

# Oral Health Therapists

## 2016 Factsheet



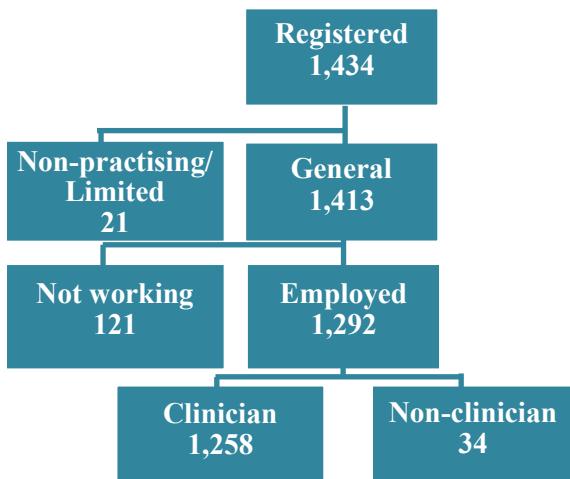
Australian Government  
Department of Health

Oral Health Therapists are registered healthcare practitioners with dual qualification as a dental therapist and dental hygienist. They work within a structured professional relationship with a dentist to provide oral health assessment, diagnosis, treatment, management and preventive services. This may include fillings, tooth extraction, oral health promotion, periodontal/gum treatment, and other care to promote healthy oral behaviours. Oral Health 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 oral health therapist workforce, 2016



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

The registered workforce has increased by 52.1% (491) since 2013, with an average yearly growth rate of 15.0%.

*Note: Analysis of the oral health therapist workforce contained in this document is based on the number of registered and employed oral health therapists (1,292 in 2016) unless otherwise stated.*

Table 1: Headcounts 2013-2016

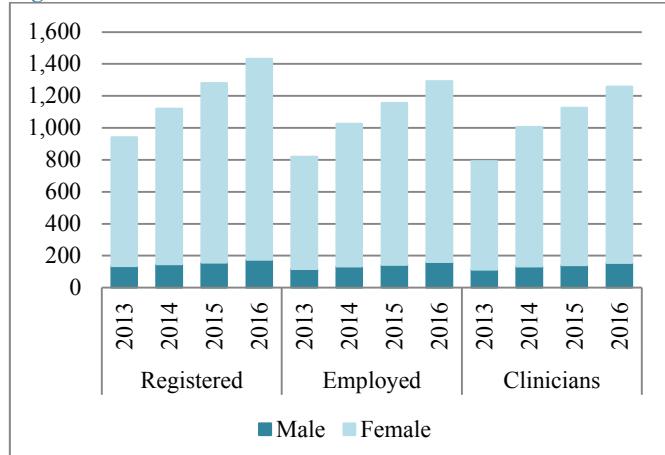
	2013	2014	2015	2016
Registered	943	1,120	1,280	1,434
Employed	819	1,028	1,156	1,292
Clinicians	792	1,006	1,127	1,258

### Demographics

In 2016, 87.6% of the registered and employed oral health therapist workforce was female, up from 85.7% in 2013.

In both 2013 and 2016, the workforce had an average age of 30.5 years.

Figure 2: Gender 2013-2016



### Quick Facts - 2016

Figure 3: Summary



### Hours Worked

Oral health therapists worked an average of 34.6 hours per week in 2016, up from 34.1 in 2013. Clinical hours increased from 31.6 in 2013 to 32.1 in 2016.

Table 2: Average hours per week 2013-2016

Average hours worked	2013	2014	2015	2016
Clinical	31.6	31.8	32.2	32.1
Non-clinical	2.5	2.4	2.6	2.5
Total	34.1	34.3	34.8	34.6

In 2016, females worked an average of 34.3 hours per week, up from 33.7 in 2013. Males worked an average of 36.9 hours per week, up from 36.5 in 2013. Males aged 35-44 worked the longest hours per week on average at 37.8.

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

Age Group	Males – Average hours		Females – Average hours	
	2013	2016	2013	2016
20-34	36.5	36.9	33.8	34.8
35-44	37.0	37.8	31.6	30.9
45-54	np	32.8	35.0	34.6
55-64	-	-	35.1	33.3
<b>Total</b>	<b>36.5</b>	<b>36.9</b>	<b>33.7</b>	<b>34.3</b>

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

### Replacement Rate

In 2016, there were 4.5 new registrants for every oral health therapist that did not renew their registration from 2015.

### Job Role

The 2016 workforce survey asks respondents to report their principal role and their second job if applicable in the last week.

#### Principal Role

A total of 97.4% (1,258) of the workforce worked predominately as clinicians in their principal role in 2016, up slightly from 96.7% (792) in 2013.

