



International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Quality Decline in Dental Assisting: A Global Narrative Review

Dr. Althaaf Khan, BDS (SMU), AssocFCGDent (UK)

Private Practice, South Africa

Corresponding Author: Dr. Althaaf Khan, Private Practice, South Africa

Email: khanalthaafy@gmail.com

ABSTRACT :

Objective: To synthesise available evidence on whether the quality of dental assisting is declining globally, and to identify the drivers reported across health systems.

Methods: A narrative review of regulator, professional-association, government and peer-reviewed sources from the United States, United Kingdom, Canada, Australia and South Africa, identified through targeted searches in October 2026. Findings were grouped thematically into workforce supply, attrition and retention, training and regulation, and evidence of clinical quality.

Results: Sources from all five countries describe persistent difficulty recruiting and retaining dental assistants. In the United States, dental assistants remain among the hardest roles for practices to fill. In Canada, the ratio of newly certified assistants to new dentists fell from more than 3:1 to almost 1:1 between 2010 and 2020. UK data show high job dissatisfaction and intention to leave among registered dental nurses, and Australian reports describe experienced assistants moving to better-paid industries. Training and regulatory requirements vary widely, from state-by-state rules in the United States to mandatory registration in the United Kingdom and South Africa, and abrupt regulatory change disrupted the South African workforce. No study identified directly measured clinical or patient-safety outcomes attributable to changes in assistant quality.

Conclusion: The evidence supports a decline in the conditions that sustain high-quality dental assisting, namely workforce stability, accumulated experience and standardised training, rather than a measured decline in clinical quality itself. Priorities include harmonised competency frameworks, structured career pathways, better remuneration and working conditions, and prospective research linking assistant workforce characteristics to patient outcomes.

Keywords: dental assisting; dental workforce; workforce shortage; staff retention; professional regulation; quality of care

Introduction

Dental assistants support chairside treatment, infection control, patient preparation and practice administration, which allows dentists to work efficiently and safely. The profession is large: the American Dental Association Health Policy Institute (HPI) reports 387,790 dental assistants working in the United States as of May 2026 [1]. Size, however, has not prevented a workforce problem. In the third quarter of 2025, 37.5% of US private practices reported actively recruiting dental assistants within the previous three months, and requirements for the role remain inconsistent between states [2]. In Canada, the ratio of newly certified dental assistants to new dentists fell from more than three to one to almost one to one between 2010 and 2020 [3]. In the United Kingdom, dental nurses, who fill the equivalent role, are the largest group on the General Dental Council (GDC) register, with more than 61,000 registrants accounting for roughly half of all dental professionals [4].

Quality in dental assisting is not a single measurable quantity. It depends on trained and experienced staff, who are retained long enough to build competence, working within clear and consistently enforced scopes of practice. Shortages, high turnover and uneven training standards each weaken one of these conditions. If they occur together across countries, patients and dental teams may be affected even where headcount appears adequate.

The international literature on this subject is fragmented. Most workforce research concentrates on dentists and hygienists, while evidence on assistants is scattered across national surveys, regulator publications and professional-association reports. No integrated global account of how the quality of dental assisting is changing was identified.

The objective of this review is to examine international evidence on whether the quality of dental assisting is declining, to identify the drivers reported in different health systems, and to indicate priorities for policy and research.

Materials and Methods

Study design. This is a narrative review. It is not a systematic review and was not registered in a review registry.

Search strategy. Targeted web searches were run in October 2026 for each of five countries: the United States, United Kingdom, Canada, Australia and South Africa. These were chosen to cover different regulatory models, from state-level rules to national statutory registration. Search terms combined dental assistant or dental nurse with workforce shortage, retention, turnover, registration, training requirements and regulation. Searches targeted peer-reviewed journal records, regulators, professional associations, government agencies and national qualifications bodies.

Eligibility. Sources were included if they reported data or policy information on the supply, retention, training, regulation or working conditions of dental assistants (or their national equivalents), or on the quality of dental assisting. Sources were excluded if they concerned only dentists, hygienists or therapists.

Selection and analysis. Sixteen sources were retained: one peer-reviewed journal article and fifteen regulator, government, professional-association, qualifications-authority and trade-press publications. Where a web page summarised a primary report, the page actually read is cited. Findings were extracted and grouped thematically. No formal risk-of-bias or quality appraisal was performed, and no meta-analysis was attempted because outcome measures differed between sources.

Ethical considerations. The review used only published and publicly available material and involved no human participants or personal data. Ethical approval and informed consent were therefore not required.

Results and Discussion

Workforce supply and recruitment

In the United States, the difficulty lies less in headcount than in matching supply to demand. HPI's third-quarter 2025 survey of 816 dentists found dental assistants and dental hygienists to be the most challenging roles to recruit [5]. Practices remain in recruitment mode: 37.5% had recruited dental assistants in the preceding three months [2,5]. Canadian data point the same way. The ratio of new certified assistants to new dentists fell from more than three to one to almost one to one over 2010 to 2020, and the Canadian Dental Association reports that the post-pandemic period made hiring and retention harder still [3].

