

Topics: Recent topics in public health in Japan 2026

< Review >

Dental hygienists in Japan: Historical development and future directionsKURAMOTO Kinumi¹⁾, FUKUDA Hideki²⁾¹⁾Department of Health Promotion, National Institute of Public Health²⁾Research Managing Director, National Institute of Public Health**Abstract**

This article focuses on the dental hygienist profession in Japan, providing an overview of its history, education, employment status, roles, and future directions.

Japan has become a super-aged society, and the dental healthcare delivery system is shifting from a clinic-centered to a community-centered model, requiring services that are tailored to regional needs. Concurrently, changes in the epidemiology of oral diseases have shifted the emphasis from traditional treatment, toward the prevention of onset, progression, and recurrence, and toward the acquisition, maintenance, and restoration of oral function. Furthermore, looking ahead to 2040, the need for multidisciplinary collaboration for patients with combined medical and nursing care needs is increasing significantly, along with demand for oral health management for hospitalized patients and older adults requiring nursing care.

In response, nationally licensed dental hygienists have attracted increasing attention. Established under the Dental Hygienist Act in 1948, Japanese dental hygienists perform three legally defined core duties: preventive dental procedures, dental assistance, and dental health guidance. Although most hygienists currently work in dental clinics in clinical roles, their roles are expanding into hospitals, longterm care facilities, and home-based settings. Education has advanced accordingly: Currently, the standard training period is 3 years, with 4-year university and graduate programs available. However, roughly half of licensed dental hygienists are not currently working in the field, underscoring an urgent shortage in dental care settings. The Ministry of Health, Labor and Welfare (MHLW) is currently promoting initiatives to secure dental hygienists. Furthermore, considering the anticipated increase in the older population aged 85 and over and the rising demand for home-based care, MHLW is exploring how dental hygienists can perform their duties more effectively and efficiently.

Looking ahead, dental hygienists are expected to continue evolving as essential oral health professionals who are capable of meeting diverse and complex societal needs through multidisciplinary collaboration and community-based integrated care, and to contribute to improving the well-being of the population.

keywords: dental hygienists, oral health, history, education, employment status

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I. Introduction

The global prevalence of dental diseases, including dental caries and periodontal disease, remains high, and affected an estimated 3.5 billion people in 2019 [1]. Approximately 2.5 billion individuals—primarily in developing countries—still have untreated dental caries, and roughly 1 billion are affected by severe periodontal disease. Oral diseases

impact people throughout their lives, causing pain, sepsis, and impairments in essential daily functions such as eating, speaking, smiling, and social interaction [2]. They also impose a substantial economic burden on both individuals and healthcare systems. Moreover, oral diseases are closely associated with socioeconomic status and other social determinants of health, disproportionately affecting low-income and socially disadvantaged populations [3]. As a result,

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recognition of the global public health importance of oral disease prevention has increased in recent years.

In Japan, dental services are provided by dentists, dental hygienists, and dental technicians. Changes in the epidemiological structure of oral diseases have shifted the focus of dental care from traditional treatment-centered approaches, toward preventing disease onset, progression, and recurrence, and toward the acquisition, maintenance, and restoration of oral function. Looking ahead to 2040, the need for multidisciplinary collaboration for patients with combined medical and nursing care needs is increasing along with demand for oral health management for hospitalized patients and older adults requiring nursing care [4].

In response to these evolving needs, nationally licensed dental hygienists have been receiving increasing attention. The scope of practice for dental hygienists in Japan is defined by law and comprises three core duties: performing preventive dental procedures (e.g., preventive scaling and topical fluoride application), dental assistance, and providing dental health guidance (e.g., oral health education) [5]. These duties form the foundation of their professional roles. While the preventive work of Japanese dental hygienists once focused mainly on preventing dental caries and periodontal disease, it has now expanded to include the prevention of disease progression, and oral function management. In addition, the provision of health guidance by dental hygienists is also increasing, including addressing issues such as pediatric oral development and declining oral function in older persons [6]. Although dental hygienists are licensed professionals in many countries, their scope of practice and educational requirements vary depending on the national regulatory systems of individual countries [7,8]. This article focuses on the dental hygienist profession in Japan, providing an overview of its history, education, employment status, roles, and future directions.

