

Professional Competencies of the Newly Qualified Dental Prosthetist

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A. Introduction

This document assumes that a dental practitioner in Australia is:

a scientifically oriented, technically skilled, socially sensitive, professionally minded practitioner who adheres to high standards of professional conduct and ethics and who can function safely and effectively as a member of the health care team on graduation and throughout their professional career.¹

Divisions of Dental Practitioners

Under the Health Practitioner Regulation National Law Act 2009 (National Law) as in force in each state and territory the **Dental Board of Australia** (DBA) registers dental practitioners so that they may practise dentistry in Australia.

The divisions of dental practitioners under the category of general registration as defined by the National Law are:

- Dentists
- Dental Hygienists
- Dental Prosthetists
- Dental Therapists
- Oral Health Therapists

A dentist with specialist training may also be registered under the category of specialist registration as a dental specialist.

Scope of Practice

This document is **NOT** a scope of practice for dental practitioners and should not be read as such. The scope of practice for dental practitioners is defined by the DBA as the regulator of the profession.

This Document

This document describes the competencies expected of the newly graduated dental prosthetist to be eligible for registration. However it does take account of the relevant scope of practice and so should be read in the context of the Scope of Practice Registration Standard (June 2014) and the associated Guidelines for Scope of Practice (June 2014).

Section D presents a framework of statements that are interconnected. Newly graduated dental practitioners are expected to have been assessed as possessing all of these relevant to their division's competencies.

It is recognised that after registration the newly graduated dental prosthetist may practise a range of activities included within the DBA's definition of dentistry and within their competency and training and in accordance with relevant Commonwealth, State and Territory legislation and regulations (refer to the DBA's website for further links to relevant legislation).

The **Australian Dental Council** (ADC) has developed this document in consultation with, and on behalf of, the profession and in consultation with the DBA. The ADC has adopted the same structure and format for the competencies documents for all divisions of dental practitioners under the category of general registration. Consequently, the descriptions of competencies may be worded the same or in a similar manner, although the knowledge, skills and their application may vary between the different divisions of dental practitioner. For example the descriptions in Domain

¹ A number of publications from Australian and international dental and accreditation organisations have been drawn on in preparing this document. This has included material from Canada, Europe, New Zealand, South Africa, United Kingdom and the United States of America. (See the Bibliography at the end of the document for details of the material used.)

5 Scientific and Clinical Knowledge should be cross referenced with the descriptions in Domain 6.3 Clinical Treatment and Evaluation.

Given the varying Australian Qualifications Framework (AQF) levels at which education programs that lead to a registerable qualification are based, the competencies document aims to articulate the expectations of the profession while not restricting the ways in which education providers achieve these outcomes.

Accreditation Standards

The DBA approved the Accreditation Standards for Dental Practitioner Programs (December 2014) which came into effect on 1 January 2016. In the process of accreditation of education and training programs for dental practitioners these Standards must be used in conjunction with the relevant dental practitioner's competencies.

B. Purpose of the Document

The ADC will use this document as a reference point in carrying out its key functions of:

- ▶ accreditation of education and training programs for dental prosthetists;
- ▶ developing accreditation standards for the approval of the DBA; and
- ▶ the assessment of international dental graduates for practice in Australia.

From 1 January 2016 education providers seeking to have their education and training programs accredited by the ADC will need to demonstrate that the program enables students to achieve the required professional competencies.

While the document does not prescribe the curriculum of a training program providers seeking accreditation of a program will need to demonstrate that the learning outcomes address the competencies as outlined in section D, and also that there is a clear relationship between those learning outcomes and the student assessment used. This does not restrict a program from providing its students with other competencies. This document will be reviewed as appropriate and not more than five years following its adoption.

C. Terminology

The concepts described in section D refer to the achievement of attributes, knowledge and skill; the term “competency” has been used in this document as a convenient way to refer to these concepts.

