AUSTRALIAN DENTAL COUNCIL

June 2021

Feedback received on the Professional Competencies of the newly qualified dental practitioner

Key Points

Survey title: ADC Professional competencies review – stakeholder feedback survey.

Responses: 156 responses, where a name or organisations was supplied and/or one or more questions were answered. There was a completion rate of 34%.

Participants: A broad range of stakeholders: 131 responses (85%) were made by individuals and 23 (15%) were made on behalf of organisations. Two respondents did not answer this question.

Summary of responses:

92% respondents consider the Competencies are still partly or completely current

26% respondents considered that the Competencies should be deleted or reworded and 59% did not consider or were unsure that the Competencies needed deletion or rewording

26% respondents considered that Competencies could be added and 69% respondents did not consider or were unsure whether Competencies need to be added

29% respondents provided comments about the focus areas identified for the review and 71% respondents did not have, or were unsure, whether they had comment

Key point raised:

- Respondents indicated support for the proposed focus areas outlined including:
    - Cultural safety,
    - Interprofessional collaborative practice,
    - care and treatment of people experiencing domestic and family violence, at risk groups, including those living with a disability
    - preparedness to serve rural and remote communities
    - social accountability and environmental awareness

Other areas for consideration included:

- a move from a patient-centred to person-centred approach to care
- the role of the dental practitioner in the broader health-care team
- practitioner readiness to utilise emerging technologies, including telehealth
- Self-awareness, well-being, reflective practice and resilience of dental practitioners

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1. Introduction

1.1 The Australian Dental Council (ADC) is reviewing the Professional Competencies of the newly qualified dentist (2016), dental hygienist, dental therapist and oral health therapist and dental prosthetist ('the Competencies').[1] [2] [3]

1.2 To inform the review, a survey was carried out between 26 April 2021 and 31 May 2021 to gather stakeholder feedback about the existing Competencies, how they are working and whether they might be improved.[4]

1.3 The survey was supported by a short paper which outlined 'the Competencies' and their review and proposed six 'focus areas' where changes to the Competencies were being considered. The survey sought feedback on these focus areas and suggestions for other areas to be considered.[5]

1.4 Invitations to participate in the survey were emailed to a wide range of stakeholders in Australia, including, but not limited to, education providers, professional associations, community/consumer representatives, employers, government departments and ADC accreditation assessors, examiners, and item writers. Information was also published on the ADC website and shared on LinkedIn.

1.5 Survey feedback will inform the work of an Advisory Committee. The Advisory Committee will provide expert advice on any proposed changes to the Competencies. We plan to consult on any proposed changes later in 2021.

1.6 This paper summarises the statistics on participation of stakeholders in the survey and the themes of response from the survey. Where similar responses were provided, we have collated these and have listed generalised responses to each of the questions asked.

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[1] ADC (2016) Professional competencies of the newly qualified dentist. https://www.adc.org.au/sites/default/files/Media_Libraries/PDF/Accreditation/Professional%20Competencies%20of%20the%20Newly%20Qualified%20Dentist_rebrand.pdf

[2] ADC (2016) Professional competencies of the newly qualified dental hygienist, dental therapist and oral health therapist. Professional Competencies of the Newly Qualified Dental DH DT OHT_rebrand Final.pdf (adc.org.au)

[3] ADC (2016) Professional competencies of the newly qualified dental prosthetist. Professional Competencies of the Newly Qualified Dental Prosthetist_rebranded.pdf (adc.org.au)

[4] We were able to accept late responses up to 4 June 2021.

[5] ADC (2021) Professional competencies review – stakeholder feedback survey. Review_of_the_Professional_competencies_of_the_newly_qualified_dental_practitioner_April_2021.pdf (adc.org.au)

Survey questions

1.7 We welcomed responses to the survey from anyone with an interest in the Competencies. We will use the responses to inform the review process.

1.8 The following questions were asked in the survey:

Q1. Do you consider the Competencies outline what is expected of a newly qualified dental practitioner to practice safely and ethically in Australia? (Please give a reason for your answer.)

