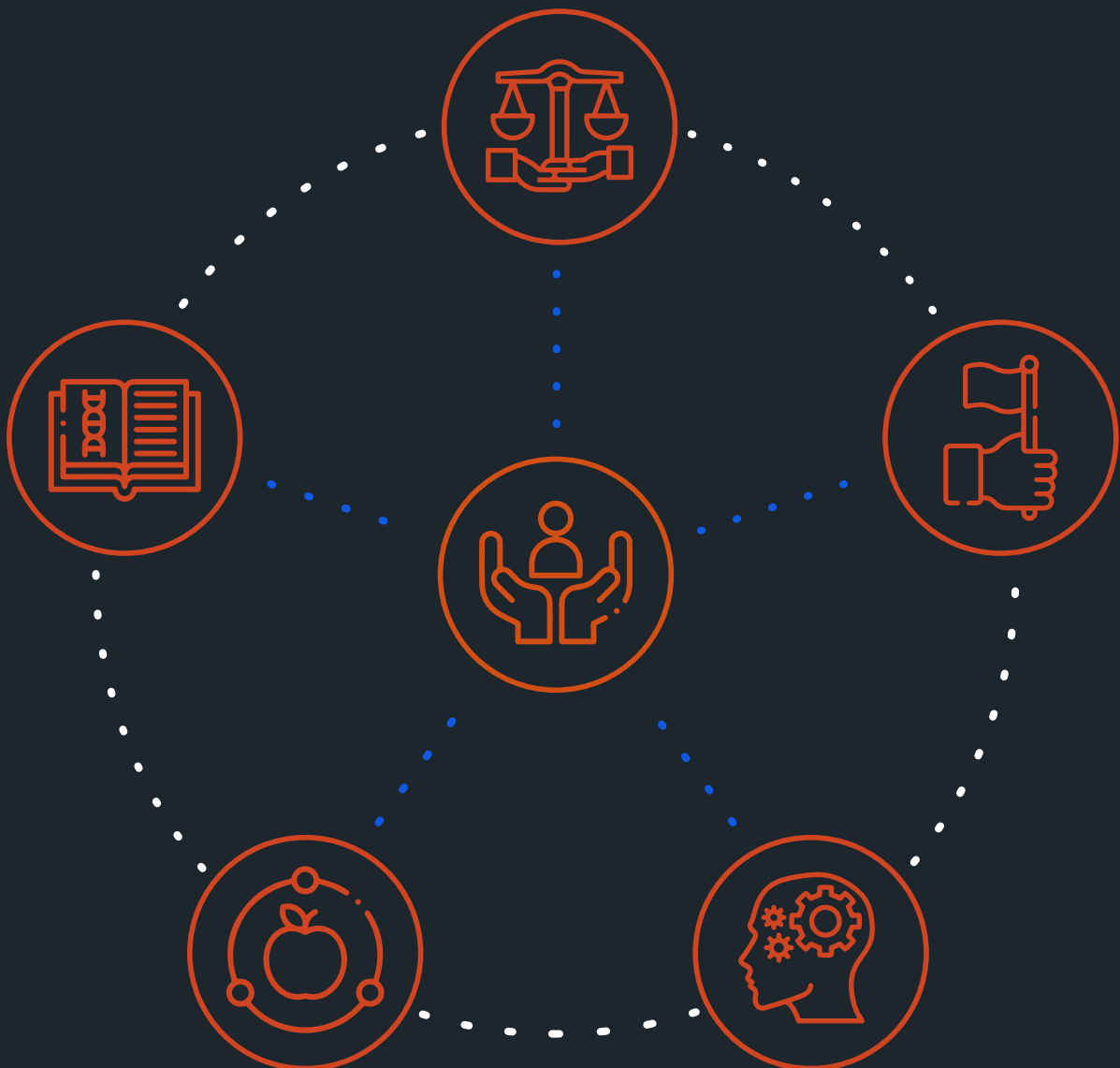


Professional competencies of the newly qualified dental practitioner

May 2022 (effective 2023)



The Australian Dental Council respects First Nations communities and cultures.

