

Oral Health Practitioners



2016 Factsheet

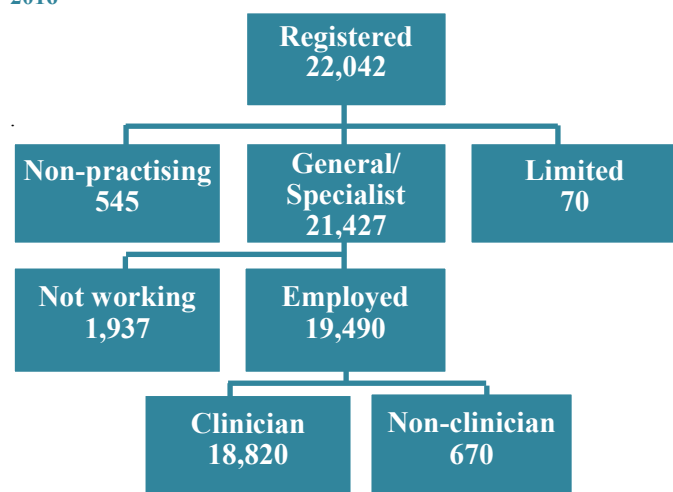
Oral Health Practitioners include Dentists, Oral Health Therapists, Dental Hygienists, Dental Therapists and Dental Prosthetists.

The information contained in this factsheet covers all oral health practitioners in Australia.

The qualifications required for each profession of Oral Health Practitioner are included in individual professions' factsheets.

Workforce

Figure 1: Breakdown of the oral health practitioner workforce, 2016



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

The registered workforce has increased by 7.7% (1,573) between 2013 and 2016, with an average yearly growth rate of 2.5%.

Note: Analysis of the Oral Health Practitioner workforce contained in this document is based on the number of registered and employed Practitioners (19,490 in 2016), unless otherwise stated.

Table 1: Headcount 2013-2016

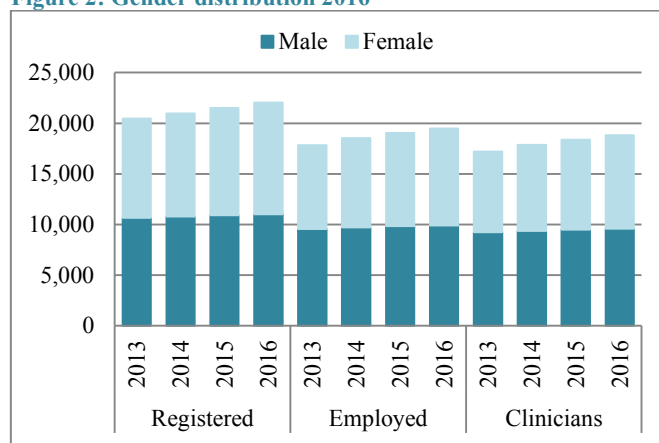
	2013	2014	2015	2016
Registered	20,469	20,975	21,506	22,042
Employed	17,847	18,530	19,051	19,490
Clinicians	17,210	17,873	18,364	18,820

Demographics

In 2016, 49.1% of practitioners were female, up from 46.5% in 2013.

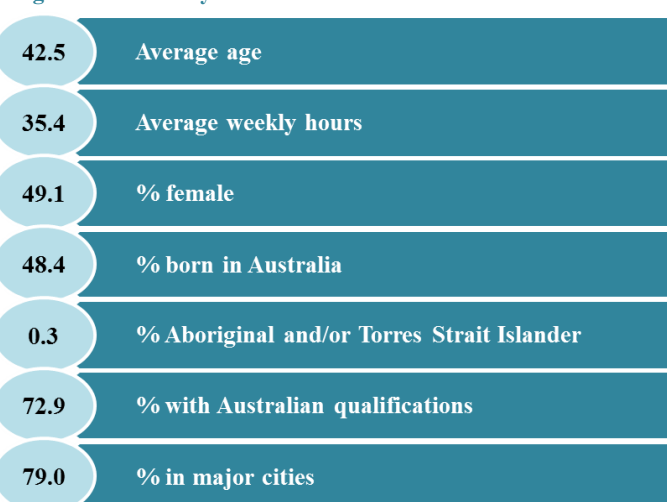
In 2016, practitioners had an average age of 42.5 years, down slightly from 42.8 years in 2013.

