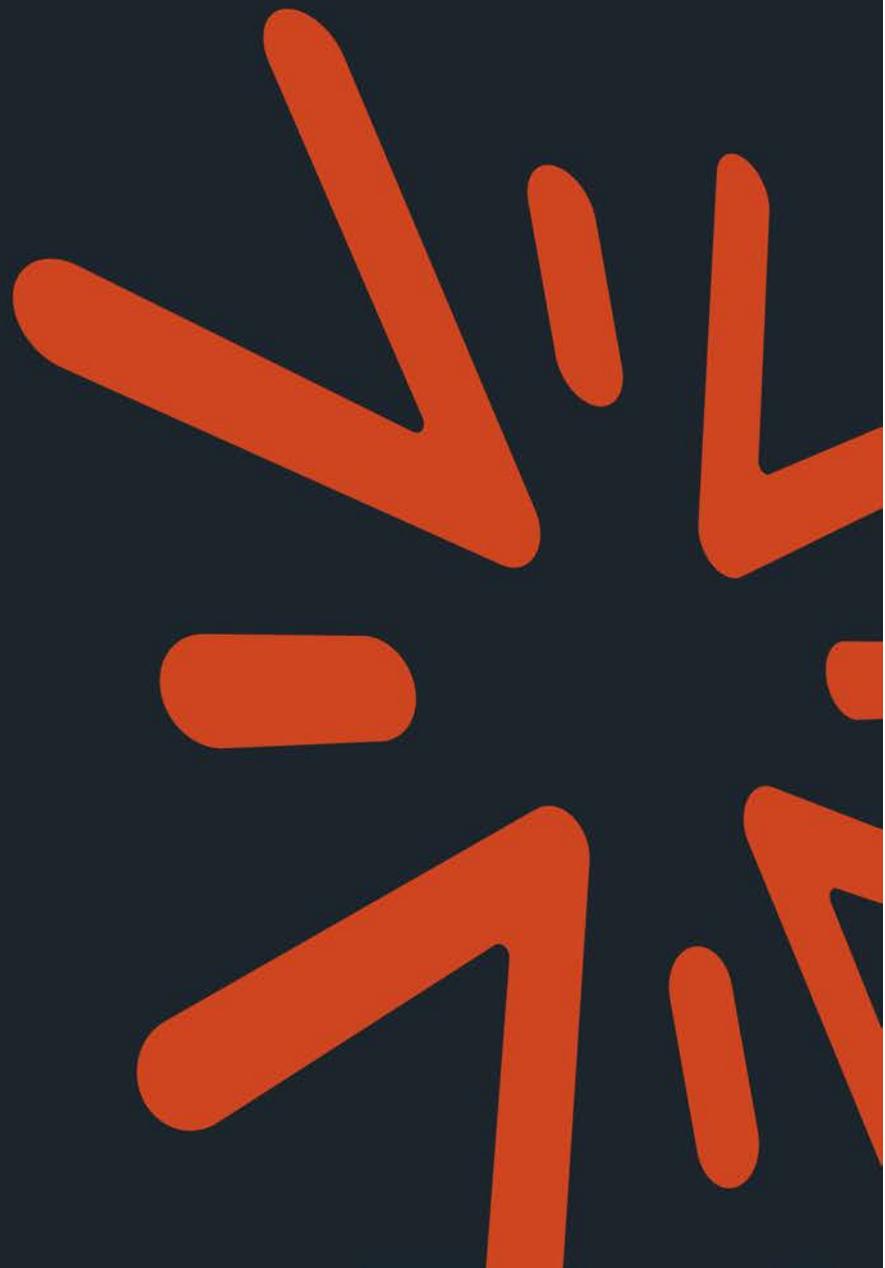




Review of the Professional competencies of the newly qualified dental practitioner

