will contribute to reducing hospital admissions related to dental conditions.

In Queensland, oral health services are delivered by a mix of public and private providers. Public oral health services are funded by the Queensland Government and the Australian Government. As universal access to dental care is not available in Australia, the goal of public oral health services is to address the oral health needs of the eligible population. In Queensland, adults are eligible for free public oral healthcare if they hold a current Centrelink concession card, or a Queensland Seniors Card. Children are eligible if they are aged four years or older and have not completed Year 10; hold a Centrelink concession card; or are eligible for the Child Dental Benefits Schedule.

Among eligible Queenslanders, there are priority populations that are at higher risk of oral disease and/or face greater difficulties accessing care. First Nations people have poorer oral health outcomes and access to care than the general population. Priority populations may require extra support to achieve equitable access to oral health services.

This plan includes four key service directions and associated actions for building sustainable and high-quality oral health services for eligible Queenslanders. The plan outlines how we will enhance preventive, general and specialist oral healthcare, reduce inequalities in access to care and support Queenslanders to achieve optimal oral health. A detailed Implementation Plan sets out how Queensland Health will deliver the plan, while tracking progress and measuring the overall success of the service directions and actions.



The *Statewide Oral Health Services Plan* seeks to prevent oral disease through increased health promotion and early intervention

# What we aim to achieve

The plan is focused on improving the oral health of Queenslanders by expanding oral health prevention and promotion activities; raising the profile of oral health to ensure its recognition as a vital component of overall health and wellbeing; decreasing waiting times for oral health services; and achieving more equitable oral health outcomes for priority populations, including children and First Nations people. Queensland Health is committed to ensuring tailored, prioritised care for people from diverse backgrounds. This plan will continue to advance the six foundation areas from the *National Oral Health Plan 2015–24* to enhance and grow public oral health services across Queensland.

## Foundation areas for oral health\*



### Oral health promotion, prevention and early intervention

All Queenslanders have access to oral health promoting environments and to appropriate evidence-based information and programs that support them to make informed decisions about their oral health.



### Safety and quality

High-quality, evidence-based oral health services are provided in accordance with the Australian Safety and Quality Goals for Health Care.



### Accessible oral health services

Eligible Queenslanders have access to appropriate oral healthcare in a clinically appropriate timeframe.



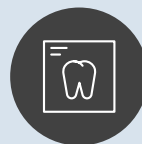
### Workforce development

The workforce is trained, highly skilled and distributed to provide oral health services across Queensland.



### Systems alignment and integration

Social, health and education systems work together to support healthy mouths and healthy lives.



### Data, research and evaluation

Appropriate and timely data is available at both the population and service level for planning, monitoring and evaluation.

\* Adapted from the *National Oral Health Plan 2015–24*

## Guiding principles

To complement the foundation areas, the plan is underpinned by the following four guiding principles, reflecting an evidence-informed approach to enhancing oral health services in Queensland. These principles will inform the way public oral health services are designed and delivered into the future and are consistent with the *National Oral Health Plan* and the World Health Organization's draft *Global Oral Health Action Plan*.



### Accessible, equitable and appropriate services

Queensland Health will drive equitable and accessible oral health services including prevention, treatment and specialist care for all eligible Queenslanders. This will mean oral health services are culturally safe and tailored to the needs of priority populations including people from different language groups, socioeconomic backgrounds, or with different levels of health literacy.



### Population health approach

A population health approach recognises the complex socioeconomic factors that impact oral health status and seeks to reduce oral health inequalities among priority populations, particularly among First Nations communities.



### Proportionate universalism

The actions under the *Statewide Oral Health Services Plan* will have a universal reach, but with a risk-stratified approach to target those with the highest level of disadvantage, ensuring oral healthcare is provided to these priority groups across their lifespan.



### Integrating oral health with general health

The integration of oral health services into general healthcare is a pivotal aspect of the future system. Recognising the strong interplay between oral health and overall health, this approach ensures that oral health is considered an integral part of healthcare and not a separate entity. Many of the common risk factors for general health are applicable to oral health and need to be considered within the broader socio-environmental context.

# Current service landscape

Public oral health services encapsulate a range of services from prevention and promotion to general care and specialist dental treatment.

Services are provided across a variety of settings by a multidisciplinary workforce that includes dental practitioners, dental assistants, administrative staff and other health practitioners. Service delivery may be limited in rural and remote areas due to a lack of public and private providers, while specialist services are only available in some locations.