**Table 4: Headcounts by principal role**

Principal role	Total Employed	
	2013	2016
Clinician	792	1,258
Administrator	9	12
Teacher or educator	14	14
Researcher	np	np
Other	np	np
<b>Total</b>	<b>819</b>	<b>1,292</b>

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

### Second Job

In 2016, 25.9% (335) of the workforce reported a second job role in oral health therapy, compared with 29.3% (240) in 2013. In 2016, 84.8% (284) of workforce that reported that they had a second job indicated that this role was as a clinician.

**Table 5: Headcounts by second job 2013 vs 2016**

Second job	Total Employed	
	2013	2016
Clinician	214	284
Administrator	6	15
Teacher or educator	14	29
Researcher	np	np
Other	np	np
<b>Total</b>	<b>240</b>	<b>335</b>

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

### Clinical Hours Worked

In 2016, oral health therapists worked an average of 29.8 clinical hours per week in their principal role, up from 28.4 in 2013, and, on average, 9.5 clinical hours per week in their second job, down from 10.4 in 2013.

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

Job role	2013 – Average hours		2016 – Average hours	
	Principal role	Second job	Principal role	Second job
Clinician	28.7	11.2	29.9	10.7
Administrator	16.4	1.3	12.9	1.5
Teacher or educator	14.0	3.9	23.9	2.9
Researcher	np	np	23.5	3.5
Other	np	np	np	np
<b>Total</b>	<b>28.4</b>	<b>10.4</b>	<b>29.8</b>	<b>9.5</b>

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 and their second job if applicable, in either the public or private sector.

#### Principal Role

In 2016, in their principal role, 27.8% (359) worked their clinical hours in the public sector, down from 33.9% (278) in 2013. 69.2% (894) worked their clinical hours in the private sector, up from 63.2% (518) in 2013.

#### Second Job

In 2016, 20.0% (60) who reported a second job worked these clinical hours in the public sector, down from 22.9% (57) in 2013.

In 2016, 79.7% (239) of this group worked in the private sector, up from 77.1% (192) 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	278	57	359	60
Proportion (%)	33.9%	22.9%	27.8%	20.0%
Private sector only	518	192	894	239
Proportion (%)	63.2%	77.1%	69.2%	79.7%
Both	15	0	21	1
Proportion (%)	1.8%	0.0%	1.6%	0.3%
<b>Total</b>	<b>819</b>	<b>249</b>	<b>1,292</b>	<b>300</b>

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

## Principal Work Setting

In 2016, 38.6% (499) worked in a group private practice setting, up from 32.7% (268) in 2013. In the same year, 28.8% (372) of oral health therapists worked in a solo private practice, down from 29.1% (238) in 2013.

## Secondary Work Setting

In 2016, 40.5% (142) who reported that they had worked in a secondary work setting indicated that this was in a solo private practice, down from 44.0% (118) 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	268	70	499	110
Solo private practice	238	118	372	142
Public clinic	226	44	304	47
Hospital	40	18	54	12
Tertiary educational facility	14	10	19	25
Remaining work settings	33	8	44	15
<b>Total</b>	<b>819</b>	<b>268</b>	<b>1,292</b>	<b>351</b>

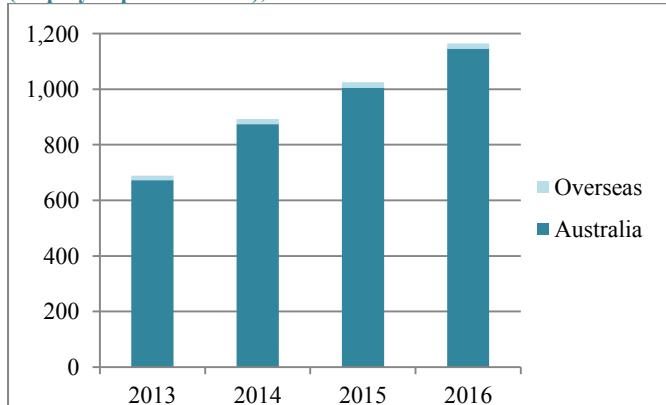
Note: In this instance the principal work setting headcount for the reported second job does not equal the principal role for the reported second job. This occurs when the survey respondent indicates a second job work setting but not a second job principal role.

## Initial Qualification

The workforce survey asked oral health therapists where they obtained their initial qualification.

In 2016, 88.7% (1,146) of oral health therapists obtained their initial qualification(s) in Australia, compared with 82.2% (673) in 2013, and 1.4% (18) of therapists obtained their initial qualification(s) overseas, down from 2.0% (16) in 2013.

**Figure 4: Country where the initial qualification was obtained (employed practitioners), 2013-2016**



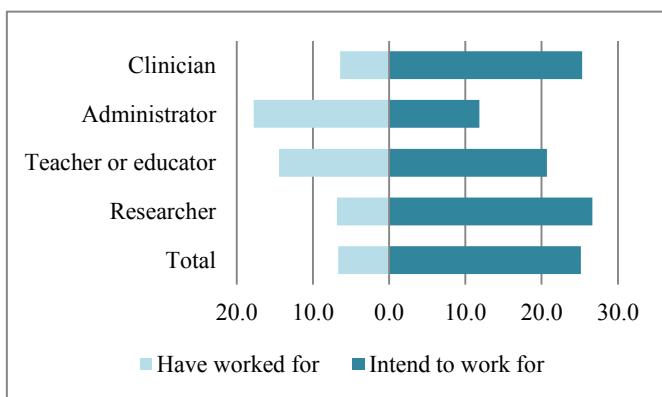
Note: 'Not stated/Unknown' responses are excluded from this graph but included in the total.

