

# Oral Health Therapists



Australian Government  
Department of Health

## 2017 Factsheet

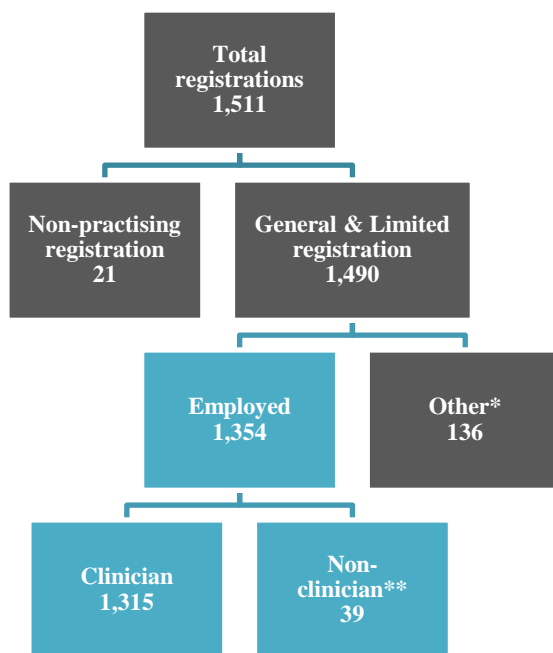
Oral Health Therapists are registered healthcare practitioners with dual qualifications as a dental therapist and dental hygienist. They work within a structured professional relationship with a dentist to provide oral health assessment, diagnosis, treatment, management and preventive services. This 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.

To gain registration as an oral health therapist, practitioners must complete a minimum three year undergraduate program of study approved by the Dental Board of Australia.

The following analysis is drawn from the number of oral health therapists with general or limited registration who were employed (1,354 in 2017) unless otherwise stated.

## Workforce

Figure 1: Oral health therapy 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 oral health therapists increased by 34.9% from 1,120 in 2014 to 1,511 in 2017 (average annual increase of 10.5%). The number of employed oral health therapists increased by 31.7% from 1,028 to 1,354 over the same period (an average annual increase of 9.6%).

Table 1: Oral health therapists, 2014-2017

	2014	2015	2016	2017	Avg. annual growth
Registered	1,120	1,280	1,434	1,511	10.5%
Employed	1,028	1,156	1,292	1,354	9.6%
Clinicians	1,007	1,127	1,258	1,315	9.3%

## Demographics

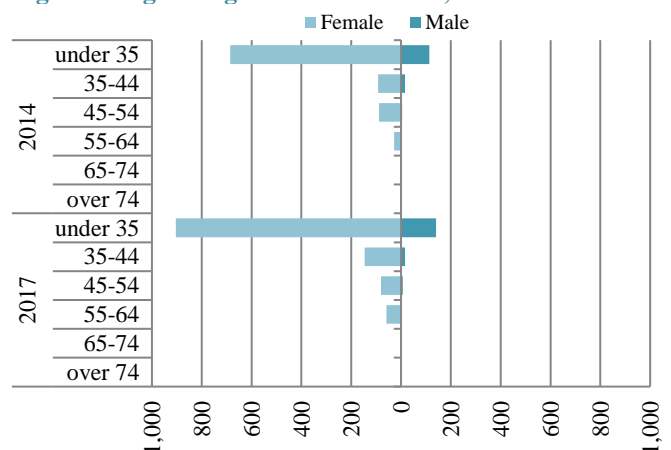
In 2017, 87.9% of oral health therapists were female, an increase from 87.0% in 2014.

