



Dental Practitioner Supply and Demand Compendium Report

April 2026



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Dental Practitioners in Australia

While the number of dental practitioners continues to grow, there are still significant challenges associated with geographic maldistribution of the dental workforce and inequitable access to oral health services.

Oral health is an integral part of overall health and wellbeing. Future demand for oral healthcare services is expected to grow for multiple reasons including growth and ageing of the population, increased tooth retention, consumer expectations and changing dental service provision.¹

Over the past two decades, policy and program reforms have significantly expanded undergraduate training in dentistry, leading to a notable increase in the number of dental practitioners.¹ According to the Health Workforce Australia 2014 report, the supply of the oral health workforce is projected to exceed demand between 2020 to 2025.² Despite this growth, there remains a geographic maldistribution of dental practitioners, with most dentists and allied dental practitioners concentrated in metropolitan areas.

Another major challenge is the inequitable access to dental services, particularly for public patients. In Australia, over 85.0% of dental care is provided through private, for-profit dental clinics, with nearly 60.0% of all services paid out of pocket.³ For individuals unable to afford private care, access to public dental services often involves lengthy waiting times, which can discourage many from seeking care altogether, leaving them unaccounted for on the waiting lists. In 2022, only 9.7% of dentists Full-Time Equivalent (FTE) were employed in the public sector, further exacerbating this issue.

This study analyses the supply and demand dynamics of the dental workforce in Australia, highlighting workforce gaps and their impact on access to dental services. It focusses on the registered dental workforce, including general and specialist dentists, as well as allied dental practitioners such as dental hygienists, dental therapists, oral health therapists and dental prosthetists. The non-registered workforce which includes dental assistants and dental technicians are excluded from this study due to lack of consistent and reliable data nationally.

This study also aims to enhance understanding of critical workforce challenges and provide a solid evidence-base for future workforce planning and policies in the dental workforce.

¹ Oral Health Monitoring Group, 2015-2024, [Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015-2024](#), accessed 10 December 2024.

² Health Workforce Australia, 2014, Australia's Future Health Workforce – Oral Health. [Australia's future health workforce: oral health detailed](#), accessed 10 December 2024.

³ Parliament of Australia, 2023, [Provision of and Access to Dental Services in Australia](#), Final report, Select Committee into the Provision of and Access to Dental Services in Australia - A system in decay: a review into dental services in Australia, accessed 15 December 2024.

Summary of results

Although overall supply and demand for dental practitioners is estimated to increase in the future, Australia has a significant gap in the public dental workforce to meet the needs of the eligible populations.

This study presents long-term projections of supply and demand for dental practitioners, highlighting a significant gap in Australia's public dental workforce needed to meet the needs of eligible populations. On the other hand, the private sector is projected to experience an oversupply of dentists over the next 15 years.

A key challenge facing the dental workforce is the major maldistribution between public and private sectors. Currently, only 8.9% of the dentists (FTE) work in the public sector and this proportion is projected to decline further to 7.0% by 2038 (Table 9). Similarly, the proportion of FTE allied dental practitioners in the public sector is estimated to decline from 18.1% in 2025 to 13.4% by 2038 (Table 11).⁴ Given that approximately 40.0% of Australians are eligible for public dental services, this maldistribution has resulted in long waiting lists for public dental services.⁵

Another important issue when it comes to access to dental services is affordability. Cost is a major barrier affecting access to dental services in Australia, with individuals directly funding almost 60.0% of total expenditure on dental services.⁶ Results from the National Dental Telephone Interview Survey 2021 suggested that 32.0% of people aged 18 years and over avoided or delayed dental care due to cost.⁷

The workforce projections indicate shifting supply trends for both dentists and allied dental practitioners over time. The results show that baseline projections estimate a shortfall of 12.3 FTE dentists in 2025. However, the dental workforce is expected to gradually transition to an oversupply, with a projected surplus of 311.4 FTE by 2038. For allied dental practitioners, baseline projections estimate a shortfall of 227.1 FTE in 2025, reaching 762.9 FTE by 2038, see Table 1.

The results also indicate that there is unutilised workforce capacity in the private sector. Considering unutilised work hours (based on ADA CommBank Dental Insights Report 2024), there is an estimated 10.0% FTE surplus of dentists in 2025, which is expected to increase slightly to 11.0% by 2038. For allied dental practitioners, the excess is projected to be 7.4% FTE in 2025 but is expected to decline to 3.4% FTE by 2038.

⁴ Proportion of dentists/allied dental practitioners working in the public/private sector in a given year is calculated as the supply FTE in public/private sector divided by the total supply FTE in a given year.

⁵ Parliament of Australia, 2023, [Provision of and Access to Dental Services in Australia](#), Final report, Select Committee into the Provision of and Access to Dental Services in Australia - A system in decay: a review into dental services in Australia, accessed 29 November 2024.

⁶ Australian Institute of Health and Welfare, 2024, [Oral health and dental care in Australia](#), accessed 4 December 2024.

⁷ Australian Research Centre for Population Oral Health, 2022, [National Dental Telephone Interview Survey \(NDTIS\) Findings](#), University of Adelaide, accessed 4 December 2024.

The study further highlights the uneven distribution of dental practitioners across states and territories. Throughout the projection period (2025 to 2038), most states and territories are expected to face shortages of both dentists and allied dental practitioners in the public sector. In contrast, the private sector is projected to experience an oversupply of dentists, while allied dental practitioners are expected to be in undersupply in most states and territories.

Table 1: National projections (FTE) by practitioner type, 2025 and 2038

	Dentists		Allied dental practitioners	
	2025	2038	2025	2038
Supply	17,198.9	22,394.2	5,335.1	6,732.4
Baseline Demand	17,211.2	22,082.8	5,562.2	7,495.3
Baseline Surplus / Shortfall	-12.3 (-0.1%)	311.4 (1.4%)	-227.1 (-4.3%)	-762.9 (-11.3%)

Public sector

The baseline demand projections (FTE) suggest an 8.2% shortage of dentists and an 11.3% shortage of allied dental practitioners in the public sector in 2025. This workforce shortfall is expected to grow at more than four times over the next 15 years, with the shortage increasing to 32.9% for dentists and 57.8% for allied dental practitioners, see Table 2.

Projections of unmet demand in the public sector for both dentists and allied dental practitioners indicate a significant shortfall. In 2025, the estimated shortfall is 1,247.6 FTE dentists, increasing to 1,961.0 FTE by 2038. Similarly, the shortfall for allied dental practitioners is projected to 854.8 FTE in 2025, rising to 1,505.3 FTE by 2038, see Table 2.

Table 2: National projections (FTE) by practitioner – public sector, 2025 and 2038

	Dentists		Allied dental practitioners	
	2025	2038	2025	2038
Supply – Public	1,530.4	1,590.1	965.3	901.5
Baseline Demand - Public	1,656.2	2,112.8	1,074.2	1,422.9
Baseline Surplus / Shortfall - Public	-125.8 (-8.2%)	-522.7 (-32.9%)	-108.9 (-11.3%)	-521.4 (-57.8%)
Unmet Demand - Public	2778.0	3551.1	1820.1	2406.8
Unmet Demand Surplus / Shortfall – Public	-1,247.6 (-81.5%)	-1,961.0 (-123.3%)	-854.8 (-88.5%)	-1,505.3 (-167.0%)

Private sector

The private sector is expected to have a surplus of dentists over the next 15 years. There is currently a surplus of 0.7% FTE dentists in 2025, which is projected to increase to 4.0% FTE by 2038. For allied dental practitioners, the story is different as baseline projections estimate a shortfall of 2.7% FTE in 2025, which is expected to rise to 4.1% FTE by 2038 see Table 3.

Table 3: National projections (FTE) by practitioner type – private sector, 2025 and 2038

	Dentists		Allied dental practitioners	
	2025	2038	2025	2038
Supply - Private	15,668.5	20,804.1	4,369.8	5,830.8
Baseline Demand - Private	15,555	19,970	4,488.0	6,072.1
Baseline Surplus / Shortfall - Private	113.5 (0.7%)	834.1 (4.0%)	-118.2 (-2.7%)	-241.3 (-4.1%)
Demand - Unutilised hours scenario	14,097.2	18,512.2	4,048.0	5,632.1
Unutilised hours scenario Surplus / Shortfall - Private	1,571.3 (10.0%)	2,291.9 (11.0%)	321.8 (7.4%)	198.7 (3.4%)

Total/combined results

When unmet demand estimates for public sector and unutilised hours scenario estimates for private sector are combined, the dentist workforce is expected to remain in overall surplus over the next 15 years, see Table 4. In 2025, there is an estimated surplus of 323.7 (1.9%) FTE dentists, growing slightly to 330.9 (1.5%) FTE by 2038. In contrast, the combined estimates for allied dental practitioners indicate a significant and persistent workforce shortage throughout the projection period, with a shortfall of 533.0 (10.0%) FTE in 2025, increasing substantially to 1,306.6 (19.4%) FTE by 2038.

Table 4: National projections (FTE) by practitioner – Total/combined sector, 2025 and 2038

	Dentists		Allied dental practitioners	
	2025	2038	2025	2038
A: Public sector unmet Demand - Surplus / Shortfall	-1,247.6	-1,961.0	-854.8	-1,505.3
B: Private sector unutilised hours scenario - Surplus / Shortfall	1,571.3	2,291.9	321.8	198.7
Total/combined: Surplus /Shortfall (A+ B)	323.7 (1.9%)	330.9 (1.5%)	-533.0 (-10.0%)	-1,306.6 (-19.4%)

The main challenge with this study has been understanding demand for dental services. This is due to the lack of reliable and consistent data on oral health and utilisation of dental services at the state and national level in both the public and private sectors. Better data is needed to capture demand for dental services, for both public and private sectors and for understanding the level of unmet demand.

Workforce Profile

Quick Facts

The following section presents a snapshot of the current workforce using the latest available supply data, 2023. It also summarises historical trends observed from 2019–23.

In 2023, there were:

- 24,223 dental practitioners with average weekly hours of 33.7, equivalent to 21,472.1 FTE dental practitioners. This total consists of 16,761.1 FTE Australian/New Zealand graduates (those with initial qualification from Australia or New Zealand) and 4,711.0 FTE international graduates (those with initial qualification from overseas).
- 13,518 female and 10,705 male dental practitioners.

Figure 1: Quick facts on dental workforce, 2023



Practitioner type⁸ and division

Table 5 below provides a summary of statistics by practitioner type and division, with key highlights as follows.

Dentists

- In 2023, there were 18,069 dentists, 9.4% of whom held specialist registration (specialist dentists). On average, specialist dentists worked 37.6 hours per week while general dentists worked an average of 34.4 hours per week.
- Overall, around 90.4% of FTE dentists worked in the private sector in 2023.

Allied dental practitioners

- Allied dental practitioners' average weekly hours varied by division. In 2023, dental prosthetists worked most hours per week (37.4 hours), and dental hygienist worked the least (27.3 hours).
- In 2023, most allied dental practitioners were employed in the private sector. Among them, dental hygienists had the highest proportion of private sector FTE roles at 96.9%, followed by dental prosthetists at 85.9% and oral health therapist at 78.8%. In contrast,

⁸ Practitioner types are assigned based on the division under which they are registered. For further details, refer to Appendix B.

dental therapist showed a more balanced distribution, with 45.7% of FTEs in the private sector and 53.4% in public sector.

Table 5: Summary statistics by practitioner type and division, 2023

Practitioner Type	Division	Headcount	Average weekly hours	FTE	Public FTE (%)	Private FTE (%)
Dentist	Total	18,069	34.4	16,356.3	9.6	90.4
	Dentist (general/limited registration)	16,368	34.1	14,672.1	9.3	90.7
	Dentist (specialist registration)	1,701	37.6	1,684.3	12.9	87.1
Allied Dental Practitioner	Total	6,154	31.6	5,115.7	19.5	80.5
	Oral health therapist	2,889	32.1	2,442.2	21.2	78.8
	Dental hygienist	1,395	27.3	1,000.8	3.1	96.9
	Dental therapist	708	28.3	527.8	54.3	45.7
	Dental prosthetist	1,162	37.4	1,145.0	14.1	85.9
Total		24,223	33.7	21,472.1	12.0	88.0

Workforce Trends and Distribution

Table 6 provides the dental practitioner workforce trends, with the key highlights as follows:

Dentists

- The number of dentists increased from 16,139 in 2019 to 18,069 in 2023 with a Compounded Annual Growth Rate (CAGR) of 2.9%, while the FTE grew at 2.4% between 2019 to 2023, due to a decrease in the average hours worked over the period.
- The average weekly hours worked decreased from 35.0 in 2019 to 34.4 in 2023, reflecting a 0.4% CAGR decline.
- Over the past 5 years, the proportion of FTE dentists employed in the public sector declined by 1.8% (from 11.4% in 2019 to 9.6% in 2023).

Allied dental practitioners

- The number of allied dental practitioners increased from 5,483 in 2019 to 6,154 in 2023 and the FTE grew from 4,572.1 in 2019 to 5,115.7 in 2023, both with a Compounded Annual Growth Rate (CAGR) of 2.9% over the period.
- The average weekly hours worked remained stable between 2019 and 2023, around 31.5.
- Over the past 5 years, the proportion of FTE allied dental practitioners employed in the public sector declined by 4.9% (from 24.4% in 2019 to 19.5% in 2023).

Table 6: Workforce trends, Dental practitioners, 2019–23

		2019	2020	2021	2022	2023	CAGR (%)
Dentist	Headcount	16,139	16,379	16,797	17,535	18,069	2.9
	Average weekly hours	35.0	34.6	34.2	34.8	34.4	-0.4
	FTE	14,879.5	14,901.3	15,100.3	16,069.9	16,356.3	2.4
	Public FTE (%)	11.4	11.0	10.0	9.6	9.6	-4.2
	Private FTE (%)	88.6	89.0	90.0	90.4	90.4	0.5
Allied dental practitioner	Headcount	5,483	5,516	5,646	5,902	6,154	2.9
	Average weekly hours	31.7	31.5	31.0	32.5	31.6	-0.1
	FTE	4,572.1	4,567.7	4,608.6	4,932.7	5,115.7	2.9
	Public FTE (%)	24.4	23.3	21.3	20.0	19.5	-5.5
	Private FTE (%)	75.6	76.7	78.7	80.0	80.5	1.6

Demographics and distribution

The key highlights from Table 7 shows the following:

Dentists

- Overall, the proportion of female FTE dentists increased from 40.2% in 2019 to 55.7% in 2023.
- Over the past 5 years, those aged between 30–39 years have contributed the highest FTE (around 32.0%). Within this age group, the proportion of female FTE dentists rose from 48.2% in 2019 to 52.0% in 2023.
- The FTE contribution of those aged between 40–49 years has also increase from 22.5% in 2019 to 26.3% in 2023, while contribution of the 50–59 years age group has declined slightly from 16.2% to 15.4% over the same period.

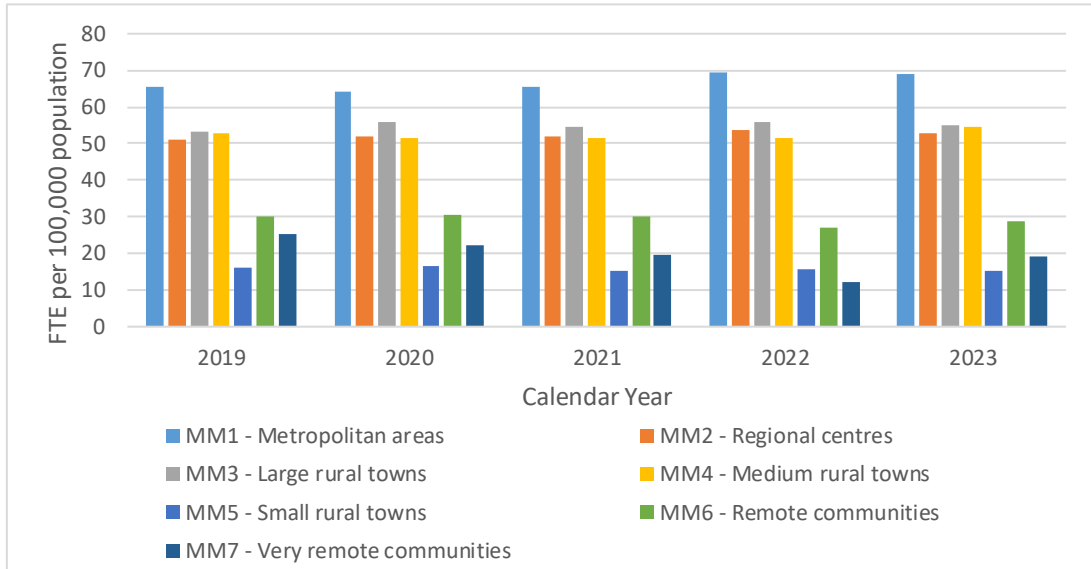
Table 7: FTE dentists by sex and age-group, 2019 and 2023

Age group	2019			2023		
	Male	Female	Total	Male	Female	Total
Under 30	1,275.2	1,382.9	2,658.1 (17.9%)	1,087.4	1,386.6	2,473.9 (15.1%)
30–39	2,435.1	2,268.7	4,703.8 (31.6%)	2,525.8	2,740.2	5,266.1 (32.2%)
40–49	2,019.5	1,334.9	3,354.4 (22.5%)	2,361.1	1,933.7	4,294.8 (26.3%)
50–59	1,683.9	724.5	2,408.4 (16.2%)	1,654.1	862.9	2,517.0 (15.4%)
60+	1,488.5	266.4	1,754.8 (11.8%)	1,480.5	324.0	1,804.5 (11.0%)
Total	8,902.1	5,977.4	14,879.5 (100%)	9,108.9	7,247.4	16,356.3 (100%)

Full-Time Equivalent (FTE) dentists by Modified Monash Model (MMM) 2023

There is maldistribution of dentists between rural and remote areas compared with metropolitan areas. As shown in Figure 2, in 2023, the FTE dentists per 100,000 population in metropolitan areas (Monash Modified – Category 1 (MM1)) was 68.8, compared to only 15.1 in small rural towns (MM5).