II. History of dental hygienists in Japan

The development of dental hygiene in Japan is closely tied to postwar public health reforms. In 1947, the Public Health Center Act was amended to include “dental hygiene” as a new function of public health centers [9,10]. The following year, the Dental Hygienist Act was enacted, and government-funded training programs were established to secure personnel for dental departments within public health centers. Training began in September 1949 at seven institutions nationwide, five of which initially operated under commission from public health centers [9]. In February 1950, the *Regulation for Designation of Dental Hygienist Schools and Training Institutions* (a ministerial ordinance under the Dental Hygienists Act of Japan) was issued as a

ministerial ordinance by both the Ministry of Education and the Ministry of Health and Welfare [11]. Based on these regulations, all existing training institutions were formally designated in July 1950 as official Dental Hygienist Schools and Dental Hygienist Training Institutions. That same year, Japan’s first cohort of dental hygienists graduated as professionals specializing in preventive dental care [9].

The scope of practice has expanded over time. In 1955, “dental assistance” was added, enabling dental hygienists to support dentists in a broader range of clinical procedures [9]. In addition, a revision in 1989 added “dental health guidance” to Article 2, Paragraph 3 of the Act [6]. Although dental hygienists had long provided such guidance in public health centers, the amendment explicitly authorized them to perform dental health guidance under the exclusive title provision. At the same time, the licensing authority shifted from prefectural governors to the Minister of Health, Labor, and Welfare [12]. In 1992, the first National Dental Hygienist Examination was administered, establishing a standardized national qualification system. Subsequent legal reforms further modernized the profession. The 2014 amendment to the Dental Hygienist Act revised the required level of dentist involvement in preventive procedures, changing the condition from “under direct supervision” to “under supervision” (amendment to Article 2, Paragraph 1). In addition, Article 13-5 was introduced, stipulating that “dental hygienists must strive to ensure appropriate dental care by maintaining close cooperation with dentists and other dental professionals [6].” The 2014 revision also updated the wording of Article 2, replacing “women” with “persons” as those eligible to perform dental hygienist duties. However, the original law did not completely exclude men: supplementary provisions existed which allowed analogous application [6].

III. Dental hygiene education

Dental hygiene education in Japan has undergone substantial development since its inception. Formal training began in 1949 with a minimum program length of one year. Through a Partial Amendment to the *Regulation for Designation of Dental Hygienist Schools and Training Institutions*, the required duration was extended to at least 2 years in 1983, and further expanded to a minimum of 3 years by the 2004 amendment [13]. In 2004, Japan also introduced its first bachelor’s degree program in dental hygiene, marking a significant step toward academic advancement within the profession [13].

Today, Japan offers multiple educational pathways for individuals pursuing a career as a dental hygienist. Most students enter training programs immediately after graduating

from high school. Available options include four-year bachelor's degree programs, three-year junior college programs, and three-year vocational school programs. Based on recent data, a total of 183 institutions provide dental hygiene education, including 14 universities and 17 junior colleges, providing students with diverse choices that are aligned with their academic and professional goals [6,14].

Some undergraduate programs also offer opportunities for dual licensure, such as qualification as a social worker [15,16]. Obtaining both dental hygienist and social worker credentials can serve as a foundation for providing holistic, patient-centered support [16]. In addition, in March 2025 the Japan Association for Dental Hygienist Education published the *Dental Hygiene Education Model Core Curriculum* for bachelor's degree programs [17]. This curriculum defines the essential qualities and competencies that are expected of graduates, and incorporates shared values required for interprofessional collaboration within team-based healthcare.

Postgraduate education is also available to dental hygienists seeking advanced academic or research training. Some graduate students enter these programs as working professionals [15].

Licenses for dental hygienists are granted by the Minister of Health, Labor and Welfare to individuals who graduate from accredited training institutions and pass the national examination. Approximately 7,000 individuals earn this qualification annually [18].