## Working Intentions

In 2016, on average, oral health therapists had worked in the profession for 6.7 years and intended to work for another 25.1 years.

In 2013, oral health therapists had worked for 7.1 years and intended to work for another 23.8 years.

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



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

## Distribution

### State and Territory

In 2016, there was an overall increase in the rate of oral health therapists per 100,000 population from 3.5 per 100,000 in 2013 to 5.3 per 100,000 population in 2016.

South Australia had the highest rate at 8.8 per 100,000 population in 2016, an increase of 3.2 per 100,000 population from 2013,

FTE was lower than headcount at the national level and in each state except Tasmania. The difference between the FTE and headcount nationally only differed marginally indicating that the large majority of oral health therapists are working close to the full FTE rate of 38 hours per week.

**Table 9: Distribution by state/territory, 2016**

2016 State & Territory	Headcount	Total FTE	Avg. total hours	<sup>2</sup> Rate per 100,000 population
NSW	330	296.1	34.1	4.3
VIC	313	293.8	35.7	5.1
QLD	338	299.7	33.7	7.0
SA	150	135.3	34.3	8.8
WA	123	115.6	35.7	4.8
TAS	10	10.8	40.9	1.9
ACT	17	15.7	35.2	4.2
NT	11	10.3	35.6	4.5
<b>Total</b>	<b>1,292</b>	<b>1,177.3</b>	<b>34.6</b>	<b>5.3</b>

<sup>2</sup>ABS - 3218.0 - Regional Population Growth, Australia, 2015-16

## Remoteness Area

In 2016, 92.0% of the workforce (1,189) worked in either major cities or inner regional areas, compared with 92.1% (754) in 2013.

**Table 10: Distribution by remoteness area, 2016**

2016 Remoteness Area	Headcount	Total FTE	Avg. total hours	<sup>3</sup> Rate per 100,000 population
Major cities	973	887.0	34.6	5.6
Inner regional	216	194.5	34.2	4.9
Outer regional	89	84.0	35.9	4.3
Remote	10	7.8	29.5	3.2
Very remote	4	4.1	39.0	2.1
<b>Total</b>	<b>1,292</b>	<b>1,177.3</b>	<b>34.6</b>	<b>5.3</b>

<sup>3</sup>ABS - 3222.0 - Population Projections, Australia, 2016

### Other Work Location Outside of Major Cities

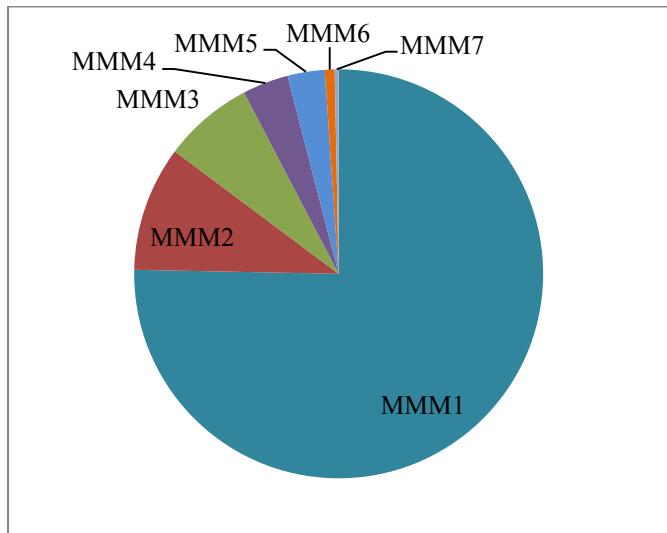
The 2016 workforce survey asked respondents who had noted their principal and second job location as a major city if they had also worked in either a regional, rural or remote location.

In 2016, 5.4% (70) of the workforce reported that they had worked in a regional, rural or remote location, 38.6% (27) reported that they had worked in an inner regional location, 30.0% (21) had worked in outer regional location, and 14.3% (10) had worked in remote or very remote locations.

### Modified Monash Model

The majority (75.3%) of the 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 75.6% in 2013 (see [www.doctorconnect.gov.au](http://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 9.0% (116) of the workforce provided a response to the tele-health question. On average the respondents practiced via tele-health for 23.7 hours per week.

In 2016, 81.9% of tele-health services were provided by oral health therapists in a major city.

**Table 11: Tele-health workforce remoteness location – 2016**

Major cities	Inner regional	Outer regional	Remote	Very remote
81.9%	10.3%	7.8%	0.0%	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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