Figure 2: Gender distribution 2016



Quick Facts - 2016

Figure 3: Summary



Hours Worked

Practitioners worked an average of 35.4 hours per week in 2016. Average hours per week remained relatively consistent over the 2013 to 2016 period with only a slight increase in clinical hours from 31.2 hours per week in 2013 to 31.4 hours per week in 2016.

Table 2: Average hours per week 2013-2016

Average hours worked	2013	2014	2015	2016
Clinical	31.2	31.3	31.2	31.4
Non-clinical	4.1	4.0	4.0	4.0
Total	35.4	35.3	35.1	35.4

In 2016, females worked an average of 32.1 hours per week, up from 31.8 in 2013. Males worked an average of 38.6 hours per week, slightly up from 38.5 hours per week in 2013.

Males aged 35-44 worked the longest hours per week on average at 41.2 hours.

Table 3: Average hours worked per week by gender and age group, 2013 vs 2016

Age Group	Males		Females	
	2013	2016	2013	2016
20-34	38.5	39.1	33.5	34.3
35-44	40.3	41.2	29.4	29.7
45-54	41.0	40.5	31.7	31.6
55-64	37.8	38.0	30.7	30.5
65-74	30.9	29.5	24.7	26.4
75-99	23.2	22.0	np	np
Total	38.5	38.6	31.8	32.1

Note: For confidentiality reasons the 'under 20' age group has been excluded, and females in the 75-99 year old age group have been denoted by 'np'.

Clinical Hours Worked

Practitioners worked an average of 29.9 clinical hours per week in their principal role in 2013 and 2016, and 8.5 clinical hours per week in their second job in 2016, down from 8.7 in 2013.

Table 6: Average clinical hours worked per week by principal role and second job, 2013 vs 2016

Job role	2013		2016	
	Principal role	Second job	Principal role	Second job
Clinician	30.2	10.5	30.2	10.1
Administrator	17.1	4.4	18.3	2.7
Teacher or educator	11.9	3.0	12.7	2.2
Researcher	18.9	3.0	21.5	2.6
Other	18.5	3.0	19.3	2.2
Total	29.9	8.7	29.9	8.5

Replacement Rate

In 2016, there were 1.6 new registrants for every practitioner that did not renew their registration from the previous year.

Job Role

The 2016 oral health practitioner workforce survey asked respondents to report their principal and their second job.

Principal Role

In 2013, 96.4% (17,210) of practitioners worked as clinicians in their principal role.

In 2016, a total of 96.6% (18,820) of practitioners worked as a clinician in their principal role.

Table 4: Headcounts by principal role 2013 vs 2016

Principal role	Total Employed	
	2013	2016
Clinician	17,210	18,820
Administrator	240	253
Teacher or educator	256	255
Researcher	50	43
Other	91	119
Total	17,847	19,490

Second Job

In 2016, 19.9% (3,873) of practitioners reported a second job role, compared with 18.2% (3,243) in 2013.

Of the practitioners that reported a second job in 2016, 79.7% (3,085) worked in a clinician role, compared with 74.7% (2,421) in 2013.

Table 5: Headcounts by second job 2013 vs 2016

Second job	Total Employed	
	2013	2016
Clinician	2,421	3,085
Administrator	170	219
Teacher or educator	503	450
Researcher	84	44
Other	65	75
Total	3,243	3,873

Principal Work Sector (public/private)

The 2016 workforce survey asked respondents to report the clinical hours worked in their principal role and their second job in either the public or private sector.

Principal Role

In 2016, 14.4% (2,805) of practitioners worked clinical hours in the public sector. 81.9% (15,965) worked clinical hours in private sector.