Stakeholder feedback survey



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1. Introduction

- 1.1 The Professional competencies of the newly qualified dental practitioner ('the Competencies') are reference points for the dental professions. The Competencies are outcomes-focused, threshold statements. They provide an overview of what is expected, with respect to attributes, knowledge and skill capabilities, at the threshold level of dental practitioners upon graduation from an Australian Dental Council (ADC) accredited program or completion of the ADC's assessment and examinations process for overseas trained dental practitioners. The competencies are clustered into six domains, that collectively provide a framework of statements that are interconnected. More information about the Competencies can be found [here](#).
- 1.2 The ADC publishes the Competencies for each of the five divisions of dental practitioner in Australia recognised for general registration. These divisions of general registration are defined under the *Health Practitioner Regulation National Law Act 2009* (the National Law) and include:
 - dentists
 - dental hygienists
 - dental prosthetists
 - dental therapists, and
 - oral health therapists
- 1.3 The Dental Board of Australia, in partnership with the Dental Council (New Zealand) has also published the Entry-level competencies for dental specialties. The specialist competencies are **not** included as part of this review process.
- 1.4 The Professional competencies of the newly qualified dental practitioner ('the Competencies') were last reviewed between 2015 and 2016, with the revised versions published in February 2016.
- 1.5 The Competencies are being reviewed to ensure that they remain contemporary, fit for purpose by aligning with the expectations and needs of the Australian population, and appropriately focused on ensuring those seeking to apply for registration have the knowledge and skills needed to practise safely and ethically.
- 1.6 To assist in the review, we are seeking responses to a survey to gather stakeholder feedback about the existing Competencies, including how they are working and areas for strengthening. This paper explains more about the review and provides information about responding to the survey.

2. About the ADC

- 2.1 The ADC is the independent accreditation authority appointed by the Dental Board of Australia (DBA) to undertake the accreditation functions for the dental professions under the National Registration and Accreditation Scheme (NRAS).
- 2.2 The accreditation functions performed by the ADC under the National Law include:
- developing accreditation standards for approval by the DBA;
 - accrediting programs of study which lead to eligibility to apply for registration or endorsement of registration against those standards;
 - assessment of overseas qualified dental practitioners who wish to register to practise in Australia; and
 - providing advice to the DBA on accreditation and assessment matters.
- 2.3 The ADC is a not-for-profit company limited by guarantee under the Australian Securities and Investments Commission. It holds charity status under the Australian Charities and Not-for-profits Commission and is funded by a grant from the DBA and fee for service activities.¹

3. About the review

- 3.1 The Competencies as currently published were revised throughout 2015 and published in February 2016. The competency statements (statements) outline the behaviours, skills, ethical values, diagnostic and technical and procedural skills expected of newly qualified dental practitioners.
- 3.2 The statements are clear and concise, providing flexibility for program development and are used in the development of tasks for the assessment of overseas trained dental practitioners. An outcomes focused approach to the Competencies was adopted during the last review, with the number of statements rationalised. As outcomes-focused statements, the Competencies focus on what is required of a newly qualified practitioner, rather than how the knowledge or skills are obtained or acquired.
- 3.3 Since the last revision, the Competencies have been well received by stakeholders. The ADC's view is that the Competencies are working well and that substantial changes to content or structure are unlikely to be necessary. However, this review will test this with a wide range of stakeholders.
- 3.4 An Advisory Committee will be responsible for guiding the review of the Competencies. This Advisory Committee will comprise representatives from each of the dental professions, dental consumers, representatives of Australia's Indigenous community, education providers and employers. The ADC aims to maintain a common approach to the structure of the Competencies across the registration divisions, where appropriate.
- 3.5 The ADC will use the results of the stakeholder survey, benchmarking of the Competencies against national and international comparators, and engagement with stakeholders to inform the work of the Advisory Committee.

¹ For more information about the ADC: www.adc.org.au/

The Advisory Committee will provide expert advice on any proposed changes to the Competencies. The ADC will then consult broadly on any proposed changes to the Competencies.

- 3.6 In considering revisions to the Competencies, it is important to consider how they are used, being mindful that the Competencies **do not** define the scope of practice of an individual practitioner or registration division.
- 3.7 In program accreditation, the Competencies are important reference points for the development of curricula for dental practitioner programs and have been embedded in the accreditation process since 2016. For a program to be accredited it must demonstrate to the ADC that students achieve the required Competencies on graduation, and map how a program's assessment tools and strategies ensure this has occurred.
- 3.8 In the ADC's role of assessing overseas trained dental practitioners, the Competencies are an important reference point for mapping and blueprinting examinations. The ADC's written and practical examinations are standardised to ensure overseas trained practitioners meet the same threshold competence expected of a newly qualified graduate of an Australian program.

