



AUSTRALIAN
DEFENCE FORCE



Dental Fitness Classification in the Australian Defence Force

A risk based approach

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Scope

- Dental Fitness Classification (DFC)
 - DFC 1
 - DFC 2
 - DFC 3
 - DFC R
- Recommended recall periods
- Data from last 14 months
- Lessons learnt
- Possible amendments
- Questions

Dental Fitness Classification (DFC)

- A risk based communication system that considers:
 - Oral health status
 - Oral health risk factors
 - Risk of becoming a dental casualty during deployment
- DFC determines periodic dental examination (PDE) frequency

Dental Fitness Classification (DFC)

- DFC 1
 - Dentally fit to deploy. Very low risk of becoming a dental casualty on deployment. Member has adequate function.
 - PDE interval typically 24 months

Dental Fitness Classification (DFC)

- DFC 2
 - Dentally fit to deploy. Low risk of becoming a dental casualty on deployment. Member has adequate function. Risk factors present that negatively influence oral health remain.
 - PDE interval typically 12 months

Dental Fitness Classification (DFC)

- DFC 3
 - Not dentally fit to deploy. Medium to high risk of becoming a dental casualty on deployment. Member has conditions that present a risk on operations or will deteriorate without timely intervention.
 - PDE interval typically 12 months

Dental Fitness Classification (DFC)

- DFC R
 - As a general rule, DFC R is for members who are not 'active' serving, i.e. Reservists/non-permanent force
 - Have an initial dental examination
 - The member will require regular PDEs and to be DFC 1, 2 or 3 if they become full-time ('active serving')

Recommended Recall Periods

Condition	Considerations	Recommended recall period
Medical history	<ul style="list-style-type: none"> Conditions where dental disease could put the patient's general health at increased risk (eg cardiovascular disease, bleeding disorders, immunosuppression, bisphosphonate medications) 	12 months
	<ul style="list-style-type: none"> Conditions that may complicate dental treatment or the patient's ability to maintain their oral health (eg special needs, dexterity problems, dental phobia) 	
	<ul style="list-style-type: none"> Conditions that increase a patient's risk of developing dental disease (eg diabetes, human papillomavirus) 	6 months
Social factors	<ul style="list-style-type: none"> Regular tobacco use in the last five years 	12 months
	<ul style="list-style-type: none"> Family history of periodontitis 	
	<ul style="list-style-type: none"> Extensive sun exposure (>10 hours per day for more than 20 years) 	
	<ul style="list-style-type: none"> Heavy alcohol use (>7 units per day) 	
Military history	<ul style="list-style-type: none"> First year in the Australian Defence Force 	12 months

Recommended Recall Periods

Condition	Considerations	Recommended recall period
Caries experience	• Restorations within last 24 months	12 months
	• Radiographic penetration of dentine or approximal enamel lesions	
	• Visible cavitation or white spot lesions on smooth surfaces	
Periodontal disease history or risk	• Increased susceptibility to periodontitis	12 months
	• Periodontitis Stage II or greater	
	• History of peri-implantitis	
Mucosal lesion	• Mucosal lesion present	12 months
	• Potential premalignant lesion or condition	6 months

Recommended Recall Periods

Condition	Considerations	Recommended recall period
Non-carious tooth surface loss	<ul style="list-style-type: none">• Increase in BEWE score since previous PDE or BEWE >12	12 months
	<ul style="list-style-type: none">• Indications of a dietary disorder	6 months
	<ul style="list-style-type: none">• Indications of uncontrolled reflux	
Plaque	<ul style="list-style-type: none">• Levels of oral hygiene incompatible with oral health	6 months
	<ul style="list-style-type: none">• Poor removable appliance hygiene	
Saliva	<ul style="list-style-type: none">• Low saliva flow rate (eg xerostomia-inducing drugs, Sjogren's syndrome, head and neck radiotherapy).	6 months
	<ul style="list-style-type: none">• For severe salivary gland hypofunction, 3-monthly PDE if other risk factors present	

