

Dental Hygienists



Australian Government
Department of Health

2017 Factsheet

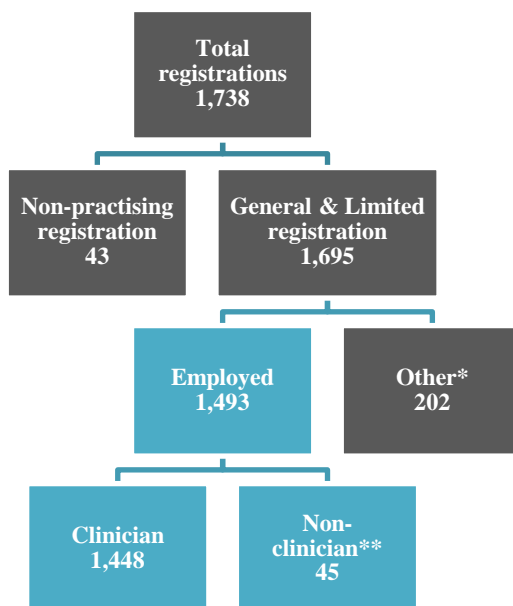
Dental Hygienists are registered healthcare practitioners who work within a structured professional relationship with a dentist to provide oral health assessment, diagnosis, treatment, management, and education for the prevention of oral disease. This may include periodontal/gum treatment, preventive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

To gain registration as a dental hygienist, practitioners must complete a minimum two year advanced diploma, or three year undergraduate program of study approved by the Dental Board of Australia.

The following analysis is drawn from the number of dental hygienists with general or limited registration who were employed (1,493 in 2017) unless otherwise stated.

Workforce

Figure 1: Dental hygienist 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 dental hygienists increased by 4.2% from 1,668 in 2014 to 1,738 in 2017 (average annual increase of 1.4%).

Table 1: Dental hygienists, 2014-2017

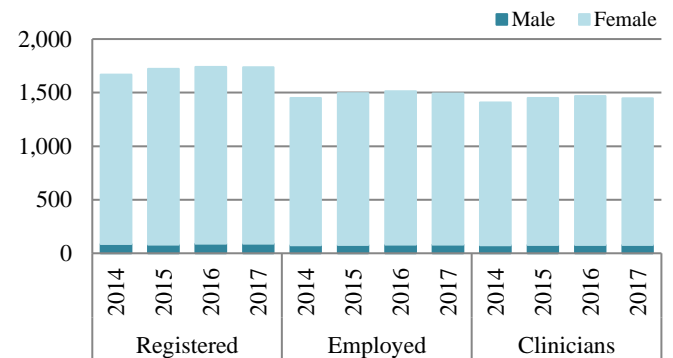
	2014	2015	2016	2017	Avg. annual growth
Registered	1,668	1,721	1,740	1,738	1.4%
Employed	1,451	1,494	1,514	1,493	1.0%
Clinicians	1,409	1,451	1,469	1,448	0.9%

The number of employed dental hygienists increased by 2.9% from 1,451 to 1,493 over the same period (an average annual increase of 1.0%).

Demographics

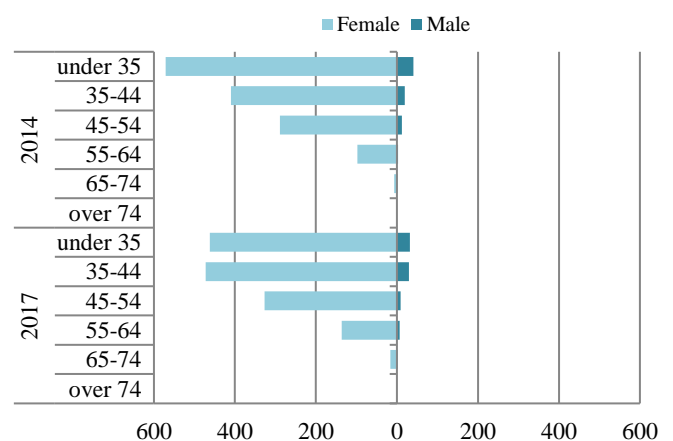
In 2017, 94.6% of dental hygienists were female, a decrease from 94.8% in 2014.