The Australian Dental Council (ADC) acknowledges the Wurundjeri peoples of the Kulin Nations as the Traditional Owners of the land on which our administration and examination centre sits.

We also acknowledge that our business operates across Australia, on the unceded lands of the oldest continuing cultures in the world.

We pay our respects to each of the Clans, Language Groups and Nations of Aboriginal and Torres Strait Islander Australia.

We acknowledge and pay respect to their Elders, ancestors, cultures, and heritage and recognise their ongoing connection to culture, land, and community.

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Introduction

This document assumes that a dental practitioner in Australia is:

a scientifically grounded, technically skilled, socially responsible, 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 healthcare team from the point of registration and throughout their professional career.

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 practitioner 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 DBA's Scope of practice registration standard and Guidelines for scope of practice outline that a practitioner's scope is individual to them and is dependent not only on their division of registration, but also their education, training, and competence. The DBA publishes a range of regulatory instruments and resources to assist dental practitioners in understanding their individual scope of practice.

Understanding the purpose of this document

This document describes the competencies expected of the newly qualified dental practitioner to be eligible for registration in Australia. The competencies are outlined in Section 4 of the document and present a framework of statements that are interconnected. Newly qualified dental practitioners are expected to have been assessed as possessing all of the competencies relevant to their division of registration.

The Australian Dental Council (ADC) has co-designed this document in consultation with and on behalf of the professions and other stakeholders, including community representatives. The ADC has adopted the same structure and format for the competencies for all divisions of dental practitioners. Consequently, the 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.

It is recognised that once registered, the newly qualified dental practitioner must only perform dental treatment for which they have been educated and trained and in which they are competent. Individuals seeking to register must apply to the DBA and comply with the DBA's registration standards, associated guidelines, and codes.

Dental practitioners must also comply with Commonwealth, State and Territory legislation and regulations (refer to the DBA's website for further links to relevant legislation).

This document will be reviewed and updated as required to ensure it remains reflective of what is expected of a newly qualified dental practitioner.

For further information, please refer to www.dentalboard.gov.au

Use of the Competencies

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 practitioners
- developing accreditation standards for the approval of the DBA, and
- assessing overseas qualified dental practitioners to ensure they possess the professional qualities, knowledge, judgement, and clinical skills required for practice in Australia.

Education providers seeking to have their education and training programs accredited by the ADC have been required to demonstrate that the program enables students to achieve the required professional competencies. This requirement has been in place since 1 January 2016.

While this document does not prescribe the curricula of dental practitioner programs, for a program to be accredited it must demonstrate that the learning outcomes

address the competencies. The program must also demonstrate that there is a clear relationship between those learning outcomes and the assessment tools and strategies used. This does not restrict a program from providing its students with learning opportunities to develop other competencies.

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 accredited Australian program.

Other organisations will use the competencies in different ways and for different purposes.

The competency statements

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 person-centred care.

The term "competencies" covers the complex combination of knowledge, understanding, skills and attitudes needed by the newly qualified dental practitioner.

The competency statements in this document must be read in the context of the introduction, purpose and terminology provided on the previous pages.

The structure of the statements

The range of competencies expected of the newly qualified practitioner has been clustered into the following six domains:

Competencies **for all divisions** of general registration:

1. Social responsibility and professionalism
2. Communication and leadership
3. Critical thinking

Competencies **specific to each division** of general registration:

4. Health promotion
5. Scientific and clinical knowledge
6. Person-centred care*

* has sub-domains of Clinical information gathering, Diagnosis and management planning, 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 for all divisions of registration.
- 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.