Q2. Are there any Competencies that should be deleted or reworded? (Please give a reason for your answer.)

Q3. Are there any Competencies that should be added? (Please give a reason for your answer.)

Q4. Do you have any comments about the focus areas identified for the review?

Q5. Are there any additional areas we should consider in the review?

Q6. Do you have any other comments?

About this document

1.9 This document provides a summary of the responses received to the survey.

1.10 This document is divided into three sections:

- Section **one** introduces the document.
- Section **two** provides descriptive statistics of survey responses.
- Section **three** summarises qualitative responses to the survey questions.

1.11 In this document, 'we' refers to the ADC.

2. Analysis of responses

2.1 This section outlines the analysis of responses we received to the survey.

Data collection and analysis

2.2 The majority of respondents used an online survey tool ('Survey monkey') to respond to the consultation. They provided information about whether they were making an individual response or were responding on behalf of an organisation, The respondents provided information about their interaction with the ADC (for example, assessor, examiner, education provider). They selected their response to each question from a list of options (e.g. yes, no, partly, unsure). Some questions allowed free text responses or asked for more information when certain responses were selected. Where we received emailed responses, we recorded each response in a similar way.

2.3 In preparing this document, we have provided measures of frequency for quantifiable data (such as the number of 'yes' or 'no' responses and identified themes in the free text responses).

Results

2.4 We received 156 responses to the survey that answered one or more questions, with a 34% completion rate of the survey. 131 responses (85%) were made by individuals and 23 (15%) were made on behalf of organisations. Two respondents did not answer this question.

2.5 Table 1 below provides a breakdown of respondent groups. Respondents were asked to select their interaction with the ADC and could select multiple answers. The largest respondent group were overseas trained dental practitioners, although Australian trained dental practitioners (not a defined respondent group) were likely the majority participants of the other respondent groups. The next largest respondent groups were examiners of overseas trained dental practitioners followed by members of a professional association, dental students and education providers, academy or society, followed by education providers.

2.6 Table 2 below provides a breakdown of data in response to questions 1, 2, 3 and 4. Questions 5 and 6 invited free text responses and these responses are listed in Part 3 of this report.

Table 1: Respondent groups (n=98)

Respondent type	Number	%
Assessor of education programs	**11**	**11%**
Committee / Board member	**3**	**3%**
Consumer / community representative	**4**	**4%**
Dental student	**16**	**16%**
Education provider	**15**	**15%**
Employer of dental graduates	**6**	**6%**
Examiner of overseas trained dental practitioners	**20**	**20%**
Member of professional association/academy/society	**18**	**18%**
Overseas trained dental practitioner	**50**	**50%**
Representative of state/territory health service	**2**	**2%**
Other	**6**	**6%**

Note: some respondents ticked more than one category. The percentages were rounded to the nearest whole number. There were 5 organisations who responded to the survey who were not included in the categories in Table 1, as they provided feedback directly to ADC, independent of the online survey.

Table 2: Responses to the survey questions

Question	Yes (%)	No (%)	Partly (%)	Unsure (%)
Q1. Do you consider the Competencies are still current and outline what is expected of a newly qualified dental practitioner to practise safely and ethically in Australia?	60 (59%)	5 (5%)	33 (33%)	3 (3%)
Q2. Are there any Competencies that should be deleted or reworded?	26 (31%)	38 (45%)	N/A	21 (25%)
Q3. Are there any Competencies that should be added?	26 (31%)	35 (42%)	N/A	23 (27%)
Q4. Do you have any comments about the focus areas identified for the review?	19 (29%)	34 (52%)	N/A	12 (19%)

Notes to tables

- Percentages have been calculated based on actual responses to a question; data related to respondents that did not answer a question are not included.
- Percentages have been rounded.

3. Summary of responses to the survey questions

3.1 This section provides a summary of the responses we received, outlining the key themes in responses to each survey question.

3.2 We sometimes received the same or similar comments to different questions. Where helpful, we have summarised like responses together. Where we received comments that were not directly about the Competencies, these have mainly been summarised in the section of this document on question six.

Q1. Do you consider the Competencies are still current and outline what is expected of a newly qualified dental practitioner to practise safely and ethically in Australia?

