

Dentists



2017 Factsheet

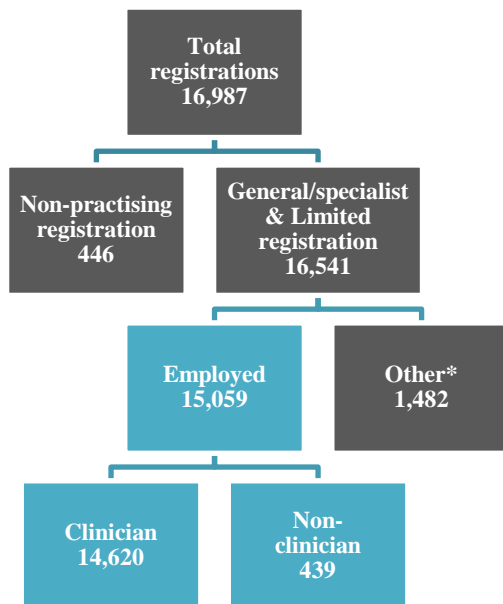
Dentists are registered healthcare practitioners who may practise all parts of dentistry within their competency and training. They provide assessment, diagnosis, treatment, management and preventive services to patients of all ages.

To gain registration as a dentist, a practitioner must complete a minimum four year undergraduate, or four year postgraduate master program of study approved by the Dental Board of Australia. Further training is required for specialisation.

The following analysis is drawn from the number of dentists with general, specialist or limited registration who were employed (15,059 in 2017) unless otherwise stated.

Workforce

Figure 1: Dental registrations, 2017



*'Other' includes: working but on long leave, working outside the profession, looking for work, overseas, and retired.

'Non-clinician' includes roles reported by survey respondents that did not fit predefined survey categories.

The number of registered dentists increased by 7.8% from 15,764 in 2014 to 16,978 in 2017 (average annual increase of 2.5%). The number of employed dentists increased by 8.2% from 13,919 to 15,059 over the same period (an average annual increase of 2.7%).

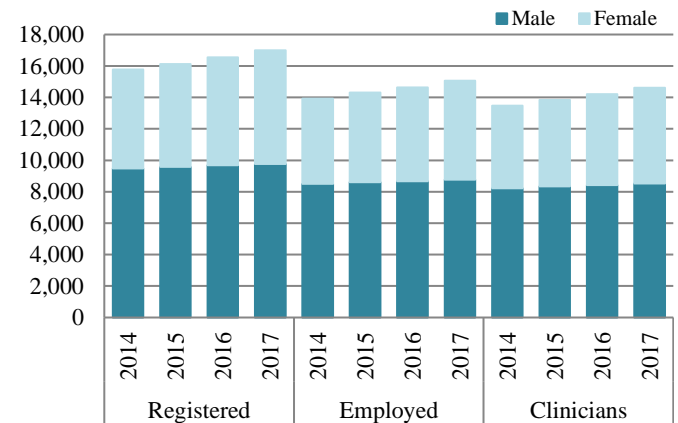
Table 1: Dentists, 2014-2017

	2014	2015	2016	2017	Avg. annual growth
Registered	15,764	16,123	16,549	16,987	2.5%
Employed	13,919	14,311	14,636	15,059	2.7%
Clinicians	13,472	13,843	14,205	14,620	2.8%

Demographics

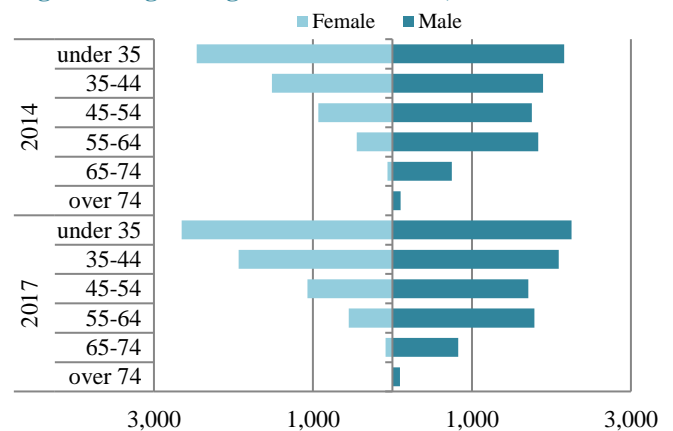
In 2017, 41.8% of dentists were female, an increase from 39.0% in 2014.

