

Professional competencies of the newly qualified dental practitioner

Guidance note:

At-risk populations

July 2023

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Introduction

Australian Dental Council (ADC) guidance notes aim to provide helpful information for education providers in specific areas where our standards have recently changed.

This includes the following standards:

- ADC Professional competencies of the newly qualified dental practitioner (the Competencies), effective from 1 July 2023.
- ADC Accreditation standards for dental practitioner programs (the Standards), which became effective from 2021.

Guidance notes are not definitive or binding documents, nor are they intended to be prescriptive.

Who are at-risk populations?

Four priority population groups are identified in the National Oral Health Plan as having poorer oral health than the general population and as experiencing barriers to accessing oral health care.¹

These groups include:

- people who are socially disadvantaged or on low incomes
- Aboriginal and Torres Strait Islander Peoples (for further information please refer to the guidance notes for 'Cultural safety')
- people living in regional and remote areas (for further information please refer to the guidance notes for 'Rural and remote populations')
- people with additional and/or specialist health care needs.

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.

The National Oral Health Plan calls for enhanced skills and competencies within the oral health workforce to meet the needs of these populations.

Relevant professional competencies

Previous versions of the Competencies did not directly mention the need to ensure practitioners are skilled to assist at-risk groups or populations.

To address these areas of need, a new definition has been introduced into the terminology section for 'At-risk groups or populations'.

The definition of at-risk groups or populations states:

the demonstration of all professional competencies must take account of people who are at an increased risk of developing poor oral health and face greater challenges in accessing oral health care. These population groups are likely to include:

- those who are socially disadvantaged or on low incomes
- people with sensory, psycho-social, progressive, physical, and intellectual disability, and people with acquired brain injury (ABI)
- autistic and neurodiverse people
- those living in regional and remote areas
- Aboriginal and Torres Strait Islander people
- people with Culturally and Linguistically Diverse Backgrounds
- Lesbian, Gay, Bisexual+, Transgender and gender diverse, Intersex, Queer, and Asexual+ people
- people who are aging
- children and adolescents
- people who have experienced trauma
- people who have experienced violence and abuse including sexual abuse.

The definition of 'patient' has also been updated to 'person' to recognise the shift within the broader health system to support individuals to make decisions about their own care.

The Competencies now include the following competencies:

Domain 2. Communication and leadership

Newly qualified dental practitioners must be able to:

- engage respectfully with the person receiving care, their families, carers, and communities in relation to oral health
- present information in a manner that enables the person to understand the care and treatment options available, the risks and benefits, and to be involved in decision making about their care
- engage in interprofessional collaborative practice to provide person-centred care

- apply the principles of open disclosure in incident management, review adverse events, and implement changes to reduce the risk of reoccurrence
- identify opportunities for improvement in care delivery and advocate for improved oral health outcomes, including for at-risk groups or populations

Domain 6. Person-centred care

Newly qualified dental practitioners must be able to:

- apply the principles of positive behaviour support to provide person-centred care.

Why is it important for dental practitioners to recognise and care for at-risk populations?

For many Australians, barriers to dental healthcare exist that increase their risk of maintaining and improving oral health.²

Poor oral health has a significant impact on individuals, the health system and society.¹ Dental healthcare services should be accessible to all individuals, regardless of their culture, language group, ability and socio-economic group, with recognition and respect for individual needs and views.¹

Additional services and support are required for the four identified priority populations, who experience the most significant barriers to accessing oral health care and the greatest burden of oral disease.¹

Dental practitioners will be required to address the needs of at-risk population groups. Interacting with patients with diverse backgrounds may require communication across language and educational boundaries, interactions with patients with different abilities, delivering care in alternative settings and intra- and interprofessional approaches.³

Guidance for education providers

To become and remain accredited with the ADC, programs are required to demonstrate that their 'design, delivery and resourcing enable students to achieve the required professional competencies' (Accreditation standards; Domain 3). This includes demonstrating that program learning outcomes address and assess all the required Competencies (Accreditation standards; 3.2; 5.2).

To meet the ADC's standards in this area, education providers should consider how students can be best prepared throughout the curriculum to provide optimal care for at-risk populations. The experiences students have, how they are delivered and how the relevant Competencies are assessed are likely to vary between programs depending on several factors including the profession and program – for example, whether it is a pre-registration or specialist program.

We do not prescribe exactly how a program should provide opportunities for students to best prepare students to provide care to at-risk populations.

However, some approaches might include, for example:

- curriculum that highlights the important socio-economic structures that influence dental health and prioritise a goal of improved public health in addition to clinical competence⁴
- education regarding awareness of barriers at-risk populations might face in accessing healthcare services
- development of specific curricula and content to improve practitioners' preparedness to provide care to those at greater risk of poor oral health outcomes
- inclusion of cultural competence training (e.g. gender diverse populations, LGBTQIA+ populations)
- curriculum that supports opportunities to engage with at-risk populations
- inclusion of assessments to ensure students are developing the skills required to be a culturally safe practitioner.

Education providers are encouraged to consider how they can prepare students for providing care to at-risk populations, to ensure barriers to healthcare and health disparities are minimised.

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Resources

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