

Dental Hygienists

2016 Factsheet

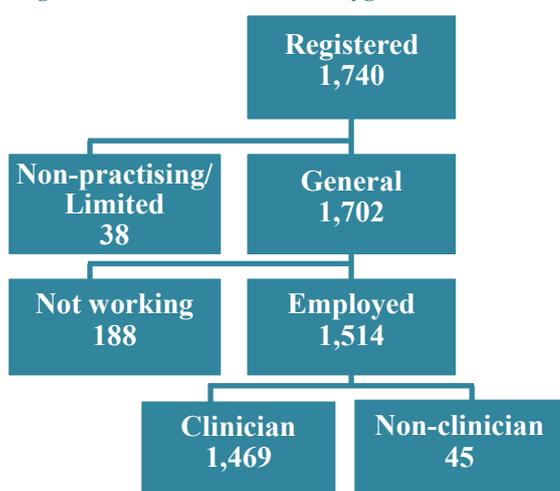


Dental Hygienists are registered healthcare practitioners who work within a structured professional relationship with a dentist to provide oral health assessment, diagnosis, treatment, management, and education for the prevention of oral disease. This may include periodontal/gum treatment, preventive services and other oral care.

Persons seeking to gain registration must complete a minimum two year advanced diploma, or three year undergraduate program of study approved by the Dental Board of Australia.

Workforce

Figure 1: Breakdown of dental hygienist workforce, 2016



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

The registered workforce has increased by 7.3% (119) since 2013, with an average yearly growth rate of 2.4%.

Note: Analysis of the dental hygienist workforce contained in this document is based on the number of registered and employed dental hygienists (1,514 in 2016) unless otherwise stated.

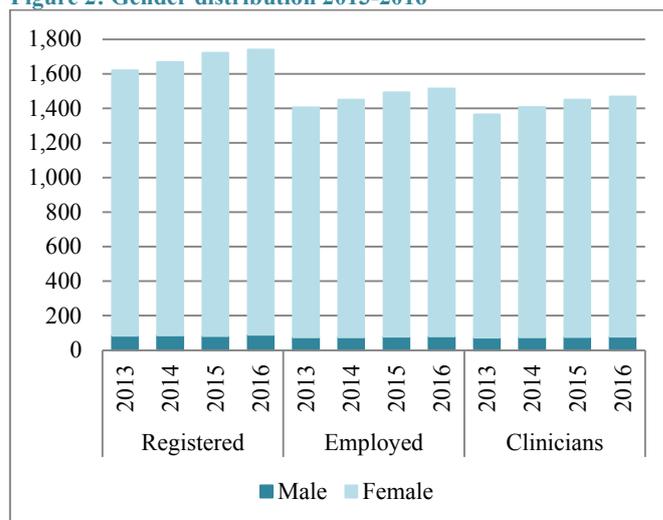
Table 1: Headcount 2013-2016

	2013	2014	2015	2016
Registered	1,621	1,668	1,721	1,740
Employed	1,406	1,451	1,494	1,514
Clinicians	1,366	1,408	1,451	1,469

Demographics

In 2016, 94.6% of the registered and employed dental hygienists were female, slightly down from 94.7% in 2013. The dental hygienist workforce had an average age of 39.9 years, up from 38.2 in 2013.

Figure 2: Gender distribution 2013-2016



Quick Facts - 2016

Figure 3: Summary



Hours Worked

Dental hygienists worked an average of 28.3 hours per week in 2016, down from 29.0 hours in 2013. Clinical hours have decreased from 27.2 hours in 2013 to 26.4 hours in 2016. Non-clinical hours have remained steady at 1.9 hours per week only dropping slightly in 2015 to 1.6 before returning to 1.9 in 2016.

Table 2: Average hours per week 2013-2016

Average hours worked	2013	2014	2015	2016
Clinical	27.2	26.7	26.6	26.4
Non-clinical	1.9	1.9	1.6	1.9
Total	29.0	28.6	28.2	28.3

In 2016, females worked an average of 27.8 hours per week, down from 28.7 in 2013. Males worked an average 36.6 hours per week, up from 34.5 in 2013. In 2016, males aged 35-44 worked the longest hours per week on average at 39.4.

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

Age Group	Males – Average hours		Females – Average hours	
	2013	2016	2013	2016
20-34	35.8	37.0	31.4	30.3
35-44	32.2	39.4	25.8	25.6
45-54	35.2	31.9	28.4	28.2
55-64	24.0	36.9	26.2	25.0
65-74	20.0	16.0	29.8	27.6
Total	34.5	36.6	28.7	27.8

Replacement Rate

In 2016, there were 0.6 new registrants for every dental hygienist that did not renew their registration from 2015. This replacement rate has decreased from 1.0 in 2015 and 0.9 in 2014.

Job Role

The 2016 workforce survey asked respondents to report their principal role the main job and their second job if applicable.

Principal Role

In 2016, a total of 97.0% (1,469) of dental hygienists worked as a clinician in their principal role, slightly down from 97.2% (1,366) in 2013.