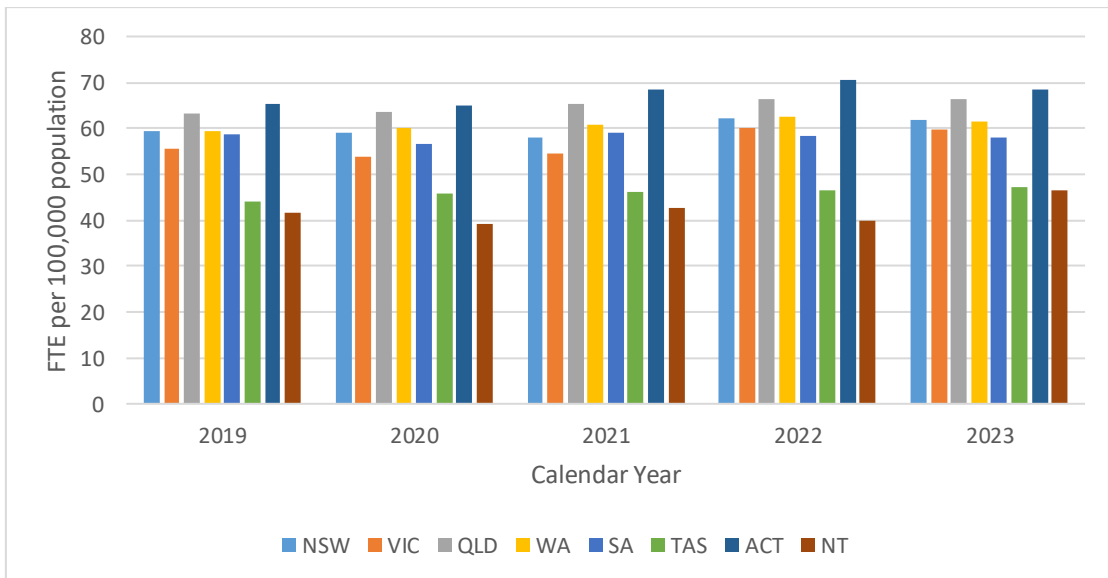
Figure 2: FTE dentists per 100,000 population by Modified Monash Model (2023), 2019–23



Full-Time Equivalent (FTE) dentists by states and territories

In 2023, across jurisdictions, the Australian Capital Territory (ACT) had the highest FTE dentists per 100,000 population at 68.5, while the Northern Territory had the lowest at 46.5, see Figure 3.

Figure 3: FTE dentists per 100,000 population by states and territories, 2019–23



Allied dental practitioners

Table 8 shows that:

- Overall, the proportion of female FTE allied dental practitioners increased from 71.9% in 2019 to 73.7% in 2023.
- Over the past 5 years, those aged between 30–39 years have contributed the highest FTE, with their contribution increasing from 26.3% to 29.8% over the period.
- The FTE contribution of those aged between 40–49 years has remained at 18.2% over the past 5 years, while contribution of the 50–59 years age group has declined from 19.3% to 15.7%.

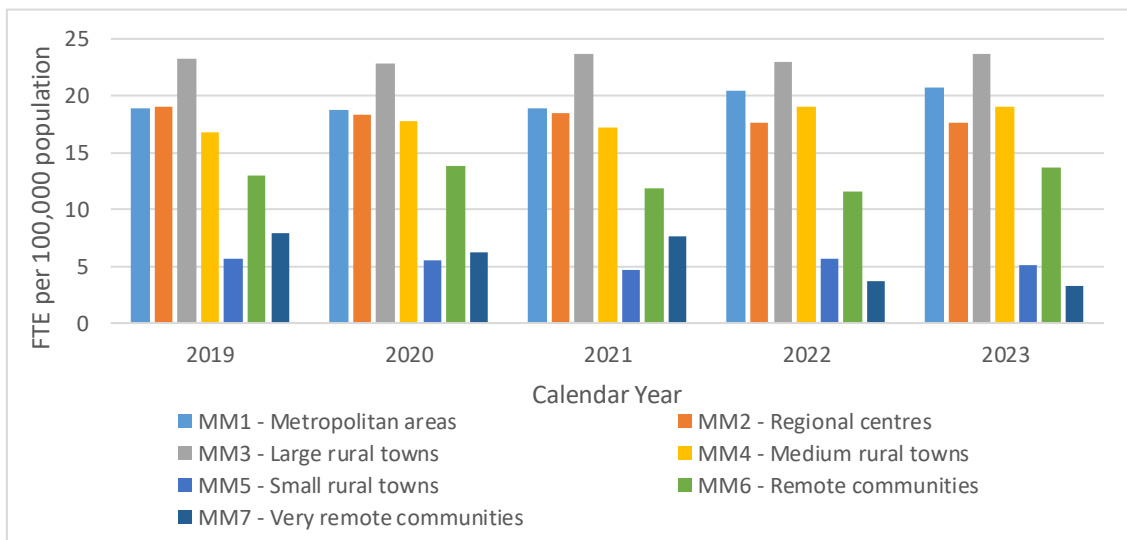
Table 8: FTE allied dental practitioners by sex and age-group, 2019 and 2023

Age group	2019			2023		
	Male	Female	Total	Male	Female	Total
Under 30	181.9	983.0	1,164.9 (25.5%)	198.0	1,092.0	1,290.0 (25.2%)
30–39	262.7	940.5	1,203.2 (26.3%)	324.7	1,201.4	1,526.1 (29.8%)
40–49	247.2	585.9	833.1 (18.2%)	253.9	679.2	933.0 (18.2%)
50–59	330.1	551.3	881.4 (19.3%)	266.0	539.3	805.3 (15.7%)
60+	263.6	225.8	489.4 (10.7%)	304.6	256.7	561.2 (11.0%)
Total	1,285.6	3,286.5	4,572.1 (100%)	1,347.2	3,768.5	5,115.7 (100%)

Full-Time Equivalent (FTE) allied dental practitioners by Modified Monash Model (MMM)

The maldistribution of allied dental practitioners between rural, remote areas and metropolitan areas is less pronounced than in the dentist workforce. Figure 4 shows that, in 2023, the number of FTE allied dental practitioners per 100,000 population was 20.7 in the metropolitan areas (Monash Modified – Category 1 (MM1)), rising to 23.7 in large rural towns (MM3), and around 19.0 in medium rural towns (MM4). However, in small rural towns (MM5), this figure dropped to just 5.0, suggesting that rural towns may rely more heavily on allied dental practitioners than on dentists.

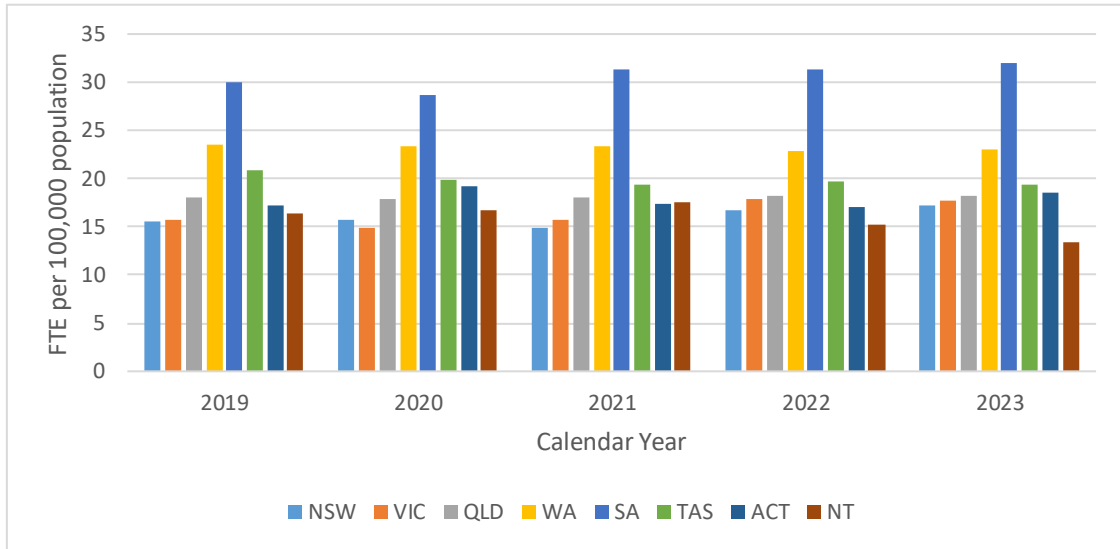
Figure 4: FTE allied dental practitioners per 100,000 population by Monash Modified Model (2023), 2019–23



Full-Time Equivalent (FTE) allied dental practitioners by states and territories

In 2023, across jurisdictions, South Australia (SA) had the highest FTE allied dental practitioners per 100,000 population at 32.1, while the Northern Territory (NT) had the lowest at 13.5, see Figure 5.

Figure 5: FTE allied dental practitioners per 100,000 population by states and territories, 2019–23



For detailed dental workforce profile trends, please refer to the [Dental Practitioner Supply Profile Dashboard](#).

What is supply and demand modelling?

Supply and demand modelling is a tool used to help understand how much of something is available (supply) and how much is needed (demand).

Effective health workforce planning is a key instrument for a resilient and sustainable health system. Health workforce modelling provides insights into the current and projected health workforce, playing an integral role in workforce planning to ensure we have the workforce we need and where they are most needed.

This dental supply and demand study provides valuable insights into the dental practitioner workforce, helping to identify potential workforce gaps. By quantifying the projected supply and demand for dental practitioners from 2024 to 2038,⁹ using data collected from several sources between 2014 and 2023, the study provides important evidence to inform workforce reforms in the oral health sector and policy decisions on regulating education and training pipelines for dental workforce.

Methodology for the dental supply and demand model

To enable detailed scenario modelling of the dental practitioner workforce, a combination of microsimulation and time series regression modelling approaches for supply and demand is used. Microsimulation is a technique for modelling the behaviour of individuals according to predetermined probabilistic rules. Time series regression is a statistical method for predicting future values based on the response history and the influence of relevant predictors.

The Microsimulation approach provides maximum flexibility for adapting the model to different populations and unique supply and demand scenarios. This enhances our understanding of the effects of existing policies and helps identify ways to improve them.

For detailed information on the methodology, refer to the [Dental Practitioner Supply and Demand Model - Methodology Paper](#).

Overview

This study focuses on modelling the supply of and demand for dental practitioners. This includes registered dental practitioners who have limited, general and/or specialist registration and work clinical hours. For the modelling, registered dental practitioners are grouped into two categories:

⁹ The workforce projections have been estimated over a 15-year period, rather than the 25-year horizon used in medical supply and demand studies, due to the relatively shorter training pipeline for dental practitioners. Also, the policy environment in Australia's oral health sector is relatively complex and evolving. With multiple policy reviews and reforms currently underway or under consideration, projections beyond the 15-year horizon are unlikely to provide meaningful insights.

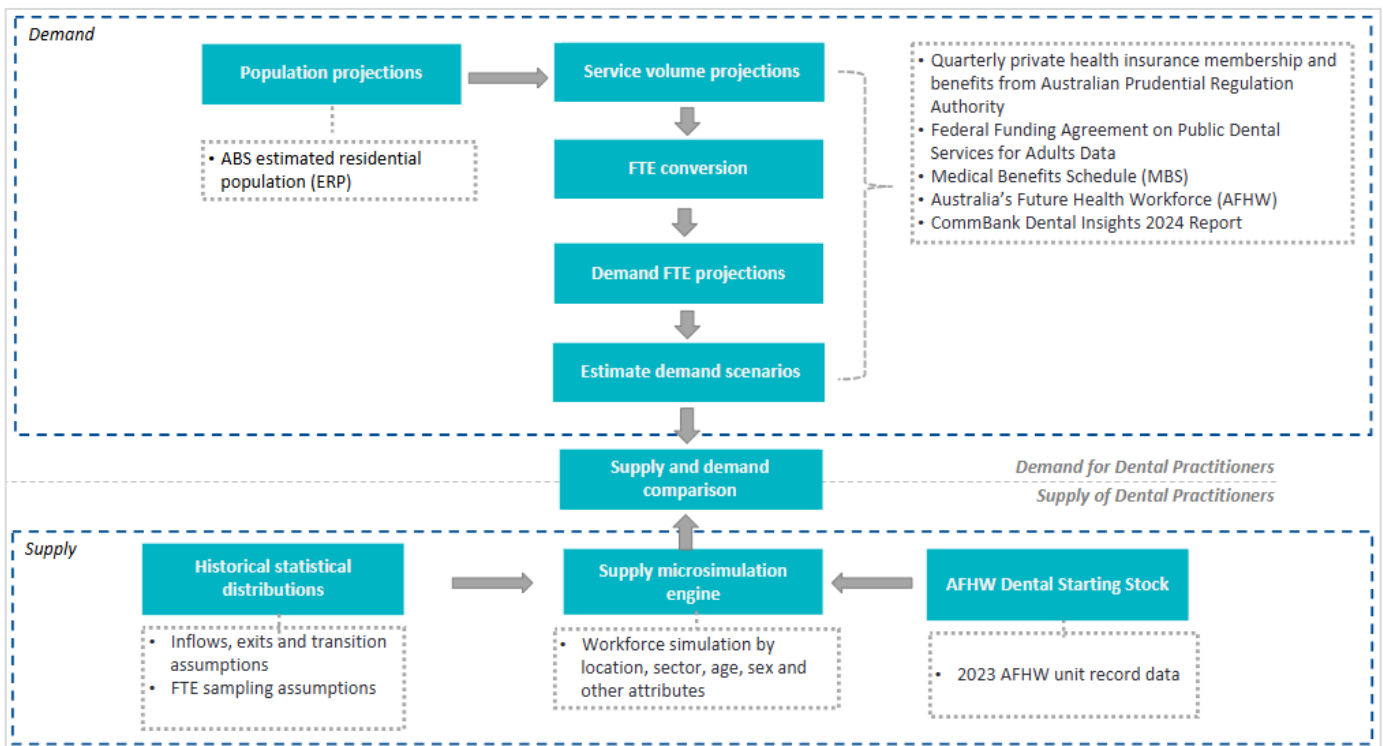
1. **Dentists** (including General and Specialist Dentists)
2. **Allied Dental Practitioners:** The following four divisions will be modelled:
 - Dental Hygienists
 - Dental Therapists
 - Oral Health Therapists
 - Dental Prosthetists

Each of the four allied dental practitioner division are modelled separately, however the disaggregated results will only be made available at the national level. Results for the four allied dental practitioners' divisions will be aggregated at the state level.

Given most dental practitioners are employed in the private sector, this study models supply and demand separately for the private and public sectors.

Figure 6 presents a summary of the process used in modelling dental practitioners.

Figure 6: Overview of the modelling process



Supply

The dental supply model uses Australia's Future Health Workforce (AFHW)¹⁰ data on dental practitioners from 2018 to 2023.

The supply model uses the microsimulation approach where attributes such as entries and exits to the workforce, practitioner FTE and sector (private or public) are modelled distinctly. The supply methodology begins by identifying the current stock of dental practitioners, analysing their demographic profile and historically observed work patterns. Statistically significant predictors of future dental workforce (such as age, sex, etc) are selected, and their historical distributions are measured to allow the development of a microsimulation model.

Demand

The baseline demand is estimated by modelling historical service utilisation. This method captures expressed (observed) service demand for dental services across a variety of care settings. Historical patterns of usage are examined and used to estimate the future demand for dental practitioners. The baseline demand is projected assuming the supply of dental practitioners meets the demand in the base year.

The following key data sources are used to capture service utilisation:

1. Medical Benefits Schedule (MBS) data
2. Federation Funding Agreement (FFA) for Adult Public Dental Services reporting data
3. Australian Prudential Regulation Authority (APRA) data

The count of dental services provided from the above data sources are combined to estimate total service utilisation and then split into public and private sector demand based on the observed workforce size in the supply data.

To compare demand to supply and identify the workforce gap, demand projections are converted to FTE dental practitioners by comparing the demand values against the supply FTE from the AFHW dataset. Specifically, historical FTE-to-activity ratios are used to estimate ratios for the forecast period, which are then multiplied by the demand activity projections for the forecast years.

Demand scenarios

Public sector: Unmet demand scenario

The model projects a level of unmet demand for the public sector. Unmet demand for dental services occurs when there are not enough dental services to meet the needs of the people

¹⁰ The Australia's Future Health Workforce (AFHW) datasets are created from the National Health Workforce Datasets (NHWDS) for modelling purposes. A sequence of rules (supply criteria) is applied to each NHWDS to determine which practitioners meet the definition of supply for each profession (and sub-groups where applicable). The headcount and workload of these practitioners, along with other variables required for modelling, are included, derived or imputed in the AFHW datasets.

who require them. In Australia, over 85.0% of dental care is delivered in private, for-profit dental clinics, and Australians pay out-of-pocket for almost 60.0% of all services received. Individuals unable to access/afford private dental care are faced with significant waiting times for public dental services.

This study uses the information on dental waiting lists from FFA data reported by states and territories to estimate the level of unmet demand in the public sector.¹¹ The FFA data provides information on the number of patients on dental waiting lists and the number of patients who received dental services in a reporting period (i.e. one year). This is used to estimate the average proportion of patients awaiting public dental services over 2022 and 2023. These estimates are then incorporated into the baseline demand figures to calculate unmet demand projections.