Second Job

In 2016, 14.4% (477) of the practitioners that reported a second job role worked clinical hours in the public sector, down from 18.7% (556) in 2013. 84.5% (2,795) worked clinical hours in the private sector, up from 80.7% (2,404) in 2013.

Table 7: Headcounts by principal role and second job by sector, 2013 vs 2016

Employment sector	2013		2016	
	Principal role	Second job	Principal role	Second job
Public sector only	2,768	556	2,805	477
<i>Percentage (%)</i>	<i>15.5%</i>	<i>18.7%</i>	<i>14.4%</i>	<i>14.4%</i>
Private sector only	14,324	2,404	15,965	2,795
<i>Percentage (%)</i>	<i>80.3%</i>	<i>80.7%</i>	<i>81.9%</i>	<i>84.5%</i>
Both	527	18	496	36
<i>Percentage (%)</i>	<i>3.0%</i>	<i>0.6%</i>	<i>2.5%</i>	<i>1.1%</i>
Total	17,847	2,978	19,490	3,308

Note: 'Not stated' responses are excluded from this table but included in the principal role totals.

Principal Work Setting

In 2016, 50.8% (9,894) of practitioners worked in a group private practice setting, up from 49% (8,749) in 2013, followed by 30% (5,855) of practitioners who worked in solo private practices, down from 30.2% (5,392) in 2013.

Secondary Work Setting

In 2016, 47.6% (1,952) of practitioners that reported a secondary work setting worked in a group private practice, up from 45.2% (1,561) in 2013.

Table 8: Headcounts by work setting for principal role and second job, 2013 vs 2016

Work setting	2013		2016	
	Principal role	Second job	Principal role	Second job
Group private practice	8,749	1,561	9,894	1,952
Solo private practice	5,392	703	5,855	947
Public clinic	1,731	258	1,746	274
Hospital	872	299	865	297
Tertiary educational facility	284	334	290	305
Other	160	78	158	80
Defence forces	150	22	155	26
Independent private practice	147	79	153	82
Commercial/business service	82	21	97	30
Aboriginal health service	77	19	85	18
Remaining work settings	203	82	192	93
Total	17,847	3,456	19,490	4,104

Job Area

In 2016, 63.0% (12,275) of practitioners reported general dental practice as their principal job area, up from 60.1% (10,722) in 2013, followed by 8.0% (1,555) in dental hygiene, down from 8.1% (1,454) in 2013, and 5.7% (1,104) in dental prosthetics, down from 6.4% (1,140) in 2013.

Table 9: Headcounts by principal job area 2013 vs 2016

Principal job area	2013	2016
General dental practice	10,722	12,275
Dental hygiene	1,454	1,555
Dental prosthetics	1,140	1,104
Dental therapy	1,204	962
Orthodontics	746	804
Oral health therapy (dental hygiene)	451	623
Oral health therapy (dental therapy)	338	410
Public health dentistry	372	314
Prosthodontics	272	262
Periodontics	231	247
Oral and maxillofacial surgery	209	217
Endodontics	173	176
Paedodontics	157	164
Other job areas	378	377
Total	17,847	19,490

Principal Scope of Practice

Of the 1,465 practitioners that reported a primary speciality in 2016, 36.1% (529) reported orthodontics as their primary speciality, down from 37.9% (533) in 2013. This was followed by periodontics with 13.7% (201), up from 13.5% (190) in 2013, then prosthodontics with 13.0% (191), down from 13.1% (185) in 2013.