Table 4: Headcounts of employed dental hygienists by principal role, 2013 vs 2016

Principal role	Total Employed	
	2013	2016
Clinician	1,366	1,469
Administrator	12	12
Teacher or educator	23	26
Researcher	np	np
Other	np	np
Total	1,406	1,514

Note: 'np' denotes that the counts have been suppressed for confidentiality reasons.

Second Job

In 2016, 23.2% (352) of the workforce reported a second job role, compared with 23.3% (328) in 2013. Of the dental hygienists that reported a second job in 2016, 81.3% (286) worked in a clinician role, up from 79.9% (262) in 2013.

Table 5: Headcount of employed dental hygienists by second job, 2013 vs 2016

Second job	Total Employed	
	2013	2016
Clinician	262	286
Administrator	16	15
Teacher or educator	42	41
Researcher	np	np
Other	np	np
Total	328	352

Note: 'np' denotes that the counts have been suppressed for confidentiality reasons.

Clinical Hours Worked

In 2016, dental hygienists worked an average of 24.7 clinical hours per week in their principal role, down from 25.1 in 2013. Dental hygienists who held a second job reported that they worked 7.3 clinical hours per week, down from 8.7 in 2013.

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

Job role	2013 – Average hours		2016 – Average hours	
	Principal role	Second job	Principal role	Second job
Clinician	25.3	10.2	24.9	8.7
Administrator	15.9	4.1	12.0	np
Teacher or educator	14.1	np	11.6	np
Researcher	np	np	8.0	np
Other	24.0	np	28.4	np
Total	25.1	8.7	24.7	7.3

Note: 'np' denotes that the hours have been suppressed for confidentiality reasons.

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 if applicable, in either the public or private sector.

Principal Role

In 2016, 2.9% (44) of dental hygienists worked clinical hours in their principal role in the public sector, up from 2.2% (31) in 2013, and 96.2% (1,457) worked clinical hours in the private sector, up from 95.9% (1,348) in 2013.

Second Job

In 2016, 5.9% (17) of the workforce who reported a second job worked clinical hours in the public sector, down from 6.9% (22) in 2013 and 93.8% (272) worked clinical hours in the private sector, up from 93.1% (296) in 2013.

Table 7: Headcounts by sector for principal role and second job in which clinical hours were worked, 2013 vs 2016

Employment sector	2013		2016	
	Principal role	Second job	Principal role	Second job
Public sector only	31	22	44	17
<i>Proportion (%)</i>	2.2%	6.9%	2.9%	5.9%
Private sector only	1,348	296	1,457	272
<i>Proportion (%)</i>	95.9%	93.1%	96.2%	93.8%
Both	15	0	4	1
<i>Proportion (%)</i>	1.1%	0.0%	0.3%	0.3%
Total	1,406	318	1,514	290

Principal Work Setting

In 2016, 52.2% (791) of the workforce worked in a group private practice setting in their principal role, down from 53.6% (754) in 2013, followed by solo private practice settings at 41.1% (622), up from 40.0% (562) in 2013.

Secondary Work Setting

In 2016, 48.2% (183) of the workforce who worked in a secondary work setting worked in a solo private practice, up from 45.5% (162) in 2013.

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

Work setting	2013		2016	
	Principal role	Second job	Principal role	Second job
Group private practice	754	119	791	127
Solo private practice	562	162	622	183
Public clinic	15	12	20	14
Hospital	12	17	18	8
Tertiary educational facility	20	23	18	30
Other	8	9	12	5
Remaining work settings	35	14	33	13
Total	1,406	356	1,514	380

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.

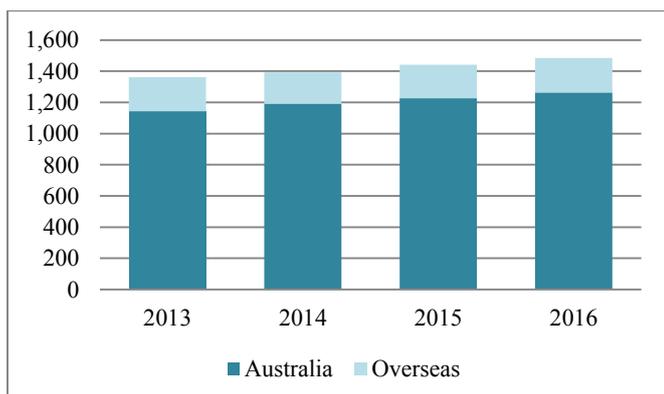
Initial Qualification

The workforce survey asks dental hygienists where they obtained their initial qualification.

In 2016, 83.5% (1,264) responded that they obtained their initial qualification(s) in Australia, up from 81.3% (1,143) in 2013.

14.5% (220) of respondents indicated that they had obtained their initial qualification(s) overseas, down from 15.6% (219) in 2013.