Private sector: unutilised clinical work hours scenario

The latest ADA and CommBank Dental Insights Report 2024¹² highlights that cost-of-living pressures have led to reduced patient demand for private dental services, with metropolitan practices experiencing greater revenue pressures. The number of unutilised clinical working hours each week have increased, particularly in metropolitan areas. The report shows that an average practice had 3.1 dental chairs, 6.2 FTE staff and 14 unutilised clinical work hours per week in 2023. Consequently, baseline demand for the private sector should be adjusted downward to account for these unutilised work hours, providing a more accurate representation of demand.

To estimate demand under the unutilised clinical work hours scenario, the supply FTE in the Monash Modified Model – Category 1 (MM1 i.e. metropolitan) areas is adjusted to account for unutilised clinical work hours. This adjustment is used to estimate the FTE-to-activity ratio, which is then multiplied by demand projections for private sector to calculate the projected FTE demand for the private sector.¹³

Limitations

The main challenge with understanding demand for dental services is the lack of reliable and consistent data on oral health and utilisation of dental services at the national level. Better data is needed to capture demand for dental services, for both public and private sectors and for understanding the level of unmet demand. Some of the limitations include the fact that:

- The model does not account for the Department of Veteran Affairs funded dental services.
- Given the low uptake of the Child Dental Benefits Scheme (CDBS), the study only captures a proportion of dental demand for children through the MBS data.

¹¹ Federal Financial Relations, 2023, [Public Dental Services for Adults - 2022-23](#), accessed 11 December 2024.

¹² Australian Dental Association, 2024, [Unearthing drivers of patient demand and practice productivity](#), accessed 12 December 2024.

¹³ For further details on the methodology, please refer to to the [Dental Practitioner Supply and Demand Model - Methodology Paper](#).

- Any changes to models of care and technological improvements in the projection period that may affect workforce FTE in providing dental services is not considered.
- The model does not consider the affordability challenges associated with private dental services.

Key findings and insights

The main outputs of the dental model are projections of dentists and allied dental practitioners (headcount and FTE) by sector (public and private). Based on these, the model produces baseline demand estimates, an unmet demand scenario (for the public sector), an unutilised clinical work hours scenario (for the private sector) and one supply estimate.

What is baseline demand?

Baseline demand is the number of dental practitioners that are needed to meet the current and future demand for dental services based on observed service utilisation and assuming the supply of dental practitioners is equal to the demand in the base year (2023).

National projections

The overall supply and demand for dental practitioners is estimated to increase in the future. The dental workforce is expected to be in oversupply for most of the projection period while the allied dental practitioner workforce is projected to experience a shortage throughout the projection period. However, notable differences are expected between public and private sectors, as well as among different allied dental practitioner types.

The dental model projections at the national level indicate that:

Dentists (Tables 9, 10 and Figure 7)

- Baseline projections estimate a shortfall of 12.3 FTE dentists in 2025. However, the dental workforce is expected to shift to oversupply from 2029 onward, reaching an estimated surplus of 311.4 FTE by 2038.

Public sector: The public sector is expected to face a shortfall of 125.8 FTE dentists in 2025, with the shortfall projected to grow to 522.7 FTE by 2038. In terms of headcount, the shortfall is estimated to be 185 dentists in 2025, increasing to 782 by 2038.

Private sector: The private sector currently has an oversupply of 113.5 FTE dentists in 2025, which is projected to increase to 834.1 FTE by 2038. In terms of headcount, the oversupply is expected to be 129 dentists in 2025, increasing to 963 by 2038.
- Projections considering unmet demand in the **public sector** estimate a current shortfall of 1,247.6 FTE dentists in 2025, which is projected to increase to 1,961.0 FTE by 2038. In terms of headcount, the shortfall is projected to be 1,831 dentists in 2025, rising to 2,933 by 2038.
- Projections considering unutilised work hours in the **private sector** estimate a current oversupply of 1,571.3 FTE dentists in 2025, with this surplus expected to grow to 2,291.9 FTE by 2038. In terms of headcount, the oversupply is projected to be 1,793 dentists in 2024, increasing to 2,645 by 2038.

The national demand projections show that:

- Baseline demand is estimated to increase from 17,211.2 FTE in 2025 to 22,082.8 FTE in 2038.

Public sector: Baseline demand estimates indicate an 8.2% shortage of FTE dentists in 2025, with the shortfall projected to rise to 33.0% by 2038.¹⁴

Private sector: Baseline demand estimates project a 0.7% oversupply of FTE dentists in 2025, increasing to 4.0% by 2038.

- Unmet demand for the **public sector** is estimated to increase from 2,778.0 FTE dentists in 2025 to 3,551.1 FTE by 2038, which is 68.0% higher than the baseline demand projection for that year. These estimates indicate an 81.5% shortage of FTE dentists in the public sector in 2025, with the shortfall expected to grow to 123.3% by 2038.

The national supply projections show that:

- Supply is estimated to increase from 17,198.9 FTE dentist in 2025 to 22,394.2 FTE in 2038, corresponding to an increase from 19,194 dentists (headcount) in 2025 to 25,383 in 2038. Meanwhile, the national average FTE per dentists is projected to remain steady at 0.9 throughout the projection period¹⁵.
- The total entry rate including re-entries, is projected to decline over the forecast period, dropping from 6.9% of total supply (headcount) in 2025 to 5.4% in 2038. Similarly, the total exit rates including temporary exits is expected to decrease from 4.2% in 2025 to 3.9% in 2038. Throughout the projection period, exit rates remain lower than entry rates, consistent with historical trends.
- The number of new entries (headcount) into the dental workforce is assumed to remain steady at 955 throughout the projection period, based on figures observed in the 2023 AFHW dataset.

¹⁴ Throughout the document, the percentage shortage/oversupply is calculated as proportion of the supply in the specific sector.

¹⁵ Average FTE is calculated by dividing the total FTE by the total headcount in a given year (i.e. Average FTE = Total FTE ÷ Total headcount).

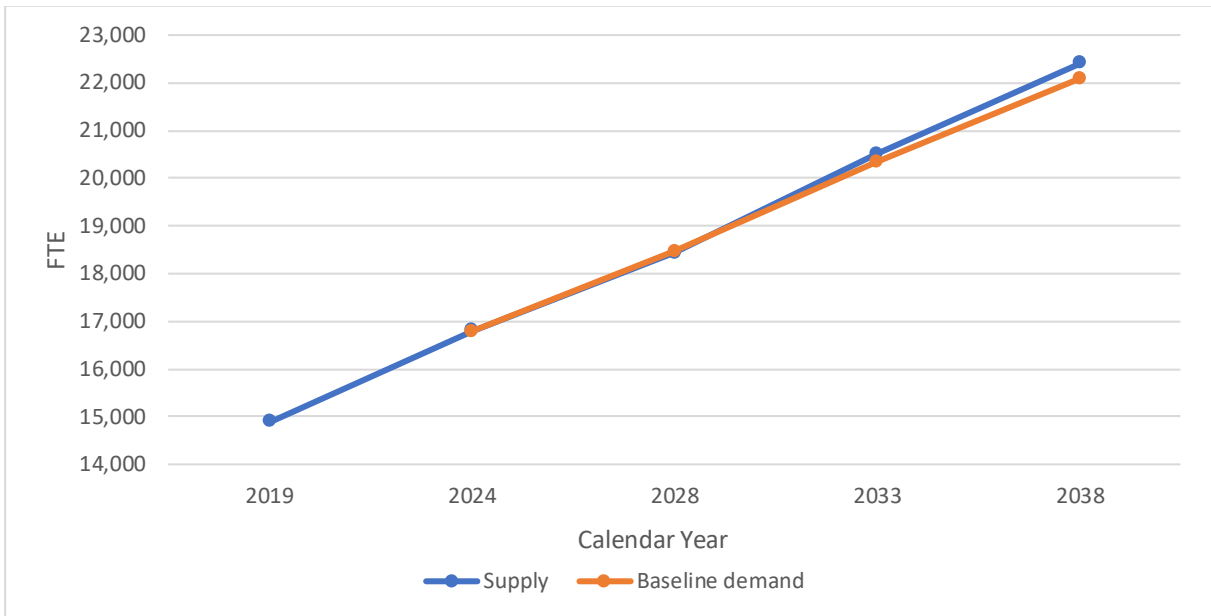
Table 9: FTE Dentists – National projections, selected years 2025–38

		2025	2026	2027	2028	2033	2038
Full-time equivalent (FTE)							
Total	Supply	17,198.9	17,597.1	18,003.7	18,424.3	20,504.7	22,394.2
	Entries	1,107.0	1,103.3	1,112.9	1,119.0	1,124.0	1,128.4
	New Entries	846.4	849.3	850.7	848.4	851.1	842.5
	Re-entries	260.7	254.0	262.2	270.6	272.9	286.0
	Exits	568.5	568.7	575.4	575.8	622.6	687.1
	Temporary Exits	262.9	259.4	274.9	268.6	295.5	342.8
	Permanent Exits	305.5	309.3	300.5	307.2	327.0	344.3
	Baseline Demand	17,211.2	17,630.2	18,048.6	18,451.6	20,336.7	22,082.8
	Baseline Surplus / Shortfall	-12.3	-33.1	-44.9	-27.3	168.0	311.4
Public	Supply	1,530.4	1,513.1	1,494.2	1,480.8	1,506.1	1,590.1
	Entries	119.3	115.5	114.1	110.0	90.9	83.5
	New Entries	74.6	73.8	69.6	65.3	51.4	35.7
	Re-entries	44.7	41.7	44.6	44.8	39.5	47.8
	Exits	81.3	78.1	73.9	67.7	69.0	73.6
	Temporary Exits	38.9	34.9	34.9	32.8	30.7	35.0
	Permanent Exits	42.4	43.1	39.0	34.9	38.3	38.6
	Baseline Demand	1,656.2	1,695.5	1,734.7	1,772.4	1,948.9	2,112.8
	Baseline Surplus / Shortfall	-125.8	-182.4	-240.5	-291.6	-442.8	-522.7
	Unmet Demand	2,778.0	2,844.4	2,910.5	2,974.3	3,273.1	3,551.1
	Unmet Demand Surplus / Shortfall	-1,247.6	-1,331.3	-1,416.3	-1,493.5	-1,767.0	-1,961.0
Private	Supply	15,668.5	16,083.9	16,509.5	16,943.5	18,998.5	20,804.1
	Entries	987.7	987.9	998.8	1,009.0	1,033.1	1,045.0
	New Entries	771.8	775.5	781.1	783.2	799.8	806.8
	Re-entries	215.9	212.4	217.6	225.8	233.3	238.1
	Exits	487.2	490.6	501.6	508.1	553.6	613.4
	Temporary Exits	224.0	224.5	240.0	235.8	264.8	307.8
	Permanent Exits	263.2	266.1	261.5	272.3	288.8	305.7
	Baseline Demand	15,555.0	15,934.7	16,313.9	16,679.1	18,387.8	19,970.0
	Baseline Surplus / Shortfall	113.5	149.2	195.6	264.4	610.7	834.1
	Demand - Unutilised hours scenario	14,097.2	14,476.9	14,856.1	15,221.3	16,929.9	18,512.2
	Surplus / Shortfall - Unutilised hours Scenario	1,571.3	1,607.0	1,653.4	1,722.2	2,068.6	2,291.9

Table 10: Dentists (Headcount) – National projections, selected years 2025–38

		2025	2026	2027	2028	2033	2038
Headcount							
Total	Supply	19,194	19,703	20,226	20,743	23,207	25,383
	Entries	1,328	1,318	1,334	1,350	1,354	1,377
	New Entries	955	955	955	955	955	955
	Re-entries	373	363	379	395	399	422
	Exits	808	812	833	829	900	989
	Temporary Exits	423	421	448	436	480	539
	Permanent Exits	385	391	385	392	420	450
	Baseline Demand	19,208	19,740	20,276	20,773	23,017	25,030
	Baseline Surplus / Shortfall	-14	-37	-51	-31	190	353
Public	Supply	2,246	2,228	2,209	2,188	2,238	2,378
	Entries	179	172	168	170	142	134
	New Entries	106	102	96	93	71	54
	Re-entries	73	70	72	77	71	80
	Exits	132	126	125	110	113	121
	Temporary Exits	70	63	66	59	57	62
	Permanent Exits	62	63	59	51	57	59
	Baseline Demand	2,431	2,496	2,564	2,618	2,897	3,160
	Baseline Surplus / Shortfall	-185	-269	-356	-431	-659	-782
	Unmet Demand	4,077	4,188	4,303	4,394	4,866	5,311
	Unmet Demand Surplus / Shortfall	-1,831	-1,960	-2,094	-2,206	-2,627	-2,933
Private	Supply	17,876	18,406	18,936	19,470	21,916	24,014
	Entries	1,207	1,205	1,221	1,240	1,261	1,288
	New Entries	889	893	896	899	913	925
	Re-entries	318	312	325	341	348	363
	Exits	705	714	740	743	815	897
	Temporary Exits	367	370	397	390	437	491
	Permanent Exits	338	343	343	353	378	406
	Baseline Demand	17,747	18,236	18,711	19,166	21,211	23,051
	Baseline Surplus / Shortfall	129	171	224	304	704	963
	Demand - Unutilised hours scenario	16,083	16,567	17,039	17,491	19,530	21,368
	Surplus / Shortfall - Unutilised hours scenario	1,793	1,839	1,896	1,979	2,386	2,645

Figure 7: FTE Dentists: National supply versus demand, 2019–38



Allied Dental Practitioners (Tables 11,12 and Figure 8)

- Baseline projections estimate a shortfall of 227.1 FTE allied dental practitioners in 2025, reaching 802.5 FTE by 2033. By 2038, the total undersupply is estimated to be 762.9 FTE.

Public sector: A shortfall of allied dental practitioners is expected to grow from 108.9 FTE practitioners in 2025 to 521.4 FTE by 2038 in the public sector. In terms headcount, the shortfall is expected to rise from 145 in 2025 to 717 by 2038.

Private sector: In the private sector, a shortfall of 118.2 FTE allied dental practitioners is projected in 2025, which is estimated to reach 330.1 FTE in 2033. By 2038, the total undersupply is estimated to decline to 241.3 FTE. In terms of headcount, the shortfall is expected to grow from 132 in 2025, reaching 347 by 2033, with a total shortfall of 213 allied dental practitioners by 2038.

- Projections considering unmet demand in the **public sector** estimate a shortfall of 854.8 FTE allied dental practitioners in 2025, rising to 1,505.3 FTE by 2038. In terms of headcount, the shortfall is expected to grow from 1,137 practitioners in 2025 to 2,066 by 2038.
- Projections considering unutilised work hours in the **private sector** estimate an oversupply of 321.8 FTE allied dental practitioners in 2025. This surplus is projected to decline to 109.9 FTE by 2033 before rising again to 198.7 FTE by 2038. In terms of headcount, the private sector is projected to have an oversupply of 436 allied dental practitioners in 2025. This surplus is expected to decrease to 226 by 2033, before increasing again to 360 by 2038.

The national demand projections show that:

- Baseline demand is estimated to increase from 5,562.2 FTE in 2025 to 7,495.3 FTE in 2038.

Public sector: The baseline demand estimate indicates an 11.3% shortage of FTE allied dental practitioners in 2025, which is expected to increase to 57.8% by 2038.

Private sector: The baseline demand estimate suggests a 2.7% shortage of FTE allied dental practitioners in 2025, with the shortfall projected to rise to 4.1% by 2038.

- Unmet demand in the **public sector** is estimated to increase from 1,820.1 FTE allied dental practitioners in 2025 to 2,406.8 FTE in 2038, representing a 69.0% increase over the baseline demand projection for 2038. The unmet demand estimate suggests an 88.6% shortage of FTE allied dental practitioners in the public sector in 2025, with the shortfall expected to grow to 170.0% by 2038.

The national supply projections show that:

- The supply of allied dental practitioners is projected to increase from 5,335.1 FTE in 2025 to 6,732.4 FTE in 2038, corresponding to a rise from 6,518 practitioners (headcount) in 2025 to 8,367 in 2038. The national average FTE per allied dental practitioner is expected to remain steady throughout the projection period.
- The total entry rate including re-entries, is forecasted to decline throughout the projection period, dropping from 9.1% of total supply (headcount) in 2025 to 7.7% in 2038. Similarly, the total exit rate, including temporary exits, is expected to decrease slightly from 6.6% of total supply (headcount) in 2025 to 6.2% in 2038. Despite these declines, exit rates remains lower than entry rates throughout the projection period, consistent with historical trends.
- The number of new entries (headcount) into the allied dental practitioner workforce is assumed to remain steady at 390 throughout the projection period, based on data from 2023 in the AFHW dataset.