Figure 2: Gender distribution, 2014-2017



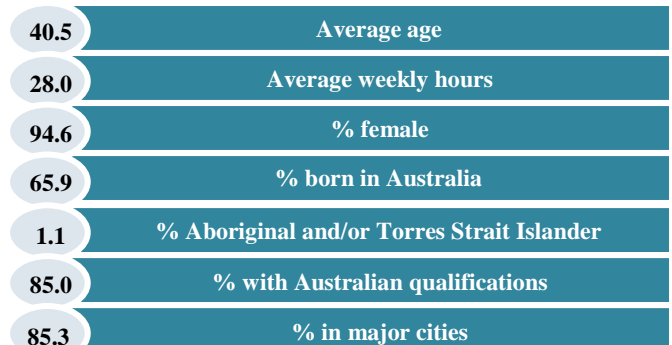
In 2017, the average age of dental hygienists was 40.5 years, an increase from 38.7 years in 2014. Between 2014 and 2017, the proportion aged 45 years and over increased from 28.3% to 33.3%.

Figure 3: Age and gender distribution, 2014 and 2017



Quick Facts - 2017

Figure 4: Summary, 2017



Hours Worked

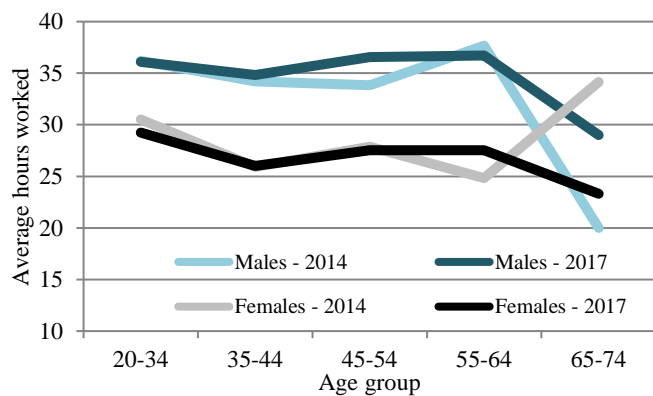
In 2017, dental hygienists worked an average of 28.0 hours per week in total, and worked an average of 1.8 hours per week in non-clinical roles.

Table 2: Average hours per week, 2014-2017

Average hours worked	2014	2015	2016	2017
Clinical	26.7	26.6	26.4	26.1
Non-clinical	1.9	1.6	1.9	1.8
Total	28.6	28.2	28.3	28.0

In 2017, male dental hygienists worked an average of 35.6 hours per week, increasing from 35.2 hours in 2014. Female dental hygienists worked an average of 27.5 hours per week, decreasing from 28.2 hours in 2014. Males aged 55-64 worked the most, at 36.7 hours per week on average.

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



Job Role

Principal Role

In 2017, 97.0% of dental hygienists worked as clinicians in their principal role, a decrease from 97.1% in 2014.

Table 3: Principal role, 2014 and 2017

Principal role	2014		2017	
	Headcount	%	Headcount	%
Clinician	1,409	97.1	1,448	97.0
Non-clinician	42	2.9	45	3.0
Total	1,451	100	1,493	100

Second job role

In 2017, 17.8% of dental hygienists reported a second job role in dental hygiene, a decrease from 22.3% in 2014.

