From:	Carrie Turner on behalf of HPSCorrespondence DOH
To:	Narelle Mills
Cc:	SPPCorrespondence DoH; kate raymond; HPSCorrespondence DOH
Subject:	Australian Dental Council / Dental Council (New Zealand) - Invitation to provide feedback on the draft Accreditation Standards for Dental Practitioner Programs
Date:	Friday, 6 March 2020 10:42:24 AM
Importance:	High

Ms Narelle Mills
Chief Executive Officer
Australian Dental Council
Via email: narelle.mills@adc.org.au

Dear Ms Mills,

RE: Australian Dental Council (ADC) / Dental Council New Zealand (DCNZ) Accreditation Standards for Dental Practitioner Programs Revised draft for consultation – February 2020.

Thank you for your recent letter to The Honourable Natasha Fyles MLA, Northern Territory Minister for Health, inviting feedback on the draft accreditation standards for dental practitioner programs (the draft Standards). Your letter has been referred to the Department of Health for response.

Please find our responses to the consultation questions outlined below:

Do you consider that the draft Standards are at the threshold level required for public safety?

The draft Standards as they are written meet a suitable threshold for public safety, but gaps are evident. These gaps risk exposure of the public to systemic and iatrogenic harm.

To meet a threshold outcome for culturally safe and appropriate program delivery, program providers must take steps to actively encourage participation of Aboriginal and Torres Strait Islander students in education and training, as well as to promote culturally safe access to services at teaching clinics for Aboriginal and Torres Strait Islander people.

Public health harm also occurs due to environmental impacts arising from clinical operations and models of care. Health service providers are large polluters, accounting for up to seven percent of Australia's annual carbon emissions. Governments are recognising the contributing role of health service providers to detrimental health impacts arising from climate breakdown and are currently taking action to minimise and mitigate the direct and indirect health impacts arising from environmental pollution and emissions. Healthcare education and training courses must similarly mitigate downstream harm to human health, by considering contributions to environmental footprints and relate their contributions to emissions to broader health and social inequities. We suggest that the Australian Healthcare and Hospitals Association statement on Climate Change and Human Health provides a useful summary of actions to inform the inclusion of a criterion under Domain 1.

Finally, criteria on inter-professional practice should reflect learning outcomes relevant to a rural and remote health workforce, characterised by flexible, overlapping and interchangeable roles. We expand on this feedback below in relation to criterion 3.6.

Do you consider that the draft Standards are applicable across all types of education providers delivering accredited programs?

Yes. We note that different course providers are in varying stages of maturity with regard to cultural safety and inter-professional practice outcomes. We are not aware of any current dental training courses which address learning outcomes on mitigating human health and social harms arising from contributions to environmental pollution and carbon emissions.

We suggest that course providers would benefit from partnership with government agencies, in instances where this hasn't already occurred, to support the implementation of actions to achieve the aforementioned suggested outcomes defined by the Standards.

Do you agree with the following specific proposals as incorporated in the draft Standards?

· ***In Australia: A dedicated domain in the Standards on cultural safety for Aboriginal and Torres Strait Islander Peoples and its criteria (Domain 6b).***

Yes. We congratulate the Australian Dental Council on recognising this important learning outcome. We note our aforementioned comments on actively encouraging Aboriginal and Torres Strait Islander student participation and access to services at teaching clinics for Aboriginal and Torres Strait Islander people.

· ***The introduction of a preamble explaining the purpose of the Standards and how they will be used.***

Yes. This content is well-written and sufficiently detailed.

· ***An additional criterion requiring programs to ensure students understand the legal, ethical and professional responsibilities of a registered dental practitioner (criterion 1.8 in the draft standards).***

Yes, noting that regular engagement by the Australian Dental Council with the Dental Board of Australia, the Australian Health Practitioner Regulation Agency Senior Professional Officer (Dental) and Dental Professional Indemnity Insurers to understand common and/or high-risk areas of practice may support course providers in implementing this criterion.

· ***Amended criteria to require the involvement of dental consumers in accredited program design, management and quality improvement (criterion 2.2 in the draft Standards).***

Yes. We also recommend this criterion is further expanded to reflect contemporary principles of consumer co-design in healthcare.

· ***For internal, external, professional and academic input into program design and development to be combined into one criterion (criterion 2.2 in the draft Standards).***

Yes. We support this as pragmatic action to streamline a matured iteration of the Standards.

· ***The revision of the criteria in Domain 2 – Academic governance and quality assurance to clarify that the focus of the Standards is at the program level.***

Yes. The clarification of focus will support communication with the target program providers and users of the Standards.

· ***A revised criterion regarding intra- and inter-professional education, replacing criterion 3.6 in the existing Standards.***

Yes, noting our feedback to include learning outcomes relevant to a rural and remote health workforce in this criterion. A rural and remote health workforce is characterised by flexible, overlapping and interchangeable health practitioner roles. This way of practicing means that dental practitioners may apply areas of foundational knowledge, overlayed with specific knowledge about health and cultural systems. For example, in a remote clinic situation this might include providing support to a diabetes nurse to provide blood sugar testing and coaching for patients who attend for dental care, or connecting with a social worker to link patients to domestic violence or homeless support services when individuals present for emergency care. The ability to understand and navigate

the complex and fluid nature of rural and remote health practice is an important learning outcome, to ensure that courses lead to competent and safe practice relevant to any clinical setting within Australia, not just metropolitan areas where referral opportunities are abundant.

· ***Amendments to the domain on assessment, including changes to the Standard Statement and to the criteria underneath (Domain 5 in the draft Standards).***
Yes.
Q4. Are there any additional Standards that should be added?
No, noting our suggested additions, which could be covered as sub-standards within the proposed structure.
Q5. Are there any Standards that should be deleted or reworded?
No.
Q6. Do you have any other comments on the Standards?
No. We support the approach to strengthen the connection between assessment(s) and learning outcomes.
Thank you for the opportunity to provide feedback on the Draft Standards. If you have any questions about this response, please contact Dr Kate Raymond, Principal Dental Advisor, Strategy Policy and Planning Branch on 08 8935 7898.
Yours Sincerely
Kind regards, Maggie
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