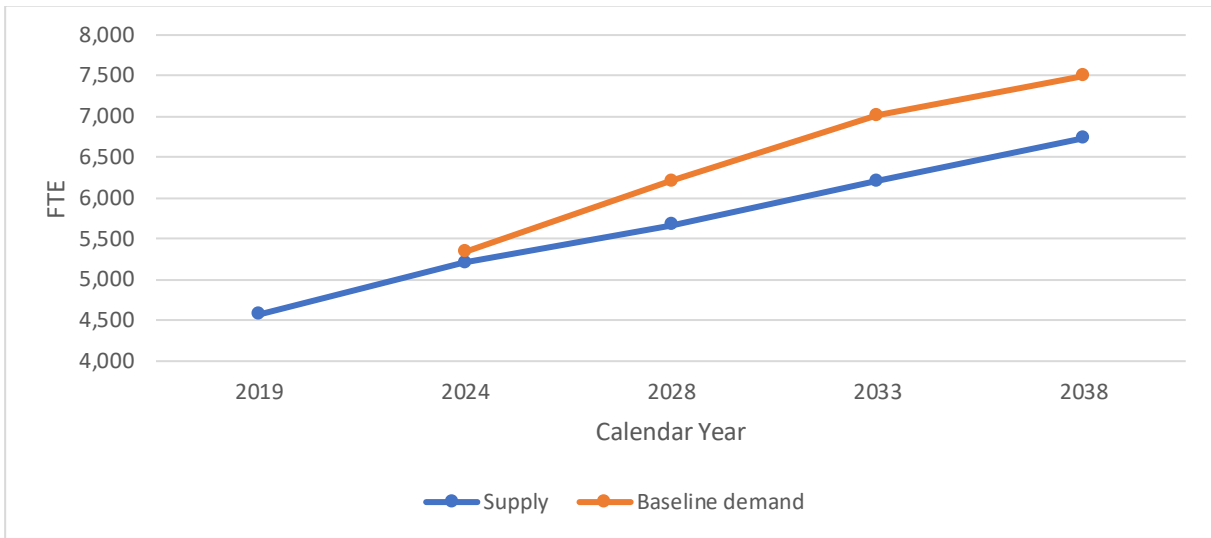
**Table 11: FTE Allied Dental Practitioner – National projections, selected years
2025–38**

		2025	2026	2027	2028	2033	2038
Full-time equivalent (FTE)							
Total	Supply	5,335.1	5,458.3	5,550.7	5,667.9	6,210.0	6,732.4
	Entries	460.2	465.0	463.5	471.4	481.0	484.7
	New Entries	324.0	326.2	325.1	322.2	328.3	325.7
	Re-entries	136.2	138.8	138.4	149.3	152.7	158.9
	Exits	301.4	319.0	314.2	323.4	353.1	355.3
	Temporary Exits	148.0	148.0	149.3	156.3	179.7	183.5
	Permanent Exits	153.5	171.1	164.9	167.1	173.4	171.8
	Baseline Demand	5,562.2	5,782.7	5,998.6	6,202.3	7,012.5	7,495.3
	Baseline Surplus / Shortfall	-227.1	-324.4	-447.9	-534.4	-802.5	-762.9
Public	Supply	965.3	936.3	910.6	887.4	858.5	901.5
	Entries	90.6	90.8	91.8	88.8	92.3	91.8
	New Entries	63.6	64.1	64.1	60.2	64.7	64.1
	Re-entries	27.0	26.6	27.7	28.6	27.5	27.7
	Exits	69.9	65.3	58.9	59.3	58.3	53.2
	Temporary Exits	39.0	33.7	31.5	31.3	29.3	26.7
	Permanent Exits	30.9	31.5	27.5	28.1	29.0	26.5
	Baseline Demand	1,074.2	1,112.6	1,150.2	1,185.9	1,330.9	1,422.9
	Baseline Surplus / Shortfall	-108.9	-176.3	-239.6	-298.5	-472.4	-521.4
	Unmet Demand	1,820.1	1,883.5	1,945.9	2,005.1	2,248.0	2,406.8
	Unmet Demand Surplus / Shortfall	-854.8	-947.2	-1,035.3	-1,117.7	-1,389.5	-1,505.3
Private	Supply	4,369.8	4,521.9	4,640.1	4,780.5	5,351.5	5,830.8
	Entries	369.7	374.2	371.7	382.6	388.7	392.9
	New Entries	260.4	262.1	261.0	262.0	263.5	261.6
	Re-entries	109.3	112.2	110.7	120.7	125.2	131.3
	Exits	231.6	253.8	255.3	264.0	294.8	302.1
	Temporary Exits	109.0	114.3	117.8	125.0	150.4	156.8
	Permanent Exits	122.5	139.5	137.5	139.0	144.5	145.3
	Baseline Demand	4,488.0	4,670.2	4,848.4	5,016.4	5,681.6	6,072.1
	Baseline Surplus / Shortfall	-118.2	-148.3	-208.3	-235.9	-330.1	-241.3
	Demand - Unutilised hours scenario	4,048.0	4,230.1	4,408.3	4,576.4	5,241.6	5,632.1
	Surplus / Shortfall - Unutilised hours scenario	321.8	291.8	231.8	204.1	109.9	198.7

Table 12: Allied Dental Practitioner (headcount) – National projections, selected years 2025–38

		2025	2026	2027	2028	2033	2038
Headcount							
Total	Supply	6,518	6,693	6,842	7,009	7,729	8,367
	Entries	596	604	603	621	639	641
	New Entries	390	390	390	390	390	390
	Re-entries	206	214	213	231	249	251
	Exits	429	454	454	464	508	517
	Temporary Exits	219	218	221	229	256	266
	Permanent Exits	210	235	234	235	253	251
	Baseline Demand	6,777	7,061	7,358	7,623	8,652	9,220
	Baseline Surplus / Shortfall	-260	-368	-516	-614	-923	-853
Public	Supply	1,287	1,257	1,237	1,206	1,179	1,238
	Entries	129	126	128	130	130	129
	New Entries	84	84	84	84	84	84
	Re-entries	45	42	44	46	46	45
	Exits	97	92	86	85	85	79
	Temporary Exits	54	49	45	46	43	40
	Permanent Exits	43	44	41	39	42	39
	Baseline Demand	1,432	1,494	1,561	1,611	1,828	1,955
	Baseline Surplus / Shortfall	-145	-236	-324	-406	-650	-717
	Unmet Demand	2,424	2,527	2,638	2,722	3,086	3,304
	Unmet Demand Surplus / Shortfall	-1,137	-1,270	-1,402	-1,516	-1,907	-2,066
Private	Supply	5,542	5,744	5,915	6,108	6,861	7,469
	Entries	502	510	510	527	544	546
	New Entries	333	333	333	333	333	333
	Re-entries	169	177	177	194	211	213
	Exits	345	374	381	390	436	453
	Temporary Exits	171	176	181	188	219	233
	Permanent Exits	174	198	200	201	217	219
	Baseline Demand	5,673	5,904	6,144	6,364	7,208	7,682
	Baseline Surplus / Shortfall	-132	-160	-229	-256	-347	-213
	Demand - Unutilised hours scenario	5,106	5,336	5,573	5,793	6,635	7,110
	Surplus / Shortfall - Unutilised hours scenario	436	408	342	315	226	360

Figure 8: FTE allied dental practitioners: National supply versus demand, 2019–38



National trends for allied dental practitioner divisions throughout the projection period

Oral health therapist (Table 13)

- The supply of oral health therapists is estimated to increase from 2,751.6 FTE in 2025 to 4,659.0 FTE by 2038. Over this period, the average FTE per oral health therapist is projected to remain steady at approximately 0.8.

Public sector: The supply of oral health therapists is projected to increase from 533.7 FTE in 2025 to 664.8 FTE by 2038.

Private sector: The supply of oral health therapists is projected to increase from 2,218.0 FTE in 2025 to 3,994.2 FTE by 2038.

- The baseline demand estimates indicate a current shortfall of 132.6 FTE oral health therapists in 2025, with the shortage expected to reach 426.4 FTE in 2033. By 2038, the total undersupply is estimated to decline to 256.4 FTE.

Public sector: The baseline demand estimates suggest a 13.5% shortage of FTE oral health therapists in 2025, increasing significantly to 53.7% shortfall by 2038.

Private sector: The private sector is expected to experience a 2.7% shortage of FTE oral health therapists in 2025; however, supply is expected to shift to a 2.5% oversupply by 2038.

- Under the unmet demand scenario, the **public sector** is expected to face a shortfall of 490.5 FTE oral health therapists in 2025, with the deficit projected to rise to 1,054.7 FTE by 2038. In percentage terms, the shortage is estimated to be 91.9% in 2025, increasing to 158.6% by 2038.
- Under the unutilised work hours scenario, demand estimates for the **private sector** indicate an oversupply of 145.4 FTE oral health therapists in 2025, with this surplus expected to grow to 306.1 FTE by 2038. In percentage terms, the oversupply is projected to be 6.6% in 2025, increasing to 7.7% by 2038.

Table 13: FTE Oral Health Therapists – National projections, selected years 2025–38

	2025	2026	2027	2028	2033	2038
Full-time equivalent (FTE)						
Supply	2,751.6	2,911.6	3,052.6	3,209.8	3,943.8	4,659.0
Public	533.7	534.2	541.2	532.0	587.3	664.8
Private	2,218.0	2,377.4	2,511.4	2,677.7	3,356.5	3,994.2
Entries	334.4	339.1	340.2	351.6	369.5	378.7
New Entries	266.4	265.2	266.0	262.2	268.6	266.9
Re-entries	68.0	73.8	74.2	89.4	100.9	111.8
Exits	147.8	165.2	170.2	179.8	215.8	234.0
Temporary Exits	88.4	103.2	104.9	108.9	120.2	124.7
Permanent Exits	59.4	62.0	65.3	70.9	95.6	109.3
Baseline Demand	2,884.2	3,103.4	3,318.3	3,523.7	4,370.2	4,915.4
Public	605.9	649.5	692.4	733.5	905.5	1,021.6
Private	2,278.3	2,453.9	2,625.9	2,790.2	3,464.7	3,893.8
Baseline Surplus / Shortfall	-132.6	-191.8	-265.7	-313.9	-426.4	-256.4
Public	-72.2	-115.3	-151.2	-201.5	-318.2	-356.8
Private	-60.3	-76.5	-114.5	-112.5	-108.2	100.4
Unmet Demand						
Public	1,024.2	1,096.4	1,167.4	1,235.5	1,522.5	1,719.5
Unmet Demand Surplus / Shortfall						
Public	-490.5	-562.2	-626.2	-703.5	-935.2	-1,054.7
Demand - Unutilised hours scenario						
Private	2,072.6	2,248.1	2,420.2	2,584.5	3,258.9	3,688.1
Surplus / Shortfall - Unutilised hours scenario						
Private	145.4	129.3	91.2	93.2	97.6	306.1

Dental Hygienists (Table 14)

- The supply of dental hygienists is estimated to decrease from 955.4 FTE in 2025 to 707.6 FTE by 2038. Over this period, the average FTE per dental hygienist is projected to remain steady at approximately 0.7.

Public sector: The supply of dental hygienists is projected to decrease from 33.6 FTE in 2025 to 20.8 FTE by 2038.

Private sector: The supply of dental hygienists is projected to decrease from 921.8 FTE in 2025 to 686.8 FTE by 2038.

- The baseline demand estimates indicate a current oversupply of 14.0 FTE dental hygienists in 2025, with the surplus projected to rise significantly to 105.2 FTE by 2038.

Public sector: In percentage terms, the baseline demand estimates indicate an 11.3% oversupply of FTE dental hygienists in 2025, gradually decreasing to be in balance by 2038.

Private sector: In percentage terms, the baseline demand estimates indicate a 1.1% oversupply of FTE dental hygienists in 2025, with the surplus projected to increase to 15.3% by 2038.

- Under the unmet demand scenario, the **public sector** is estimated to experience a shortfall of 13.4 FTE dental hygienists in 2025, with the deficit expected to fall to 10.4 FTE by 2038. In percentage terms, the shortage is estimated to be 40.0% FTE dental hygienists in 2025, increasing to 50.0% shortage by 2038.
- Under the unutilised work hours scenario, demand estimates for the **private sector** indicate an oversupply of 137.3 FTE dental hygienists in 2025, increasing to 232.2 FTE by 2038. In percentage terms, the oversupply is projected to be 15.0% in 2025, increasing to 33.8% by 2038.

Table 14: FTE Dental Hygienists – National projections, selected years 2025–38

	2025	2026	2027	2028	2033	2038
Full-time equivalent (FTE)						
Supply	955.4	947.1	925.1	910.6	813.7	707.6
Public	33.6	33.0	31.4	29.1	26.7	20.8
Private	921.8	914.1	893.8	881.5	787.0	686.8
Entries	40.8	39.6	39.9	37.0	33.3	32.0
New Entries	11.0	11.0	11.2	11.4	10.6	10.6
Re-entries	29.8	28.6	28.6	25.6	22.7	21.3
Exits	53.7	55.3	50.2	51.5	49.7	46.2
Temporary Exits	27.2	26.2	22.6	22.8	19.5	17.2
Permanent Exits	26.6	29.0	27.6	28.7	30.2	29.1
Baseline Demand	941.4	911.4	881.6	851.7	712.9	602.4
Public	29.8	29.0	28.2	27.4	23.6	20.6
Private	911.6	882.4	853.4	824.3	689.3	581.7
Baseline Surplus / Shortfall	14.0	35.7	43.5	58.9	100.8	105.2
Public	3.8	4.0	3.2	1.7	3.1	0.2
Private	10.2	31.7	40.4	57.2	97.7	105.1
Unmet Demand						
Public	47.0	45.6	44.2	42.8	36.3	31.2
Unmet Demand Surplus / Shortfall						
Public	-13.4	-12.6	-12.8	-13.7	-9.6	-10.4
Demand - Unutilised hours scenario						
Private	784.5	755.2	726.2	697.2	562.2	454.6
Surplus / Shortfall - Unutilised hours scenario						
Private	137.3	158.9	167.6	184.3	224.8	232.2

Dental Therapists (Table 15)

- The supply of dental therapists is estimated to decrease from 472.8 FTE in 2025 to 195.2 FTE by 2038. Over this period, the average FTE per dental therapist is expected to remain steady at approximately 0.7.

Public sector: The supply of dental therapists is projected to decrease from 236.0 FTE in 2025 to 64.9 FTE by 2038.

Private sector: The supply of dental therapist is projected to decrease from 236.8 FTE in 2025 to 130.3 FTE by 2038.
- The baseline demand estimates indicate a current shortfall of 18.7 FTE dental therapists in 2025, with the shortage expected to rise significantly to 98.2 FTE by 2038.

Public sector: In percentage terms, the baseline demand estimates indicate a 12.1% shortage of FTE dental therapists in 2025, increasing significantly to 124.5% by 2038.

Private sector: In percentage terms, the baseline demand estimates indicate a 4.1% oversupply of FTE dental therapists in 2025. However, this surplus is projected to shift to 13.3% undersupply by 2048.
- Under the unmet demand scenario, the **public sector** is projected to have a shortfall of 206.1 FTE dental therapists in 2025, with the deficit expected to decrease to 180.8 FTE by 2038. In percentage terms, this represents an 87.0% shortage of FTE dental therapists in 2025, which is projected to increase to 279.0% shortage by 2038.
- Under the unutilised work hours scenario, demand estimates for the **private sector** suggest an oversupply of 36.8 FTE dental therapists in 2025, which is projected to decrease to 9.7 FTE by 2038. In percentage terms, the oversupply is estimated at 15.5% in 2025, declining to 7.5% by 2038.

Table 15: FTE Dental Therapists – National projections, selected years 2025–38

	2025	2026	2027	2028	2033	2038
Full-time equivalent (FTE)						
Supply	472.8	450.6	412.9	392.4	277.7	195.2
Public	236.0	217.0	186.2	172.4	98.8	64.9
Private	236.8	233.5	226.7	220.0	178.9	130.3
Entries	17.6	17.0	13.9	12.2	9.2	6.3
New Entries	0.9	0.9	0.9	0.9	0.7	0.9
Re-entries	16.7	16.2	13.0	11.3	8.5	5.4
Exits	43.9	42.1	38.3	35.0	28.4	19.6
Temporary Exits	13.0	14.1	11.6	10.2	7.6	5.4
Permanent Exits	30.9	28.1	26.7	24.7	20.8	14.2
Baseline Demand	491.5	473.3	455.5	437.8	356.9	293.4
Public	264.5	253.6	242.8	232.1	183.7	145.7
Private	227.0	219.8	212.7	205.7	173.2	147.6
Baseline Surplus / Shortfall	-18.7	-22.7	-42.6	-45.4	-79.2	-98.2
Public	-28.5	-36.6	-56.6	-59.7	-84.9	-80.8
Private	9.8	13.7	14.0	14.3	5.7	-17.3
Unmet Demand						
Public	442.1	423.9	406.0	388.4	308.2	245.7
Unmet Demand Surplus / Shortfall						
Public	-206.1	-206.9	-219.8	-216.0	-209.4	-180.8
Demand - Unutilised hours scenario						
Private	200.0	192.8	185.7	178.7	146.3	120.6
Surplus / Shortfall - Unutilised hours scenario						
Private	36.8	40.7	41.0	41.3	32.6	9.7

Dental Prosthetists (Table 16)

- The supply of dental prosthetists is estimated to increase from 1,155.3 FTE in 2025 to 1,170.6 FTE by 2038. Over this period, the average FTE per dental prosthetist is expected to remain steady at approximately 1.0.

Public sector: The supply of dental prosthetists is forecasted to decline from 162.0 FTE in 2025 to 151.1 FTE by 2038.

Private sector: The supply of dental prosthetists is expected to grow from 993.3 FTE in 2025 to 1,1019.5 FTE by 2038.

- The baseline demand estimates indicate a current shortfall of 89.8 FTE dental prosthetists in 2025, with this deficit expected to rise significantly to 513.5 FTE by 2038.

Public sector: In percentage terms, the baseline demand estimates indicate a shortfall of 7.4% in 2025 increasing to 55.5% by 2038.

Private sector: In percentage terms, the baseline demand estimates indicate a shortfall of 7.8% in 2025, rising to 42.1% by 2038.