IV. Employment status of dental hygienists

1. Employment status and policy responses

The total number of registered dental hygienists in 2024 was 321,241, among whom 149,579 were employed [4]. Females account for more than 99% of employed dental hygienists in Japan; however, the number of male dental hygienists has gradually increased, rising from 77 in 2016 to 171 in 2022 [6]. The employment rate among registered dental hygienists was 46.6% in 2024, indicating that a substantial proportion remain inactive [4]. Surveys of Japanese dental hygienists have indicated that common reasons for leaving the profession include life events such as marriage, pregnancy, and childcare [19].

Although the number of employed dental hygienists has increased in recent years—particularly among those aged 35 years and older—a shortage of dental hygienists in clinical settings persists. This shortage is attributed to the large number of inactive hygienists, insufficient enrollment in dental hygiene training programs, and high career attrition [4,6]. To address these issues, MHLW has implemented several measures since fiscal year 2017, including the

establishment of training centers that provide continuing education for returning dental hygienists, programs to prevent attrition, and leadership development training [4]. One of the newly established training centers reported that its continuing education program reduced occupational stress and produced significant short-term improvements in participants' knowledge and technical skills, although these effects were observed only in the short term [20]. Furthermore, beginning in fiscal year 2024, a national survey was launched to assess the working conditions and work styles of future dental professionals, including dental hygienists, alongside initiatives to promote enrollment in dental hygiene training programs [21]. In June 2025, the government's *Basic Policy on Fiscal Management and Fiscal Reform for Fiscal Year 2025* explicitly stated the need to “implement measures to secure dental hygienists and dental technicians (including measures to prevent attrition).” Thus, securing dental hygienists has been positioned as a key national policy priority since 2021, and related efforts are ongoing.

2. Workforce distribution across practice settings

According to the *Report on Public Health Administration and Services*, dental hygienists in Japan are employed in a wide range of settings. As shown in Table 1 and Figure 1, dental clinics constitute the primary workplace, accounting for approximately 90.6% of all employed dental hygienists in fiscal year 2024. Outside dental clinics, 5.1% work in hospitals, 1.9% work in public health agencies (prefectural and municipal governments, and public health centers), 1.0% work in long-term care facilities, and 0.8% work in schools [22].

The number of dental hygienists employed in hospitals and long-term care facilities has increased notably. As illustrated in Figure 2, the number of hospital-based dental hygienists rose from 4,536 in 2008 to 7,675 in 2024. Similarly, the number of workers in long-term care facilities for older adults increased more than sixfold during this same period, from 241 in 2008 to 1,533 in 2024. Despite this growth, the proportion of long-term care facilities employing dental hygienists remains limited: 7.7% of long-term care welfare facilities, 13.8% of long-term care health facilities, 12.2% of long-term care medical institutions, and 7.4% of long-term care medical facilities employ full or part-time dental hygienists, indicating insufficient implementation [4].

As illustrated in Figure 2, the number of dental hygienists working in public health has also increased, from 2,533 in 2008 to 2,820 in 2024, and they play an essential role in local government oral health initiatives. A 2019 MHLW survey on the implementation of dental health measures found that dental hygienists (full-time and part-time combined) accounted for 85.1% of staff at the prefectural level and

Table 1 Number of Employed Dental Hygienists by Workplace Setting in Japan, based on the 2024 *Report on Public Health Administration and Services*

Workplace setting	Number of dental hygienists	%
Total	149,579	100
Dental Clinics	135,499	90.6
Hospitals	7,675	5.1
Public Health Centers	768	0.5
Prefectures	123	0.1
Municipalities	1,929	1.3
Long-term Care Facilities	1,533	1.0
Dental Hygiene Schools	1,123	0.8
Business Offices	433	0.3
Others	496	0.3