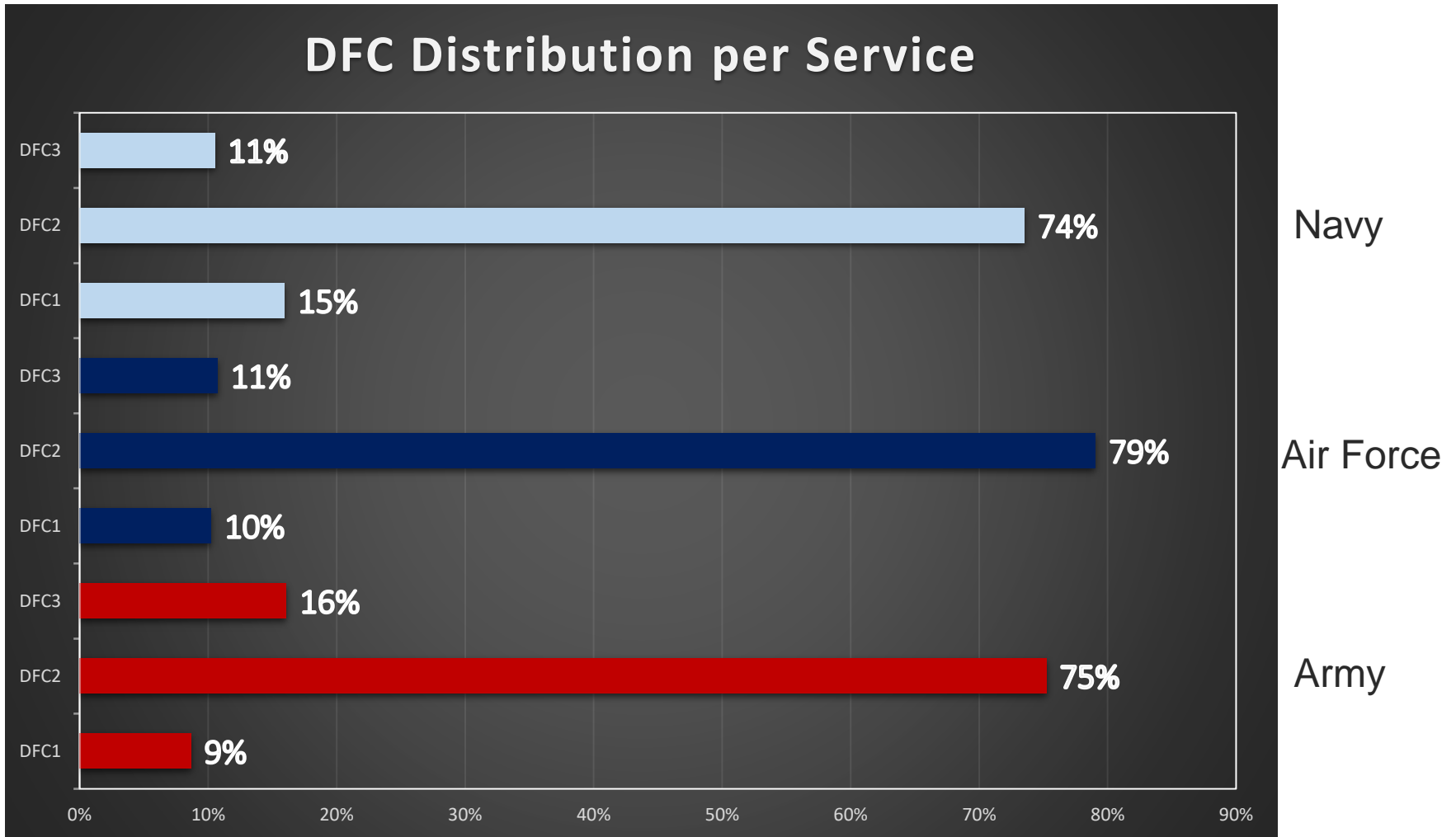
Recommended Recall Periods

Condition	Considerations	Recommended recall period
Endodontics	• RCT completed during last course of treatment	12 months
	• History of dental trauma in past 24 months with potential endodontic complications	
Fixed pros	• Crown or bridge fitted during last course of treatment	12 months
	• Presence of implant supported restorations	
Oral appliance	• Use of occlusal splint and/or sleep apnoea device	12 months
	• Fixed orthodontic appliances	
Third molars	• Partially erupted third molars with increased risk of pathology	12 months