- Under the unmet demand scenario, the **public sector** is expected to face a current shortfall of 144.8 FTE dental prosthetists in 2025, with the shortfall estimated to rise to 259.3 FTE by 2038. In percentage terms, this translates to an 89.4% shortage of FTE dental prosthetists in 2025, increasing to 172.0% by 2038.
- Under the unutilised work hours scenario, the **private sector** indicates a current oversupply of 2.4 FTE dental prosthetists in 2025. However, this is projected to shift significantly to an undersupply of 349.4 FTE by 2038. In percentage terms, the scenario estimates suggest a 0.2% oversupply of dental prosthetists in 2025, which is projected to shift into a 34.3% shortage by 2038.

Table 16: FTE Dental Prosthetists – National projections, selected years 2025–38

	2025	2026	2027	2028	2033	2038
Full-time equivalent (FTE)						
Supply	1,155.3	1,149.0	1,160.1	1,155.1	1,174.8	1,170.6
Public	162.0	152.1	151.8	153.9	145.7	151.1
Private	993.3	996.8	1,008.3	1,001.3	1,029.1	1,019.5
Entries	67.4	69.3	69.5	70.7	69.0	67.7
New Entries	45.7	49.0	47.0	47.7	48.4	47.3
Re-entries	21.7	20.3	22.5	23.0	20.6	20.4
Exits	56.0	56.4	55.5	57.1	59.2	55.4
Temporary Exits	24.9	27.5	25.9	25.1	26.2	24.4
Permanent Exits	31.1	28.9	29.6	31.9	33.0	31.0
Baseline Demand	1,245.1	1,294.6	1,343.2	1,389.1	1,572.5	1,684.1
Public	174.0	180.5	186.8	192.9	218.1	235.0
Private	1,071.1	1,114.1	1,156.4	1,196.2	1,354.4	1,449.0
Baseline Surplus / Shortfall	-89.8	-145.6	-183.1	-234.0	-397.7	-513.5
Public	-12.0	-28.4	-35.0	-39.0	-72.4	-83.9
Private	-77.8	-117.3	-148.1	-194.9	-325.3	-429.5
Unmet Demand						
Public	306.8	317.6	328.3	338.4	381.0	410.4
Unmet Demand Surplus / Shortfall						
Public	-144.8	-165.5	-176.5	-184.5	-235.3	-259.3
Demand - Unutilised hours scenario						
Private	990.9	1,034.0	1,076.2	1,116.0	1,274.2	1,368.8
Surplus / Shortfall - Unutilised hours scenario						
Private	2.4	-37.2	-67.9	-114.7	-245.1	-349.3

Oral Health Practitioners (Oral health therapists, dental hygienists and dental therapists grouped together)

The supply model assumes that there will be no new domestic entries into the dental hygienist and dental therapist divisions from 2024 onwards. This is because most universities now offer oral health programs that combine both fields of study rather than separate courses in dental hygiene or therapy.¹⁶ This section discusses the combined results for oral health practitioners. Please note that these combined results are not included in the compendium results provided with this report.

- The supply of oral health practitioners is estimated to increase from 4,179.9 FTE in 2025 to 5,561.8 FTE by 2038. Over this period, the average FTE per oral health practitioner is expected to remain steady at approximately 0.8.
- The baseline demand estimates indicate a current shortfall of 137.2 FTE oral health practitioners in 2025, with the shortage expected to rise to 249.4 FTE by 2038.

Public sector: The baseline demand estimates indicate a 12.1% shortage of FTE oral health practitioners in 2025, increasing significantly to 58.3% by 2038.

Private sector: The baseline demand estimates indicate that FTE for the oral health practitioner workforce will remain balanced ($\pm 3.0\%$) for most of the projection period, except in the final two years (2037 and 2038) when it is expected to shift to an oversupply of 3.3% and 3.9% respectively.

- Under the unmet demand scenario, the **public sector** is expected to have a shortfall of 710.0 FTE oral health practitioners in 2025, with the deficit projected to increase to 1,246.0 FTE by 2038. In percentage terms, this represents an 88.4% shortage of FTE oral health practitioners in 2025, which is projected to increase to 166.0% shortage by 2038.
- Under the unutilised work hours scenario, demand estimates for the **private sector** suggest an oversupply of 319.4 FTE oral health practitioners in 2025, which is projected to increase to 548.1 FTE by 2038. In percentage terms, the oversupply is estimated at 9.5% in 2025, increasing to 11.4% by 2038.

¹⁶ Australian Health Practitioner Regulation Agency, 2024, [Approved Programs of Study](#), accessed 8 January 2025.

Summary of State and Territory Projections

Throughout the projection period (2025 to 2038), most states and territories are expected to be in shortage for both dentists and allied dental practitioners in the public sector. For the private sector, dentists are projected to be in oversupply, while allied dental practitioners are projected to be in undersupply in most states and territories.¹⁷ Table 17 and 18 presents summaries of state and territory projections for dentists and allied dental practitioners in the public and private sectors respectively. Detailed results for each state and territory are included in Appendix A.

Table 17: Summary of State-level projections - Projected under/oversupply of FTE dentists and % under/oversupply, 2025 and 2038

State/Territory	Baseline Surplus / Shortfall		Baseline Surplus / Shortfall (Public)		Baseline Surplus / Shortfall (Private)		Unmet Demand Surplus / Shortfall (Public)		Surplus / Shortfall - Unutilised hours scenario (Private)	
	2025	2038	2025	2038	2025	2038	2025	2038	2025	2038
NSW	-43.9 (-0.8%)	-59.8 (-0.9%)	-22.2 (-4.9%)	-117.5 (-25.1%)	-21.6 (-0.4%)	57.8 (1.0%)	-240.8 (-53.0%)	-386.4 (-82.5%)	454.0 (9.3%)	533.3 (8.8%)
VIC	86.0 (1.9%)	309.7 (4.7%)	3.3 (0.9%)	-86.1 (-20.4%)	82.8 (2.0%)	395.8 (6.5%)	-271.0 (-75.0%)	-475.3 (-112.7%)	466.4 (11.4%)	779.4 (12.8%)
QLD	-7.0 (-0.2%)	41.4 (0.9%)	-53.9 (-14.5%)	-164.7 (-44.5%)	46.9 (1.4%)	206.1 (4.6%)	-470.1 (-126.9%)	-689.8 (-186.2%)	339.0 (9.9%)	498.2 (11.2%)
SA	-28.5 (-2.6%)	-55.9 (-4.8%)	-16.4 (-16.7%)	-46.3 (-57.0%)	-12.1 (-1.2%)	-9.6 (-0.9%)	-65.8 (-66.9%)	-101.3 (-124.7%)	89.3 (9.1%)	91.8 (8.4%)
WA	6.6 (0.4%)	105.0 (4.2%)	-16.6 (-9.6%)	-70.1 (-41.0%)	23.2 (1.4%)	175.1 (7.6%)	-100.9 (-58.3%)	-177.4 (-103.6%)	193.9 (11.4%)	345.8 (15.0%)
TAS	-14.3 (-5.6%)	9.7 (3.3%)	-13.8 (-50.1%)	-15.1 (-52.4%)	-0.5 (-0.2%)	24.9 (9.4%)	-63.4 (-230.3%)	-67.9 (-235.2%)	-	-
NT	-9.5 (-10.9%)	-19.4 (-17.3%)	-8.2 (-45.5%)	-18.3 (-107.9%)	-1.3 (-1.8%)	-1.0 (-1.0%)	-21.6 (-120.2%)	-36.4 (-214.8%)	-	-
ACT	-1.9 (-0.6%)	-19.4 (-4.3%)	1.8 (6.5%)	-4.5 (-14.6%)	-3.7 (-1.2%)	-14.8 (-3.6%)	-14.2 (-51.2%)	-26.6 (-85.8%)	30.8 (10.0%)	19.7 (4.7%)
National	-12.3 (-0.1%)	311.4 (1.4%)	-125.8 (-8.2%)	-522.7 (-32.9%)	113.5 (0.7%)	834.1 (4.0%)	-1,247.6 (-81.5%)	-1,961.0 (-123.3%)	1,571.3 (10.0%)	2,291.9 (11.0%)

¹⁷ To estimate demand under the unutilised clinical work hours scenario, the supply FTE in the Monash Modified Model – Category 1 (MM1 i.e. metropolitan) areas is adjusted to account for unutilised clinical work hours. Since Tasmania and the Northern Territory do not have MM1 areas, this scenario is not estimated for them.

Table 18: Summary of State-level projections - Projected under/oversupply of FTE allied dental practitioners and % under/oversupply, 2025 and 2038

State/Territory	Baseline Surplus / Shortfall		Baseline Surplus / Shortfall (Public)		Baseline Surplus / Shortfall (Private)		Unmet Demand Surplus / Shortfall (Public)		Surplus / Shortfall - Unutilised hours scenario (Private)	
	2025	2038	2025	2038	2025	2038	2025	2038	2025	2038
NSW	-73.6 (-4.8%)	-252.9 (-12.4%)	-8.0 (-3.6%)	-82.2 (-34.3%)	-65.5 (-5.1%)	-170.7 (-9.5%)	-114.7 (-51.1%)	-230.1 (-95.9%)	59.9 (4.6%)	-45.2 (-2.5%)
VIC	-49.7 (-3.8%)	-124.4 (-6.3%)	-24.7 (-10.7%)	-149.6 (-56.7%)	-25.1 (-2.3%)	25.4 (1.5%)	-220.5 (-95.5%)	-466.7 (-176.8%)	79.3 (7.2%)	129.6 (7.6%)
QLD	-23.7 (-2.4%)	-95.9 (-8.6%)	-66.2 (-31.8%)	-195.7 (-137.8%)	42.6 (5.4%)	99.8 (10.3%)	-336.1 (-161.2%)	-526.9 (-371.0%)	113.9 (14.4%)	171.1 (17.6%)
SA	-44.2 (-7.5%)	-216.3 (-34.8%)	3.3 (3.7%)	-18.0 (-21.0%)	-47.6 (-9.5%)	-198.4 (-37.0%)	-34.4 (-37.8%)	-62.8 (-73.2%)	15.4 (3.1%)	-135.3 (-25.2%)
WA	-19.7 (-2.9%)	-21.9 (-2.8%)	-9.9 (-7.1%)	-53.5 (-48.2%)	-10.0 (-1.9%)	31.5 (4.7%)	-76.5 (-54.5%)	-126.5 (-114.0%)	57.1 (10.6%)	98.4 (14.7%)
TAS	0.4 (0.4%)	-8.5 (-9.1%)	0.3 (0.6%)	-5.6 (-17.1%)	0.2 (0.4%)	-3.0 (-4.9%)	-51.7 (-119.4%)	-51.2 (-157.2%)	-	-
NT	-11.4 (-47.3%)	-17.1 (-78.4%)	-5.5 (-58.5%)	-14.0 (-162.6%)	-6.0 (-40.8%)	-3.1 (-23.3%)	-13.0 (-138.3%)	-25.5 (-296.2%)	-	-
ACT	-5.0 (-5.8%)	-15.1 (-15.0%)	1.7 (9.5%)	-3.2 (-19.0%)	-6.8 (-10.0%)	-11.9 (-14.2%)	-7.9 (-45.4%)	-15.7 (-92.3%)	2.3 (3.3%)	-2.8 (-3.3%)
National	-227.1 (-4.3%)	-762.9 (-11.3%)	-108.9 (-11.3%)	-521.4 (-57.8%)	-118.2 (-2.7%)	-241.3 (-4.1%)	-854.8 (-88.5%)	-1505.3 (-167.0%)	321.8 (7.4%)	198.7 (3.4%)

What do the results indicate?

Despite the overall increase in the number of dental practitioners, significant challenges remain due to inequality in access to dental services, particularly for public patients, as well as the uneven geographic distribution of the dental workforce.

The study presents long-term projections of supply and demand for dental practitioners, highlighting a significant gap in Australia's public dental workforce needed to meet the needs of eligible populations. On the other hand, the private sector is projected to experience an oversupply of dentists over the next 15 years.

The baseline demand projections (FTE) suggest an 8.2% shortage of dentists and an 11.3% shortage of allied dental practitioners in the public sector in 2025. This workforce gap is expected to worsen more than four times over the next 15 years.

A key challenge facing the dental workforce is the major maldistribution between public and private sectors. Currently, only 8.9% of dentists (FTE) work in the public sector and this proportion is projected to decline further to 7.0% by 2038 (Table 8). Similarly, the proportion of FTE allied dental practitioners in the public sector is estimated to decline from 18.1% in 2025 to 13.4% by 2038 (Table 11). Given that approximately 40.0% of Australians are eligible for public dental services, this maldistribution has resulted in long waiting lists for public dental services.¹⁸

Considering unmet demand based on the waiting lists data from states and territories, the findings highlight a much higher shortage of dental practitioners across the Australian public dental system. It is important to note that waiting lists only capture a proportion of unmet demand given that long waiting times for public dental services may discourage many eligible patients from seeking public care and hence leave them unaccounted for, on the waiting lists.

Another important issue with access to dental services is affordability. Cost is a major barrier affecting access to dental services in Australia with individuals directly funding almost 60% of total expenditure on dental services.¹⁹ Results from the National Dental Telephone Interview Survey 2021 suggested that over 31.6% of Australians aged 18 years and over avoided or delayed dental care due to cost.²⁰

The results from this study suggest that there is unutilised workforce capacity in the private sector. Considering unutilised work hours in the private sector (based on ADA CommBank

¹⁸ Parliament of Australia, 2023, [Provision of and Access to Dental Services in Australia](#), Final report, Select Committee into the Provision of and Access to Dental Services in Australia - A system in decay: a review into dental services in Australia, accessed 8 January 2025.

¹⁹ Australian Institute of Health and Welfare, 2024, [Oral health and dental care in Australia](#), accessed 8 January 2025.

²⁰ Australian Research Centre for Population Oral Health, 2022, [National Dental Telephone Interview Survey \(NDTIS\) Findings](#), University of Adelaide, accessed 8 January 2025.

Dental Insights Report 2024), the study estimates 10.0% oversupply of FTE dentists in 2025, with this surplus expected to grow slightly to 11.0% by 2038.

Combining the workforce surplus/shortfall estimates across the public and private sectors suggests that, overall, dentists are expected to be in a slight oversupply (1.5–1.9%) throughout the projection period, whereas allied dental practitioners are expected to experience a persistent shortage.

During consultations, Australian Dental Association (ADA) suggested a publicly funded voucher system that would allow overflow public patients to access private practices, potentially reducing public dental waiting times. Grattan Institute's report *Filling the gap: A universal dental scheme for Australia (2019)* also recommended delivering publicly funded dental care through a mix of public and private providers.²¹ However, these approaches do not address the broader issue of workforce maldistribution. The final report of the Senate Inquiry into provision of and access to dental services (2023) recommended improving remuneration and working conditions for dentists and allied dental practitioners practicing in the public sector, to make them more competitive with the private sector. It also proposed considering a compulsory paid placement in the public health system following graduation as a requirement for dental licensing or degree completion.²²

This study also highlights the uneven distribution of dental practitioners across states and territories. However, barriers to accessing dental services and the strategies to address them vary based on the unique challenges each state and territory faces. Box 1 below presents a case study on the Northern Territory, demonstrating how geographic and demographic factors play a crucial role in shaping policy solutions to improve population oral health.

It is worth mentioning that the Commonwealth Department of Health, Disability and Ageing (the department) is developing the new National Oral Health Plan 2025–2034 in partnership with states and territories. The National Plan will establish measurable actions to ensure affordable and accessible oral health care for all Australians. It will build on the progress made through the 2015–2024 National Plan, address current and projected challenges and identify emerging priorities. Consultations with key stakeholders are underway. This study provides a solid evidence-base for informing the National Oral Health Plan 2025–2034 and future workforce planning and policies on the dental workforce.

²¹ Grattan Institute, 2019, [Filling the gap: A universal dental scheme for Australia](#), accessed 15 January 2025.

²² Select Committee into the Provision of and Access to Dental Services in Australia - A system in decay: a review into dental services in Australia. Final report, 2023, [Provision of and Access to Dental Services in Australia – Parliament of Australia](#), accessed 29 November 2024.

Box 1: Northern Territory Case Study

Northern Territory: Case study

The Northern Territory (NT), a large territory in central northern Australia, is the least populous of the country's eight states and territories. It has the highest proportion of Aboriginal and Torres Strait Islander peoples relative to its total population (31.0%)²³, and nearly all its land areas is classified as remote (MM6) or very remote (MM7). These geographic and demographic factors present significant challenges in accessing appropriate oral health services.

Aboriginal and Torres Strait Islander (First Nations) children are more likely than non-Indigenous children to experience tooth decay, making dental care a significant public health concern among First Nations children. Several factors contribute to the poorer oral health outcomes, including social disadvantage, limited access to nutritious foods, and inadequate or no access to dental services and preventive care, especially in remote areas.

To address these challenges, the Northern Territory Remote Aboriginal Investment Oral Health Program (NTRAI OHP) and the Northern Territory Government Child Oral Health Program work with primary health care providers to provide preventive and clinical dental services to First Nations children.²⁴ The NT also implemented Community Water Fluoridation (CWF) in 5 remote NT communities in 2014.²⁵

All children in the NT are also eligible for Child Dental Benefits Scheme, however uptake remains low.²⁶ A key factor in healthcare delivery in the region is the preference for Aboriginal Community Controlled Health Organisations (ACCHOs) as the primary model for Aboriginal and Torres Strait Islander healthcare. More than 50% of Aboriginal and Torres Strait Islander people prefer to seek care at an ACCHO rather than a non-Indigenous practice and this number continues to grow. However, dental services within ACCHOs is still in the early stages of development, contributing to the low uptake of CDBS in the NT.²⁷

As a result, the model of care in the NT differs significantly from those in other states and territories. Consequently, MBS and FFA data do not capture a substantial portion of the dental services delivered in the region.