4. Focus areas for the review

- 4.1 Updates are expected in areas that reflect changes in the broader societal, regulatory and health contexts to ensure the Competencies of a newly qualified dental practitioner continue to remain aligned with the expectations and needs of the Australian population.
- 4.2 We have identified a number of initial focus areas for the review where changes may be made to the Competencies. These areas have been identified by considering changes in Government policy and directives, including multiple Royal Commissions; changes to practice; experience of using the Competencies in the accreditation work of the ADC; and the research on [Preparation for practice of newly qualified dental practitioners in Australia](#), commissioned by the ADC.
- 4.3 These focus areas are outlined in this section. They are not intended to be exhaustive. We are interested in stakeholder views on these areas and welcome suggestions for any other areas we should consider.

Cultural safety

- 4.4 The National Oral Health Plan identifies four priority population groups that have poorer oral health than the general population, including Aboriginal and Torres Strait Islander Peoples.²

² COAG Health Council 2015. Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015–2024. Adelaide: South Australian Dental Service.

- 4.5 The ADC is a signatory to the *Aboriginal and Torres Strait Islander Health Strategy Statement of Intent*, which commits to ensuring a culturally safe health workforce in the National Registration and Scheme (NRAS).³
- 4.6 A nationally consistent definition of cultural safety has been agreed between all parties within the NRAS, which should be reflected in the definitions included within the Competencies documents.⁴ The current Competencies include a definition of 'Culturally safe and culturally competent practice', which is not yet reflective of the agreed definition in use across the NRAS.
- 4.7 The ADC has created a dedicated domain within the [Accreditation Standards](#) for cultural safety as it relates to Aboriginal and Torres Strait Islander Peoples to enhance new graduates' readiness to provide culturally safe care. It will be important for the Competencies to reinforce the importance of developing the knowledge and skills needed to deliver culturally safe care and to create a health care system that is free of racism.
- 4.8 Feedback received during the review of the Accreditation Standards highlighted the need to ensure graduates are prepared to provide care safely to other vulnerable groups within Australian society. (Refer to *working with at risk and vulnerable populations or groups* below).

Social accountability

- 4.9 Dental practitioners have a responsibility to the communities they serve to behave in a professional and ethical manner. Maintaining public safety and trust in health professionals is at the core of the regulatory principles that underpin the NRAS. Australian Health Ministers provided through the COAG Health Council (now referred to as the Health Council) clear directives that public protection is of paramount importance when administering the NRAS⁵. This is recognised by the ADC in the approved Accreditation Standards, as well as the ADC's policies and processes used to assess overseas trained dental practitioners.
- 4.10 The Competencies put the needs of patients and communities first with a focus on patient centred care embedded throughout. However, to put patients first requires a broader understanding of the social determinants of health and how health needs are prioritised by all those involved in the delivery of health care. Prioritising health needs is a shared responsibility and requires input from health practitioners, health service organisations, Government, and the broader public, including patients.

³ NRAS (2018). National Scheme Aboriginal and Torres Strait Islander Health Strategy. Statement of intent. Accessed from <https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Statement-of-intent.aspx>

⁴ Ahpra. The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025. Page 9. Accessed from <https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx>

⁵ COAG Health Council, Policy Direction 2019-01, 8 January 2020. Accessed from <https://www.ahpra.gov.au/documents/default.aspx?record=WD20%2f29447&dbid=AP&checksum=zAwX6DuV0pz9ombMcgfkpQ%3d%3d>

- 4.11 The current Competencies address social accountability through a focus on patient centred care, by defining health promotion and incorporating an understanding of risk factors that may impact on the health of the individual.
- 4.12 There is opportunity within the Competencies to better define the relationship between care at an individual level and the broader societal context to further improve dental practitioners' readiness to enter an increasingly complex health system.
- 4.13 There is an increasing focus on the role healthcare professionals play in addressing the inequities of healthcare access as well as the responsible provision of care as it relates to economic and environmental impacts of the health system.
- 4.14 As an example of the environmental impacts of healthcare delivery, the Australian Healthcare and Hospitals Association (AHHA)'s *Climate Change and Health Position Statement*⁶ identifies that Australia's health sector is directly responsible for 7% of carbon emissions in Australia, providing significant scope for the sector to reduce its carbon footprint.
- 4.15 The health impacts of climate change are increasingly apparent and changes to health practice have a role to play in addressing this challenge in conjunction with improving the sustainability of the healthcare system. Profiling the active decision making role of dental practitioners of dental equipment and consumables, and the influence of these choices on carbon emissions and impact on the environment, could be another step for the dental professions to assist in addressing this challenge.
- 4.16 The [Minamata Convention on Mercury](#) is another example of the potential environmental impacts that dental care can have. The Convention was signed by the Australian Government in October 2013 and seeks to protect human health and the environment from emissions caused by humans and releases of mercury and mercury compounds. The Convention calls for a scaling down in the use of amalgam, with one of the nine measures including:
- '5. encouraging professional organisations and dental schools to train on use of mercury free dental restoration alternatives and promoting best management practices.'
- 4.17 Other examples of ensuring a broader understanding of the societal impact of health practice may include but are not limited to the safe use of medicines, including opioids and antibiotic prescription, and the impact that overuse may have on both the individual and broader community.

