

29th March 2012

Response to the McKeon review from ACODS

ACODS, as the peak body for Dental Education in Australia, wishes to make number of comments to this independent review of health and medical research in Australia. While specific references have not been given below, there is ample documentation in the public record of the prevalence of dental diseases in Australia and the costs of treating these preventable conditions in studies from the Australian Institute of Health and Welfare and by others.

Current expenditure on, and support for, health and medical research in Australia by governments at all levels, industry, non-government organisations and philanthropy; including relevant comparisons internationally.

When one looks at expenditure on dental treatment, the significance of dental disease is impossible to ignore. All the OECD comparisons show that the situation is becoming increasingly problematic, however dental conditions are not currently a major priority for research funding. ACODS believes that there should be significant dedicated funding for research into new methods for preventing and treating major dental diseases, particularly dental caries, periodontal diseases and oral cancer.

The relationship between business and the research sector, including opportunities to improve Australia's capacity to capitalise on its investment in health and medical research through commercialisation and strategies for realising returns on Commonwealth investments in health and medical research where gains result from commercialisation.

Dental treatment is the single biggest use for biomaterials in healthcare, opening up possibilities of partnerships which extend beyond existing structures for industry engagement.

Likely future developments in health and medical research, both in Australia and internationally.

The burden of dental disease in the Australian community is high in terms of its high prevalence and high costs. There are numerous interactions between oral health and general health, and significant benefits from positioning chronic dental conditions such as dental caries and periodontal diseases within the framework of chronic diseases.

This strengthens the case for dental disease prevention and treatment to be a priority area for funding.

Strategies to attract develop and retain a skilled research workforce which is capable of meeting future challenges and opportunities.

This is one of the major weaknesses in the Australian system with a limited number of opportunities to support promising research candidates. The numbers of research trained clinicians for building the research engine of the future should be boosted, by opening up NHMRC scholarships to dentistry and oral health graduates so that they can pursue full-time or part-time research higher degrees.

The degree of alignment between Australia's health and medical research activities and the determinants of good health, the nation's burden of disease profile and national health priorities, in particular "closing the gap" between indigenous and non indigenous Australians.

Greater investment in research of oral health of indigenous people is needed given the disproportionate burden of dental disease which they experience. This is an area of particular need and one which should be an identified priority in funding research programs.

We thank the review committee for considering these points and we would welcome an opportunity to provide further information or to meet with the panel members.

Sincerely



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PRESIDENT: Australian Council of Dental Schools