Table 10: Headcounts of oral health practitioners by reported primary speciality, 2013 vs 2016

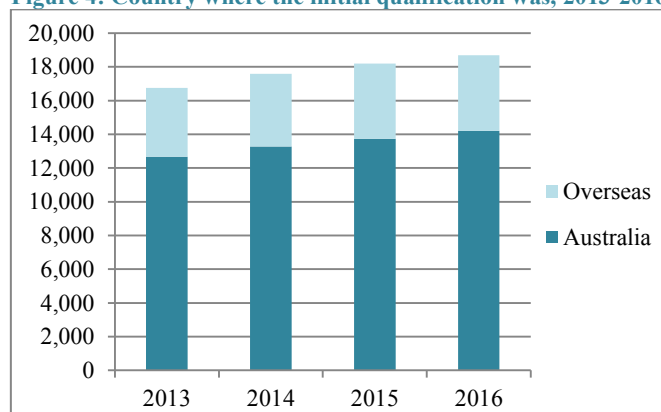
Primary Speciality	2013	2016
Orthodontics	533	529
Periodontics	190	201
Prosthodontics	185	191
Oral and maxillofacial surgery	152	159
Endodontics	140	152
Paediatric dentistry	96	119
Oral medicine	24	29
Oral surgery	25	26
Forensic odontology	24	22
Other specialities	39	37
Total	1,408	1,465

Initial Qualification

The workforce survey asked where they obtained their initial qualification.

In 2016, 72.9% (14,209) of practitioners responded that they had obtained their initial qualification(s) in Australia, up from 71.0% (12,666) in 2013. 22.9% (4,472) responded that they had obtained their initial qualification(s) overseas, the same proportion of 22.9% was reported in 2013 (4,090).

Figure 4: Country where the initial qualification was, 2013-2016



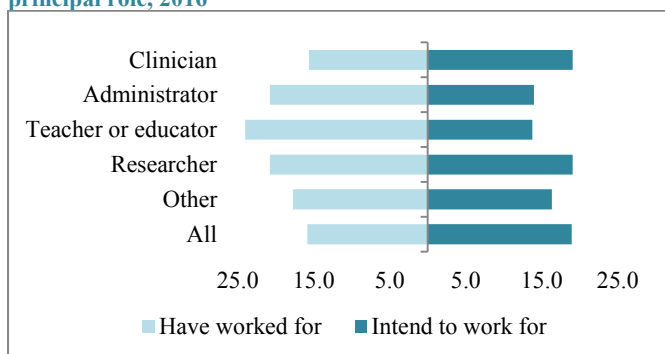
Note: 'Not stated/Unknown' responses are excluded from this graph but included in the total.

Working Intentions

In 2016, practitioners had worked in their profession for an average for 15.8 years and intended to work for another 18.9 years.

In 2013, practitioners had worked for 16.2 years on average and intended to work for another 18.1 years.

Figure 5: Years worked, and years intended to work by principal role, 2016



Distribution

State and Territory

In 2013, South Australia had the highest rate of practitioners with 92.4 per 100,000 population, and the Northern Territory had the lowest with 52.7 per 100,000. In 2016 South Australia continued to have the highest rate of practitioners with 95.2 per 100,000 population

In 2016, overall there was an increase in the rate of practitioners per 100,000 population from 77.1 per 2013 to 80.5 per 100,000 population in 2016.

In 2013 New South Wales was listed as the principal place of practice for 31.1% (5,554) of practitioners, followed by Victoria with 23.4% (4,174) and Queensland at 20.5% (3,660). In 2016 New South Wales was still listed as the principal place of practice for 30.9% (6,025) of practitioners, followed by Victoria at 23.5% (4,589), and Queensland at 20.9% (4,067).

FTE (1.0 FTE is equivalent to one full-time worker) was lower than headcount at the national level, particularly in Victoria and New South Wales, indicating that a higher number of oral health practitioners may be working part-time hours in these states.

Table 11: Distribution by state/territory, 2016

2016 State & Territory	Headcount	Total FTE	Avg. total hours	² Rate per 100,000 population
NSW	6,025	5,724.3	36.1	77.8
VIC	4,589	4,230.4	35.0	74.3
QLD	4,067	3,885.6	36.3	83.9
SA	1,630	1,412.3	32.9	95.1
WA	2,331	2,062.5	33.6	91.1
TAS	345	339.5	37.4	66.7
ACT	357	342.1	36.4	88.5
NT	140	137.9	37.4	57.0
Total	19,490	18,139.6	35.4	80.5

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

²ABS - 3218.0 - Regional Population Growth, Australia, 2015-16

Remoteness Area

In 2016, 93.1% (18,149) of practitioners worked in either major cities or inner regional locations, compared with 93.2% (16,632) in 2013.