Figure 2: Gender distribution, 2014-2017



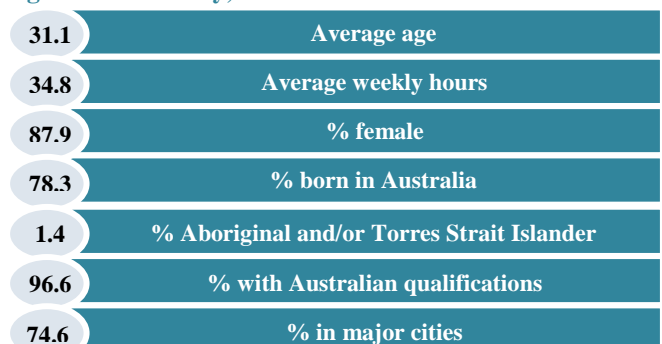
In 2017, the average age of oral health therapists was 31.1 years, an increase from 30.2 years in 2014. In 2017, only 10.9% of oral health therapists were over the age of 45 years.

Figure 3: Age and gender distribution, 2014 and 2017



## Quick Facts - 2017

Figure 4: Summary, 2017



## Hours Worked

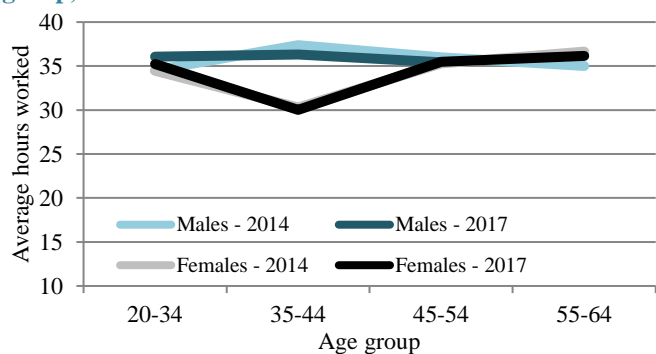
In 2017, oral health therapists worked an average of 34.8 hours per week in total, with an average of 2.3 hours per week in non-clinical roles.

**Table 2: Average hours per week, 2014-2017**

Average hours worked	2014	2015	2016	2017
Clinical	31.8	32.2	32.1	32.5
Non-clinical	2.4	2.6	2.5	2.3
<b>Total</b>	<b>34.3</b>	<b>34.8</b>	<b>34.6</b>	<b>34.8</b>

In 2017, male oral health therapists worked an average of 36.0 hours per week, increasing from 34.9 hours in 2014. Female oral health therapists worked an average of 34.6 hours per week, increasing from 34.2 hours in 2014. Males aged 35-44 years worked the longest hours per week, at 36.3 hours on average.

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



## Job Role

### Principal Role

In 2017, 97.1% of oral health therapists worked as clinicians in their principal role, a decrease from 98.0% in 2014.

**Table 3: Principal role, 2014 and 2017**

Principal role	2014		2017	
	Headcount	%	Headcount	%
Clinician	1,007	98.0	1,315	97.1
Non clinician	21	2.0	39	2.9
<b>Total</b>	<b>1,028</b>	<b>100.0</b>	<b>1,354</b>	<b>100.0</b>

### Second job

In 2017, 23.6% of oral health therapists reported a second job role in oral health therapy, a decrease from 26.9% in 2014.

**Table 4: Second job role, 2014 and 2017**

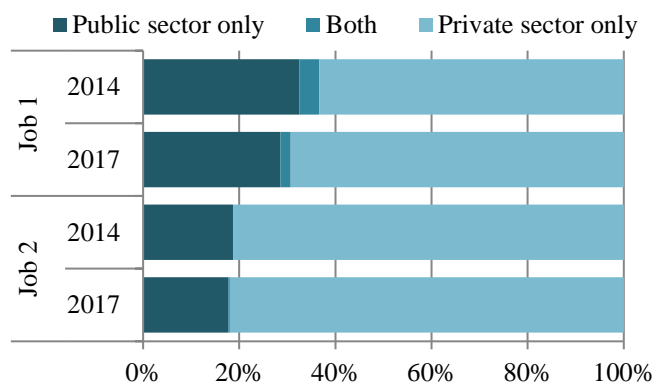
Second job	2014		2017	
	Headcount	%	Headcount	%
Clinician	234	22.8	274	20.2
Non clinician	43	4.2	46	3.4
<b>Total</b>	<b>277</b>	<b>26.9</b>	<b>320</b>	<b>23.6</b>

## Principal work sector

In 2017, 28.5% of oral health therapists reported that in their principal role, they worked only in the public sector, a decrease from 32.5% in 2014.