3.3 The majority of respondents (59%) said that the Competencies were still current and outline what is required of a newly qualified dental practitioner. 33% of respondents said that the Competencies are partly current. Only 5% disagreed.

3.4 Where comments supported that the Competencies remain current, comments included;

- that new graduates meet the required competencies
- Competencies, or specific parts, of the competencies were clearly articulated and comprehensive with each domain covering what is expected of a newly qualified dental practitioner
- they are still relevant
- the Competencies are broad ranging and consider all areas of dental practice within the community
- the changes in cultural safety are a positive, however, competencies are only current when reviewed regularly

3.5 Where respondents answered 'no' (and some of those who answered 'partly'), comments included;

- concern as to whether the Competencies remain fit-for-purpose or contemporary given current practise environments.
- concern as to whether the Competencies remain fit-for-purpose for all dental practitioners (national and international)
- that the Competencies can better account for the wider societal contexts in which health care operates
- a need for strengthening aspects of safety and quality
- a need for preventative strategies as a default approach to oral disease prevention, active health promotion, and working collaboratively and inter-professionally towards person-centred care.
- whether the Competencies adequately include the treatment needs of indigenous groups, the aged, paediatric dentistry, special needs patients and other diverse.
- a lack of granular definitions
- can better account for knowledge of Information Technology (IT), media and business management
- can better account for and include consumer involvement in education

- can better account for competencies around treating those impacted by domestic or family violence and the role that dental practitioners can play in helping those impacted
- concern as to whether the Competencies remain adequate in expectations of knowledge regarding epidemics and pandemics

3.6 There were some comments made that were not specific to questions asked in the survey, including queries about ADC's examinations of overseas qualified dental practitioners.

Q2. Are there any Competencies that should be deleted or reworded?

Q3. Are there any Competencies that should be added?

3.7 We have summarised responses to these questions together. Where comments were made in response to these questions, they often covered similar issues or topics.

3.8 Most respondents (45%) did not identify any Competencies that should be deleted or reworded, and almost one-third (31%) did. 25% said that they were unsure.

3.9 Appendix 1 includes all the specific suggestions we received (to this and other survey questions) about competencies that should be deleted, reworded or reviewed.

3.10 There were 26 respondents (31%) who answered 'yes' to question two, and 26 respondents (31%) to question three, and the total respondents who answered yes to either of these questions was 52 (62%). Suggestions by respondents were generally made with the aim of improving clarity and the use of more explicit descriptors in the Competencies, particularly suggestions for the inclusion and recognition of diverse groups, marginalised and vulnerable groups, people with disability and the aged, within the statements. A suggestion was made that there should be a wording change from the use of the term patient-centred care to the use of the term person-centred care. One respondent to question 3 also suggested this change.

3.11 Of the 31% of respondents that answered 'yes' to question three only 19% included a comment.

3.12 When respondents answered 'yes' to question three, the responses suggested that the review of Competencies should consider;

- use of alternative wording to 'understand', such as 'demonstrate' or exemplify to emphasise the professional behaviours that are paramount to professional practice and would improve the

application of the Competencies by training providers, employers and regulators.

- provision of clear information to patients should explicitly reference principles of consent related to communication.
- the use of the term 'patients and partners in care.' The use of the reference 'family members' negates other important partners in care such as guardians or in relevant cultural systems, wider family and community.
- reference to culturally safe communication and greater exploration of cultural safety as a domain, "given the direction of the National Regulator and the acknowledgement that Aboriginal and Torres Strait Islander peoples and populations are more likely to experience marginalisation or more likely to experience barriers to accessing care and poorer outcomes of care."
- greater emphasis on multidisciplinary team communication
- competencies in relation to communication and leadership within clinical governance and safety and quality settings – 'an important learning from the current COVID-19 situation."
- where competencies are common between dental practitioner divisions, that they are simplified, noting that there are nuances to the degree of skill and competencies that is expected of the different dental practitioner divisions.
- to recognise the contribution of research as more inclusive of research approaches beyond the 'scientific method'
- consider additional criteria under Domain 4: Health Promotion, 'add understand the connection between health promotion and policy development."
- inclusion of "Management of clinical practice in a pandemic into Domain 5 – infection control, patient and staff safety, levels of PPE…"
- inclusion of statements that more explicitly outline IT literacy
- inclusion in the statements related to Domain 6: Patient Care, "…including immunocompromised and special needs children," also, "Be competent in management of oro-facial trauma in infants, children and adolescents."
- A statement or additional competency to acknowledge the promotion of and participation in national data collection and reporting relevant to patient care, given that The National Oral Health Plan acknowledges the lack of national data on people with disability and that this is fundamental to monitoring health outcomes of people with disability.

