

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

TRIM: D21-13569

Mr Mark Ford
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Australian Dental Council
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Via email: accreditation@adc.org.au

Dear Mark,

Consultation on Review of the Professional competencies of the newly qualified dental practitioner

Thank you for your email of 4 October 2021 seeking feedback from the Australian Commission on Safety and Quality in Health Care (the Commission) on the *Australian Dental Council's consultation* on the *Professional competencies of the newly qualified dental practitioner*.

The document has been reviewed by Commission staff with expertise in this and we provide the following feedback:

- The Commission recommends removing Competency Statement 8 within the *Scientific and clinical knowledge* domain: 'recognise and comply with local clinical governance and health and safety processes and policies'
- Replace with a new competency statement in the *Social responsibility and professionalism* domain that recognises safety and quality standards and relevant clinical care standards developed by the Commission. Suggested wording:
A newly qualified dental practitioner must be able to:
12. demonstrate familiarity with national standard 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
- Rationale
 - Specific reference should be made to knowledge of relevant safety and quality standards developed by the Commission, including the [National Safety and Quality Health Service Standards](#) and [National Safety and Quality Primary and Community Health Service Standards](#), which are person-centred and describe key aspects of health care related to quality and safety.
 - While these documents specify the standards for health services, the capacity of health services to meet them depends on the knowledge, skills and behaviours of clinicians working within the services. This is not just confined to actions within the standards that address areas of high risk clinical care (preventing and controlling infections, medication safety, and comprehensive care, communicating for safety, and recognising & responding to deterioration). There are relevant sections in the overarching standards for [Clinical Governance](#) and [Partnering with Consumers](#) that also have direct application for dental practitioners. As well as understanding how clinical governance systems and patient partnering can support inter-disciplinary teams to improve safety and quality, graduates should understand the responsibilities of practitioners within clinical governance systems. The Clinical Governance Standard has a specific section on clinical performance and effectiveness (including for example, requirements for review of variation in clinical practice against external

measures) and the Partnering with Consumers Standard includes actions that relate to the interaction between patients and clinicians when care is provided.

Other comments

- Suggest reframing language used for 'at-risk groups or populations' throughout the document. Current wording implies these groups are high risk, rather than the systems and circumstances surrounding these groups that can lead to avoidable differences in health outcomes. Current language reflects a deficit narrative, or deficit discourse, which refers to discourse that represents people or groups in terms of deficiency – absence, lack or failure. It particularly denotes discourse that narrowly situates responsibility for problems with the affected individuals or communities, overlooking the larger socio-economic structures in which they are embedded (https://apo.org.au/sites/default/files/resource-files/2018-05/apo-nid172676_1.pdf)

If you require further advice regarding this response please contact me through mail@safetyandquality.gov.au.

Thank you for the opportunity to comment on this important work.

Yours sincerely

Dr Carolyn Hullick
Acting Chief Medical Officer

5 November 2021