Working with at risk and vulnerable populations or groups, including those living with disability

- 4.18 Respondents to the ADC's Accreditation Standards review in 2020 highlighted that graduates of accredited program must be prepared to work with Australia's diverse population, including but not limited to, culturally and linguistically diverse

⁶ Australian Healthcare and Hospitals Association (November 2019). Climate Change and Health. Accessed from <https://ahha.asn.au/position-statements>.

groups, refugees and asylum seekers and gender diverse members of the community.

- 4.19 It was also highlighted during the ADC's Accreditation Standards review that graduates must be equipped with the skills and knowledge to assist patients with special needs, including those living with physical and cognitive disability. The need for students and recent graduates to effectively manage patients living with disability and other special needs was highlighted in a research project commissioned by the ADC as an area in which preparedness for practice could be enhanced⁷
- 4.20 The recently released Royal Commission into Aged Care Quality and Safety *Final Report: Care, Dignity and Respect* (March 2021)⁸ recommends that during the scheduled review of accreditation standards that accreditation authorities consider if any changes to the knowledge, skills and professional attributes of health professionals are required so that the needs of older people are met.
- 4.21 Similar issues are being explored by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, with outcomes and recommendations of the review currently pending at the time of this review.
- 4.22 In the ADC's processes, the knowledge, skills and attributes are defined in the Competencies documents. This review provides an opportunity to consider whether newly qualified dental practitioners, which includes both those graduating from accredited programs or completing the ADC's assessments and examinations process, are equipped with the skills and knowledge to assist patients with special needs, including those with physical and cognitive disability, older Australians, and those identified as having the greatest barriers to accessing oral health care.
- 4.23 Four priority population groups have been identified as having poorer oral health than the general population and as experiencing barriers to accessing oral health care.⁹ These groups include:
- People who are socially disadvantaged or on low incomes
 - Aboriginal and Torres Strait Islander Peoples
 - People living in regional and remote areas, and
 - People with additional and/or specialist health care needs
- 4.24 These groups may include refugees and new migrants, those experiencing homelessness, people living with mental illness, people with physical, intellectual and developmental disability, people with complex medical needs and frail older people. (See also clauses 4.4 and 4.27-4.31)

⁷ : Mariño R, Delany C, Manton D, Reid K, Satur J, Wong R, Crombie F, Adams G, McNally C, Celentano A, Morgan M, Lim M, Lopez D. (2021) Preparation for practice of newly qualified dental practitioners in Australia. Melbourne Dental School, The University of Melbourne. Accessed from https://www.adc.org.au/About-Us/Research/Preparation_for_practice_of_newly_qualified_dental_practitioners_in_Australia

⁸ Accessed from <https://agedcare.royalcommission.gov.au/publications/final-report>

⁹ Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan.

- 4.25 Additionally, the definition included within the introduction to the current Competencies documents for culturally safe and culturally competent practice sets the expectation of a practitioner to have an awareness of the cultural needs and contexts of all patients to obtain good health outcomes. Culturally and linguistically diverse backgrounds are highlighted, as are the needs of Aboriginal and Torres Strait Islander Peoples. No direct mention is otherwise made of the need to ensure practitioners are skilled to assist vulnerable populations identified above.
- 4.26 The revision of the Competencies provides an opportunity to consider the expected knowledge and skills of dental practitioners to address the health needs of these vulnerable members of our community.