Table 1 provides a high-level overview of the current service delivery arrangements for public oral health services in Queensland.

**Table 1.** Range and type of public oral health services provided across Queensland

	Types of services provided	Service setting	Agencies involved in providing the service
<b>Oral health promotion and disease prevention</b>	<ul style="list-style-type: none"> <li>• Screening for oral disease.</li> <li>• Public messaging about maintaining good oral health status, including oral hygiene, nutrition and smoking cessation.</li> </ul>	<ul style="list-style-type: none"> <li>• Community pharmacies.</li> <li>• Queensland Health clinics and community health hubs.</li> <li>• Workplaces, schools and early childhood centres.</li> <li>• Social media platforms.</li> </ul>	<ul style="list-style-type: none"> <li>• Aboriginal Community Controlled Health Organisations.</li> <li>• Hospital and Health Service oral health services.</li> <li>• Private dental providers.</li> <li>• Primary Health Networks.</li> <li>• Universities.</li> </ul>
<b>General and emergency oral healthcare</b>	<ul style="list-style-type: none"> <li>• Management of oral disease and/or general dental check-ups.</li> </ul>	<ul style="list-style-type: none"> <li>• Community dental clinics.</li> <li>• School dental clinics and mobile dental vans.</li> <li>• Outreach services including hospitals, prisons and residential aged care facilities.</li> </ul>	<ul style="list-style-type: none"> <li>• Aboriginal Community Controlled Health Organisations.</li> <li>• Hospital and Health Service oral health services.</li> <li>• Non-government organisations.</li> <li>• Private dental providers.</li> <li>• Universities.</li> </ul>
<b>Specialist oral healthcare</b>	<ul style="list-style-type: none"> <li>• Specialist management of oral health conditions.</li> </ul>	<ul style="list-style-type: none"> <li>• Community dental clinics.</li> <li>• Hospitals (private and public).</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital and Health Service oral health services.</li> <li>• Private dental providers.</li> <li>• Universities.</li> </ul>





# Challenges

In 2021–22, approximately half (49%) of all Queenslanders were eligible for public oral health services. However, only 12% of this eligible cohort accessed public dental care.

A wide range of stakeholders including consumers, service providers, universities, peak body organisations and Hospital and Health Services have informed this plan. This consultation identified current barriers to accessing public oral health services and opportunities for improvement.

Table 2 provides a summary of the key challenges limiting oral health service provision across Queensland. This plan seeks to address these challenges by growing and developing sustainable and equitable public oral health services.



Most **conditions are preventable** through **healthy lifestyle behaviours, good oral hygiene** and **access to oral health services**



**Poor oral health** is a significant contributor to **preventable hospitalisations**



The most **common oral conditions** are **tooth decay, gum disease, tooth loss** and **oral cancer**



**Table 2.** Summary of service challenges within Queensland's public oral health services

<b>Oral health service challenges in Queensland</b>	
<b>Burden of disease</b>	<p>Some Queenslanders experience a high burden of disease for oral health related conditions. The burden of oral disease includes:</p> <ul style="list-style-type: none"> <li>• dental decay – the most prevalent condition affecting children, adolescents and adults</li> <li>• gum disease – the prevalence of moderate to severe gum disease increases with age</li> <li>• tooth loss</li> <li>• oral cancer, including cancers of the lips, tongue and oropharynx</li> <li>• orofacial pain.</li> </ul>
<b>Eligibility</b>	<p>The eligibility criteria for oral health services are complex, particularly in relation to children, and may be difficult for some people to understand and interpret. Improved and accessible communication is required regarding who is eligible for oral health services, and where and how to access care.</p>
<b>Oral health literacy</b>	<p>There are varying levels of oral health literacy among the eligible population. Accessible, tailored and culturally appropriate oral health promotion strategies are needed to promote good oral health across the lifespan.</p>
<b>Water fluoridation</b>	<p>Fluoridated water is the most effective population level prevention strategy for dental decay. Currently only 72% of Queensland's population has access to a fluoridated water supply. Targeted interventions are needed in areas without fluoridated water.</p>
<b>Access to services</b>	<p>The most common barriers to accessing public oral health services include:</p> <ul style="list-style-type: none"> <li>• geographical distance to services and a lack of accessible and affordable transport options</li> <li>• insufficient mobile oral health services delivered at schools, rural and remote communities and other community outreach settings</li> <li>• a lack of consistency in the availability and delivery of oral health services</li> <li>• cultural safety for First Nations people</li> <li>• long waiting times for general and specialist care</li> <li>• workforce and infrastructure limitations</li> <li>• limited capacity to provide care for people living with disabilities or other specialised health needs.</li> </ul>
<b>Infrastructure and digital capability</b>	<p>In some areas of Queensland, current infrastructure does not allow the provision of contemporary models of care to support the delivery of oral health services.</p> <p>Growing the digital capability and capacity of services has been identified as a challenge, acknowledging there are different digital technology and information system capabilities across the state.</p>
<b>Workforce</b>	<p>Public oral health services experience challenges with workforce recruitment and retention, particularly in rural and remote regions.</p>