- A re-write of the Domain 4: Health Promotion to be more along the lines of upstream and downstream health promotion approaches.

3.13 A general comment was made that suggested changes, such as those in 3.12, are seen as important to reflect modern concepts of placing patients at the centre of care.

Q4. Do you have any comments on the focus areas identified for the review?

3.14 The majority of respondents (52%) said that they had no comments about the focus areas identified in the review. 19% were unsure. There were a relatively high number of respondents (42 of 65) that did not provide any answer to question four.

3.15 There was strong support for the focus areas identified in the review and strong support for wording changes that should or might be considered in the following areas;

- A separate competency for environmental sustainability (not grouped under social accountability)
- There was a suggestion that focus areas such as working with vulnerable populations, in rural and remote settings, interprofessional practice "……becomes non-existent for most practitioners post-graduation due to the fact that training institutions are mainly located in urban settings and private practice has limited exposure to vulnerable groups due to the business model of the dental profession."
- There was only one comment made that the focus areas are "unnecessarily social issues" and that there should be more advocacy for Oral Health measures including fluoridation and that Minimum Intervention Dentistry is core to so much of current clinical practice.

Q5. Are there any additional areas you think should be considered in the review?

3.16 There were 40 respondents to this question who suggested areas for consideration by the review of Competencies include;

- more clarity around the role of the Prosthetist in oral health promotion and oral hygiene and how they relate to other health professionals such as dental hygienists.
- proficiency in Tele-health and Tele-dentistry and its emerging importance as another tool for information gathering
- self-awareness, flexibility and resilience and the need to look after one's own health, including mental health

- deliver and advocate for the best health outcomes for the well-being of all patients and populations
- identify, evaluate, and influence health determinants through local, national, and international policy
- more explicit reference to incorporating competencies in working with and treating gender diverse members of the community
- updated epidemiological knowledge, enabling staff to self-regulate and practice safe dentistry, act as an advisor to patients and optimise individual immunity and protection
- the disconnection between institution and private practice.

Q6. Do you have any other comments?

3.17 There were no comments received to this question that were relevant or informed the Competencies review.

3.18 Comments received were either not specific to the questions asked or related to the ADC assessments and examination process for overseas trained dental practitioners.

Responses directly received and independent of the survey

3.19 There were five responses from organisations that were sent directly to ADC, independent of the online survey.

3.20 There was strong support for the focus areas identified in the review paper and strong support for wording changes to the preamble and/or Competencies. Comments and suggestions included that the Competencies;

- should be updated given changes in the broader societal and health contexts
- should include a mandatory requirement for cultural safety training to be conducted within the dental context
- should augment Cultural safety across the training lifespan and practitioners must have experience working with Aboriginal and Torres Strait Islander communities
- recognise the need for more of a concerted focus on graduates to understand and exercise service linkage and referral pathways to community control and other service providers when working with Aboriginal and Torres Strait Islander patients
- require contact with Aboriginal and Torres Strait Islander patients in the last year of training