Between 2013 and 2016, the rate of practitioners per 100,000 population increased nationally from 77.1 to 80.5.

Table 12: Distribution of employed oral health practitioners by remoteness area, 2016

2016 Remoteness Area	Headcount	Total FTE	Avg. total hours	³ Rate per 100,000 population
Major cities	15,394	14,245.5	35.2	89.3
Inner regional	2,755	2,622.7	36.2	62.8
Outer regional	1,159	1,099.1	36.0	55.5
Remote	131	124.0	36.0	42.6
Very remote	46	44.1	36.4	23.8
Total	19,490	18,139.6	35.4	80.5

³ABS - 3222.0 - Population Projections, Australia, 2016

Other Work Locations Outside of Major Cities

The 2016 workforce survey asked respondents if they had worked in a regional, rural or remote location other than in their principal, and second job location.

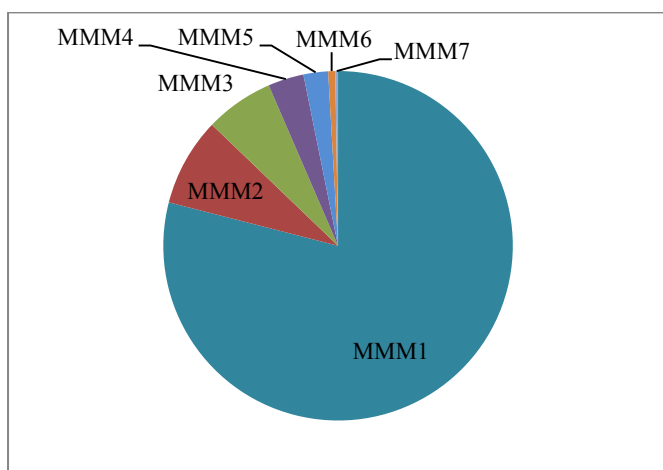
Practitioners reported that 4.8% (938) had, in addition to their principal and second job location, worked in a regional, rural or remote location: 45.8% (430) had worked in inner regional, 29.2% (274) had worked in outer regional locations, and 12.5% (118) had worked in remote or very remote locations.

Modified Monash Model

The majority (79.0%) of practitioners were located in a major city or a location considered as MMM1 under the Modified Monash Model (MMM) classification system in 2016, down slightly from 79.1% in 2013 (see www.doctorconnect.gov.au for more information on the MMM).

MMM1 locations had the highest rate of practitioners with 91.3 per 100,000 population, up from 86.5 in 2013, followed by MMM3 with 80.1 per 100,000 population, up from 75.2 in 2013. The lowest rate was in MMM7 locations with 22.6 per 100,000 population, up from 17.6 in 2013.

Figure 6: Proportion of the workforce by MMM location – 2016



Tele-Health

Tele-health is the use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance. A question was added in the 2016 workforce survey to determine the average hours per week practiced via tele-health in the previous year.

In 2016, a total of 9.2% (1,789) of the workforce responded to the tele-health question. On average the respondents practiced via tele-health for 23.4 hours per week.

In 2016, 82.2% of tele-health services were delivered by a practitioner in a major city.

Table 13: Tele-health workforce remoteness location – 2016

Major cities	Inner regional	Outer regional	Remote	Very remote
82.2%	12.0%	5.1%	0.5%	0.1%

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

References

- 1) National Health Workforce Dataset (NHWDS): Allied Health Practitioners 2013-2016.
- 2) ABS - 3218.0 - Regional Population Growth, Australia, 2015-16, Released 30/06/17.
- 3) ABS - 3222.0 - Population Projections, Australia, 2016

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