Terminology

The concepts described in the competencies refer to the achievement of attributes, knowledge and skill capabilities; the term “competency” has been used in this document as a shorthand 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, dealt with in isolation from the others, as this does not do justice to the relationship between knowledge, skills, attitudes and experience of a practising dental practitioner. Problem-solving skills, professionalism, empathy, ethics and other higher order attributes are just as important to professional clinical practice as technical abilities. While challenging to measure, these attributes are a vital component of current dental education curricula.¹

For the purposes of this document the following definitions of key concepts are assumed and should be considered 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 are integrated during the delivery of patient care by the competent practitioner. Competency assumes that all behaviours are performed with a degree of quality consistent with patient well-being and that the practitioner self-evaluates treatment effectiveness.² 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 competency statements embody complex ideas and 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, biases, and assumptions and to search for evidence that supports the acceptance, rejection or suspension of those beliefs, biases, and assumptions, and the ability to distinguish between fact and opinion.

Cultural safety for Aboriginal and Torres Strait Islander people

is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practise is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.³

Evidence-based dentistry

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

¹ Adapted from Universities Australia's response to A Healthier Future for All Australian's report (March 2009)

² Adapted from the ADEA Competencies for the New General Dentist (2008)

³ 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>

Financial consent

is part of informed consent and requires a person being made aware of and agreeing to all the fees and charges involved in a course of treatment, preferably before the health service is provided.⁴ If consent cannot be obtained before care is provided, information should be provided as soon as practicably possible after the service is provided.⁵

Groups or populations at increased risk of harm or poor oral health

the demonstration of all professional competencies must take into account people, groups and populations at greater risk of harm and/or poorer oral health outcomes, that face greater challenges in accessing oral health care, as existing systems, policies and process may not meet their needs. Individuals may identify with several groups or populations at increased risk of poorer oral health.

These groups or populations 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;
- 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
- ageing persons requiring additional care or residing in residential and aged care facilities
- children and adolescents
- pregnant women
- people who have experienced trauma, and
- people who have experienced violence and abuse including sexual abuse.

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

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

Interprofessional collaborative practice

is when multiple health workers from different professional backgrounds work together with patients, families, carers, and communities to deliver the highest quality of care across settings.⁸

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.⁹

Manage

to “manage” the oral health care needs of a patient includes all actions performed by practitioners within their abilities, competence and experience that are designed to alter the course of 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.

Patient

is the person receiving health care and also those assisting or supporting the individual to make decisions about their care. Those assisting may include parents, guardians, family, carers, support workers, or substitute decision makers for a person that has been assessed as not having the capacity to make their own decisions. A substitute decision maker may be a parent or carer or a legally appointed decision maker.

Person-centred care

is recognised as a foundation to safe, high-quality healthcare. It is care that is respectful of, and responsive to, the preferences, needs and values of the individual patient. It involves seeking out, and understanding, what is important to the individual receiving care, fostering trust, establishing mutual respect and working together to share decisions and plan care. Key dimensions of person-centred care include respect, dignity, emotional support, physical comfort, open and honest communication, continuity and transition, care coordination, involvement of carers, family, and community and access to culturally safe care.¹⁰

Self-reflexive

the ability of a person to reflect on one's own actions while consciously taking a proactive approach to self-improvement, collaboration and life long learning.¹¹

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

⁵ Victorian Government. Private Health Insurance Ombudsmen. Informed financial consent in emergency situations. Accessed on 13 September 2021 from <https://www.ombudsman.gov.au/How-we-can-help/private-health-insurance/private-health-insurance/informed-financial-consent>

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

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

⁸ Adapted from Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.

⁹ Adapted from Health LEADS Australia: the Australian health leadership framework (2013, p5)

¹⁰ Adapted from Australian Commission on Safety and Quality in Health Care definition of person-centre care. Accessed on 28 July 2021 from <https://www.safetyandquality.gov.au/our-work/partnering-consumers/person-centred-care>.

¹¹ Adapted from Iedema, R. (2010) Creating safety by strengthening clinicians' capacity for reflexivity, *BMJ Qual Saf*, 20(Suppl 1):i83-i86.