Attrition and retention

A multi-organisation US report examined satisfaction, retention and turnover among dental assistants and hygienists, and framed workplace conditions as drivers of departure [6]. The American Dental Hygienists' Association summary of that work argues that employers need to offer benefits such as health insurance and paid leave [7]. In Australia, Jobs and Skills Australia reports that experienced assistants are leaving for construction, retail and warehousing, which can offer higher wages and fewer training requirements [8]. The Australian Dental Association likewise describes the occupation as being in national shortage in each state [9]. A Canadian Dental Assistants' Association brief to a parliamentary committee cites survey evidence in which 66% of responding assistants reported experiencing stress [10].

The loss of experienced staff matters for quality because competence in chairside work, sterilisation workflow and patient management accumulates through practice. Replacing a departing assistant with a newly trained or on-the-job-trained recruit resets that accumulation. This mechanism is the author's interpretation and was not directly measured in the sources reviewed.

The United Kingdom: registration, dissatisfaction and register losses

In the UK, a survey of GDC registrants found that 56% of responding nurses were dissatisfied with their job and 22% intended to leave the profession; intention to leave was predicted by younger age and by dissatisfaction with physical working conditions and progression opportunities [11]. Only 6% endorsed the level of the registration fee [11]. More recently, the Society of British Dental Nurses reported that almost 3,000 dental nurses were lost to the register between July and August 2024, and noted that some registrants holding a nursing qualification work in other registrable roles, so register counts may not reflect nurses actually practising [12]. The GDC's own retention survey, which drew more than 3,100 responses, identified employer recognition of nurses' contribution and enjoyment of the work among the leading factors in whether nurses stay [4].

Training and regulation: divergent standards

Standards for dental assisting differ widely. In the United States, the Dental Assisting National Board describes inconsistent state requirements as a source

of confusion and as a contributor to the shortage, and supports a national framework that allows entry through either education or on-the-job training and improves mobility between states [2]. Australia shows a related gap: the absence of dental assistants from the national skilled-occupation list is described as creating an imbalance in the dental workforce [8].

South Africa illustrates the opposite problem, namely rapid tightening of standards. Dental assisting was recognised as a vocation by the Health Professions Council of South Africa (HPCSA) in 2006, and until 2007 assistants could be employed without formal education or registration [13]. Registration began in 2005 and a legal challenge by the South African Dental Association in 2014 to 2015 was unsuccessful [14]. A High Court judgment dismissed the challenge, and the HPCSA stated that from 7 March 2016 no person could practise as a dental assistant without registration [15]. At the time, the association's chief executive warned that too few assistants were willing to undertake formal training, and that only four technical colleges offered dental assistant courses [16]. The HPCSA also set out provisional registration, with a later board examination, for experienced but unqualified assistants [14].

Taken together, these cases show that quality risk arises from two opposite directions. Loose or uneven standards risk inconsistent competence, while rapid tightening without a training pipeline risks losing experienced staff and reducing access to assistance. This comparison is the author's interpretation.

Is clinical quality actually declining?

None of the sources identified measured clinical outcomes, infection-control compliance or patient-safety events in relation to changes in assistant workforce characteristics. The evidence therefore supports a narrower claim than the title suggests: the conditions for quality, which are stability, experience and standardised training, are under strain in all five countries. Whether this has already translated into poorer care remains unproven. Some signals point to untapped capability rather than decline in skill: in a DANB survey, 62% of assistants not currently performing expanded functions said they were interested in doing so [2].

Implications

1. **Harmonise competency frameworks.** A common national framework with recognised entry routes, as proposed in the United States [2], would reduce inconsistency without closing off on-the-job training.
2. **Address pay, benefits and recognition.** Reports from the United States, Australia and the United Kingdom link departures to remuneration, working conditions and feeling undervalued [4,6-8,11].
3. **Build career pathways.** Expanded functions and progression opportunities respond to both the interest reported by assistants [2] and the progression dissatisfaction associated with intention to leave [11].
4. **Stage regulatory change.** The South African experience suggests aligning registration deadlines with the capacity of training institutions [15,16].
5. **Measure outcomes.** Prospective studies should link assistant qualifications, experience and turnover to infection-control and patient-safety outcomes.

Limitations

This is a narrative review without a systematic search of bibliographic databases, so relevant peer-reviewed studies may have been missed and selection bias is possible. Most sources are grey literature or trade press, several are advocacy documents from bodies with an interest in the profession, and a few summarise primary reports that were not read in full. Figures are not directly comparable between countries because definitions, survey methods and dates differ. Coverage is limited to five countries and omits Asia, Africa beyond South Africa, and Latin America, where evidence was not located.

Conclusion

Across the United States, United Kingdom, Canada, Australia and South Africa, the conditions that sustain good dental assisting are under strain: recruitment is difficult, experienced staff are leaving, and training and regulatory standards are uneven or have changed abruptly. These findings matter because dental teams depend on assistants for infection control, chairside efficiency and patient support. The evidence reviewed does not show that clinical quality has measurably fallen, because outcome data are absent. The more defensible conclusion is that the foundations of quality are eroding. Coordinated action on competency frameworks, remuneration and career pathways, together with research linking assistant workforce factors to patient outcomes, is needed to confirm and, where necessary, reverse the trend.