Table 4: Second job role, 2014 and 2017

Principal role	2014		2017	
	Headcount	%	Headcount	%
Clinician	277	19.1	227	15.2
Non-clinician	46	3.2	39	2.6
Total	323	22.3	266	17.8

Clinical Role Sector

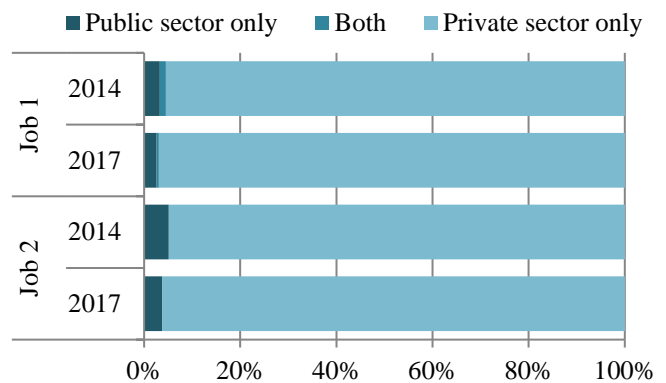
Principal role

In 2017, 2.6% of dental hygienists reported that in their principal role, they worked only in the public sector, a decrease from 3.3% in 2014.

Second job

Of those dental hygienists reporting a second job role in 2017, 3.8% reported they worked only in the public sector, a decrease from 5.1% 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

In 2017, 93.6% of dental hygienists worked in a Group or Solo private practice setting in their principal role and 1.3% worked in an Hospital setting, all unchanged from 2014.

In 2017, dental hygienists working in a Tertiary educational facility reported the highest average weekly hours (31.7) and those in Locum private practice (included in 'Remaining work settings') reported the lowest average weekly hours (17.3).

Table 5: Principal work setting, 2014 and 2017

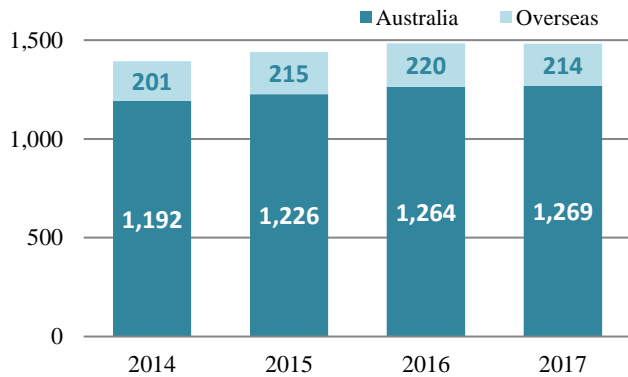
Principal work setting	2014		2017	
	Principal role	Second job	Principal role	Second job
Group private practice	768	144	750	134
Solo private practice	588	153	648	159
Hospital	18	18	19	8
Public clinic	14	14	14	10
Tertiary educational facility	19	18	14	10
Defence forces	16	NP	14	6
Remaining work settings	28	NP	34	17
Total	1,451	363	1,493	344

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 2017, 85.0% of dental hygienists obtained their initial qualification in Australia and 14.3% obtained their initial qualification overseas.

Figure 7: Initial qualification, 2014-2017



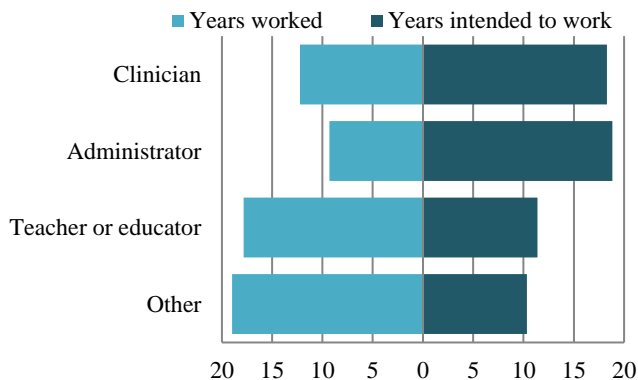
Note: 'Not stated/Unknown' responses are excluded from this chart

Working Intentions

In 2017, dental hygienists had, on average, worked 12 years in the profession and intended to work for another 18 years. In 2014, dental hygienists had worked 11 years on average, and had intended to work for another 18 years.

Note: The workforce survey ask how many years have you worked and intend to work as a 'dental practitioner'. Therefore all years reported may not refer to the dental hygiene division.

