

Professional competencies of the newly qualified dental practitioner

Guidance note:

Rural and remote communities

July 2023

Contents

Introduction	3
What are rural and remote communities?	3
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 disparity for these communities.	3
Relevant professional competencies	3
Domain 1. Social responsibility and professionalism	4
Domain 2. Communication and leadership	4
Domain 4. Health promotion	4
Domain 6. Person-centred care	4
Why is it important to address disparities in care for people living in rural and remote communities?	5
Guidance for education providers	5
References	6
Resources	6

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.

What are rural and remote communities?

The second National Oral Health Plan (2015–2024) notes that ‘inequalities in access to oral health care has a lasting and severe impact on oral and general health of individuals and population groups. The higher rate of oral disease amongst selected population groups indicates that their needs are not being met’.¹

Australians living in remote and very remote communities are more likely to experience tooth decay and tooth loss compared to those living in metropolitan centres.² There are barriers to the access of dental care in rural and remote Australia, including access to fewer dental practitioners, greater distances to travel to health care hubs, higher costs of healthy food options and oral hygiene products and increased fuel costs.²

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 disparity for these communities.

Relevant professional competencies

The revised Competencies include specific reference to ‘those living in regional and remote areas’, within the definition of ‘Groups or populations at increased risk of harm or poor oral health’, which states that ‘all Professional competencies must take into account people, groups and populations at greater risk of harm and/or poor oral health outcomes, that face greater challenges in accessing oral health care, as existing systems, policies and process may not meet their needs’.

The Competencies now include the following:

Domain 1. Social responsibility and professionalism

Newly qualified dental practitioners must be able to:

- acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health
- recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community
- provide culturally safe care to diverse groups and populations recognising barriers to accessing care and responding to the distinct needs of those at increased risk or poor oral health.

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
- engage in interprofessional collaborative practice to provide person-centered care
- utilise digital technologies and informatics to manage health information and inform person-centered care
- identify opportunities for improvement in care delivery and advocate for improved oral health outcomes, including for groups or populations at increased risk of harm or poor oral health

Domain 4. Health promotion

Newly qualified dental practitioners must be able to:

- design, implement and evaluate health promotion strategies and programs.

Domain 6. Person-centred care

Newly qualified dental practitioners must be able to:

- determine when and how to refer to the appropriate health and/or care professional.

Why is it important to address disparities in care for people living in rural and remote communities?

The preparedness of newly qualified dental practitioners to work in rural and remote settings was first raised during the Accreditation Standards review undertaken by the ADC in 2020.

Dental practitioners must be prepared to provide care for people living across all geographical areas within Australia; however, the challenges posed by communities with low population densities include difficulties in maintaining a permanent dental workforce and access to the necessary care facilities.³

To address health disparities for people living in rural and remote communities, dental practitioners must be competent in servicing the distinct needs of these communities. This includes understanding and engaging with the broader health care team, utilising telehealth, and other treatment and care options.

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 safe care to individuals located in rural and remote locations in Australia. 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 serve rural and remote communities. However, some approaches might include, for example:

- curricula content that addresses practitioner readiness to utilise emerging technologies, including telehealth
- ensuring graduates understand and can utilise the broader healthcare team through interprofessional practice (for further information refer to the guidance notes for 'Interprofessional practice')

- offering opportunities for students to undertake clinical placements in rural and remote communities where available
- establishing partnerships with rural and remote practitioners
- inclusion of assessments that evaluate students' understanding of the barriers to and disparities in health care for people living in rural and remote communities.

It is recommended that education providers consider how they can best prepare students for working with people in rural and remote communities, to provide new opportunities to remove barriers, reduce health disparities and improve the social, environmental and economic determinants of health in these communities.

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