Acknowledgements

The author has no individuals or institutions to acknowledge.

Funding Statement

No external funding was received for this work.

Conflict of Interest

The author works in private dental practice in South Africa. The author declares no financial, professional, institutional or personal interests that could have influenced this review or its interpretation.

REFERENCES

1. American Dental Association Health Policy Institute. The dentist workforce [Internet]. Chicago: American Dental Association; [cited 2026 Oct 5]. Available from: <https://www.ada.org/en/science-research/health-policy-institute/dental-statistics/workforce>
2. Dental Assisting National Board. Dental assisting trends and insights from 2025 [Internet]. Chicago: Dental Assisting National Board; [cited 2026 Oct 5]. Available from: <https://www.danb.org/news-blog/detail/blog/dental-assisting-trends-and-insights-2025>
3. Canadian Dental Association. News release on the dental assistant labour shortage and the HUMA committee study [Internet]. Ottawa: Canadian Dental Association; 2022 [cited 2026 Oct 5]. Available from: https://www.cda-adc.ca/EN/about/media_room/news_releases/2022/HUMA_labour_shortage.asp
4. General Dental Council. What encourages dental nurses to remain within the dental sector? [Internet]. London: General Dental Council; 2024 Jan 4 [cited 2026 Oct 5]. Available from: <https://gdc-uk.org/news-blogs/blog/detail/blogs/2024/01/04/what-encourages-dental-nurses-to-remain-within-the-dental-sector>
5. Becker's Dental Review. How dentists are faring against workforce shortages [Internet]. [date unknown; cited 2026 Oct 5]. Available from: <https://www.beckersdental.com/staffing-issues/how-dentists-are-faring-against-workforce-shortages/>
6. American Dental Association Health Policy Institute, Dental Assisting National Board, American Dental Hygienists' Association, American Dental Assistants Association, igniteDA. Dental workforce shortages: data to navigate today's labor market [Internet]. Chicago: Dental Assisting National Board; [cited 2026 Oct 5]. Available from: <https://www.danb.org/news-blog/detail/news/new-research-explores-dental-workforce-shortages>
7. American Dental Hygienists' Association. Dental workforce [Internet]. Chicago: American Dental Hygienists' Association; [cited 2026 Oct 5]. Available from: <https://adha.org/WorkforceReport>
8. Jobs and Skills Australia. The Australian dental workforce [Internet]. Canberra: Jobs and Skills Australia; [date unknown; cited 2026 Oct 5]. Available from: <https://www.jobsandskills.gov.au/media/3698/download>
9. Australian Dental Association. Interim submission to the regulatory reform consultation [Internet]. St Leonards (NSW): Australian Dental Association; 2023 [cited 2026 Oct 5]. Available from: https://www.regulatoryreform.gov.au/sites/default/files/consultations/submissions/2023/Interim%20Submission%20-%20Australian%20Dental%20Association_1.pdf
10. Canadian Dental Assistants' Association. Brief to the House of Commons Standing Committee on Human Resources, Skills and Social Development (HUMA) [Internet]. Ottawa: House of Commons of Canada; [date unknown; cited 2026 Oct 5]. Available from: <https://www.ourcommons.ca/Content/Committee/441/HUMA/Brief/BR11703674/br-external/CanadianDentalAssistantsAssociation-e.pdf>
11. Turner S, Ross MK, Ibbetson RJ. The impact of General Dental Council registration and continuing professional development on UK dental care professionals: (1) dental nurses. *Br Dent J*. 2012 Jul;213(2):E2. doi:10.1038/sj.bdj.2012.664
12. Society of British Dental Nurses. The Society presents on the GDC survey findings for dental nurses [Internet]. [place unknown]: Society of British Dental Nurses; [date unknown; cited 2026 Oct 5]. Available from: <https://sbdn.org.uk/?p=42394>
13. South African Qualifications Authority. Higher Certificate in Dental Assisting [Internet]. Pretoria: South African Qualifications Authority; [date unknown; cited 2026 Oct 5]. Available from: <https://allqs.sqaqa.org.za/showQualification.php?id=97174>
14. Health Professions Council of South Africa. Registration of dental assistants [Internet]. Pretoria: Health Professions Council of South Africa; [date unknown; cited 2026 Oct 5]. Available from: <https://www.hpcs-blogs.co.za/?p=2155>
15. Health Professions Council of South Africa. Registration of dental assistants (High Court judgment) [Internet]. Pretoria: Health Professions Council of South Africa; [date unknown; cited 2026 Oct 5]. Available from: <https://www.hpcs-blogs.co.za/?p=1802>
16. Health-e News. Reprieve expected for dental assistants [Internet]. 2016 Mar 1 [cited 2026 Oct 5]. Available from: <https://health-e.org.za/2016/03/01/reprieve-expected-for-dental-hygienists/>