# Oral health snapshot

In 2021–22, more than **2.5 million Queenslanders** (49% of our population) were **eligible for public oral health services**



**Only 12%** of eligible Queenslanders **used public oral health services**<sup>1</sup>

This rate is higher among children and people living in rural and remote areas.

## Eligible population

Queenslanders who were eligible\* for public oral health services in 2021–22.<sup>2</sup>



By 2031–32 there will be an additional 420,000 people, an **increase of 17%, eligible for public oral health services** in Queensland. Our population is ageing, meaning there will be a growing proportion of older adults eligible for public oral health services.

*\*Eligibility criteria are determined by the Queensland Government.*

Sources: 1. Oral Health Access to Care (FY 2020–21). 2. Queensland Health Planning Portal (2023), 3. Oral health and dental care in Australia, About - Australian Institute of Health and Welfare (aihw.gov.au).

## Contributors to poor oral health



**A lack of fluoridation in water supplies** (Queensland has the lowest rate of water fluoridation in Australia at 72%).



Consumption of **sugar, tobacco and alcohol.**



**Social and economic factors** that impact health literacy, priorities and capacity to maintain oral health.



**Access and availability of services** (including affordability of private dental care and long waiting periods for public dental care).<sup>3</sup>

## Oral health status



**50% of Queensland children aged 5–10 years have dental decay** in their baby teeth compared to the **national rate of 42%**.

Children with decay are more likely to be from a First Nations background, rural and remote area or low income household.

Source: *Oral health and dental care in Australia. About – Australian Institute of Health and Welfare (aihw.gov.au)*, with data from the *National Child Oral Health Study 2012–14*.



Approximately **23% of Queensland adults** aged 15 years and older **have untreated dental decay** compared to the **national rate of 32%**.

Adults are more likely to have untreated decay or gum disease if they visit the dentist for a problem rather than a general check-up, are eligible for public dental care or have an education level of Year 10 or less.

Source: *Oral health and dental care in Australia, About - Australian Institute of Health and Welfare (aihw.gov.au)*, with data from the *National Study of Adult Oral Health 2017–18* (the study collected data from adults (categorised as 15 years and older) across Australia).



**37% of Queensland adults** have **moderate to severe gum disease** compared to **30% nationally**.

# Priority populations

Queensland's population is diverse, coming from different geographical, social, cultural and economic backgrounds. This can result in some people experiencing a greater burden of poor oral health and significant barriers to accessing oral health services.

To achieve equitable access to public oral health services across the state, Queensland Health has identified priority populations who may require tailored and targeted oral healthcare.

## Priority populations who may require tailored and targeted oral healthcare



**First Nations people**



**People with specialised healthcare needs**



**People living in rural and remote areas**



**Socially disadvantaged people**

Other priority populations at higher risk of oral disease and/or who experience greater challenges accessing oral health services include, but are not limited to:

- people from culturally and linguistically diverse backgrounds
- refugees and asylum seekers
- people experiencing, or at risk of homelessness
- people in institutions or correctional facilities
- people with complex medical conditions
- people with physical and intellectual disabilities, including those living in supported accommodation
- frail older people, including those in residential aged care facilities
- people with mental health conditions.

People from priority populations may belong to more than one group.

**A population health approach recognises the complex socioeconomic factors that impact oral health status and seeks to reduce oral health inequalities among priority populations.**



# Our future

The *Statewide Oral Health Services Plan* describes Queensland Health's commitment to achieving and sustaining high quality, equitable oral health services, enabling Queenslanders to maintain a healthy mouth across their lifespan. Focused on prevention, early intervention and management, the plan outlines the necessary actions to empower eligible Queenslanders to access the care and support they need for a lifetime of good oral health. By implementing this plan, we aim to elevate the profile of oral health as a vital component in the overall health and wellbeing of Queenslanders.