²³ Australian Bureau of Statistics, June 2021, [Estimates of Aboriginal and Torres Strait Islander Australians](#), ABS website, accessed 21 January 2025.

²⁴ Australian Institute of Health and Welfare, 2022, [Oral health outreach services for Aboriginal and Torres Strait Islander children in the Northern Territory: July 2012 to December 2022](#), accessed 21 January 2025.

²⁵ Chondur R, Raymond KJ, Zhao Y, Bailie R, Burgess P., 2024, [Effects of community water fluoridation on child dental caries in remote Northern Territory, Australia: a difference-in-difference analysis](#). Rural and Remote Health, accessed 22 January 2025.

²⁶ National Aboriginal Community Controlled Health Organisation (NACCHO), 2022, [Submission-to-the-Fifth-Review-of-the-Child-Dental-Benefits-Schedule.pdf](#), accessed 21 January 2025.

²⁷ National Aboriginal Community Controlled Health Organisation (NACCHO), 2023, [Provision of and Access to Dental Services in Australia, Submission to Select Committee.pdf](#), accessed 22 January 2025.

Health workforce shortages, especially in remote areas, further exacerbates the service delivery challenges, leading to long waiting times and delayed treatments. While the NT has one of the highest rates of preventable hospitalisations, its rate of dental-related preventable hospitalisations²⁸ remains low due to the hospital system's limited capacity to meet demand for dental services.

Moving forward, the NT aims to expand its preventive efforts by further integrating oral health programs into primary healthcare services and investing in telehealth to bridge the accessibility gap. Strengthening partnerships with ACCHOs and implementing targeted recruitment strategies for dental practitioners will be essential to ensuring equitable oral health care for all residents. These efforts will help reduce disparities and improve long-term health outcomes across the NT.²⁹

Consultations

During development of the dental model, the department consulted with the following stakeholders:

- The Australian Dental Association
- The National Dental Directors
- State and Territory Dental teams/Chief Dental Officer

Next steps

The dental model will be updated every two years with the latest available data across all data sources.

We welcome stakeholder feedback to support the continuous improvement of the model, enhancing its value as a tool for effective health program delivery and workforce planning.

If you require further information regarding the Dental model or the results as published contact us at healthworkforcedata@health.gov.au.

²⁸ Australian Institute of Health and Welfare, 2022, [Potentially preventable hospitalisations in Australia by small geographic areas, 2020–21 to 2021–22](#), accessed 22 January 2025.

²⁹ Northern Territory Government, [NT Health annual report 2022-23](#), accessed 22 January 2025.

Appendix A: Detailed State and Territory Projections

New South Wales (NSW)

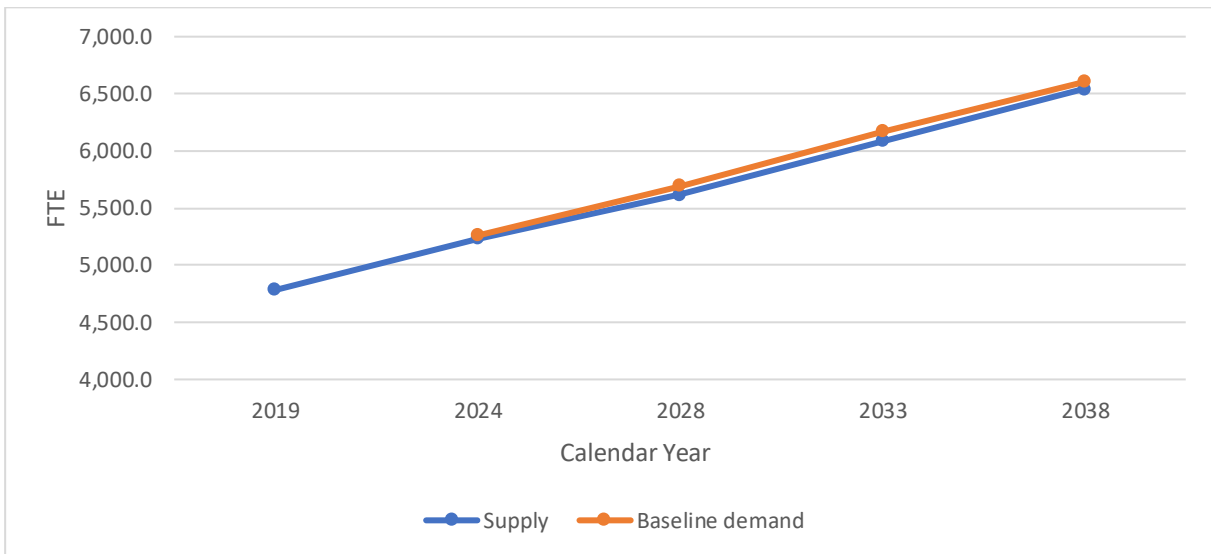
Dentists (Figure 9)

- The overall demand gap for dentists in NSW is estimated at 43.9 FTE in 2025, with the undersupply expected to rise to 59.8 FTE by 2038.

Public sector: Based on baseline demand projections, NSW faces a shortfall of 22.2 FTE dentists in 2025, with this shortage expected to increase to 117.5 FTE by 2038. Under the unmet demand scenario, the current shortfall is estimated at 240.8 FTE in 2025, with the deficit expected to rise to 386.4 FTE by 2038.

Private sector: Based on baseline demand projections, NSW faces a shortfall of 21.6 FTE dentists in 2025. However, this is expected to shift to an oversupply of 57.8 FTE by 2038. Under the unutilised work hours scenario, NSW already has an oversupply of 454.0 FTE dentists in 2025, which is projected to grow to 533.3 FTE by 2038.

Figure 9: FTE dentists: NSW supply versus demand, 2019–38



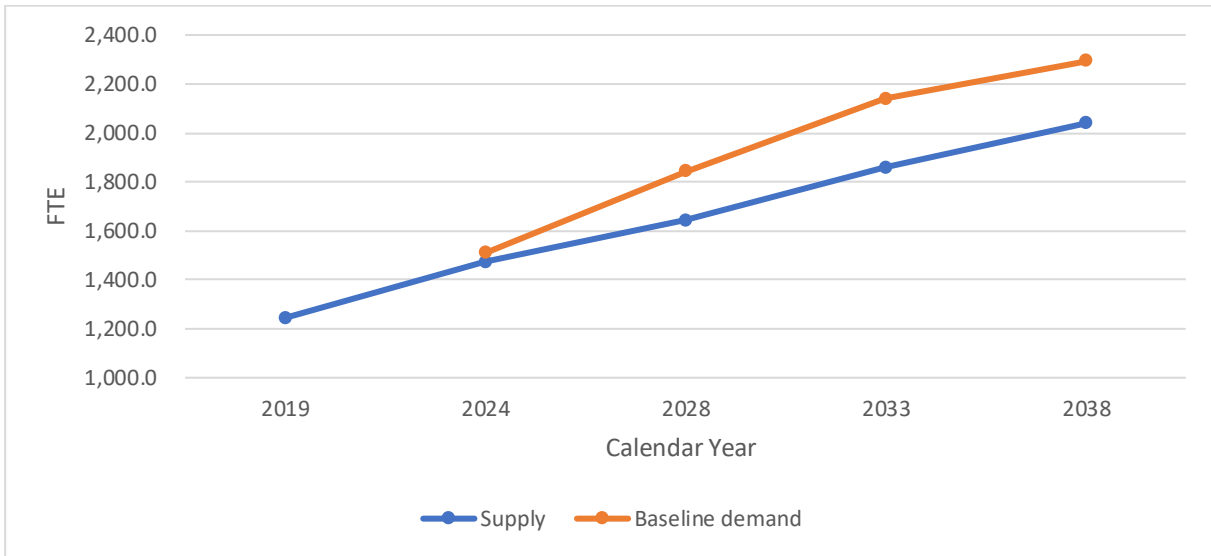
Allied dental practitioners (Figure 10)

- The overall demand gap for allied dental practitioners in NSW is estimated at 73.6 FTE in 2025, with the total undersupply expected to rise significantly to 252.9 FTE by 2038.

Public sector: Based on baseline demand projections, NSW faces a shortfall of 8.0 FTE allied dental practitioners in 2025, with the shortage projected to rise to 82.2 FTE by 2038. Under the unmet demand scenario, the current shortfall is estimated at 114.7 FTE in 2025, with the shortage expected to rise to 230.1 FTE by 2038.

Private sector: Based on baseline demand projections, NSW faces a shortfall of 65.5 FTE allied dental practitioners in 2025, with the shortage expected to rise to 170.7 FTE by 2038. Under the unutilised work hours scenario, NSW has an oversupply of 59.9 FTE allied dental practitioners in 2025. However, this surplus is expected to shift to a shortage of 45.2 FTE by 2038.

Figure 10: FTE allied dental practitioners: NSW supply versus demand, 2019–38



Victoria (VIC)

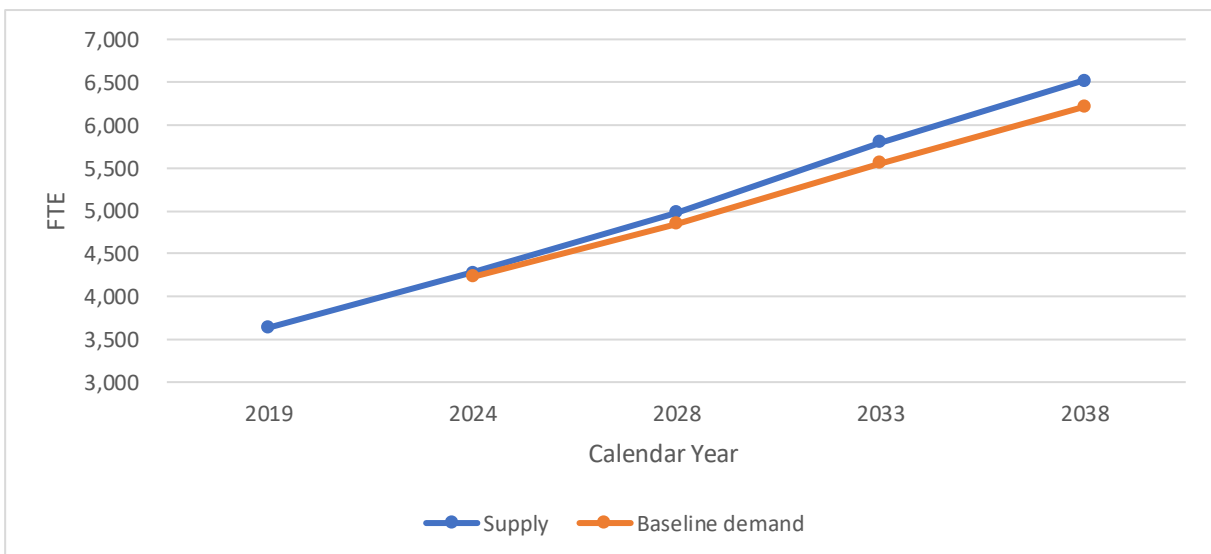
Dentists (Figure 11)

- The overall supply of dentists in Victoria is estimated at 86.0 FTE 2025, with the surplus projected to grow to 309.7 FTE by 2038.

Public sector: Based on baseline demand, VIC currently has a slight oversupply of 3.3 FTE dentists in 2025, which is expected to increase to 86.1 FTE by 2048. Under the unmet demand scenario, however, VIC faces a shortfall of 271.0 FTE in 2025, with this deficit projected to rise to 475.3 FTE by 2038.

Private sector: Based on baseline demand, VIC has a current oversupply of 3.3 FTE dentists in 2025, but this is expected to shift to an oversupply of 86.1 FTE by 2038. The unutilised work hours scenario indicates an existing oversupply of 466.4 FTE dentists in 2025, increasing further to 779.4 FTE by 2038.

Figure 11: FTE dentists: VIC supply versus demand, 2019–38



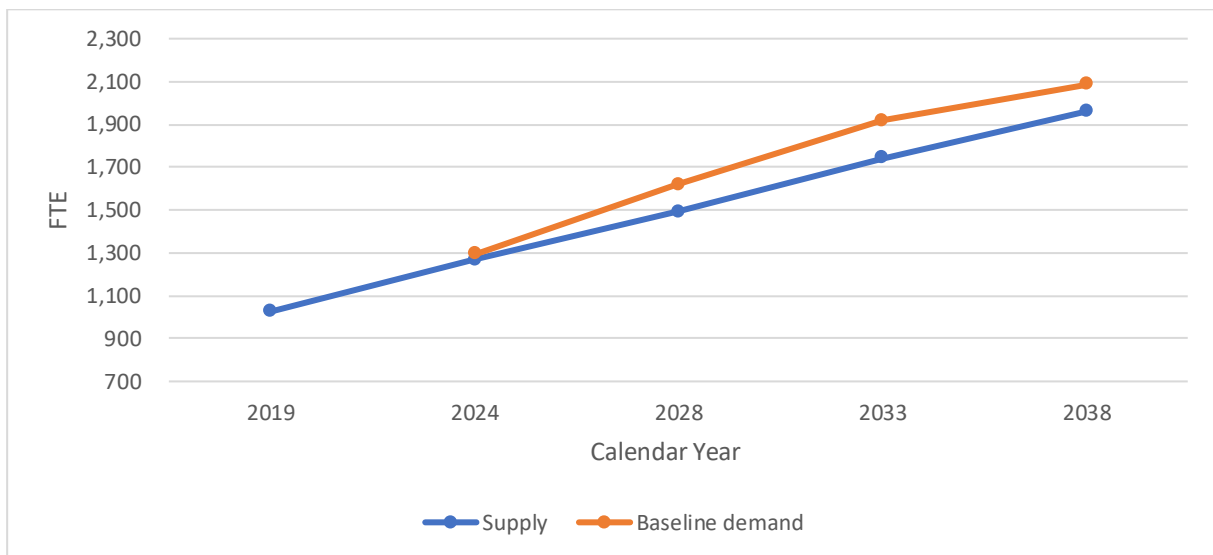
Allied dental practitioners (Figure 12)

- The overall demand gap for allied dental practitioners in VIC is estimated at 49.7 FTE in 2025, with the total undersupply expected to grow to 124.4 FTE by 2038.

Public sector: Based on baseline demand, VIC currently has a shortfall of 24.7 FTE allied dental practitioners in 2025, which is projected to rise to 149.6 FTE by 2038. Under the unmet demand scenario, the shortfall is significantly higher, starting at 220.5 FTE in 2025 and increasing to 466.7 FTE by 2038.

Private sector: Based on baseline demand, VIC has a shortfall of 25.1 FTE allied dental practitioners in 2025, but this is expected to shift to an oversupply of 25.4 FTE by 2038. The unutilised work hours scenario projects an existing oversupply of 79.3 FTE allied dental practitioners in 2025, which is anticipated to grow to 129.6 FTE by 2038.

Figure 12: FTE allied dental practitioners: VIC supply versus demand, 2019–38



Queensland (QLD)

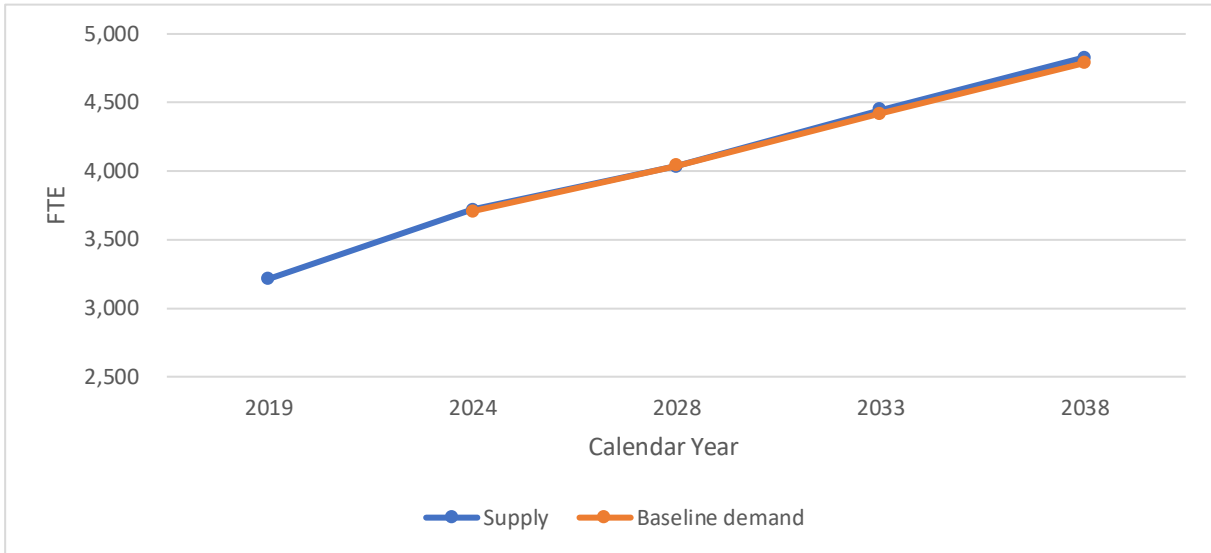
Dentists (Figure 13)

- The overall demand gap for dentists in QLD is estimated at 7.0 FTE in 2025, with the oversupply projected to rise to 41.4 FTE by 2038.

Public sector: Based on baseline demand, QLD has a current oversupply of 53.9 FTE dentists in 2025, which is expected to shift into an undersupply of 164.7 FTE by 2038. Under the unmet demand scenario, the shortfall is significantly higher, starting at 470.1 FTE in 2025 and increasing to 689.8 FTE by 2038.

