

Dental Therapists

2016 Factsheet

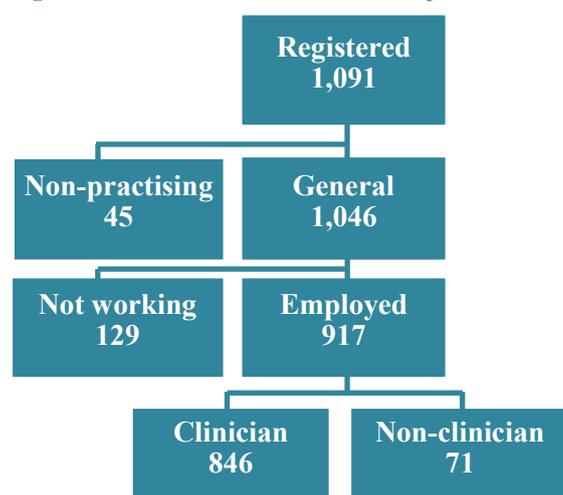


Dental therapists are registered healthcare practitioners who work within a structured professional relationship with a dentist to provide oral health assessment, diagnosis, treatment, management and preventive services. This may include performing and interpreting dental x-rays, dental examinations, making dental impressions and routine dental treatment. Dental Therapists generally treat patients under the age of 18, unless they have completed further training.

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

Workforce

Figure 1: Breakdown of the dental therapist workforce, 2016



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

The registered workforce has decreased by 11.4% (140) since 2013, with an average yearly decrease of 3.9%.

Note: Analysis of the dental therapist workforce contained in this document is based on the number of registered and employed dental therapists (917 in 2016) unless otherwise stated.

Table 1: Headcount, 2013-2016

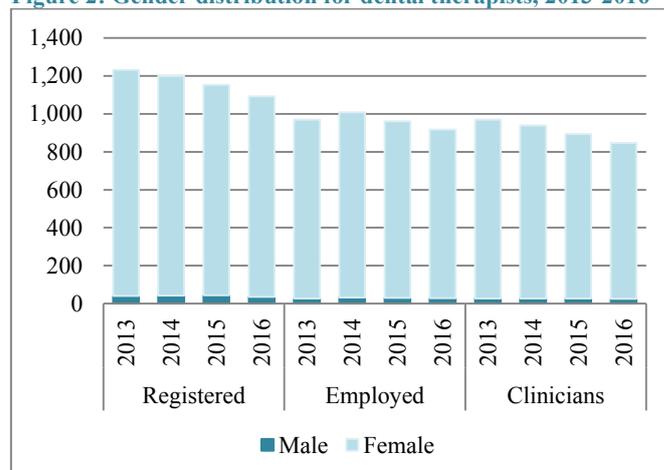
	2013	2014	2015	2016
Registered	1,231	1,200	1,152	1,091
Employed	1,039	1,008	960	917
Clinicians	969	938	893	846

Demographics

In 2016, almost all (96.7%) of the registered and employed dental therapists were female, compared with 96.9% in 2013.

In 2016, the total workforce had an average age of 49.9 years, up from 47.3 in 2013.

Figure 2: Gender distribution for dental therapists, 2013-2016



Quick Facts - 2016

Figure 3: Summary of the workforce, 2016



Hours Worked

Dental therapists worked an average of 29.6 hours per week in 2016, a decrease from 30.1 in 2013. Clinical hours decreased by 1.2 hours per week over this same period from 26.2 to 25.0.

Table 2: Average hours per week worked, 2013-2016

Average hours worked	2013	2014	2015	2016
Clinical	26.2	25.4	25.1	25.0
Non-clinical	4.0	4.2	4.5	4.6
Total	30.1	29.7	29.7	29.6

In 2016, females worked an average of 29.5 hours per week, down from 29.9 in 2013. Males worked an average of 33.6 hours per week, down from 37.5 in 2013.

In 2016, males aged 55-64 worked the longest hours on average per week at 40.0 hours.

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	37.8	34.8	31.1	31.0
35-44	37.1	33.3	25.2	26.3
45-54	37.4	31.7	31.0	29.8
55-64	37.0	40.0	31.4	30.3
65-74	38.0	38.0	28.5	28.5
Total	37.5	33.6	29.9	29.5

Replacement Rate

In 2016, there were only 0.1 new registrants for every dental therapist that did not renew their registration from 2015, indicating that the workforce is decreasing rapidly. This replacement rate has remained steady at 0.1 since 2014.

Job Role

The 2016 workforce survey asked respondents to report their principal role (the main job in which they worked the most hours in the last week) and their second job (either for a different employer or in a different area of practice), if applicable.