Enhancing public oral health services will improve health outcomes and prevent dental complications and associated ill health. Future Queensland public oral health services will be built on strong partnerships and collaboration with service providers, non-government organisations and consumers across the care continuum. Our services will be innovative, advancing the latest technology and service design to enhance equity of access and improve outcomes across Queensland.

The plan presents four service directions that support innovative, sustainable and future-focused actions for public oral health services in Queensland. These directions have been informed by best practice evidence, data analysis and extensive consultation with oral health service consumers, clinicians, and those passionate about public oral healthcare. Each service direction provides high-level actions for change.

## These four directions are:

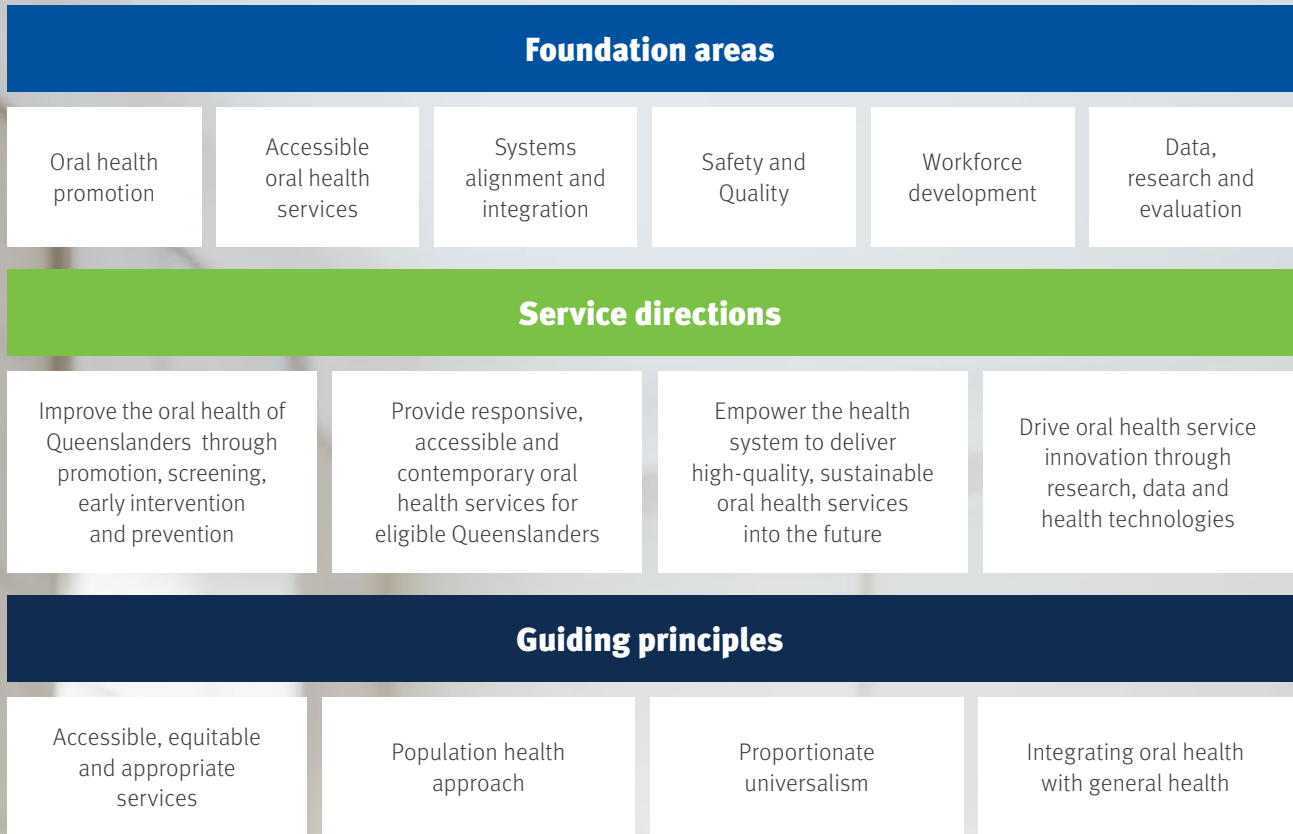
- 1 Improve the oral health of Queenslanders through promotion, screening, early intervention and prevention.
- 2 Provide responsive, accessible and contemporary oral health services for eligible Queenslanders.
- 3 Empower the health system to deliver high-quality, sustainable oral health services into the future.
- 4 Drive oral health service innovation through research, data and health technologies.