Figure 8: Workforce intentions by principal role, 2017



Distribution

State and Territory

In 2017, the jurisdictions with the highest rates of full-time equivalent dental hygienists per 100,000 population (FTE rate) were SA and the ACT. Between 2014 and 2017, the total FTE rate decreased from 4.6 to 4.5, and WA had the largest FTE rate decrease (0.9).

In 2017, dental hygienists in the NT worked the most hours per week on average (36.4 hours) and those in SA worked the fewest (26.5 hours).

Table 6: Distribution by state/ territory, 2017

State / Territory	Headcount	Total FTE	Avg. total hours	² FTE rate per 100,000 population
NSW	396	303.9	29.2	3.9
VIC	277	204.0	28.0	3.2
QLD	234	173.9	28.2	3.5
SA	272	189.6	26.5	11.0
WA	241	168.6	26.6	6.5
TAS	18	14.8	31.2	2.8
ACT	44	33.3	28.8	8.1
NT	11	10.5	36.4	4.3
Total	1,493	1,098.6	28.0	4.5

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

Remoteness Area

In 2014 and 2017, 94.7% of dental hygienists worked in either major cities or inner regional locations.

Between 2014 and 2017, the largest shift in average hours worked was in remote areas, decreasing from 35.0 to 29.6 hours per week. However, the FTE rate in remote areas remained stable due to the increase in the number of dental hygienists in these areas.

Table 7: Distribution by remoteness area, 2017

Remoteness Area	Headcount	Total FTE	Avg. total hours	² FTE rate per 100,000 population
Major cities	1,274	935.7	27.9	5.3
Inner regional	138	101.1	27.8	2.3
Outer regional	74	56.5	29.0	2.8
Remote	7	5.5	29.6	1.9
Very remote	0	0	0	0
Total	1,493	1,098.6	28.0	4.5

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

Other Work Location Outside of Major Cities

In 2017, 2.2% of dental hygienists reported that they had worked in a regional, rural or remote location, in addition to their principal or second job location. Of these respondents, 57.6% had worked in an inner regional or outer regional location, and 12.1% had worked in either remote or very remote locations.

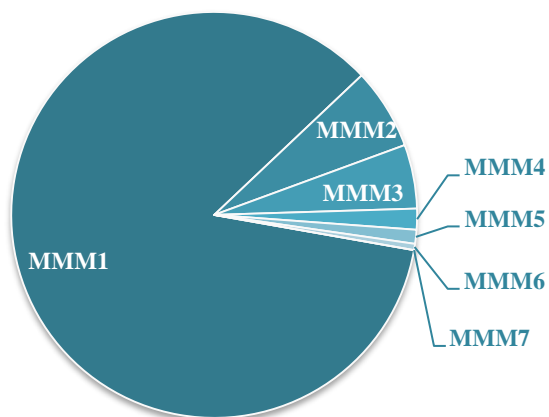
Modified Monash Model

In 2017, the majority (85.2%) of FTE dental hygienists were located in a major city or a location considered as MMM1 under the Modified Monash Model (MMM) classification system, remaining unchanged from 85.3% in 2014.

MMM1 locations had the highest FTE rate of dental hygienists (5.3) followed by MMM3 (3.6). The lowest FTE rate was in MMM5 locations (0.7), noting there were no dental hygienists in MMM7.

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

Figure 9: FTE Distribution by MMM, 2017



Tele-Health

The workforce survey asks dental hygienists to report their hours practiced via tele-health in dental hygiene in the previous year.

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 153 dental hygienists (10.3%) provided a response to the Tele-Health question in 2017. On average, these respondents practiced via Tele-Health for 21.4 hours per week, with the majority (88.2%) of Tele-Health services provided by practitioners based in a major city.

Table 8: Tele-health dental hygienists by remoteness location, 2017

Major cities	Inner regional	Outer regional	Remote	Very remote
88.2%	7.2%	4.6%	0.0%	0.0%

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 (supressed) 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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