Figure 2: Gender distribution, 2014-2017



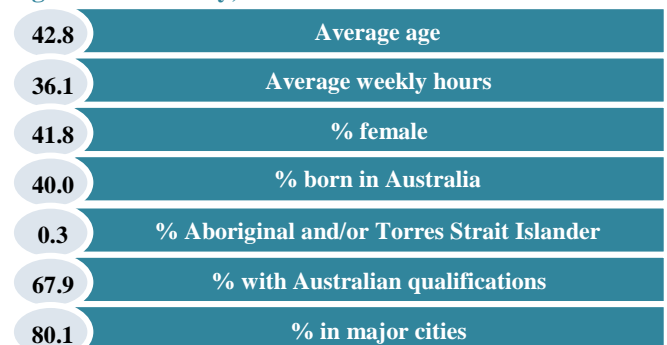
In 2017, the average age of dentists was 42.8 years, a decrease from 43.0 years in 2014. Between 2014 and 2017, the proportion of female dentists aged 35-44 years increased from 10.9% to 12.8%.

Figure 3: Age and gender distribution, 2014 and 2017



Quick Facts - 2017

Figure 4: Summary, 2017



Endorsements

In 2017, 87 dentists held an endorsement for conscious sedation, up from 82 in 2014.

Replacement Rate

In 2017, there were 1.9 new registrants for every Dentist that did not renew their registration from 2016.

Hours Worked

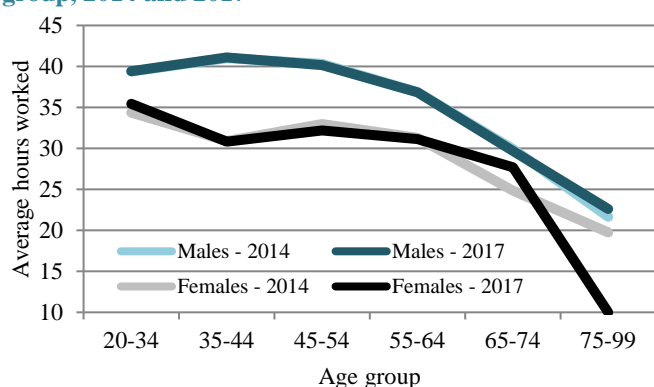
In 2017, dentists worked an average of 36.1 hours per week in total, with an average of 3.7 hours per week in non-clinical roles.

Table 2: Average hours per week, 2014-2017

Average hours worked	2014	2015	2016	2017
Clinical	32.3	32.2	32.5	32.4
Non-clinical	3.9	3.8	3.8	3.7
Total	36.2	36.0	36.2	36.1

In 2017, male dentists worked an average of 38.3 hours per week, decreasing from 38.4 hours in 2014. Female dentists worked an average of 33.0 hours per week, increasing from 32.8 hours in 2014. Males aged 35-44 worked the longest hours per week, at 41.1 hours on average.

Figure 5: Average hours per week by gender and age group, 2014 and 2017



Principal Role

In 2017, 97.1% of dentists worked as clinicians in their principal role, an increase from 96.8% in 2014.

Table 3: Principal role, 2014 and 2017

Principal role	2014		2017	
	Head count	%	Head count	%
Clinician	13,472	96.8	14,620	97.1
Administrator	145	1.0	176	1.2
Teacher or educator	187	1.3	156	1.0
Researcher	73	0.5	46	0.3
Other	42	0.3	61	0.4
Total	13,919	100	15,059	100

Second job

In 2017, 19.2% of dentists reported a second job role in dentistry, an increase from 19.1% in 2014.

Table 4: Second job role, 2014 and 2017

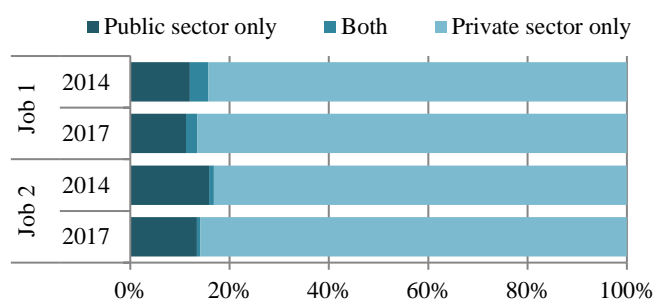
Principal role	2014		2017	
	Headcount	%	Headcount	%
Clinician	1,965	14.1	2,309	15.3
Administrator	188	1.4	150	1.0
Teacher or educator	374	2.7	363	2.4
Researcher	79	0.6	31	0.2
Other	47	0.3	45	0.3
Total	2,653	19.1	2,898	19.2

Principal work sector

In 2017, 11.2% of dentists reported that in their principal role, they worked only in the public sector, a decrease from 12.0% in 2014.

Of those dentists reporting a second job role in 2017, 13.4% reported they worked only in the public sector, a decrease from 15.9% in 2014.