This plan is firmly focused on improving equity of access for our eligible and priority populations. It also contains specific actions to improve the oral health of all Queenslanders through prevention initiatives and raising awareness of the risk factors for oral diseases including dental decay, gum disease and oral cancers.

*Figure 1* outlines our vision for the future Queensland public oral health services. It highlights the purpose, directions and key enablers required to enhance and grow our public oral health services. Working in partnership with stakeholders, we aim to realise our vision and improve oral health outcomes for all eligible Queenslanders.



**Figure 1.** An overview of future Queensland public oral health services



# A lifetime of oral health

It is important that Queenslanders have access to appropriate oral healthcare and support throughout all stages of their lifespan, from early childhood through to older adulthood. Each stage of life brings different priorities for health and wellbeing, including a range of opportunities for oral health promotion and service provision. Due to differences in eligibility criteria and oral health status, the provision of oral health services varies across the age groups.

*Table 3* outlines the core service features for each age group while acknowledging their unique service requirements. Regardless of age, oral health services in Queensland will continue to provide a minimum range of services that span the care continuum from prevention and promotion to emergency and specialist oral health services.



**Table 3.** Our vision of core oral health service features for different age groups across the care continuum

	Children	Adults	Older adults
Prevention and promotion	<p>Oral health promotion, screening and early intervention programs, as well as social media and other digital solutions, are available across a range of settings. This includes ante-natal care, child health nurses, general practice, early childhood centres, schools, sports clubs and Aboriginal Community Controlled Health Organisations.</p> <p>Oral health policies and initiatives are integrated with general health and wellbeing programs for children through collaborations between oral health services, other health services and other agencies.</p>	<p>Established referral pathways across providers of public oral health services and other health providers (e.g. non-government organisations, private providers, Aboriginal Community Controlled Health Organisations).</p> <p>Oral health is included in multidisciplinary teams' standard screening and referral pathways for patients with chronic conditions.</p>	<p>Established referral pathways across providers of public oral health services and other health providers (e.g. non-government organisations, private providers, Aboriginal Community Controlled Health Organisations).</p> <p>Oral health is included in multidisciplinary teams' standard screening and referral pathways for patients with chronic conditions, with tailored prevention and promotion messaging for this age cohort.</p>
General services	<p>General dental care is available to eligible children statewide, with a focus on regular preventive and early intervention services. The model of service delivery is adapted to local needs, with particular consideration of the risk of dental disease. Services will be designed with an emphasis on outreach into the community to facilitate convenient access for parents and children, including mobile and school-based dental clinics. This approach is based on strong partnerships between public oral health services and schools.</p>	<p>General dental care is delivered through collaboration between public oral health services and partner organisations. Workforce and infrastructure may be integrated in some settings to enable targeted prevention and opportunistic care.</p> <p>Care is provided in a range of settings, including community dental clinics, public hospitals, satellite hospitals, private dental practices, universities or Aboriginal Community Controlled Health Organisations. Mobile or itinerant outreach services are required in some settings.</p>	<p>General dental care is delivered through collaboration between public oral health services and partner organisations, with management and referral pathways for people living in residential aged care facilities and/ or those living in the community with chronic conditions.</p> <p>Care is provided using adaptable service delivery models, incorporating onsite comprehensive care, screening, triaging, telehealth, home visits, referrals and staff education.</p>
Specialist services	<p>With specialist services located in metropolitan and regional centres, a networked services approach between Hospital and Health Services and the use of digital solutions enables the delivery of essential specialist care to eligible patients regardless of where they live.</p>		
Core features	<p>Culturally safe public oral health services are available across all Hospital and Health Services and through Aboriginal Community Controlled Health Organisations.</p> <p>Contemporary infrastructure is appropriately designed and located to meet the needs of local communities.</p> <p>Use of digital technology – including digital laboratory workflows, teledentistry, artificial intelligence and personal devices – is optimised to improve patient experience, access to care and oral health outcomes.</p>		

# Service directions

## DIRECTION 1

## DIRECTION 2

## DIRECTION 3

## DIRECTION 4

### **Improve the oral health of Queenslanders through promotion, screening, early intervention and prevention.**

Queensland Health recognises that oral health and general health outcomes of the population are inextricably linked. The plan aims to increase awareness of this intersection as a means of promoting overall health and wellbeing across the lifespan. Good oral health not only prevents dental diseases but contributes to improved nutrition, communication and self-esteem, all of which are crucial for leading a healthy and fulfilling life. Through our focus on preventive care, community awareness and accessible services, Queensland Health aims to reduce the burden of oral diseases and enhance quality of life for Queenslanders.