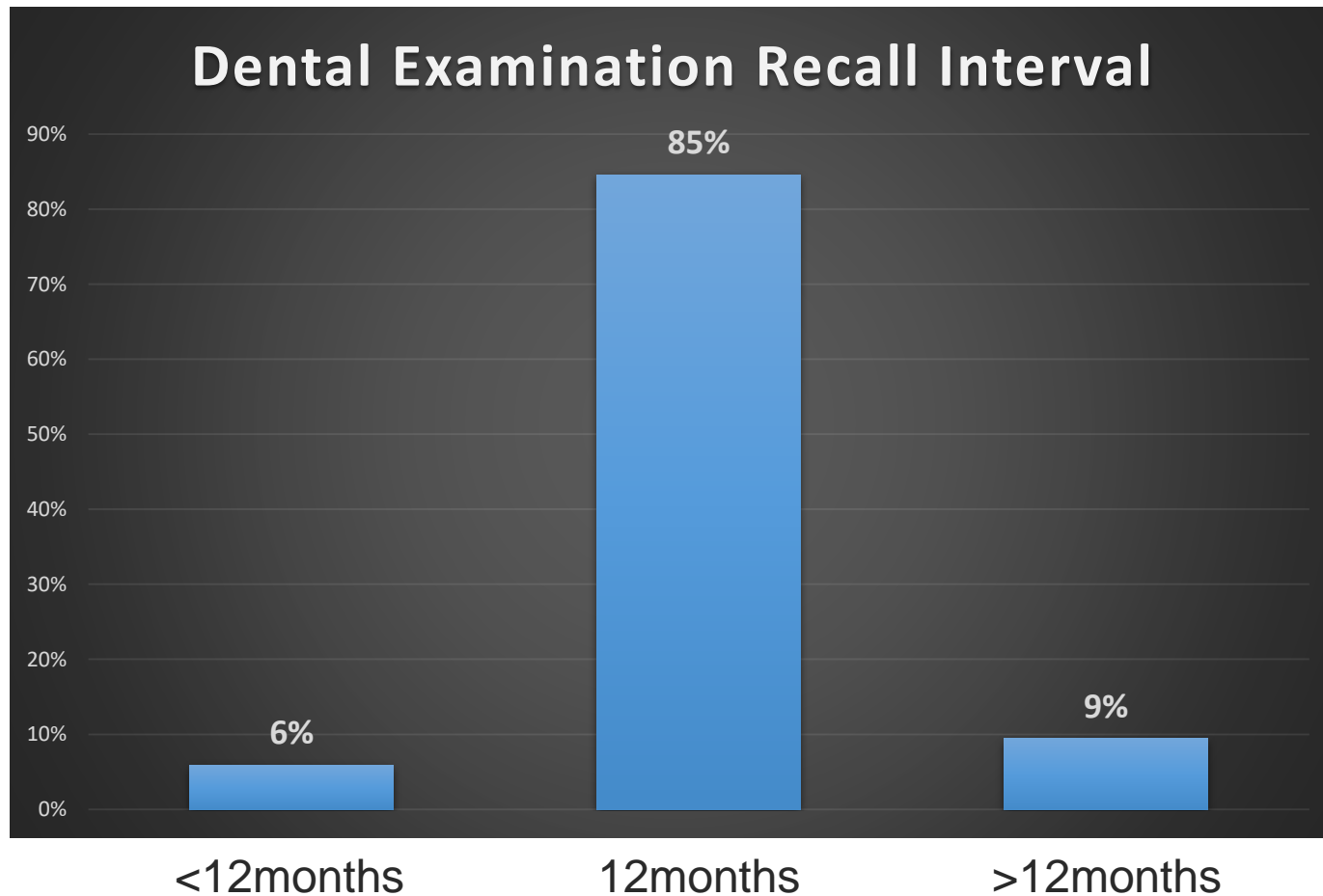
DFC data 01 Jul 20 – 31 Aug 21

- Approximately 80600 periodic and initial dental examinations conducted over the period
 - DFC 1 = 11%
 - DFC 2 = 76%
 - DFC 3 = 13%

DFC data 01 Jul 20 – 31 Aug 21



DFC data 01 Jul 20 – 31 Aug 21



DFC data 01 Jul 20 – 31 Aug 21

- Data discrepancy
 - DFC 1 percentage (11%) \neq Recall interval >12months (9%)

Lessons learnt

- Compressed implementation
- Implementation during COVID-19
- Change management

Possible amendments

- How do ADF members know if they need treatment?
 - This is being addressed with the introduction of our new eHealth system

Questions?



Thank you for listening

- If you have any follow up questions please do not hesitate to email me at
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