Figure 6: Sector in which clinical hours were worked, 2014 and 2017



Note: 'Not applicable' responses are excluded from the chart

Principal Work Setting

Table 5: Principal work setting, 2014 and 2017

Principal work setting	2014		2017	
	Principal role	Second job	Principal role	Second job
Group private practice	7,543	1,450	8,533	1,737
Solo private practice	3,892	385	4,114	644
Public clinic	895	172	842	169
Hospital	703	273	689	277
Tertiary educ facility	213	243	194	223
Defence forces	127	23	142	21
Locum private practice	154	60	130	57
Other	139	51	126	49
Commercial/ business service	59	16	81	18
Other community health care service	58	0	73	23
Aboriginal health service	61	19	60	13
Remaining work settings	75	52	75	53
Total	13,919	2,796	15,059	3,337

Note: In this instance the principal work setting headcount for the reported second job does not equal the principal role for the reported second job. This occurs when the survey respondent indicates a second job work setting but not a second job principal role.

In 2017, 84.0% of dentists worked in a Group or Solo private practice setting in their principal role, an increase from 82.2% in 2014, and 5.6% worked in a Public clinic setting, a decrease from 6.4% in 2014.

In 2017, dentists working in Solo private practice reported the highest average weekly hours (38.0) and those in Residential health care facilities (included in 'Remaining work settings') reported the lowest average weekly hours (21.8).

Primary Speciality

Although the number of dentists that reported a primary speciality increased from 1,442 to 1,496 between 2014 and 2017, this represented a decrease in the proportion of all employed dentists reporting a primary speciality from 10.2% to 9.9%.

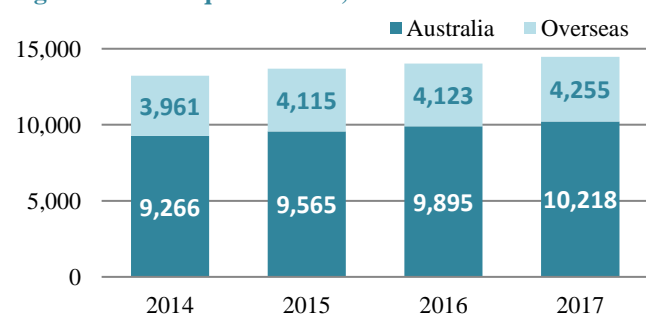
In 2014 and 2017, orthodontics was the most commonly reported primary speciality, while the number of dentists reporting the primary specialities of Oral medicine, Forensic odontology, Public health dentistry and oral pathology all decreased over the same period.

Table 6: Headcounts by primary speciality 2014 and 2017

Primary Speciality	Headcount		
	2014	2017	Growth
Orthodontics	527	530	0.6%
Periodontics	194	201	3.6%
Prosthodontics	193	201	4.1%
Oral and maxillofacial surgery	153	170	11.1%
Endodontics	137	156	13.9%
Paediatric dentistry	102	122	19.6%
Oral surgery	24	27	12.5%
Oral medicine	27	25	-7.4%
Forensic odontology	26	21	-19.2%
Special needs dentistry	13	16	23.1%
Dento-maxillofacial radiology	8	11	37.5%
Public health dentistry	12	11	-8.3%
Oral pathology	6	5	-16.7%
Total	1,422	1,496	5.2%

Initial Qualification

Figure 7: Initial qualification, 2014-2017



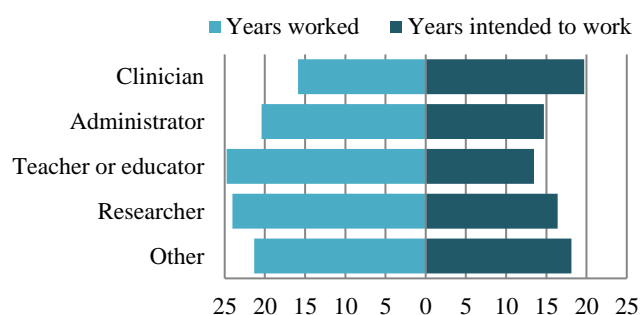
Note: 'Not stated/Unknown' responses are excluded from this chart

The workforce survey asks dentists where they obtained their initial qualification. In 2017, 67.9% of dentists obtained their initial qualification in Australia and 28.3% obtained their initial qualification overseas.

Working Intentions

In 2017, dentists had, on average, worked 16 years in the profession and intended to work for another 20 years. In 2014, dentists had worked 16 years on average, and intended to work for another 19 years.

Figure 8: Workforce intentions by principal role, 2017



Distribution

State and Territory

In 2017, the jurisdictions with the highest rates of full-time equivalent dentists per 100,000 population (FTE rate) were the ACT and QLD.