Of those oral health therapists reporting a second job role in 2017, 17.7% reported they worked only in the public sector, a decrease from 18.7% 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, 66.5% of oral health therapists worked in a Group or Solo private practice setting in their principal role, an increase from 64.7% in 2014, and 24.4% worked in a Public clinic setting, remaining stable from 24.5% in 2014.

In 2017, oral health therapists working in Other community health care service reported the highest average weekly hours (40.0) and those in Locum private practice reported the lowest average weekly hours (23.5). Both are included in 'Remaining work settings'.

**Table 5: Principal work setting, 2014 and 2017**

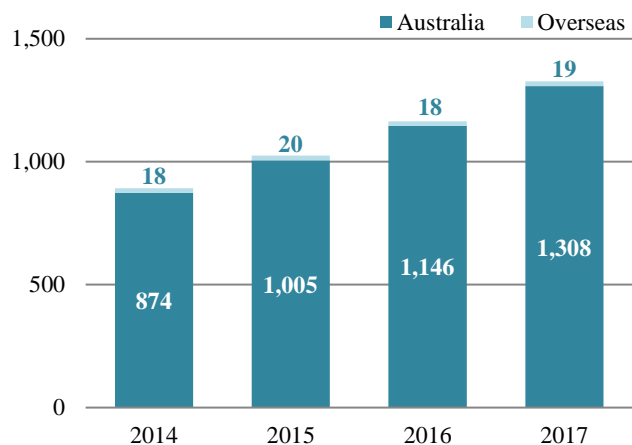
Principal work setting	2014		2017	
	Principal role	Second job	Principal role	Second job
Group private practice	372	92	457	115
Solo private practice	293	123	443	175
Public clinic	252	51	331	46
Hospital	59	NP	60	NP
Aboriginal health service	10	NP	16	NP
Tertiary educational facility	12	21	13	31
Remaining work settings	30	12	34	14
<b>Total</b>	<b>1,028</b>	<b>306</b>	<b>1,354</b>	<b>393</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 asks oral health therapists where they obtained their initial qualification. In 2017, 96.6% of oral health therapists obtained their initial qualification in Australia and 1.4% obtained their initial qualification overseas.

Figure 7: Initial qualification, 2014-2017



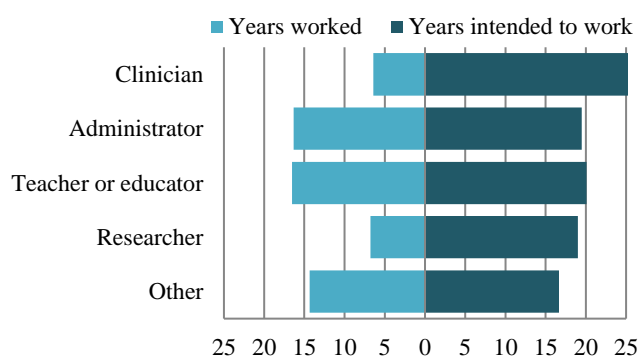
Note: 'Not stated/Unknown' responses are excluded from this chart

## Working Intentions

In 2017, oral health therapists had, on average, worked 7 years in the profession and intended to work for another 26 years. In 2014, oral health therapists had worked 7 years on average, and had intended to work for another 25 years.

Note: The workforce survey asks how many years have you worked and intend to work as a 'dental practitioner'. Therefore all years reported may not refer to the oral health therapist 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 oral health therapists per 100,000 population (FTE rate) were SA and the NT. Between 2014 and 2017 the total FTE rate increased from 4.0 to 5.0 and the NT had the largest FTE rate increase (3.2).