- need to be assessed on a regular basis within the workplace – need to capture what is the patient experience and identify appropriate measures
- should ensure that current linkages to legislation must remain relevant i.e. National Scheme amendments to prioritise cultural safety
- should include a **Preamble** that largely accepts the current competencies but highlights at-risk groups and those groups that have higher rates and risk of poor oral health and who face greater challenges in accessing oral health care; likely to be the socially disadvantaged or low-income earners, Aboriginal and Torres Strait Islander peoples, those living in regional and remote areas and people with physical, mental or developmental disability, particularly people with intellectual disability
- should provide more explicit wording regarding caries and cariology.
- Should consider moving from passive language, such as "recognise" and "understand" to more active language terms, such as "apply" (this would be the appropriate replacement for a number of statements that use "understand") as it suggests the need to convert knowledge into action. The respondent suggested that as this language already exists in the domain of Patient Care, that the language in that domain be reflected in all Professional Competencies.
- should include wording regarding the topics identified as focus areas for the Australian Dental Council (ADC)'s review would 'contemporise' the Competencies and align them with the National Scheme Strategy 2020-25. The ADC's focus areas address Aboriginal and Torres Strait Islander cultural safety, the safety of vulnerable communities, and strengthened contribution to sustainable healthcare in the national strategy's theme 'trust and confidence.'
- current references to culturally safe and competent practice should be reviewed to ensure consistency with the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025.
- should consider the use of the term "Professional Capabilities" rather than "Professional Competencies" to be consistent with several other health professions.
- rationale should be given to the order of the domains. Should the patient care domain be higher up in order?
- Should consider reference to evidence-based guidelines in the Scientific and Clinical Knowledge Domain.

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Appendix 1: Comments on specific competencies

Domain	Statement	Competencies	Comments
1. **Professionalism**	Covers personal values, attitudes and behaviours	On graduation a dental practitioner must be able to: 1. demonstrate that patient safety is paramount in all decisions and actions	•
		2. demonstrate appropriate caring behaviour towards patients and respect professional boundaries between themselves and patients, patient's families and members of the community	• "I suggest that while Competencies 1.2 and1.3 address personal values, attitudes and behaviours, people with intellectual and developmental disability will be invisible in such wording." • "appropriate caring behaviour," seems unlikely to elicit adapting communication to the needs of patients with intellectual or developmental disability. Without this, in 1.3, the interactions are unlikely to demonstrate patient's best interests or patient-centred care." •

		3. demonstrate that all interactions focus on the patient's best interests and provide patient-centred care, respect patients' dignity, rights and choices	• …….without such adaptation, there cannot be "respect for patient differences and autonomy,' as noted in the definition of key concept of patient-centred care. • "….change the wording form Patient Centred Care to Person Centred Care, for instance health is not just the absence of disease." • …..should be updated with the concept of "Person-Centred Care" …..gains the trust of the patient…..and respects his/her values, preferences, needs and beliefs, freedom of choice and emotional comfort.
		4. recognize professional and individual scopes of practice	• '…practitioners understanding professional codes (as the key defining document of expected behaviours and standards of practice) is relevant.
		5. recognize the importance of	• "Reflexivity and self-reflection should be

		continuing professional development for all members of the dental team	emphasized – for practitioners to identify areas of strength as well as opportunities for learning and professional development."
		6. understand the ethical principles and their application underpinning the provision of dental care	• 'recognise that there may be different ethical approaches for political and social beliefs'
		7. understand Commonwealth, State and Territory legislation relevant to practice as a dental practitioner	• "add regulations/regulatory responsibilities
		8. understand the principles of efficient, effective and equitable utilisation of resources, and recognize local and national needs in health care and service delivery across Australia's geographical areas	• "…may be expanded. 'Understand the principles of efficient, effective and equitable utilisation of resources and sustainable health practice.'"
		9. provide culturally safe and culturally competent	• "….could be expanded to ensure there is a sound knowledge

		practice that includes recognition of the distinct needs of Aboriginal and Torres Strait Islander peoples in relation to oral health care provision	base to the provision of culturally safe practice. I would suggest input from Indigenous stakeholders." • 'consider moving up the list so it can be less perceived as a "bolt-on" statement…..' • "…may be expanded to, 'recognise local and national needs in health care and service delivery in Australia and be competent in provision of care in rural and remote communities.'" • An additional competency was suggested (no.11), "…provide culturally safe and culturally competent practice for vulnerable or divers groups, such as older people, linguistically diverse, socially disadvantaged, gender diverse and disabled people." • a comment that "….this is too focused on Aboriginal and Torres Strait Islander peoples and would equally apply to