Principal Role

In 2016, a total of 92.3% (846) of dental therapists worked as a clinician in their principal role. 93.3% (969) worked as a clinician in their principal role in 2013.

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

Principal role	Total Employed	
	2013	2016
Clinician	969	846
Administrator	70	29
Teacher or educator	35	36
Researcher	np	np
Other	np	np
Total	1,039	917

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

Second job

In 2016, 9.2% (84) of the workforce reported a second job role in dental therapy, compared with 11.5% in 2013.

In 2016, 79.8% (67) of the dental therapists that reported a second job worked as clinicians, compared with 72.3% (86) in 2013.

Table 5: Headcounts of employed dental therapists by second job, 2013 vs 2016

Second job	Total Employed	
	2013	2016
Clinician	86	67
Administrator	np	np
Teacher or educator	np	np
Researcher	26	12
Other	7	np
Total	119	84

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

Clinical Hours Worked

In 2016, dental therapists worked an average of 25.5 clinical hours per week in their primary role, down from 26.4 in 2013, and 7.1 clinical hours per week in their second job, down slightly from 7.2 in 2013.

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

Job role	2013 – Average hours		2016 - Average hours	
	Principal role	Second job	Principal role	Second job
Clinician	26.8	8.7	26.1	8.5
Administrator	14.5	np	13.1	np
Teacher or educator	9.7	3.1	10.3	2.3
Researcher	np	np	np	np
Other	np	np	13.7	np
Total	26.4	7.2	25.5	7.1

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

Principal work sector (public/private)

The 2016 workforce survey asks respondents to report the clinical hours worked in their principal role (the main job in which they worked the most hours in the last week) and their second job (either for a different employer or in a different area of practice), if applicable, in either the public or private sector.

Principal role

In 2016, 68.0% (624) of dental therapists worked clinical hours in the public sector, down from 72.5% (753) in 2013, and 26.8% (246) of dental therapists worked clinical hours in the private sector, up from 22.4% (233) in 2013.

Second job

In 2016, 25.4% (17) of dental therapists who reported a second role worked clinical hours in the public sector, down from 37.4% (34) in 2013 and 74.6% (50) of therapists worked clinical hours in the private sector in 2016, up from 61.5% (56) 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	753	34	624	17
<i>Proportion (%)</i>	72.5%	37.4%	68.0%	25.4%
Private sector only	233	56	246	50
<i>Proportion (%)</i>	22.4%	61.5%	26.8%	74.6%
Both	10	1	4	0
<i>Proportion (%)</i>	1.0%	1.1%	0.4%	0.0%
Total	1,039	91	917	67

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

Principal Work Setting

In 2016, 59.5% (546) the workforce worked primarily in a public clinic setting, down from 62.8% (652) in 2013 and 15.7% (144) worked in a group private practice setting in 2016, up from 14.2% (148) in 2013.

Secondary Work Setting

In 2016, 31.4% (27) who worked in a secondary work setting worked in a group private practice, up from 26.9% (32) in 2013.

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

Work setting	2013 Headcount		2016 Headcount	
	Principal role	Second job	Principal role	Second job
Public clinic	652	28	546	12
Group private practice	148	32	144	27
Solo private practice	90	23	93	26
Hospital	62	9	61	5
Tertiary educational facility	28	18	30	8
<i>Remaining job settings</i>	59	9	43	8
Total	1,039	119	917	86

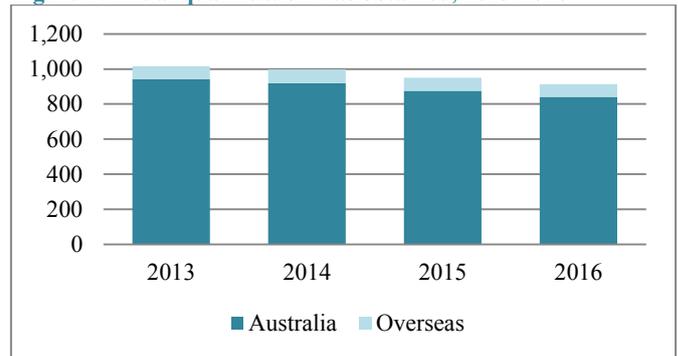
Note: In this instance the principal work setting headcount for the reported second job does not equal the principal role for the reported second job. This occurs when the survey respondent indicates a second job work setting but not a second job principal role.

Initial Qualification

The workforce survey asks where they obtained their initial qualification.

In 2016, 91.7% (841) of dental therapists obtained their initial qualification(s) in Australia, compared with 90.8% (943) in 2013 and 7.9% (72) of dental therapists responded that they had obtained their initial qualification(s) overseas, up from 6.9% (72) in 2013.