Table 7: Distribution by state/ territory, 2017

State / Territory	Headcount	Total FTE	Avg. total hours	² FTE rate per 100,000 population
NSW	4,904	4,722.4	36.6	60.1
VIC	3,678	3,425.0	35.4	54.2
QLD	3,122	3,026.9	36.8	61.4
SA	1,097	1,007.6	34.9	58.5
WA	1,637	1,517.2	35.2	58.9
TAS	227	221.4	37.1	42.4
ACT	287	276.8	36.7	67.2
NT	98	99.8	38.7	40.3
Total	15,059	14,305.4	36.1	58.2

Note: 'Not stated/Unknown' are excluded from this table but are included in the total

Between 2014 and 2017 the total FTE rate increased from 56.5 to 58.2 and the ACT and QLD had the largest FTE rate increase (both 2.9).

In 2017, dentists in the NT worked the most hours per week on average (38.7 hours) and those in SA worked the fewest (34.9 hours).

Remoteness Area

In 2017, 93.6% of dentists worked in either major cities or inner regional locations, compared with 93.3% in 2014.

Between 2014 and 2017, the largest shift in average hours worked was in very remote areas, decreasing from 43.2 hours per week in 2014 37.5 hours in 2017. However, the FTE rate in very remote areas increased by 2.6 due to the increase in the number of dentists in these areas.

Table 8: Distribution by remoteness area, 2017

Remoteness Area	Headcount	Total FTE	Avg. total hours	² FTE rate per 100,000 population
Major cities	12,068	11,417.2	36.0	64.6
Inner regional	2,024	1,954.5	36.7	44.5
Outer regional	832	798.9	36.5	39.0
Remote	93	94.1	38.5	32.2
Very remote	34	33.6	37.5	16.7
Total	15,059	14,305.4	36.1	58.2

Note: 'Not stated/Unknown' are excluded from this table but are included in the total

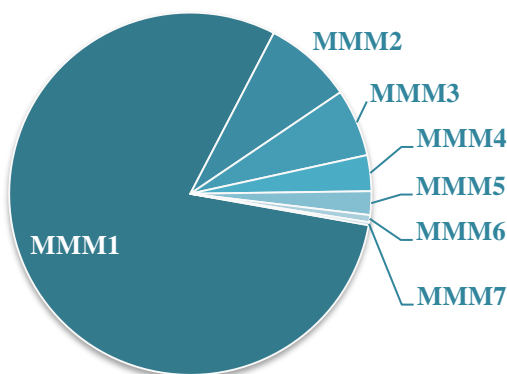
Other Work Location Outside of Major Cities

In 2017, 4.6% of dentists reported that they had worked in a regional, rural or remote location, in addition to their principal or second job location. Of these respondents, 74.6% had worked in an inner regional or outer regional location, and 11.0% had worked in either remote or very remote locations.

Modified Monash Model

In 2017, the majority (79.8%) of FTE dentists were located in a major city or a location considered as MMM1 under the Modified Monash Model (MMM) classification system, an increase from 79.4% in 2014.

Figure 9: FTE Distribution by MMM, 2017



MMM1 locations had the highest FTE rate of dentists (65.0) followed by MMM3 (55.2). The lowest FTE rate was in MMM5 locations (16.7).

(See www.doctorconnect.gov.au for more information on the MMM).

Tele-Health

The workforce survey asks dentists to report their hours practiced via tele-health in dentistry in the previous year.

Contact: healthworkforcedata@health.gov.au

Note: Tele-health is the use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance.

A total of 1,000 dentists (6.6%) provided a response to the Tele-Health question in 2017. On average, these respondents practiced via Tele-Health for 19.1 hours per week, with the majority (81.0%) of Tele-Health services provided by practitioners based in a major city.

Table 9: Tele-health dentists by remoteness location, 2017

Major cities	Inner regional	Outer regional	Remote	Very remote
81.0%	12.6%	4.8%	0.9%	0.6%

Note: The tele-health workforce remoteness location refers to the location of the Practitioner, not the location of the person receiving the service.

References

- 1) National Health Workforce Dataset (NHWDS): Allied Health Practitioners 2014-2017.
- 2) ABS - 3218.0 - Regional Population Growth, Australia, 2016-17, Released 31/08/18.

Notes

- 1) 'NP' denotes figures that are not published (suppressed) for confidentiality reasons
- 2) The 2013-2016 NHWDS have been revised due to an error in recoding the missing values for job role. As such the figures may not match those that were previously published.
- 3) FTE number measures the number of standard-hour workloads worked by employed health practitioners. The FTE number provides a useful measure of supply because it takes into account both the number of practitioners who are working and the hours that they work. FTE number is calculated based on the total hours worked in a 'standard working week'. The standard working week is assumed to be 38 hours, equivalent to 1 FTE for all practitioners with the exception of medical practitioners where it is assumed to be 40 hours.

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