Competencies for *all divisions* of general registration



1 Social responsibility and professionalism



2 Communication and leadership



3 Critical thinking



1. Social responsibility and professionalism

Covers personal values, attitudes and behaviours

Newly qualified dental practitioners must be able to:

1. demonstrate that the interests of the person receiving care are paramount in all decisions and actions
2. acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health
3. acknowledge and address individual racism, your own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism
4. recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community
5. foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues
6. 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 of poor oral health
7. recognise professional and individual scopes of practice and work to one's own abilities and competency
8. incorporate a self-reflexive approach to dental practice that recognises and supports life-long learning for all members of the dental team
9. practise in an ethical and professional manner consistent with the Dental Board of Australia's Code of conduct
10. comply with Commonwealth, State and Territory legislation and regulatory requirements relevant to the dental practitioner and the provision of dental care
11. recognise the environmental impacts of health care provision and use resources responsibly, making decisions that support environmentally sustainable healthcare
12. demonstrate familiarity with national standards for safety, quality and clinical care developed by the Australian Commission on Safety and Quality in Health Care that are relevant to the services and systems in which they will be working



2. Communication and leadership

Covers the ability to work cooperatively and to communicate in a manner appropriate to the individual receiving care

Newly qualified dental practitioners must be able to:

1. engage respectfully with the person receiving care, their families, carers, and communities in relation to oral health
2. 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
3. engage in interprofessional collaborative practice to provide person-centred care
4. recognise, assess, and respond to domestic and family violence risk, prioritise safety, provide information, and refer as required
5. engage in mentor/mentee activities and leadership within a healthcare team
6. maintain one's own health and wellbeing and support the health and wellbeing of colleagues and team members
7. utilise digital technologies and informatics to manage health information and inform person-centred care
8. apply the principles of open disclosure in incident management, review adverse events, and implement changes to reduce the risk of reoccurrence
9. 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





3. Critical thinking

Covers the acquisition and application of knowledge

Newly qualified dental practitioners must be able to:

1. locate, critically appraise and evaluate evidence in a scientific manner to support and deliver oral health care
2. apply clinical reasoning and judgement in a reflective practice approach to oral health care
3. demonstrate an understanding of research processes and the role of research in advancing knowledge and clinical practice

×	✓	✓	✓	✓	×	×	✓	✓
✓	×	×	✓	✓	×	✓	✓	✓
✓	✓	✓	×	✓	✓	✓	×	✓
×	✓	✓	✓	×	✓	✓	✓	×
✓	✓	✓	✓	✓	✓	×	×	✓
✓	×	✓	✓	✓	✓	✓	✓	✓
✓	✓	×	×	✓	✓	×	✓	✓



Competencies *specific to each division* of general registration

Note: divisions have been listed together to facilitate comparison of competencies.



4 Health promotion



5 Scientific and clinical knowledge



6 Person-centred care



4. Health promotion

Covers health education and the promotion of health in the community

Newly qualified dental practitioners must be able to:

Dentists	Oral health therapists	Dental therapists	Dental hygienists	Dental prosthetists
1. understand the social determinants of health, risk factors and behaviours that influence health	1. understand the social determinants of health, risk factors and behaviours that influence health	1. understand the social determinants of health, risk factors and behaviours that influence health	1. understand the social determinants of health, risk factors and behaviours that influence health	1. understand the social determinants of health, risk factors and behaviours that influence health
2. understand the connection between health promotion and health policy development	2. understand the connection between health promotion and health policy development	2. understand the connection between health promotion and health policy development	2. understand the connection between health promotion and health policy development	2. understand the connection between health promotion and health policy development
3. apply the theories and principles of health promotion to improve oral and general health	3. apply the theories and principles of health promotion to improve oral and general health	3. apply the theories and principles of health promotion to improve oral and general health	3. apply the theories and principles of health promotion to improve oral and general health	3. apply the theories and principles of health promotion to improve oral and general health
4. design, implement and evaluate evidence-based health promotion strategies and programs	4. design, implement and evaluate evidence-based health promotion strategies and programs	4. design, implement and evaluate evidence-based health promotion strategies and programs	4. design, implement and evaluate evidence-based health promotion strategies and programs	4. understand the design, implementation and evaluation of evidence-based health promotion