Preparedness to serve rural and remote communities

- 4.27 The Competencies as currently worded articulate that newly qualified dental practitioners must be able to:
- '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.'
- 4.28 The current Competencies highlight the need for newly qualified practitioners to be prepared to provide care across geographical areas, with Australians living in remote and very remote communities more likely to experience tooth decay and tooth loss, have access to fewer dental practitioners, while contending with barriers to accessing care. Barriers can include distance to travel to access care and higher costs of healthy food choices and oral hygiene products when compared to those living in major metropolitan centres¹⁰.
- 4.29 The readiness of newly qualified practitioners to service the distinct needs of rural and remote communities and the challenges that this presents may impact on the ability of the dental workforce to address the health disparities for these communities.
- 4.30 To help address these challenges, the dental workforce must be competent in the provision of care to rural and remote communities. Challenges including limited access to care of specialist services, and opportunities including the possible utilisation of the broader health care team and telehealth and other treatment and care options need to be considered.
- 4.31 The preparedness to work in rural and remote settings was raised during the Accreditation Standards review undertaken by the ADC in 2020. The review of the Competencies presents an opportunity to consider this issue.

¹⁰ Australian Institute of Health and Welfare. Oral health and dental care in Australia (Updated 31 July 2020). Accessed from <https://www.aihw.gov.au/reports-data/health-conditions-disability-deaths/dental-oral-health/reports>

Domestic and family violence

- 4.32 The final report of the Victorian Government's Royal Commission into Family Violence (March 2016)¹¹ notes the role that dentists may play in identifying and responding to family violence.
- 4.33 Research cited by the Royal Australian and New Zealand College of Psychiatrists in response to the Commission indicated:
- "... 76 per cent of abused women who suffered head, neck and facial injuries (Lowe 2001) and would cancel other medical appointments ... tend to keep their dental appointments."
- 4.34 This indicates that dental practitioners are uniquely placed to identify those experiencing domestic and family violence and may be an important part in helping patients to access other service providers that can assist.
- 4.35 The current competencies do not specifically address domestic or family violence, or the role that dental practitioners can play in helping those impacted.
- 4.36 Research commissioned by the ADC and undertaken by The University of Melbourne also identified that although graduates are more prepared than any previous cohort to identify signs of neglect and abuse, there was scope for further development in this area, particularly in the areas of communication skills and the preparedness to have difficult conversations.¹²

Interprofessional collaborative practice

- 4.37 As the understanding of the role oral health plays in overall health continues to increase, the need for dental practitioners to work with and learn from other health professions is also expanding.
- 4.38 There is increasing expectation placed on dental practitioners to be prepared to educate other health professionals as to the importance of maintaining oral health, as well as understanding that treatments being provided by other health professionals may impact on the oral health of patients.
- 4.39 The roles of health practitioners are constantly changing and it is important for dental practitioners to keep abreast of new developments both in treatments and in emerging models of care, which incorporate the entire health care team.
- 4.40 Accredited dental programs are generally stronger in providing opportunities for 'intra-professional' learning and practice within the dental professions than on opportunities to learn with, from and about other professions.
- 4.41 The review of the Competencies provides an opportunity to ensure dental practitioners are well prepared to work as members of the broader healthcare team.

¹¹ Victorian Government. Royal Commission into Family Violence. Summary and recommendations. March 2016. Accessed from <http://rcfv.archive.royalcommission.vic.gov.au/Report-Recommendations.html>

¹² Mariño R et Al.

Other changes

- 4.42 There may be other improvements identified during the review. There is likely to be some scope to improve clarity as to the purpose of the documents and the interpretation or wording of what is expected of a newly qualified dental practitioner.

5. Survey questions

- 5.1 The ADC welcomes responses to the survey from anyone with an interest in the Competencies. The responses will be used to inform the review process.

- 5.2 The ADC is asking the following questions.

Q1. Do you consider the [Competencies](#) are still current and outline what is expected of a newly qualified dental practitioner to practise safely and ethically in Australia? (Please give a reason for your answer.)

Q2. Are there any Competencies that should be deleted or reworded? (Please give a reason for your answer.)

Q3. Are there any Competencies that should be added? (Please give a reason for your answer.)

Q4. Do you have any comments about the focus areas identified for the review?

Q5. Are there any additional areas you think should be considered in the review?

Q6. Do you have any other comments?

6. Responding to the survey

- 6.1 To participate in the survey, please click on the following link:

https://www.surveymonkey.com/r/Professional_competencies_review

You can also email your response to accreditation@adc.org.au

- 6.2 The deadline for completed responses to the survey is **Monday 31 May 2021** at 11.59pm AEST.

- 6.3 We will not publish individual survey responses. However, a summary of the responses received will be published, with all information being deidentified.