In 2017, oral health therapists in TAS worked the most hours per week on average (38.6 hours) and those in the ACT worked the fewest (32.4 hours).

Table 6: Distribution by state/ territory, 2017

State / Territory	Headcount	Total FTE	Avg. total hours	<sup>2</sup> FTE rate per 100,000 population
NSW	339	311.3	34.9	4.0
VIC	328	312.4	36.2	4.9
QLD	350	303.3	32.9	6.2
SA	157	142.3	34.5	8.3
WA	131	124.7	36.2	4.8
TAS	15	15.2	38.6	2.9
ACT	17	14.5	32.4	3.5
NT	17	16.1	36.0	6.5
<b>Total</b>	<b>1,354</b>	<b>1,239.8</b>	<b>34.8</b>	<b>5.0</b>

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

## Remoteness Area

In 2017, 90.9% of oral health therapists worked in either major cities or inner regional locations, compared with 92.2% in 2014.

Between 2014 and 2017, the largest shift in average hours worked was in remote areas, increasing from 33.6 to 36.9 hours per week. Consequently, the FTE rate in remote areas increased by 2.3 over the same period.

Table 7: Distribution by remoteness area, 2017

Remoteness Area	Headcount	Total FTE	Avg. total hours	<sup>2</sup> FTE rate per 100,000 population
Major cities	1,010	917.0	34.5	5.2
Inner regional	221	203.1	34.9	4.6
Outer regional	103	100.4	37.0	4.9
Remote	14	13.6	36.9	4.6
Very remote	6	5.7	36.2	2.8
<b>Total</b>	<b>1,354</b>	<b>1,239.8</b>	<b>34.8</b>	<b>5.0</b>

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

## Other Work Location Outside of Major Cities

In 2017, 7.7% of oral health therapists reported that they had worked in a regional, rural or remote location, in addition to their principal or second job location. Of these respondents, 68.3% had worked in an inner regional or outer regional location, and 16.3% had worked in either remote or very remote locations.

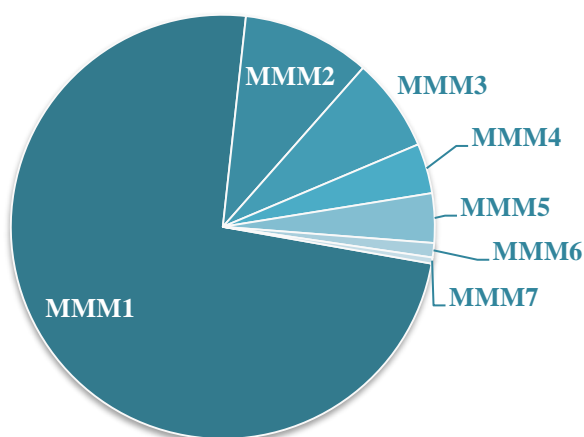
## Modified Monash Model

In 2017, the majority (74.0%) of FTE oral health therapists were located in a major city or a location considered as MMM1 under the Modified Monash Model (MMM) classification system, a decrease from 74.6% in 2014.

(See [www.doctorconnect.gov.au](http://www.doctorconnect.gov.au) for more information on the MMM).

MMM3 locations had the highest FTE rate of oral health therapists (5.7) followed by MMM2 and MMM4 (both 5.3). The lowest FTE rate was in MMM5 locations (2.6).

**Figure 9: FTE Distribution by MMM, 2017**



## Tele-Health

The workforce survey asks oral health therapists to report their hours practiced via tele-health in oral health therapy 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 99 oral health therapists (7.3%) provided a response to the Tele-Health question in 2017. On average, these respondents practiced via Tele-Health for 21.2 hours per week, with the majority (82.8%) of Tele-Health services provided by practitioners based in a major city.

**Table 8: Tele-health oral health therapists by remoteness location, 2017**

Major cities	Inner regional	Outer regional	Remote	Very remote
82.8%	7.1%	9.1%	0.0%	1.0%

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 (suppressed) 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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