Oral health services cannot operate in isolation and this plan includes actions to integrate oral health into the broader healthcare system. As most oral health conditions can be prevented or treated in their initial stages, action is needed at both a population and an individual level. Community water fluoridation is the most effective population intervention to prevent dental decay. In areas without water fluoridation, we will ensure greater availability and uptake of other prevention strategies, including but not limited to promotion of the use of fluoride varnish.

At an individual level, tailored health promotion efforts enable people to build the skills necessary for them to take a more active role in maintaining and improving their oral health. Effective health promotion interventions include screening for the early detection of oral disease, individual risk assessment, the provision of oral health information and education and skill development. This plan will ensure that efforts are focused on educating and supporting Queenslanders to prioritise their oral health.

## How we will deliver this service direction

Action	Foundation areas
1.1 Promote the benefits of water fluoridation as a safe and effective public health intervention for maintaining good oral health.	Oral health promotion
1.2 Support and promote the implementation of evidence-informed prevention strategies by public oral health services, particularly in communities without access to water fluoridation.	Accessible oral health services
1.3 Partner with the education sector to deliver oral health promotion, screening and early intervention services to children.	Oral health promotion
1.4 Implement an oral cancer education program and develop resources to raise awareness of risk factors and promote the importance of early detection.	Oral health promotion
1.5 Partner with government and non-government agencies to improve oral health literacy, develop oral health promotion resources co-designed with consumers and support oral health awareness campaigns.	Oral health promotion
1.6 Support initiatives that build the skills of other health professionals to undertake oral health prevention, promotion and screening activities.	Oral health promotion
1.7 Embed oral health as an important component of general health, e.g. by partnering with the primary care sector.	Oral health promotion Systems alignment and integration

## What success looks like

- Increase in access to alternative methods of fluoride delivery (such as fluoride varnish) in areas without access to fluoridated drinking water.
- Reduction in the level of dental decay experienced by Queensland children.
- Increase in the availability of oral health promotion resources and programs available to the community, which are co-designed with partners, including consumers.

## **Provide responsive, accessible and contemporary oral health services for eligible Queenslanders.**

Queensland has a proudly diverse population with people from many different social, cultural and economic backgrounds. Our geography is vast with a widely dispersed population, many of whom live in remote and rural areas. As a result, many Queenslanders have increased risk factors for poor oral health, face challenges accessing oral health services and experience poorer health outcomes. Future public oral health services in Queensland will recognise and be responsive to the unique needs of consumers, with particular consideration of priority populations.

This approach will ensure that services are tailored to local populations and acknowledges a one-size-fits-all approach is not always appropriate. We will strive to expand the eligibility criteria for public oral health services to ensure our youngest Queenslanders are given the best start to maintaining a healthy mouth, teeth and gums across their lifespan.

Queensland Health will work closely with consumers and other stakeholders to develop service models that are person-centred and tailored to their individual needs and preferences. Mechanisms will be put in place to enable service users to provide feedback on their care experiences and inform service improvement.

The plan outlines our commitment to providing safe, clinically appropriate, and evidence-informed oral healthcare. Overall, this service direction describes the approach to delivering responsive and contemporary oral healthcare that enhances patient experiences and improves health equity in Queensland.

## How we will deliver this service direction

Action	Foundation areas
<p><b>2.1</b> Design and implement new models of care that consider digital technologies, outreach services and alternative workforce approaches to improve access to care, patient outcomes and patient experience, particularly in rural and remote areas.</p>	<p>Safety and quality Accessible oral health services</p>
<p><b>2.2</b> Partner with government agencies, non-government organisations, tertiary education institutions and private providers to improve access to public oral health services.</p>	<p>Accessible oral health services</p>
<p><b>2.3</b> Implement strategies to enable consumer feedback on public oral health services and to facilitate participation in service improvement.</p>	<p>Safety and quality</p>
<p><b>2.4</b> Increase the profile and uptake of children's public oral health services with consideration of best-practice models of care tailored to community needs.</p>	<p>Accessible oral health services</p>
<p><b>2.5</b> Expand the eligibility criteria to enable all children and adolescents to access public oral health services.</p>	<p>Accessible oral health services</p>

## What success looks like

- Increase in the availability of patient reported experience measures for public oral health services in Queensland.
- Increase in the proportion of eligible Queenslanders treated at public oral health services within clinically recommended timeframes.
- Waiting times for public dental care are equitable across Queensland and all categories of care.
- Increase in the number of people from priority populations, including First Nations people attending regular oral health check-ups and follow-up appointments.
- Increase in the number of children accessing public oral health services for preventive and general care in line with population growth.