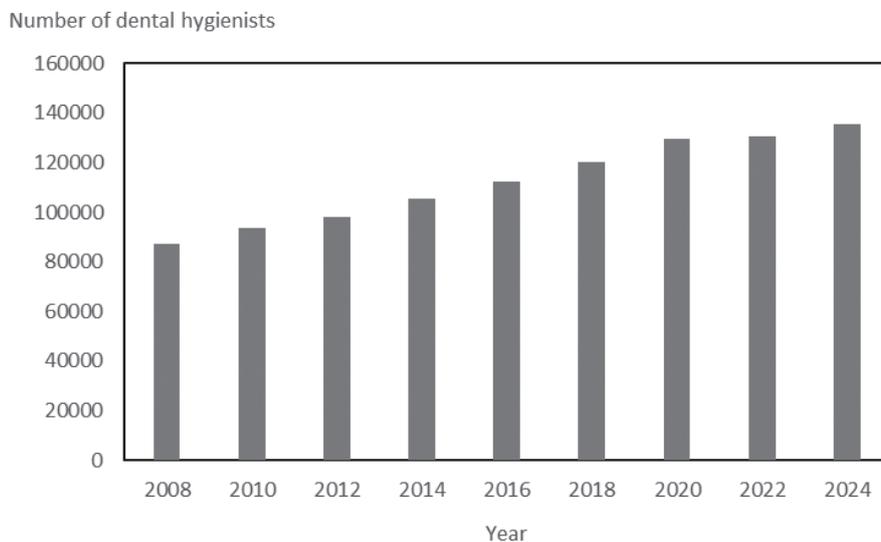


Figure 1 Longitudinal Trends in the Number of Dental Hygienists Employed in Dental Clinics in Japan (2008–2024), Based on the *Report on Public Health Administration and Services*

31.6% at the municipal level. By 2022, these proportions had risen to 87.2% and 36.5%, respectively, indicating a gradual expansion of dental hygienists' involvement in local government services [23,24]. In addition, in September 2023, the MHLW Dental Health Division, Health Policy Bureau appointed, for the first time an administrative official who holds a national dental hygienist license. Opportunities for dental hygienists to engage in national policies related to dental hygiene and oral health are gradually expanding [25]. Furthermore, in April 2025, partial revisions were made to National Personnel Authority Rule 9-8 (Standards for Starting Salaries, Promotions, Pay Increases, etc.). Recognizing the need to secure dental hygienists with four-year university degrees, the National Personnel Authority introduced a starting salary standard for university-educated dental

hygienists who are recruited as national public servants [26].

V. Current status and prospects of the role of dental hygienists

1. Clinical roles in private dental clinics

Dental hygienists working in private dental clinics are expected to contribute to maintaining and promoting oral health across the life course by providing continuous, regular care aimed at preventing the progression of chronic oral diseases—such as dental caries and periodontal disease—and addressing oral functional issues. Approximately 80% of dental hygienists perform preventive scaling and topical fluoride application [19]. Dental hygienists are also highly involved in periodontal care, including scaling and root plan-

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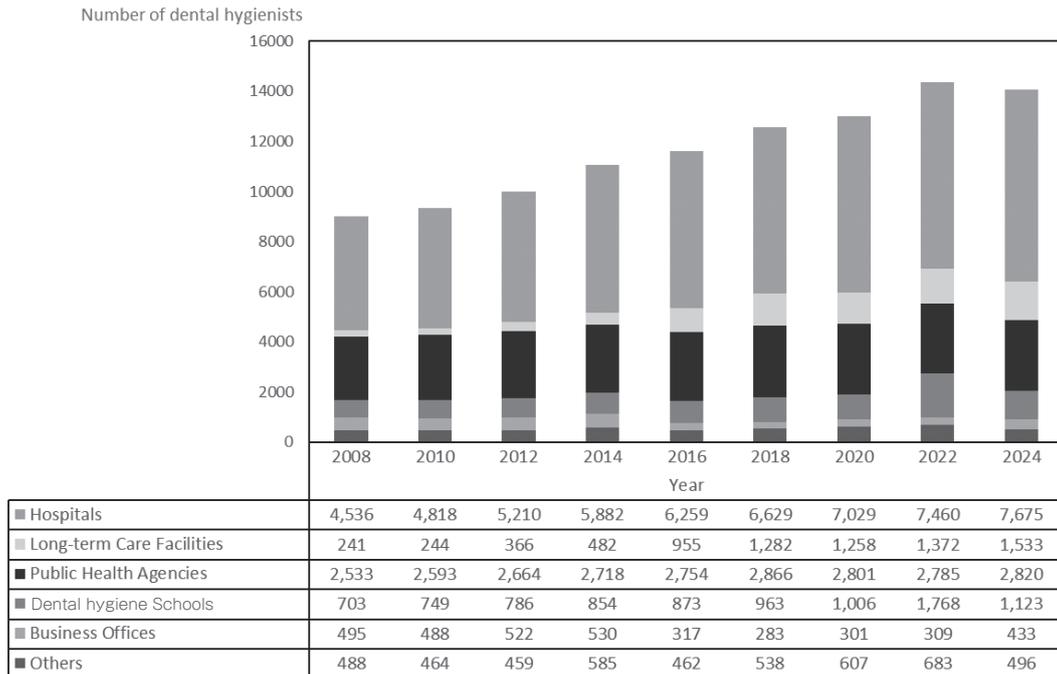