Private sector: Based on baseline demand, QLD has an oversupply of 46.9 FTE dentists in 2025, with the surplus expected to increase to 206.1 FTE by 2038. The unutilised work hours scenario projects an existing oversupply of 339.0 FTE dentists in 2025, which is expected to rise to 498.2 FTE by 2038.

Figure 13: FTE dentists: QLD supply versus demand, 2019–38



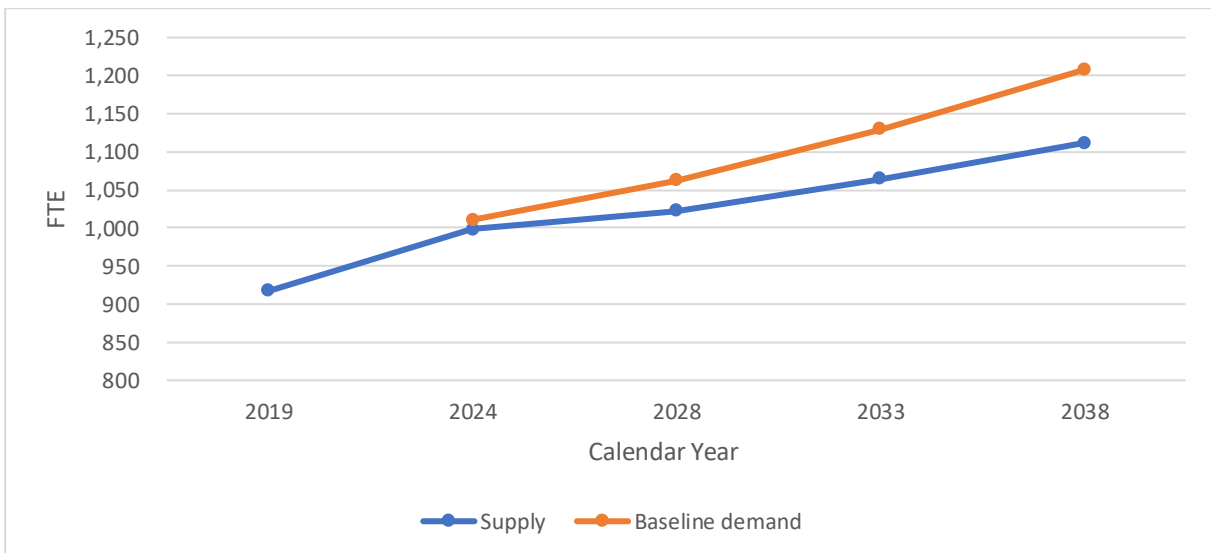
Allied dental practitioners (Figure 14)

- The overall demand gap for allied dental practitioners in QLD is estimated at 23.7 FTE in 2025, with the total undersupply expected to grow to 95.9 FTE by 2038.

Public sector: Based on baseline demand, QLD currently has a shortfall of 66.2 FTE allied dental practitioners in 2025, which is projected to rise to 195.7 FTE by 2038. Under the unmet demand scenario, Queensland faces a shortfall of 336.1 FTE in 2025, with this shortage projected to rise to 526.9 FTE by 2038.

Private sector: Based on baseline demand, QLD has an oversupply of 42.6 FTE allied dental practitioners in 2025, which is expected to increase to 99.8 FTE by 2038. The unutilised work hours scenario projects an existing oversupply of 113.9 FTE allied dental practitioners in 2025, which is expected to rise to 171.1 FTE by 2038.

Figure 14: FTE allied dental practitioners: QLD supply versus demand, 2019–38



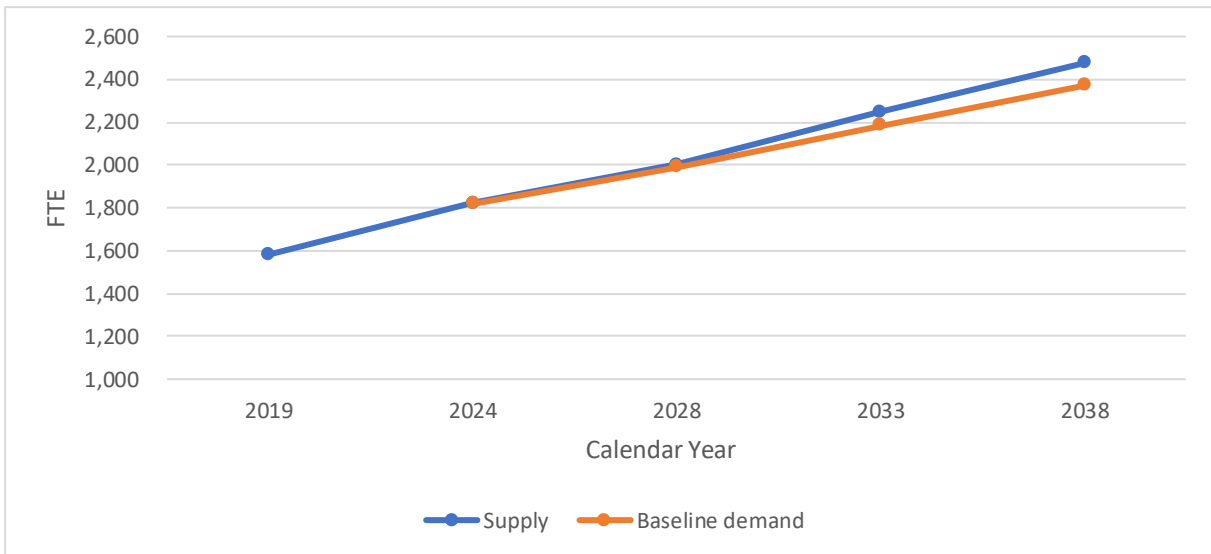
Western Australia (WA)
Dentists (Figure 15)

- The overall demand gap for dentist in WA is estimated at 6.6 FTE in 2025, with the oversupply expected to rise to 105.0 FTE by 2038.

Public sector: Based on baseline demand, WA currently faces a shortfall of 16.6 FTE dentists in 2025, which is projected to increase to 70.1 FTE by 2038. Under the unmet demand scenario, the shortfall is higher, starting at 100.9 FTE in 2025 and rising to 177.4 FTE by 2038.

Private sector: Based on baseline demand, WA has an oversupply of 23.2 FTE dentists in 2025, which is expected to grow to 175.1 FTE by 2038. The unutilised work hours scenario projects an oversupply, with 193.9 FTE dentists in 2025, increasing to 345.8 FTE by 2038.

Figure 15: FTE dentists: WA supply versus demand, 2019–38



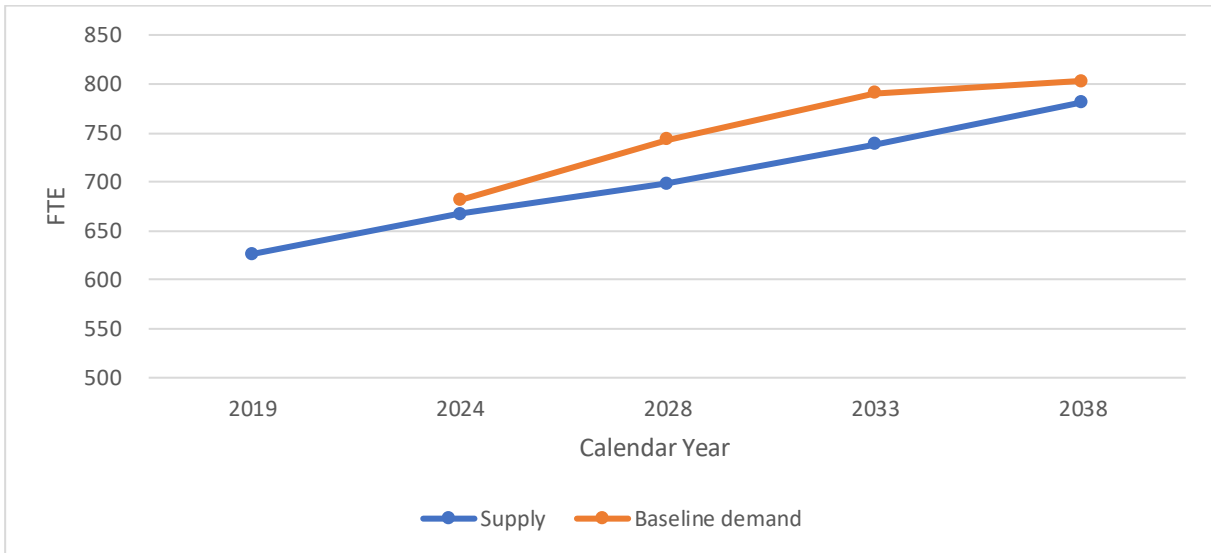
Allied dental practitioners (Figure 16)

- The overall demand gap for allied dental practitioners in WA is estimated at 19.7 FTE in 2025, with the total undersupply expected to grow slightly to 21.9 FTE by 2038.

Public sector: Based on baseline demand, WA currently has a shortfall of 9.9 FTE allied dental practitioners in 2025, which is projected to rise to 53.5 FTE by 2038. Under the unmet demand scenario, WA faces a shortfall of 76.5 FTE in 2025, with this deficit expected to rise to 126.5 FTE by 2038.

Private sector: Based on baseline demand, WA has a shortfall of 10.0 FTE allied dental practitioners in 2025, but this is expected to shift to an oversupply of 31.5 FTE by 2038. The unutilised work hours scenario projects an existing oversupply of 57.1 FTE dentists in 2025, which is expected to rise to 98.4 FTE by 2038.

Figure 16: FTE allied dental practitioners: WA supply versus demand, 2019–38



South Australia (SA)

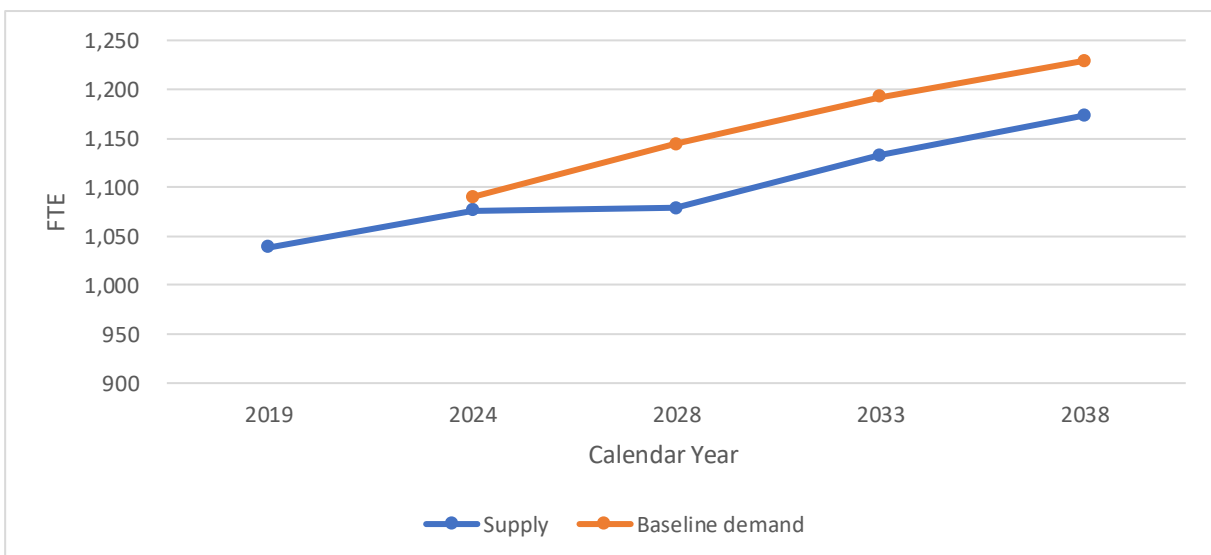
Dentists (Figure 17)

- The overall demand gap for dentists in SA is estimated at 28.5 FTE 2025, with the total undersupply expected to rise to 55.9 FTE by 2038.

Public sector: Based on baseline demand, SA currently has a shortfall of 16.4 FTE dentists in 2025, which is projected to rise to 46.3 FTE by 2038. Under the unmet demand scenario, SA faces a shortfall of 65.8 FTE in 2025, with this shortage projected to rise to 101.3 FTE by 2038.

Private sector: Based on baseline demand, SA has a shortfall of 12.1 FTE dentists in 2025, but this is projected to decline to 9.6 FTE by 2038. The unutilised work hours scenario estimates an oversupply of 89.3 FTE dentists in 2025, which is expected to rise slightly to 91.8 FTE by 2038.

Figure 17: FTE dentists: SA supply versus demand, 2019–38



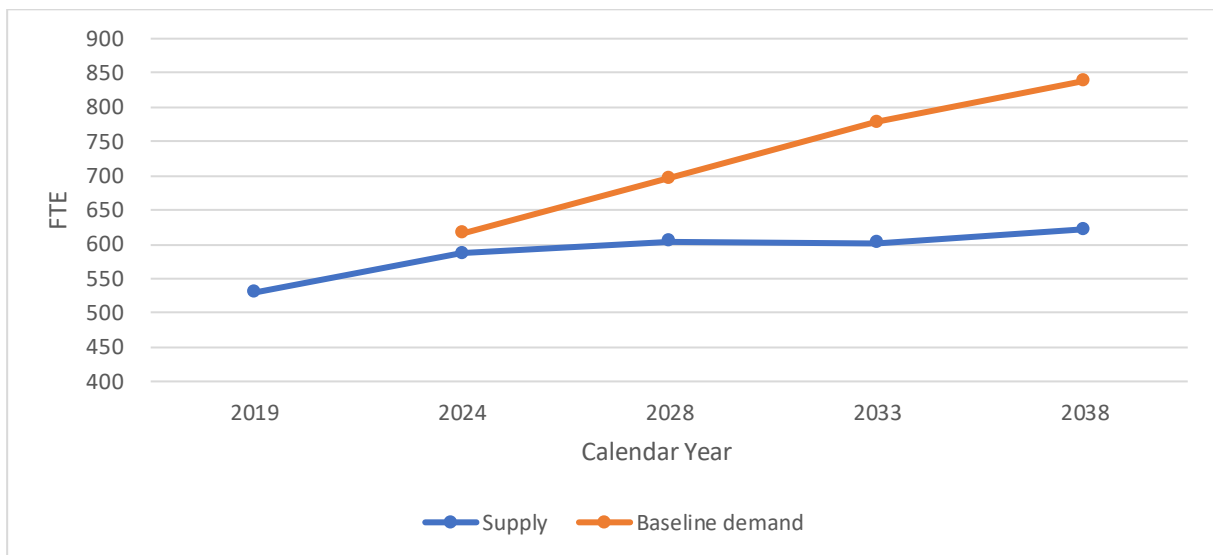
Allied dental practitioners (Figure 18)

- The overall demand gap for allied dental practitioners in SA is estimated at 44.2 FTE in 2025, with the total undersupply expected to grow significantly to 216.3 FTE by 2038.

Public sector: Based on baseline demand, SA currently has an oversupply of 3.3 FTE allied dental practitioners in 2025, which is projected to shift to undersupply of 18.0 FTE by 2038. Under the unmet demand scenario, SA faces a shortfall of 34.4 FTE in 2025, with this shortage projected to rise to 62.8 FTE by 2038.

Private sector: Based on baseline demand, SA has a shortfall of 47.6 FTE allied dental practitioners in 2025, but this is projected to rise to 198.4 FTE by 2038. The unutilised work hours scenario projects an oversupply of 15.4 FTE allied dental practitioners in 2025. However, this is expected to shift to a shortage of 135.3 FTE by 2038.

Figure 18: FTE allied dental practitioners: SA supply versus demand, 2019–38



Tasmania (TAS)

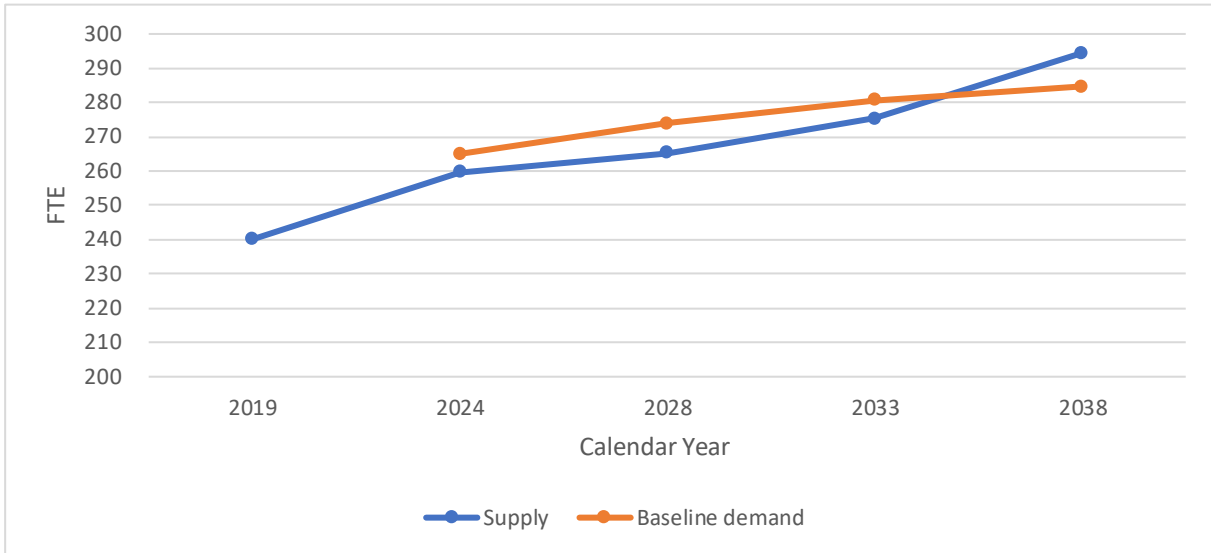
Dentists (Figure 19)

- The overall demand gap for dentists in TAS is estimated at 14.3 FTE in 2025. This trend is projected to shift to an oversupply of 9.7 FTE by 2038.