## **Empower the health system to deliver high-quality, sustainable oral health services into the future.**

Statewide stewardship is crucial for advancing the future Queensland public oral health system. Within the Department of Health, the Office of the Chief Dental Officer (the Office) will lead the delivery and monitoring of this plan. The Office will work with internal and external stakeholders to achieve a cohesive system that addresses current challenges and strives to meet the future needs of Queensland's eligible population. Partnerships will be forged across both the public and private oral health sectors and with other Queensland Government departments.

Through effective leadership and strategic coordination, Queensland Health will achieve its goal of strengthening public oral health services and ensuring equitable access to high-quality dental care for all eligible Queenslanders.

The system enablers required to enhance public oral health services include workforce, information and communications technology, funding and infrastructure. Public oral health services are currently experiencing workforce challenges including the recruitment and retention of staff, which are exacerbated in rural and remote locations.

It is recommended that the Queensland Health oral health funding model is reviewed, acknowledging additional funding for service and infrastructure is required. The plan includes actions which will strengthen the workforce, contemporise funding and provide the tools to enable evidence-informed decisions around infrastructure investment. Queensland Health recognises that we cannot work in isolation and our actions will be influenced by activity being undertaken nationally by the Australian Government.



## How we will deliver this service direction

Action	Foundation areas
<b>3.1</b> Raise the profile and enhance the leadership role of the Office of the Chief Dental Officer as the driver of change and growth in public oral health services.	Systems alignment and integration
<b>3.2</b> Implement the Oral Health Workforce Action Plan to support and retain the current oral health workforce, build new pipelines of multidisciplinary talent, and design innovative service models to deliver care.	Workforce development
<b>3.3</b> Increase the number of First Nations people employed in the oral health workforce.	Workforce development
<b>3.4</b> Review and contemporise the Queensland Health oral health funding and purchasing model to support equitable service access, enhance accountability, enable oral health promotion, and support the growth of services.	Systems alignment and integration
<b>3.5</b> Develop an evidence-informed oral health planning guideline to guide planning and investment in oral health activity and infrastructure aligned with the needs of the eligible population.	Systems alignment and integration
<b>3.6</b> Identify and develop initiatives contained within the Final Report of the Senate Select Committee into the provision of and access to dental services in Australia that can be implemented in Queensland.	Systems alignment and integration

## What success looks like

- Increase in the number of oral health workforce employees employed by public oral health services.
- Increase in the sustainability of the oral health workforce through improving support, recognition and professional development opportunities.
- Increase in the number of oral health staff who identify as First Nations or who identify as members of other priority groups.
- Provision of new or upgraded oral health infrastructure.

## Drive oral health service innovation through research, data and health technologies.

Queensland Health will deliver oral health services that are underpinned by evidence-informed practices and new technologies. This includes exploring and using virtual care to its full potential e.g. to facilitate specialist consultations closer to home and the use of digital technology such as artificial intelligence and personal devices.

Fit-for-purpose health information systems and access to timely data are necessary for service planning, monitoring and evaluating our oral health services. Therefore, enhancements to the statewide oral health information system will be carried out where necessary, to improve system efficiency and effectiveness, and support better patient care and experience.

A focus on research is critical to the future success of Queensland's oral health services. This includes implementing new technologies and designing new models of care; evaluating current services; and exploring new and targeted strategies to improve health outcomes for priority populations. Partnerships between universities and public oral health services will create opportunities to integrate research into the health system, advance new knowledge and foster innovation.

## How we will deliver this service direction

Action	Foundation areas
<b>4.1</b> Develop, support and explore the practical application of virtual care.	Accessible oral health services Data, research and evaluation
<b>4.2</b> Expand the implementation of new digital technologies across the state, including artificial intelligence, digital imaging, digital impressions and 3D printing.	Data, research and evaluation
<b>4.3</b> Enhance the functionality of the statewide oral health information system, and progress integration with other health information systems to improve service delivery and the patient experience.	Data, research and evaluation
<b>4.4</b> Develop reporting and business intelligence tools to improve the use of public oral health service data to support evidence-based decisions that enhance efficient and equitable service delivery.	Data, research and evaluation
<b>4.5</b> Foster research partnerships to explore topics that support improvements in public oral health services, including clinical effectiveness, access to care and patient outcomes.	Data, research and evaluation

## What success looks like

- Increased use of digital technology such as virtual care including in rural and remote communities.
- Integration of the statewide oral health information system with other health information systems.
- Increased number of research collaborations and publications involving public oral health services.