			Muslim and Sub-Saharan African groups. This competency could be covered as an addition to 5.2 to incorporate a multi-cultural perspective."
2. Communication and Leadership	Covers the ability to work cooperatively and to communicate effectively	On graduation a **dental practitioner** must be able to: 1. communicate and engage with patients, patient's families and communities in relation to oral health	• Applies to 2.1 and 2.2….effective communication with people with intellectual disability is unfortunately too often 'telling' and insufficient 'listening' • "2.1 uses the term 'communication' but without some strength to 'adapting to the needs of patents', there will not be 'engagement.'" • "Even the term engage in 2.1 is unlikely to be interpreted to meet the needed adaptation."
		2. present clear information in a timely manner that ensures patients are advised of and understand care and treatment option to be provided	• "'Present clear information' in 2.2 will require more attention to 'Easy Read' versions to include many people with intellectual disability." • "

		3. communicate with other health professionals involved in patient's care	•
		4. engage in mentor/mentee activities and leadership within a health care team	•
		5. recognize the importance of one's own, colleagues' and team members' health to occupational risks and its impact on the ability to practise	• Identifying as representative of **Dental Prosthetists** "…….better reflect their scope of practice and align their competencies to the other dental practitioners."
		6. understand the importance of intra and interprofessional approaches to health care	•
		7. understand effective information management	•
		8. understand the principles of dispute resolution	• "….dispute resolution is overly legalistic. Conflict management and interpersonal communication would be more suitable terminology to reflect expectations of

			professional practice and communication in professional settings." • "…expand the definition of terms to include a definition of "dispute resolution" as this is subjective and viewed differently through the lens of the patient, the practitioner and the ADC." • "I am not aware of existing means to assess this."
		9. communicate responsibly and professionally when using media	• '….the use of the term "media" should be defined as 'social media and advertising' to reflect current issues commonly encountered by practitioners.'
3. Critical Thinking	Covers the acquisition and application of knowledge	On graduation a dental practitioner must be able to: 1. locate and evaluate evidence in a critical and scientific manner to support oral health care	• Competency 3.1. The key concept definition of Critical Thinking referred to "encompassing an interest in finding new solutions.' • "…oral health care of people with a disability will require the making of "reasonable adjustments' and a critical thinking

			competency is relevant to this." • "…unless there is a strong sense of competencies including at-risk populations such as people with intellectual disability, they will not be provided with access to general dentistry." • '..reword to "locate and evaluate evidence in a critical manner to support oral health care."
		2. apply clinical reasoning and judgements in a reflective practice approach to oral health care	•
		3. understand scientific method and the role of research in advancing knowledge and clinical practice	• "….recognise the contribution of research as more inclusive of research approaches beyond the 'scientific method'…." • '..reword to, "understand research processes and the role of research in advancing knowledge and clinical knowledge." "

4. Health Promotion	Covers health education and the promotion of health in the community	On graduation a **dentist** must be able to: **1.** understand the determinants of health, risk factors and behaviours that influence health	• "Each of these competencies is pitched at just 'understanding.' Yet the key concept definition goes further and links understanding to action. • "Health promotion includes changing social conditions. • "…add, understand the connection between health promotion and policy development."
		2. understand the theories and principles of health promotion	•
		3. understand health promotion strategies to promote oral and general health	• add, "and understand preventative strategies…"
		4. understand the design, implementation and evaluation of evidence-based health promotion	•
5. Scientific and Clinical Knowledge	Covers the underlying knowledge base required by	On graduation a **dentist** must be able to: **1.** Understand the biomedical, physical and	• "Amalgam restoration need to be reviewed as there are problems with material handling…."