5. Scientific and clinical knowledge

Covers the application of the underlying knowledge required by dental practitioners

Newly qualified dental practitioners must be able to:

Dentists	Oral health therapists	Dental therapists	Dental hygienists	Dental prosthetists
1. apply the social, cultural, biological, biomedical, physical and behavioural sciences in relation to oral health care provision and disease prevention	1. apply the social, cultural, biological, biomedical, physical and behavioural sciences in relation to oral health care provision and disease prevention	1. apply the social, cultural, biological, biomedical, physical and behavioural sciences in relation to oral health care provision and disease prevention	1. apply the social, cultural, biological, biomedical, physical and behavioural sciences in relation to oral health care provision and disease prevention	1. apply the social, cultural, biological, biomedical, physical and behavioural sciences in relation to oral health care provision and disease prevention
2. apply the theories and principles of population oral health	2. apply the theories and principles of population oral health	2. apply the theories and principles of population oral health	2. apply the theories and principles of population oral health	2. apply the theories and principles of population oral health
3. apply the scientific principles of infection prevention and control	3. apply the scientific principles of infection prevention and control	3. apply the scientific principles of infection prevention and control	3. apply the scientific principles of infection prevention and control	3. apply the scientific principles of infection prevention and control
4. understand the scientific basis, limitations, risks of dental materials and demonstrate their use	4. understand the scientific basis, limitations, risks of dental materials and demonstrate their use	4. understand the scientific basis, limitations, risks of dental materials and demonstrate their use	4. understand the scientific basis, limitations, risks of dental materials and demonstrate their use	4. understand the scientific basis, limitations, risks of dental materials and demonstrate their use
5. apply the principles of risk management and quality improvement	5. apply the principles of risk management and quality improvement	5. apply the principles of risk management and quality improvement	5. apply the principles of risk management and quality improvement	5. apply the principles of risk management and quality improvement
6. apply the principles of pharmacology, understanding the limitations and risks of using therapeutic agents, including polypharmacy and overuse, and the implication of the Prescribing Competencies Framework on dental practice	6. apply the principles of pharmacology, understanding the risks of using therapeutic agents, including polypharmacy and overuse	6. apply the principles of pharmacology, understanding the risks of using therapeutic agents, including polypharmacy and overuse	6. apply the principles of pharmacology, understanding the risks of using therapeutic agents, including polypharmacy and overuse	6. apply the principles of pharmacology, understanding the risks of using therapeutic agents
7. understand the scientific basis, risks, and demonstrate the safe use of ionising radiation	7. understand the scientific basis, risks, and demonstrate the safe use of ionising radiation	7. understand the scientific basis, risks, and demonstrate the safe use of ionising radiation	7. understand the scientific basis, risks, and demonstrate the safe use of ionising radiation	



6. Person-centred care

6.1 Clinical information gathering

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

Newly qualified dental practitioners must be able to:

Dentists	Oral health therapists	Dental therapists	Dental hygienists	Dental prosthetists
1. obtain and record a relevant history of the individual's medical, social, dietary, and oral health status	1. obtain and record a relevant history of the individual's medical, social, dietary, and oral health status	1. obtain and record a relevant history of the individual's medical, social, dietary, and oral health status	1. obtain and record a relevant history of the individual's medical, social, dietary, and oral health status	1. obtain and record a relevant history of the individual's medical, social, dietary, and oral health status
2. perform an examination for health, disease and abnormalities of the dentition, mouth and associated structures	2. perform an examination for health, disease and abnormalities of the dentition, mouth and associated structures	2. perform an examination for health, disease and abnormalities of the dentition, mouth and associated structures	2. perform an examination for health, disease and abnormalities of the dentition, mouth and associated structures	2. perform an examination for health, disease and abnormalities of the dentition, mouth and associated structures
3. select necessary clinical, pathology and other diagnostic procedures and interpret results	3. select necessary clinical, pathology and other diagnostic procedures and interpret results	3. select necessary clinical, pathology and other diagnostic procedures and interpret results	3. select necessary clinical, pathology and other diagnostic procedures and interpret results	3. select necessary clinical, pathology and other diagnostic procedures and interpret results
4. maintain accurate, consistent, legible and contemporaneous records of patient management and protect patient privacy	4. maintain accurate, consistent, legible and contemporaneous records of patient management and protect patient privacy	4. maintain accurate, consistent, legible and contemporaneous records of patient management and protect patient privacy	4. maintain accurate, consistent, legible and contemporaneous records of patient management and protect patient privacy	4. maintain accurate, consistent, legible and contemporaneous records of patient management and protect patient privacy
5. evaluate individual patient risk factors for oral disease	5. evaluate individual patient risk factors for oral disease	5. evaluate individual patient risk factors for oral disease	5. evaluate individual patient risk factors for oral disease	5. evaluate individual patient risk factors for oral disease
6. request and/or take radiographs relevant to dental practice	6. request and/or take radiographs relevant to dental practice	6. request and/or take radiographs relevant to dental practice	6. request and/or take radiographs relevant to dental practice	6. request and/or take radiographs relevant to dental practice



6. Person-centred care

6.2 Diagnosis and management planning

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

Newly qualified dental practitioners must be able to:

Dentists	Oral health therapists	Dental therapists	Dental hygienists	Dental prosthetists
1. recognise health as it relates to the individual, taking into consideration medical, social and cultural contexts	1. recognise health as it relates to the individual, taking into consideration medical, social and cultural contexts	1. recognise health as it relates to the individual, taking into consideration medical, social and cultural contexts	1. recognise health as it relates to the individual, taking into consideration medical, social and cultural contexts	1. recognise health as it relates to the individual, taking into consideration medical, social and cultural contexts
2. diagnose disease or abnormalities of the dentition, mouth and associated structures and identify conditions which require management	2. diagnose disease or abnormalities of the dentition, mouth and associated structures and identify conditions which require management	2. diagnose disease or abnormalities of the dentition, mouth and associated structures and identify conditions which require management	2. diagnose disease or abnormalities of the dentition, mouth and associated structures and identify conditions which require management	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	3. determine the impact of risk factors, systemic disease and medications on oral health and treatment planning	3. determine the impact of risk factors, systemic disease and medications on oral health and treatment planning	3. determine the impact of risk factors, systemic disease and medications on oral health and treatment planning	3. determine the impact of risk factors, systemic disease and medications on oral health and treatment planning
4. determine when and how to refer to the appropriate health and or care professional	4. determine when and how to refer to the appropriate health and or care professional	4. determine when and how to refer to the appropriate health and or care professional	4. determine when and how to refer to the appropriate health and or care professional	4. determine when and how to refer to the appropriate health and or care professional
5. obtain and record informed consent and financial consent for treatment	5. obtain and record informed consent and financial consent for treatment	5. obtain and record informed consent and financial consent for treatment	5. obtain and record informed consent and financial consent for treatment	5. obtain and record informed consent and financial consent for treatment
6. formulate and record a comprehensive person-centred, evidence-based oral health treatment plan	6. formulate and record a person-centred evidence-based oral health treatment plan	6. formulate and record a person-centred evidence-based oral health treatment plan	6. formulate and record a person-centred evidence-based oral health treatment plan	6. formulate and record a person-centred evidence-based oral health treatment plan



6. Person-centred care

6.3 Clinical treatment and evaluation

Covers the provision of evidence-based person-centred care

Newly qualified dental practitioners must be able to:

Dentists	Oral health therapists	Dental therapists	Dental hygienists	Dental prosthetists
1. apply the principles of disease and trauma prevention and early intervention in the management of the dentition, mouth and associated structures	1. apply the principles of disease and trauma prevention and early intervention in the management of the dentition, mouth and associated structures	1. apply the principles of disease and trauma prevention and early intervention in the management of the dentition, mouth and associated structures	1. apply the principles of disease and trauma prevention and early intervention in the management of the dentition, mouth and associated structures	1. apply the principles of disease and trauma prevention and early intervention in the management of the dentition, mouth and associated structures
2. ensure the principles of supported decision making and positive behaviour support are incorporated into the provision of person-centred care	2. ensure the principles of supported decision making and positive behaviour support are incorporated into the provision of person-centred care	2. ensure the principles of supported decision making and positive behaviour support are incorporated into the provision of person-centred care	2. ensure the principles of supported decision making and positive behaviour support are incorporated into the provision of person-centred care	2. ensure the principles of supported decision making and positive behaviour support are incorporated into the provision of person-centred care
3. evaluate and monitor the progress of treatment and oral health outcomes	3. evaluate and monitor the progress of treatment and oral health outcomes	3. evaluate and monitor the progress of treatment and oral health outcomes	3. evaluate and monitor the progress of treatment and oral health outcomes	3. evaluate and monitor the progress of treatment and oral health outcomes
4. manage dental emergencies	4. manage dental emergencies	4. manage dental emergencies	4. manage dental emergencies	4. manage dental emergencies
5. manage medical emergencies	5. manage medical emergencies	5. manage medical emergencies	5. manage medical emergencies	5. manage medical emergencies
6. manage diseases, pathology, and conditions associated with the dentition, orofacial complex, and associated structures	6. manage oral conditions and diseases, pain and pathology of the dentition, mouth and associated structures	6. manage oral conditions and diseases, pain and pathology of the dentition, mouth and associated structures	6. manage oral conditions and diseases, pain and pathology of the dentition, mouth and associated structures	6. manage oral conditions and diseases, pain and pathology of the dentition, mouth and associated structures
7. administer, apply and/or prescribe medicines	7. administer pharmaceutical agents	7. administer pharmaceutical agents	7. administer pharmaceutical agents	7. apply pharmaceutical agents
8. manage dental caries	8. manage dental caries	8. manage dental caries	8. manage dental caries	



6. Person-centred care

6.3 Clinical treatment and evaluation

Covers the provision of evidence-based person-centred care

(Continued.)

Dentists	Oral health therapists	Dental therapists	Dental hygienists	Dental prosthetists
9. manage diseases and conditions of the periodontium and supporting tissues of the teeth or their replacements	9. manage non-surgical treatment of diseases and conditions of the periodontium and supporting tissues of the teeth or their replacements	9. manage non-surgical treatment of gingival diseases	9. manage non-surgical treatment of diseases and conditions of the periodontium and supporting tissues of the teeth or their replacements	
10. manage skeletal and dental occlusal discrepancies	10. perform orthodontic procedures as directed by the treating dentist or orthodontist	10. perform orthodontic procedures as directed by the treating dentist or orthodontist	10. perform orthodontic procedures as directed by the treating dentist or orthodontist	
11. manage the removal of teeth and oral surgical procedures	11. manage the non-surgical removal of teeth	11. manage the non-surgical removal of teeth		
12. manage diseases and conditions of pulpal and periapical tissues	12. manage pulpal diseases and conditions	12. manage pulpal diseases and conditions		
13. manage the loss of tooth structure by restoring the dentition with direct and indirect restorations	13. manage the loss of tooth structure by restoring the dentition with direct restorations	13. manage the loss of tooth structure by restoring the dentition with direct restorations		
14. utilise removable prostheses to rehabilitate, restore appearance and function, prevent injury and stabilise the occlusion				8. utilise patient removable prostheses to rehabilitate, restore appearance and function, prevent injury and stabilise the occlusion
15. utilise fixed prostheses to rehabilitate, restore appearance and function and stabilise the occlusion				
16. manage the individual's anxiety and pain related to the dentition, mouth and associated structures				

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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.

We also acknowledge the contribution of all those involved in developing this document.

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