# Next steps

The Office of the Chief Dental Officer and other key partners will undertake the implementation of the *Statewide Oral Health Services Plan* and lead its ongoing monitoring and review.

An accompanying Implementation Plan has been developed which includes detailed actions under each of the service directions. The Implementation Plan identifies a Senior Responsible Officer and lead/s for each action, together with the key stakeholders.

Throughout implementation, annual progress reports will be developed to report on implementation of the actions and the success measures for each direction.

Following the plan's implementation, an Evaluation Report will be developed to explore the effectiveness of the actions in improving the oral health of Queenslanders.



# Oral health workforce roles

Roles	Duties
<b>Dental assistants</b>	Dental assistants support dental practitioners clinically, providing support in the delivery of oral health services. They work as members of the dental team and can work in management, health promotion and policy development.
<b>Dental hygienists</b>	Dental hygienists focus on oral health. They use assessment, diagnosis, treatment, management and education to prevent oral disease and the promotion of healthy oral health behaviours. They may also provide periodontal treatment, and other preventive services for patients of all ages. Dental hygienists must complete a minimum 2-year advanced diploma, or 3-year undergraduate course.
<b>Dental prosthetists</b>	Dental prosthetists make patient-removable prostheses, including implant-retained overdentures and flexible mouthguards for sport. They may also take impressions and records for manufacturing splints, stents, sleep apnoea or anti-snoring devices and immediate dentures for patients of all ages. Dental prosthetists must complete a minimum 3-year undergraduate or one-year postgraduate course.
<b>Dental specialists</b>	Dental specialists are dentists who have completed specialised training recognised by the Dental Board of Australia and education, plus at least two years of general dental practice. They can complete one or more of 13 specialties: <ul style="list-style-type: none"> <li>dento-maxillofacial radiology</li> <li>endodontics</li> <li>forensic odontology</li> <li>oral and maxillofacial surgery</li> <li>oral medicine</li> <li>oral and maxillofacial pathology</li> <li>oral surgery</li> <li>orthodontics</li> <li>paediatric dentistry</li> <li>periodontics</li> <li>prosthodontics</li> <li>public health (community) dentistry</li> <li>special needs dentistry.</li> </ul>
<b>Dental technicians</b>	Dental technicians construct and repair dentures and other dental appliances including crowns and bridges, maxillofacial prosthetic appliances and mouthguards. They work in dental laboratories on their own or in work groups. Dental technicians work closely with registered dental practitioners. To become a dental technician, they must complete a diploma or a 3-year degree in dental technology.
<b>Dental therapists</b>	Dental therapists focus on oral health services mainly for children and adolescents, but some adults. They provide oral health assessments, diagnosis, treatment, management and prevention of dental diseases. They may also provide restorative treatment, tooth removal, and other oral health care services. Dental therapists must complete a minimum 3-year undergraduate course.
<b>Dentists</b>	Dentists focus on general dental care for patients of all ages and can include any activities within the definition of dentistry. This includes assessment, diagnosis, treatment, management and prevention of dental diseases. Dentists must complete a minimum 5 year undergraduate degree or a 4 year post graduate course.
<b>Multidisciplinary team</b>	An oral health multidisciplinary team consists of dental practitioners and the broader health workforce who work together to address the care needs of an individual consumer.
<b>Oral health therapist</b>	Oral health therapists focus on oral health services for patients of all ages. They have qualifications in dental therapy and dental hygiene. They provide services including assessment, diagnosis, treatment, management and prevention. Oral health therapists may also provide restorative treatment, fillings, tooth removal, periodontal treatment and other oral health care services to promote healthy behaviours for patients of all ages. Oral health therapists must complete a minimum 3-year undergraduate course.
<b>Registered nurses</b>	Within oral health, the team of registered nurses includes clinical nurses, clinical nurse consultants and clinical nurse facilitators. Registered nurses support the needs of individual consumers who are most often from a priority population or high care special needs. They work within the multidisciplinary team to ensure the consumers' needs are met in a safe, accessible and timely manner. They also support the educational needs of the oral health workforce.

Source: [Dental Board of Australia - Guidelines for scope of practice](#)

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