	dental practitioners	behavioural sciences in relation to oral health and disease	• "amalgam" • "…amalgam usage has been stopped in many countries……..remove amalgam…" • Reword to, "understand the **social**, **cultural**, biomedical, physical and behavioural sciences in relation to ……"
		2. Understand the theories and principles of population oral health	•
		3. Understand the scientific principles and applications of infection prevention and control	•
		4. Understand the scientific basis, application and risks of using ionising radiation	•
		5. Understand the scientific basis, application, limitations and risks of using dental materials	•
		6. Understand the principles of pharmacology, the risks and	• Identifying as representative of **Dental Prosthetists** "…….better reflect

		limitations in using therapeutic agents and the implication of the Prescribing Competencies Framework on dental practice	their scope of practice and align their competencies to the other dental practitioners." • "…understanding of **polypharmacy**." • "…could include a reference to **polypharmacy** and drug interactions."
		7. Understand the principles of risk management and quality improvement	• Suggestion to add an additional competency (no.8), "…put in a statement about data and digital science." • Suggestion to add an additional competency (no.9), "understand current views on the relationship between oral health and general health."
6. Patient Care	**6.1 *Clinical Information Gathering*** Covers the collection and recording of information that is necessary and relevant	On graduation a **dentist** must be able to: 1. obtain and record a relevant history of the patient's medical, social and oral health status	• suggestion to 'add in: understand how to develop rapport with a patient to find out and address their needs/deliver patient centred care." • Suggestion to reword 'social status' to 'social history.'
		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	•
		4. take radiographs relevant to dental practice	•
		5. evaluate individual patient risk factors for oral disease	•
		6. maintain accurate, consistent, legible and contemporaneous records of patient management and protect patient privacy	•
	6.2 *Diagnosis and Management Planning* Covers the identification of disease or abnormalities that require treatment or investigation	On graduation a **dentist** must be able to: **1.** recognize health as it relates to the individual	• 6.2.1-6.2.3…"There is a need to be better prepared to support people with intellectual disability as part of mainstream dentistry and not just pass on to specialists as too hard."

			• "…..competency to identify and manage commonly overlooked conditions in people with intellectual disability and other at-risk populations should be expected." • "…recognize health as it relates to the individual in the context of broader contexts such as social, political, geographical, etc."
		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	•
		4. formulate and record a comprehensive, patient-centred, evidence-based oral health treatment plan	•

		5. determine when and how to refer patients to the appropriate health professional	•
		6. obtain and record patient informed consent and financial consent for treatment	• suggest, "…shared decision making."
	6.3 ***Clinical Treatment and Evaluation*** Covers the provision of evidence-based patient-centred care	On graduation a dentist must be able to: 1. apply the principles of disease and trauma prevention and early intervention in the management of the dentition, mouth and associated structures	• suggest to explicitly mention 'local anaesthesia.'
			•
		2. apply the principles of behaviour management	•
		3. mange a patient's anxiety and pain related to the dentition, mouth and associated structures	•

		4. manage surgical and non-surgical treatment of diseases and conditions of the periodontium and supporting tissues of the teeth and their replacements	• suggest,"…manage diseases and conditions of the periodontium and supporting tissues of the teeth or their replacements."
		5. manage surgical and non-surgical treatment of pulp and periapical diseases and conditions with endodontic treatment	• suggest, "…manage surgical and non-surgical treatment of pulp and periapical diseases and conditions with endodontic treatment." Should also cover teeth that do not or no longer have a pulp and 'peri-radicular' is more inclusive than "periapical." Suggest wording, "manage pulp, root canal and peri-radicular diseases and conditions."
		6. manage the loss of tooth structure by restoring the dentition with direct and indirect restorations	•
		7. utilitse patient removable prostheses to rehabilitate, restore appearance	•

		and function, prevent injury and stabilize the occlusion	
		8. utilitse fixed prostheses to rehabilitate, restore appearance and function and stabilise the occlusion	•
		9. manage oral conditions, pathology and medically related disorders and diseases associated with the dentition, mouth and associated structures	•
		10. manage skeletal and dental occlusal discrepancies	•
		11. manage the removal of teeth and oral surgical procedures	• could be, 'dental-alveolar surgery.'
		12. administer, apply and/or prescribe pharmaceutical agents	•
		13. evaluate and monitor the progress of treatment and oral health outcomes	•

		14. manage dental emergencies	•
		15. manage medical emergencies	•