Figure 2 Longitudinal Trends in the Number of Dental Hygienists Employed in Non-Dental Clinic Workplaces in Japan (2008–2024), based on the *Report on Public Health Administration and Services*

ing and periodontal tissue examinations, with implementation rates generally exceeding 70–90% [19,27]. Implementing these duties in dental clinics supports achievement of the goals outlined in Japan’s long-term oral health policies, including the *Basic Matters Concerning the Promotion of Dental and Oral Health (Second Phase)*, and *Health Japan 21 (Third Phase)*. These goals include: (1) reducing the number of individuals with periodontal disease, (2) increasing the number of people who can chew food effectively, and (3) increasing the number of individuals receiving dental checkups [28].

2. Roles in home-based dental care

In home-based care, the work of dental hygienists is now recognized under both medical fees (e.g., home-visit dental hygiene instruction) and long-term care fees (e.g., home-based medical care management instruction). Currently, 38.9% of dental hygienists assist with dental visits for homebound patients, while 36.3% provide dental hygiene instruction during home visits. Approximately 40% engage in interprofessional collaboration [27].

As Japan’s working-age population declines toward 2040 and the population aged 85 years and above continues to grow, demand for home-based medical care is expected to increase. Home-based medical care complements inpatient, outpatient, nursing, and welfare services, enabling older adults to continue living independently in their communities. Within this multidisciplinary framework, the role of

dental hygienists is becoming increasingly important. Maintaining good oral health has been associated with a reduced risk of functional disability and mortality among community-dwelling older adults in Japan [29, 30]. The 2024 dental fee revision expanded the number of reimbursable dental hygienist home visits, to promote oral hygiene management for palliative care patients with cancer, indicating that dental hygienists are now also expected to contribute to end-of-life care [31].

3. Roles in hospitals and long-term care settings

Oral care is also essential in hospitals and long-term care facilities.

The Japanese government has emphasized the importance of oral management for hospitalized patients and those requiring nursing care. Perioperative oral function management was introduced into the dental fee schedule in 2012 to prevent or mitigate treatment-related adverse events, such as pneumonia and oral complications, by ensuring appropriate oral management during medical treatment.

As part of the 2024 simultaneous revision of the medical and longterm care fee schedules, Japan introduced new reimbursement to support oral health management in chronic and recovery care settings, which promotes multidisciplinary collaboration among rehabilitation, nutrition, and oral health professionals in longterm and postacute care [31,32]. Dental hygienists are increasingly expected to play

an active role in these settings.