The term “competency” has traditionally been associated with technical training. It is important therefore to clarify how it is being used in this document and to caution against reducing the framework to a checklist of competencies, each of which is dealt with in isolation from the others as this does not do justice to the relationship between knowledge, skills, attitudes and experience in the hands of a practising dental practitioner. Problem-solving skills, professionalism, empathy, ethics and other higher order competencies are as important to professional clinical practice as technical abilities. While challenging to measure, these competencies are a vital component of current dental education curricula.²

For the purposes of this document the following **definitions of key concepts** are assumed and should be taken into account when interpreting the individual competencies:

Competency includes knowledge, experience, critical thinking and problem-solving skills, professionalism, ethical values, diagnostic and technical and procedural skills. These components become an integrated whole during the delivery of patient care by the competent practitioner. Competency assumes that all behaviours are performed with a degree of quality

² Adapted from Universities Australia's response to A Healthier Future for All Australian's report (March 2009).

consistent with patient well-being and that the practitioner self-evaluates treatment effectiveness.³ The term covers the complex combination of knowledge and understanding, skills and attitudes needed by the graduate. Competencies are outcomes of clinical training and experience.

Competent the behaviour expected of the beginning practitioner. This behaviour incorporates understanding, skill, and values in an integrated response to the full range of requirements presented in practice.

The following terms which appear in the domain descriptions embody complex ideas and also need to be defined:

Critical thinking the process of assimilating and analysing information, encompassing an interest in finding new solutions, a professional curiosity with an ability to admit to any lack of understanding, a willingness to examine beliefs and assumptions and to search for evidence that supports the acceptance, rejection or suspension of those beliefs and assumptions, and the ability to distinguish between fact and opinion.

Culturally safe and culturally competent practice involves an awareness of the cultural needs and contexts of all patients to obtain good health outcomes. This includes: having knowledge of, respect for and sensitivity towards the cultural needs and background of the community practitioners serve, including those of Aboriginal and/or Torres Strait Islander Australians and those from culturally and linguistically diverse backgrounds; acknowledging the social, economic, cultural, historic and behavioural factors influencing health, both at individual and population levels; understanding that a practitioner's own culture and beliefs influence his or her interactions with patients; and adapting practice to improve engagement with patients and health care outcomes.⁴

Evidence-based dentistry an approach to oral health care that requires judicious integration of systematic assessments of clinically relevant scientific evidence relating to the patient's oral and medical condition and history and oral health literacy, and integrated with the practitioner's clinical expertise and the patient's treatment needs and preferences.

Financial consent is part of informed consent and is a patient being made aware of all the fees and charges involved in a course of treatment, preferably before the health service is provided.⁵

Health promotion the process of enabling people to increase control over the determinants of health and thereby improve their health. Health promotion not only embraces actions directed at strengthening the skills and capabilities of individuals but also actions directed towards changing social, environmental, political and economic conditions to alleviate their impact on populations and individual health.⁶

Information management Information management concerns the acquisition of information from one or more sources, the custodianship and the distribution of that

³ Adapted from the ADEA Competencies for the New General Dentist (2008)

⁴ Adapted from the Dental Board of Australia document Code of conduct for registered health practitioners (2014, p12)

⁵ Adapted from the Dental Board of Australia document Code of conduct for registered health practitioners (2014, p12)

⁶ Adapted from the Australian Health Promotion Association's definition of health promotion (2015)