Figure 4: Initial qualification was obtained, 2013-2016

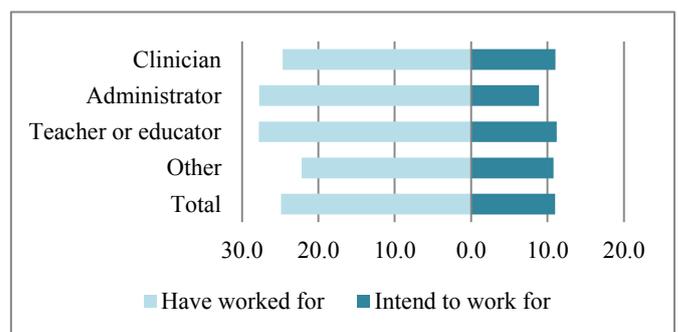


Note: 'Not stated/Unknown' responses are excluded from this graph but included in the total.

Working Intentions

In 2016, dental therapists had worked in the profession for an average of 24.9 years and intended to work another 11 years. In 2013, dental therapists worked for 21.9 years and intended to work for another 11.9 years.

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



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

Distribution

State and Territory

In 2016, there was an overall decrease in the rate of dental therapists per 100,000 population from 4.5 per in 2013 to 3.8 per in 2016.

The Australian Capital Territory now had the highest average total hours worked at 32.9 hours per week and Western Australia now had the lowest at 27.5 hours per week.

Table 9: Distribution by state/territory, 2016

2016 State & Territory	Headcount	Total FTE	Avg. total hours	² Rate per 100,000 population
NSW	171	136.3	30.3	2.2
VIC	145	115.8	30.3	2.3
QLD	172	141.3	31.2	3.5
SA	86	66.7	29.5	5.0
WA	266	192.2	27.5	10.4
TAS	45	35.2	29.7	8.7
ACT	12	10.4	32.9	3.0
NT	20	16.8	32.0	8.1
Total	917	714.6	29.6	3.8

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

NHWDS Data Tool and Resources: <http://hwd.health.gov.au>

Remoteness Area

In 2016, 86.1% (789) of dental therapists worked in either major cities or inner regional areas, compared with 85.6% (890) in 2013.

Table 10: Distribution by remoteness area, 2016

2016 Remoteness Area	Headcount	Total FTE	Avg. total hours	³ Rate per 100,000 population
Major cities	583	448.0	29.2	3.4
Inner regional	206	164.5	30.3	4.7
Outer regional	105	82.2	29.7	5.0
Remote	15	12.5	31.7	4.9
Very remote	8	7.4	35.1	4.1
Total	917	714.6	29.6	3.8

³ABS - 3222.0 - Population Projections, Australia, 2016

Other Work Location Outside of Major Cities

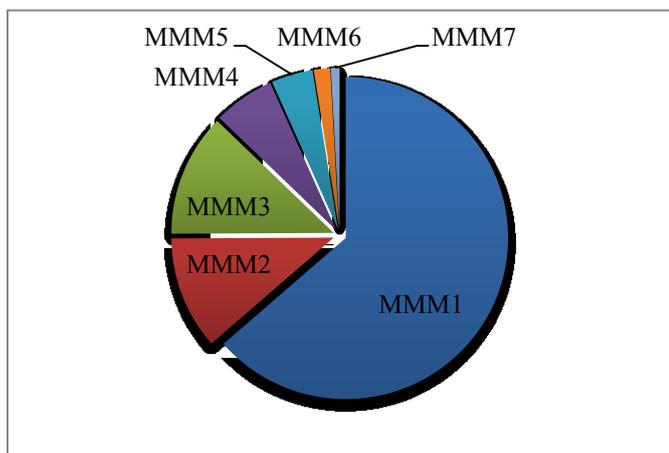
The 2016 workforce survey asked respondents if they had worked in a regional, rural or remote location other than in their principal and second job location (if applicable).

In 2016, 9.1% (83) reported that they had, worked in a regional, rural or remote location: 18.1% (15) had worked in an inner regional location, 38.6% (32) had worked in an outer regional location, and 31.3% (26) had worked in remote or very remote locations.

Modified Monash Model

The majority (63.6%) of the dental therapist workforce 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 63.8% 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 8.6% (79) of the workforce provided a response to the tele-health question. On average the respondents practiced via tele-health for 21.9 hours per week.

In 2016, 70.9% of tele-health services were provided by a dental therapist in a major city.

Table 11: Tele-health workforce remoteness location – 2016

Major cities	Inner regional	Outer regional	Remote	Very remote
70.9%	20.3%	7.6%	1.3%	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 - 3218.0 - Regional Population Growth, Australia, 2015-16, Released 30/06/17.
- 3) ABS - 3222.0 - Population Projections, Australia, 2016

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