Figure 4: Country where the qualification was obtained – Australia or overseas 2013-2016



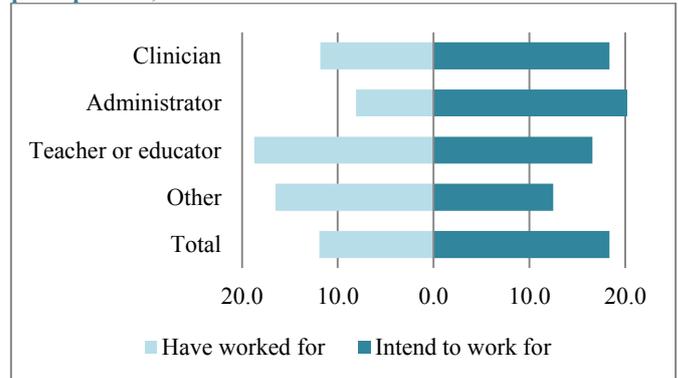
Note: 'Not stated/Unknown' responses are excluded from this graph but included in the total.

Working Intentions

In 2016, dental hygienists had worked on average for 11.9 years in the profession and intended to work for another 18.4 years.

In 2013, dental hygienists had worked on average for 10.7 years and intended to work for another 18.2 years.

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



Note: Researchers are excluded from this graph for confidentiality reasons but included in the total.

Distribution

State and Territory

In 2013, South Australia had the highest rate of dental hygienists with 14.4 per 100,000 population in 2016 South Australia continued to have the highest rate of dental hygienists with 15.4 per 100,000 population.

In 2016, there was an overall increase in the rate of dental hygienists per 100,000 population from 6.1 in 2013 to 6.3 per 100,000 population in 2016.

FTE was lower than headcount at the national level, most particularly in New South Wales and Western Australia, indicating that a higher number of dental hygienists may be working part-time in these states.

Table 9: Distribution by state/territory, 2016

2016 State & Territory	Headcount	Total FTE	Avg. total hours	² Rate per 100,000 population
NSW	410	313.6	29.1	5.3
VIC	271	203.1	28.5	4.4
QLD	243	187.3	29.3	5.0
SA	264	190.6	27.4	15.4
WA	252	172.5	26.0	9.8
TAS	16	14.0	33.1	3.1
ACT	46	34.5	28.5	11.4
NT	12	11.6	36.8	4.9
Total	1,514	1,127.1	28.3	6.3

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

Remoteness area

In 2016, 85.5% (1,295) of the workforce worked in major cities, up from 83.9% (1,180) in 2013.

There were no dental hygienists working in very remote regions in 2016, and only 7 (0.5%) in remote regions.

Table 10: Distribution by remoteness area, 2016

2016 Remoteness Area	Headcount	Total FTE	Avg. total hours	³ Rate per 100,000 population
Major cities	1,295	958.5	28.1	7.5
Inner regional	145	108.8	28.5	3.3
Outer regional	67	53.3	30.3	3.2
Remote	7	6.5	35.1	2.3
Total	1,514	1,127.1	28.3	6.3

³ABS - 3222.0 - Population Projections, Australia, 2016

Other Work Location Outside of Major Cities

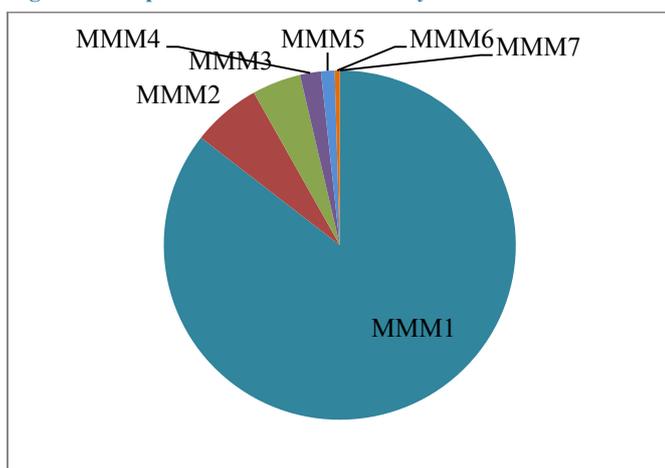
The 2016 workforce survey asked respondents who had noted their principal and second job if they had also worked in either a regional, rural or remote location.

In 2016, 2.2% (33) of the dental hygienist workforce reported that they had, worked in a regional, rural or remote location: 33.3% (11) of respondents had worked in inner regional locations, 33.3% (11) had worked in outer regional, and 18.2% (6) had worked in remote or very remote locations.

Modified Monash Model

The majority (85.5%) of the workforce were located in a major city or a location considered as MMM1 (MMM) under the Modified Monash Model classification system in 2016, up from 83.9% in 2013 (see www.doctorconnect.gov.au for more information on the MMM).

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.

A total of 12.0% (182) of the workforce provided a response to the tele-health question. On average the respondents practiced via tele-health for 24.4 hours per week.

In 2016, 87.9% of telehealth services were provided by a dental hygienist in a major city.

Table 11: Tele-health workforce remoteness location – 2016

Major cities	Inner regional	Outer regional	Remote	Very remote
87.9%	9.3%	2.2%	0.5%	0.0%

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 publication 3218.0 - Regional Population Growth, Australia, 2015-16, Released 30/06/17.
- 3) ABS publication 3222.0 - Population Projections, Australia, 2016

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