	information to those who need it, and its ultimate disposition through archiving or deletion
Informed consent	a person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved and of the treatment options available, including the potential financial costs. ⁷
Leadership	requires reflection and improvement of self, fostering growth in and influencing others, and communicating a vision for the future and enabling decisions to align with the goal. To achieve outcomes, leaders embrace the spirit of change and innovation and strategically understand and align complex systems with the goal. ⁸
Manage	to "manage" the oral health care needs of a patient includes all actions performed by a practitioner that are designed in response to a patient's condition. Such actions may include providing education, advice, diagnosis, treatment by the practitioner, treatment by the practitioner after consultation with another health care professional, referral of a patient to another health care professional, monitoring treatment provided and evaluating oral health outcomes; it may also include observation or providing no treatment. Manage assumes the use of appropriate diagnostic processes and planning and the least invasive therapy necessary to gain a successful outcome in accordance with patient wishes
Media	includes all forms of communication methods including but not limited to television, radio, newspapers and electronic media (eg. e-mails, Short Message Services (SMS) and social networking sites such as Facebook, Twitter, LinkedIn) and its use for advertising, communicating with and connecting to other individuals or organisations
Patient	includes the person receiving health care and also any substitute decision makers for patients who do not have the capacity to make their own decisions. A substitute decision maker may be a parent or carer or a legally appointed decision maker.
Patient-centred care	to display cultural and social sensitivity, respect for patients' differences and autonomy, to diagnose, relieve pain and suffering in an empathic and kind manner, to coordinate continuous care, advocate disease prevention and promote a healthy lifestyle in a holistic approach to the individual patient as well as the community.
Referral	involves one practitioner sending a patient or client to obtain an opinion or treatment from another practitioner. Referral usually involves the transfer (in part) of responsibility for the care of the patient or client, usually for a defined time and a particular purpose, such as care that is outside the referring practitioner's expertise or scope of practice. ⁹

⁷ Adapted from the Dental Board of Australia document Code of conduct for registered health practitioners (2014, p11)

⁸ Adapted from Health LEADS Australia: the Australian health leadership framework (2013, p5)

⁹ Adapted from the Dental Board of Australia document Code of conduct for registered health practitioners (2014, p15)

The Structure of the Statements

The range of personal qualities, cognitive abilities and applied knowledge and skills expected of the newly qualified practitioner have been clustered into the following six domains:

1. **Professionalism**
2. **Communication and Leadership**
3. **Critical Thinking**
4. **Health Promotion**
5. **Scientific and Clinical Knowledge**
6. **Patient Care** (which has sub-domains of Clinical Information Gathering, Diagnosis and Management Planning and Clinical Treatment and Evaluation).

The domains represent the broad categories of professional activity and concerns that occur in the practice of dentistry. As indicated above, there is a degree of artificiality in the classification, as effective professional performance requires the integration of multiple competencies.

Each domain contains descriptions of competencies. The descriptions are presented in one of two formats:

- ▶ Those descriptions for “a **dental practitioner**” are where the application of the knowledge and skills are the same.
- ▶ Those descriptions for specific dental practitioners that may be worded the same or in a similar manner, although the application of the knowledge and skills may vary between the different divisions of dental practitioner under the category of general registration.

D. The Competency Statements

The goal of dental education in Australia is to develop dental practitioners who are competent to practise safely and effectively within the professions' and their individual scope of practice, and who have an appropriate foundation for professional growth and development so that they can respond to diverse and changing health needs throughout their professional lives. Dental practitioners must have an understanding of, and be responsive to, the oral health needs of Australian communities and individual citizens and apply dental knowledge, clinical and technical skills and professional attitudes to provide safe and effective patient-centred care. The term "competencies" covers the complex combination of knowledge, understanding, skills and attitudes needed by the graduate.

The Competency Statements below must be read in the context of the Introduction, Purpose and Terminology provided on the previous pages.

Domain	Description
<p>1. Professionalism</p> <p>covers personal values, attitudes and behaviours</p>	<p>On graduation a dental practitioner must be able to:</p> <ol style="list-style-type: none"> 1. demonstrate that patient safety is paramount in all decisions and actions 2. demonstrate appropriate caring behaviour towards patients and respect professional boundaries between themselves, patients, their families and members of the community 3. demonstrate all interactions focus on the patient's best interests and provide patient-centred care, respect patients' dignity, rights and choices 4. recognise professional and individual scopes of practice 5. recognise the importance of continuing professional development for all members of the dental team 6. understand the ethical principles and their application underpinning the provision of dental care 7. understand Commonwealth, State and Territory legislation relevant to practise as a dental practitioner 8. understand the principles of efficient, effective and equitable utilisation of resources, and recognise local and national needs in health care and service delivery across Australia's geographical areas 9. provide culturally safe and culturally competent practice that includes recognition of the distinct needs of Aboriginal and Torres Strait Islander peoples in relation to oral health care provision