Public sector: Based on baseline demand, TAS currently has a shortfall of 13.8 FTE dentists in 2025, which is projected to rise slightly to 15.1 FTE by 2038. Under the unmet demand scenario, TAS faces a shortfall of 63.4 FTE in 2025, with this shortage rising slightly to 67.9 FTE by 2038.

Private sector: Based on baseline demand, TAS has a shortfall of 0.5 FTE dentists in 2025, but it is expected to shift to an oversupply of 24.9 FTE by 2038.

Figure 19: FTE dentists: TAS supply versus demand, 2019–38



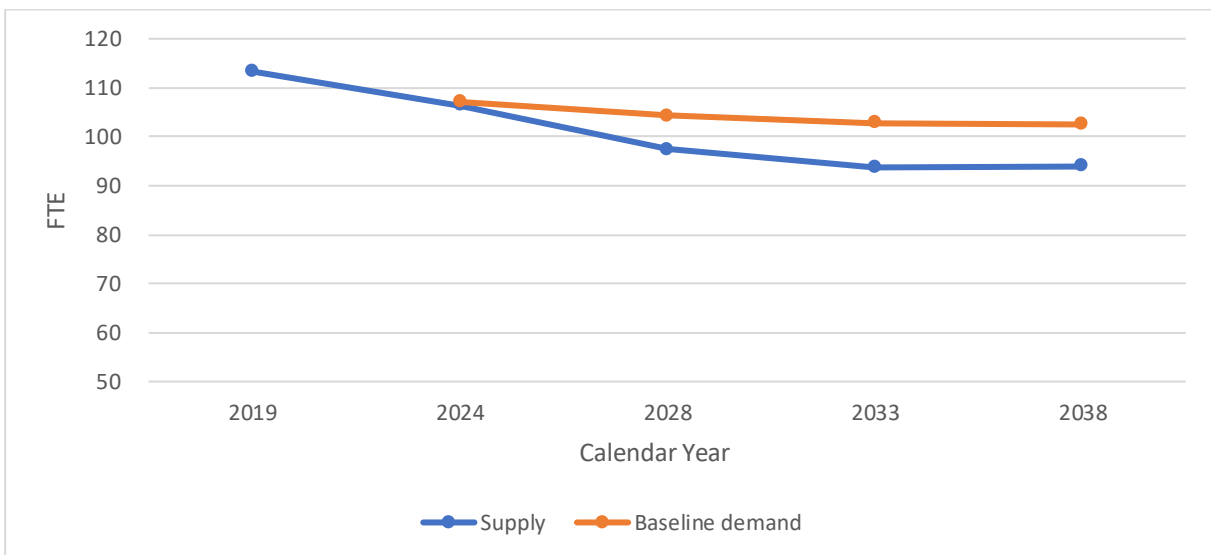
Allied dental practitioners (Figure 20)

- TAS is expected to have a slight oversupply of 0.4 FTE allied dental practitioners in 2025. However, this trend is expected to reverse, leading to a shortfall of 8.5 FTE by 2038.

Public sector: Based on baseline demand, TAS is estimated to have a small oversupply of 0.3 FTE allied dental practitioners in 2025. However, this is projected to shift to a shortage of 5.6 FTE by 2038. Under the unmet demand scenario, the shortfall is expected to be 51.7 FTE in 2025, slightly decreasing to 51.2 FTE by 2038.

Private sector: Based on baseline demand, TAS is projected to have an oversupply of 0.2 FTE allied dental practitioners in 2025, shifting to a shortfall of 2.9 FTE by 2038.

Figure 20: FTE allied dental practitioners: TAS supply versus demand, 2019–38



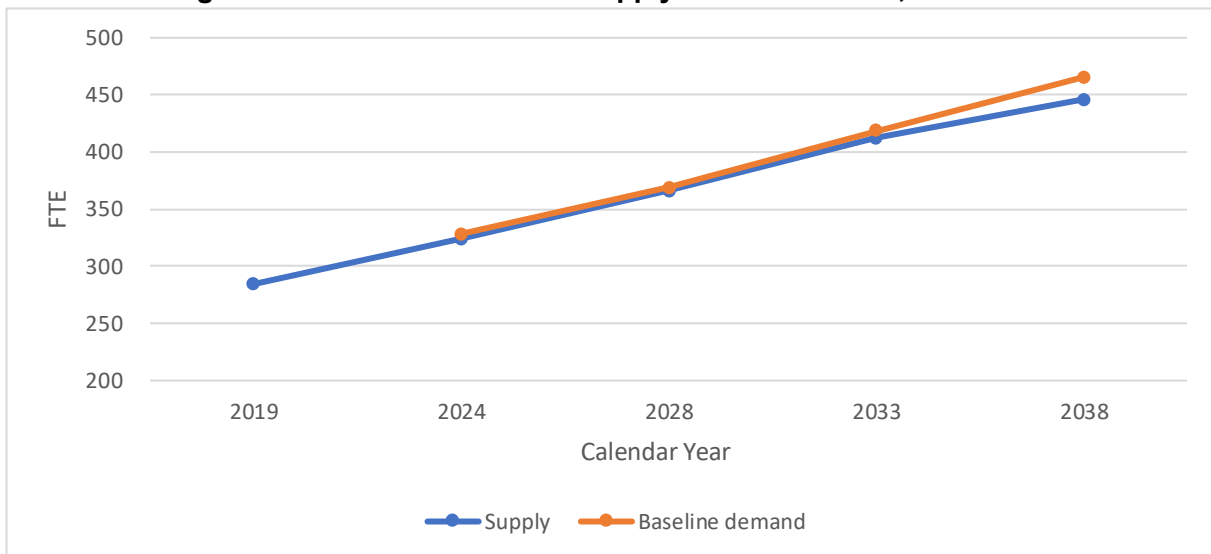
Australian Capital Territory (ACT) Dentists (Figure 21)

- The overall demand gap for dentists in the ACT is estimated 1.9 FTE in 2025, with the total undersupply projected to grow to 19.4 FTE by 2038.

Public sector: Based on baseline demand, the ACT is expected to have a slight oversupply of 1.8 FTE dentists in 2025. However, this is projected to shift to a shortfall of 4.5 FTE by 2038. Under the unmet demand scenario, the current shortfall is estimated at 14.2 FTE in 2025, increasing to 26.6 FTE by 2038.

Private sector: Based on baseline demand, the ACT has a current shortfall of 3.7 FTE dentists in 2025, which is projected to rise to 14.8 FTE by 2038. Meanwhile, the unutilised work hours scenario suggests an oversupply of 30.8 FTE dentists in 2025, decreasing to 19.7 FTE by 2038.

Figure 21: FTE dentists: ACT supply versus demand, 2019–38



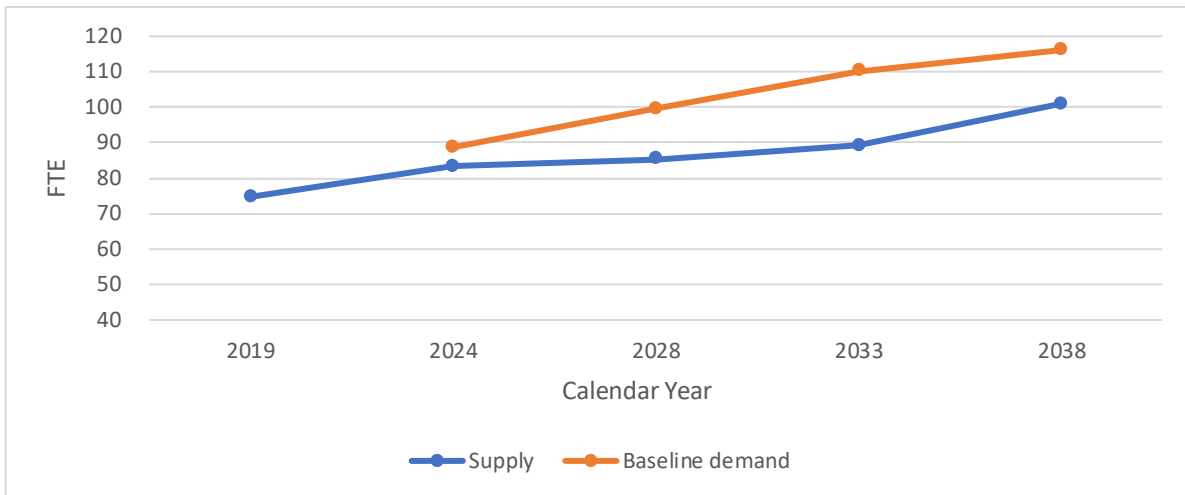
Allied dental practitioners (Figure 22)

- The overall demand gap for allied dental practitioners in the ACT is estimated at 5.0 FTE in 2025, with the total undersupply projected to grow to 15.1 FTE by 2038.

Public sector: Based on baseline demand, the ACT has a current oversupply of 1.7 FTE allied dental practitioners in 2025, which is projected to shift to an undersupply of 3.2 FTE by 2038. Under the unmet demand scenario, the current shortfall is estimated at 7.9 FTE in 2025, increasing to 15.7 FTE by 2038.

Private sector: Based on baseline demand, the ACT has a current shortfall of 6.8 FTE allied dental practitioners in 2025, which is projected to rise to 11.9 FTE by 2038. Similarly, the unutilised work hours scenario also estimates an oversupply of 2.3 FTE in 2025, which is expected to shift to a shortage of 2.8 FTE by 2038.

Figure 22: FTE allied dental practitioners: ACT supply versus demand, 2019–38



Northern Territory (NT)

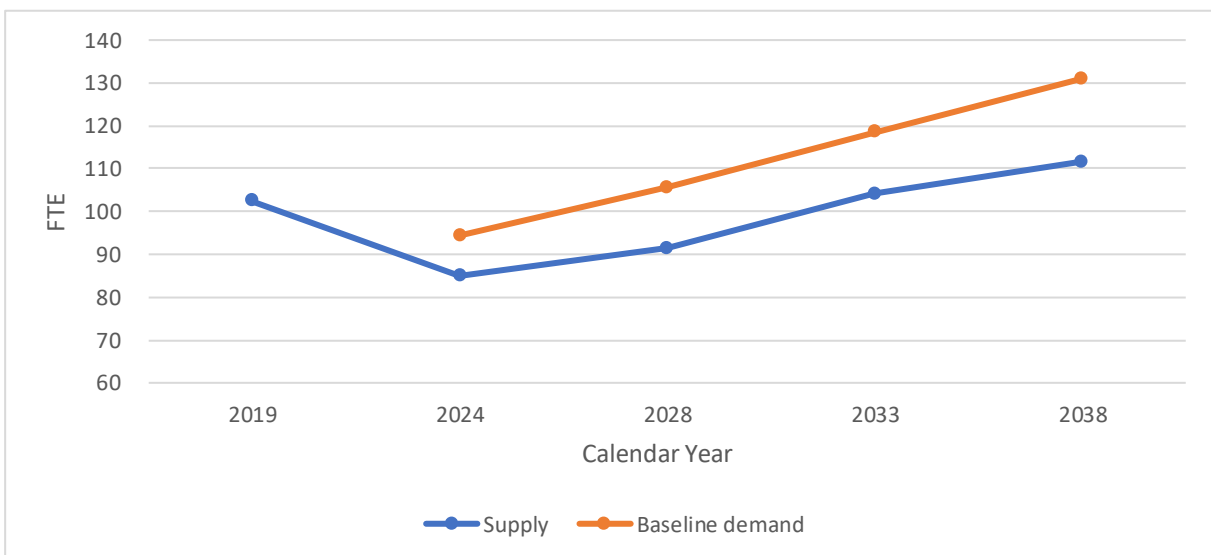
Dentists (Figure 23)

- The overall demand gap for dentists in the NT is estimated at 9.5 FTE in 2025, with the total undersupply expected to rise to 19.4 FTE by 2038.

Public sector: Based on baseline demand, the NT faces a shortfall of 8.2 FTE dentists in 2025, which is projected to increase to 18.3 FTE by 2038. Under the unmet demand scenario, the shortfall is estimated at 21.6 FTE in 2025, rising to 36.4 FTE by 2038.

Private sector: Based on baseline demand, the NT has a shortfall of 1.3 FTE dentists in 2025, which is projected to decline slightly to 1.0 FTE by 2038.

Figure 23: FTE dentists: NT supply versus demand, 2019–38



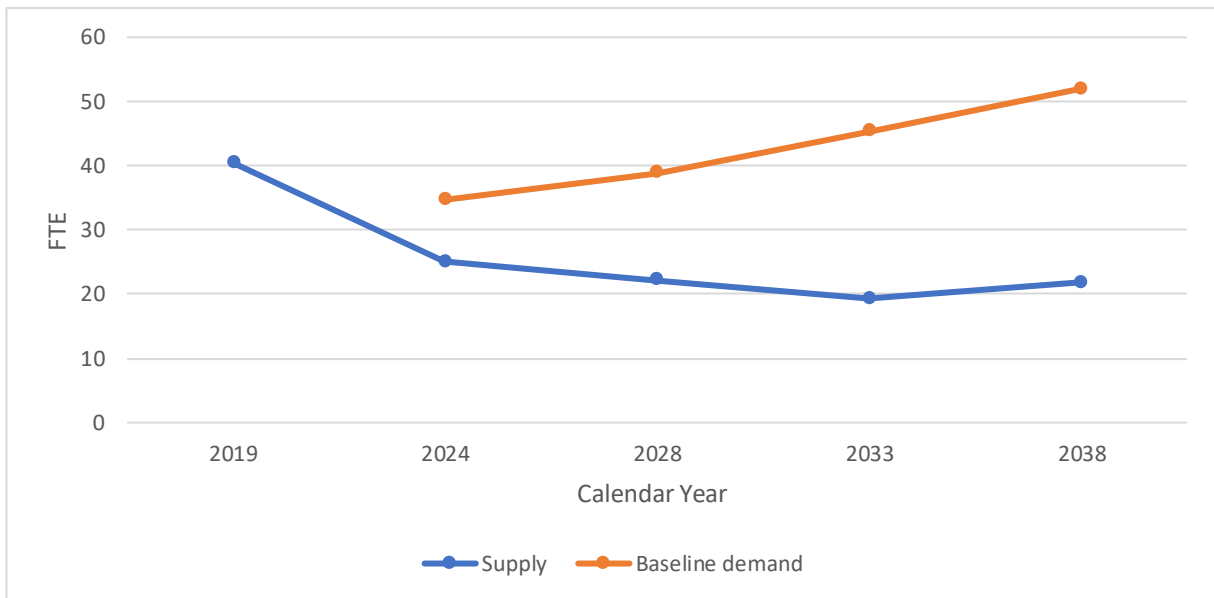
Allied dental practitioners (Figure 24)

- The overall demand gap for allied dental practitioners in the NT is estimated at 11.4 FTE in 2025, with the total undersupply expected to rise to 17.1 FTE by 2038.

Public sector: Based on baseline demand, the NT faces a shortfall of 5.5 FTE allied dental practitioners in 2025, which is projected to increase to 14.0 FTE by 2038. Under the unmet demand scenario, the shortfall is estimated at 13.0 FTE in 2025, increasing to 25.5 FTE by 2038.

Private sector: Based on baseline demand, the NT has a shortfall of 6.0 FTE allied dental practitioners in 2025, which is projected to decline to 3.1 FTE by 2038.

Figure 24: FTE allied dental practitioners: NT supply versus demand, 2019–38



Appendix B: Dental Practitioner Type

Dental practitioners are assigned a practitioner type based on the division under which they are registered. Table 18 shows the various divisions and the corresponding dental practitioner type for modelling purposes.

Table 18: Dental Practitioner Type

Dental Practitioner Type	Dental Division
Allied Dental Practitioners	Dental Hygienists
	Dental Therapists
	Oral Health Therapists
	Dental Prosthetists
Dentists (including Specialist Dentists)	Dentists

Definitions:

Dental Hygienists: Dental hygienists are professional highly trained dental practitioners who specialise in preventive oral health, focusing on techniques that ensure oral tissues and teeth are maintained and remain healthy to prevent dental disease, especially common diseases such as dental caries, gingivitis and active periodontitis.

Dental Therapists: Dental therapists provide oral health assessment, diagnosis, treatment, management and preventative services for children, adolescents and adults. Their scope may include restorative/fillings treatment, tooth removal, additional oral care and oral health promotion.

Oral Health Therapists: Oral health therapists are practitioners who are dual qualified as a dental therapist and dental hygienist and can operate within the scope of work of both roles. They provide oral health assessment, diagnosis, treatment, management and preventative services for children and adolescents and for adults of all ages. Their scope of practice may include restorative and fillings treatment, tooth removal, oral health promotion, periodontal/gum treatment, and other oral care to promote healthy oral behaviours.

Dental Prosthetists: Dental prosthetists work as independent practitioners in the assessment, treatment, management and provision of removable dentures and flexible, removable mouthguards used for sporting activities. Dental prosthetists who are educated and trained in a program of study approved by the National Board may provide various types of splints, sleep apnoea and anti-snoring devices, immediate dentures and immediate additions to existing dentures. These procedures require written referrals to and from dentists and any appliance or device manufactured under such arrangement must be planned, issued and managed by the treating dentist.

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All information in this publication is correct as at April 2026