4. Roles in community/ public health

In public health, dental hygienists employed by local governments play a central role in implementing community-based oral health initiatives. The *Basic Matters Concerning the Promotion of Dental and Oral Health (Second Phase)*—also known as the *Dental and Oral Health Promotion Plan*—was formulated in alignment with *Health Japan 21 (Third Phase)* [33]. The plan sets forth 17 indicators under five basic policies: (1) reducing dental and oral health disparities; (2) preventing dental diseases; (3) acquiring, maintaining, and improving oral function; (4) providing dental and oral health care for individuals who have difficulty receiving regular dental checkups or treatment; and (5) establishing a supportive social environment for promoting dental and oral health, with implementation beginning in fiscal year 2024 [28]. In the same year, the *Guidelines for Dental Health Care Services in Local Governments* were newly issued, representing the first comprehensive revision in 27 years of the previous guidelines for prefectures and municipalities [34,35]. These new guidelines outline the dental health and dental care measures recommended by MHLW for prefectures, public health centers, municipalities, and cities with public health centers and others [36].

Dental hygienists working in local government are expected to contribute to improving residents' oral health and enhancing their overall well-being by implementing community-based oral health measures. The current promotion plan emphasizes advancing initiatives based on the PDCA cycle, and underscores the importance of developing personnel who are capable of planning, implementing, and evaluating dental health programs. To support this, the National Institute of Public Health provides training programs aimed at strengthening participants' ability to design evidence-based health programs and fostering personnel who are capable of collaborating across sectors [37].

VI. Conclusion

This review has traced the historical development of the dental hygienist profession in Japan and examined its current status and prospects. Over the decades, the profession has advanced considerably: educational standards have risen, professional duties have become more specialized, and the scope of practice has steadily expanded. In December 2024, MHLW established a Study Committee to explore future working styles and the emerging professional functions of dental hygienists. MHLW is considering how dental hygienists can fulfil their responsibilities more effectively and efficiently, with the expected growth of the population

aged 85 years and above and the increasing demand for homebased medical and dental care.

Moving forward, dental hygienists are expected to continue evolving as essential oral health professionals who are capable of meeting diverse and complex societal needs through multidisciplinary collaboration and community-based integrated care, and to contribute to improving the well-being of the population.

Conflicts of Interest

The authors declare that there are no conflicts of interest regarding publication of this article.

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<総説>

日本における歯科衛生士の歴史的発展と今後の方向性

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抄録

本稿では、日本の国家資格である歯科衛生士の歴史、教育、雇用状況、役割と今後の展望について概説する。

日本は超高齢社会を迎え、歯科保健医療の提供体制は従来の歯科診療所完結型から地域完結型へと変化し、地域特性に応じた歯科保健医療の提供が求められるようになった。さらに、近年の口腔疾患構造の変化により、治療中心から疾患の発症予防・重症化・再発予防や、口腔機能の獲得・維持・回復へと焦点が移りつつある。また2040年を見据え、医療・介護の複合ニーズを有する患者への多職種連携や、入院患者・要介護高齢者への口腔管理のニーズがさらに増加している。

こうしたニーズの変化を踏まえ、歯科衛生士が近年注目されている。日本の歯科衛生士は、1948年に「歯科衛生士法」に基づき誕生した長い歴史を持つ口腔保健の専門職であり、歯科予防処置、歯科診療補助、歯科保健指導の三つの法定業務を担っている。現在では大多数が歯科医院で勤務するが、病院・介護保険施設・在宅等へ活躍の場を広げている。歯科衛生士に求められる役割の広がりに伴い、歯科衛生士教育も高度化している。標準的な教育年限は3年制となり、4年制大学課程や大学院教育も存在する。一方で、歯科衛生士免許取得者の約半数が未就業であり、歯科医療現場等での歯科衛生士不足は喫緊の課題となっている。

厚生労働省では、歯科衛生士の確保に向けた取り組みの推進とともに、高齢者が増加し在宅医療のニーズが増加すると考えられる中で、効果的・効率的に実施できる歯科衛生士の業務のあり方についても検討が進められている。また、令和6年度歯科診療報酬改定では、リハビリテーション・栄養管理・口腔管理の連携・推進や、終末期の悪性腫瘍の緩和ケアの患者に対する口腔衛生管理の評価の充実が図られた。

今後、歯科衛生士は多様なニーズに応える口腔保健の専門職として、多職種連携や地域包括ケアの中でも役割を担い、人々のウェルビーイングの向上に寄与することが期待される。

キーワード：歯科衛生士，口腔保健，歴史，教育，雇用