

Professional competencies of the newly qualified dental practitioner

Resources:

Rural and remote communities

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What are rural and remote communities?

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.¹ 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.¹

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'.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?

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.

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