2. Communication and Leadership

covers the ability to work cooperatively and to communicate effectively

On graduation a **dental practitioner** must be able to:

1. communicate and engage with patients, families and communities in relation to oral health
2. present clear information in a timely manner that ensures patients are advised of and understand care and treatment options to be provided
3. communicate effectively and clearly with other health professionals involved in patients' care
4. engage in mentor/mentee activities and leadership within a health care team
5. recognise the importance of their own and others health and wellbeing on the ability to practise
6. understand the importance of intra and interprofessional approaches to health care
7. understand effective information management
8. understand the principles of dispute resolution
9. communicate responsibly and professionally when using media

3. Critical Thinking

covers the acquisition and application of knowledge

On graduation a **dental practitioner** must be able to:

1. locate and evaluate evidence in a critical and scientific manner to support oral health care
2. apply clinical reasoning and judgement in a reflective approach to oral health care
3. understand scientific method and the role of research in advancing knowledge and clinical practice

4. Health Promotion

covers health education and the promotion of health in the community

On graduation a **dental prosthetist** must be able to:

1. understand the determinants of health, risk factors and behaviours that influence health
2. understand the theories and principles of health promotion
3. understand health promotion strategies to promote oral and general health
4. understand the design, implementation and evaluation of evidence-based health promotion

5. Scientific and Clinical Knowledge

covers the underlying knowledge base required by dental practitioners

On graduation a **dental prosthetist** must be able to:

1. understand the biological, physical and behavioural sciences in relation to oral health and disease
2. understand the theories and principles of population oral health
3. understand the scientific principles and application of infection prevention and control
4. understand the scientific basis, application, limitation and risks of dental materials
5. understand the principles of pharmacology and the risks in using therapeutic agents
6. understand the principles and application of risk management and quality improvement

6. Patient Care

6.1 Clinical Information Gathering

covers the collection and recording of information that is necessary and relevant

On graduation an **dental prosthetist** must be able to:

1. obtain and record a relevant history of the patient's medical, social and oral health status
2. perform an examination for health, disease and abnormalities of the dentition, mouth and associated structures
3. select necessary clinical and other diagnostic procedures and interpret results
4. evaluate individual patient risk factors for oral disease
5. maintain accurate, objective, legible and contemporaneous records of patient management and protect patient privacy

6.2 Diagnosis and Management Planning

covers the identification of disease or abnormalities that require treatment or investigation

On graduation an **dental prosthetist** must be able to:

1. recognise health as it relates to the individual
2. diagnose disease or abnormalities of the dentition, mouth and associated structures and identify conditions which require management
3. determine the impact of risk factors, systemic disease and medications on oral health and treatment planning
4. formulate and record a patient-centred evidence-based oral health treatment plan
5. determine when and how to refer patients to the appropriate health professional
6. obtain and record patient informed consent and financial consent for treatment

**6.3 Clinical Treatment
and Evaluation**

covers the provision
of evidence-based
patient-centred care

On graduation a **dental prosthetist** will be able to:

1. apply the principles of disease and trauma prevention in management of the dentition, mouth and associated structures
2. apply the principles of behaviour management
3. apply pharmaceutical agents
4. manage oral conditions and diseases, pain and pathology of the dentition, mouth and associated structures
5. evaluate and monitor the progress of treatment and oral health outcomes
6. manage medical emergencies
7. manage dental emergencies
8. utilise patient removable prostheses to rehabilitate, restore appearance and function, prevent injury and stabilise the occlusion

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F. Acknowledgments

In preparing this document the ADC reviewed and drew on a range of material about competencies from Australian and international dental, educational and accreditation organisations. This included similar documents from Canada, Europe, New Zealand, South Africa, United Kingdom and the USA and relevant documents from dental schools in Australia and Australian dental professions and Australian government departments.

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