

HI Team

Please see Queensland Health's response to the Australian Dental Councils Review into their professional competencies.

Apologies for the lateness of our response.

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Q1. Do you consider that the draft Competencies outline what is required of a newly qualified dental practitioner to practice safely and ethically? **Yes – the revised competencies reflect contemporary requirements of a dental practitioner at this point in time and have responded to a number of key areas of recent development in providing health care to our communities.**

Q2. Do you agree with the proposal to combine the Competencies for all five divisions of registration into one document? **Yes – this takes a common sense and appropriate approach to the competency requirements for dental practitioners. Common foundational skills remain essentially similar across health practitioners (including beyond just dental practitioners) and this is reflected in this approach.**

Q3. Do you have any comments on the format or structure of the draft Competencies? **No further comment.**

Q4. Do you agree with the following specific proposals as incorporated in the draft Competencies?

a. A change of name to Domain 1 from 'Professionalism' to 'Social responsibility and professionalism'. **Yes – this change reflects the broader societal evolution of it's expectations of all health professionals and professions.**

b. The introduction of a definition of 'Cultural safety for Aboriginal and Torres Strait Islander people' into the Terminology section consistent with the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025. **Yes – to remain consistent and contemporary it is appropriate the competencies reflect the most current and applicable definition of cultural safety, specifically that which has been developed through extensive consultation and represents the National position.**

c. The introduction of a definition for At-risk groups or populations into the Terminology section of the introduction and the use of the term 'at-risk' within the Competency statements. **Yes – Introducing a definition for at-risk groups/populations supports reflection and consideration for dental practitioners of those groups most at-risk. This is not always intuitive and complete knowledge for many practitioners and health care decisions made out of context may have significant and long term impacts for these groups/populations.**

d. The introduction of a definition of interprofessional collaborative practice and the use of term within the Competency statements. **Yes - interprofessional collaborative practice is the foundation of taking a holistic and successful approach to individuals health care. Siloed care has resulted in adverse and generally poorer outcomes for individuals and communities, and further, has facilitated the inability to adequately appreciate and integrate oral health's impact on individual and population health.**

- e. The change of terminology from 'patient-centred care' to 'person-centred care', including the updated definition and the use of the terms 'person' or 'individual' within the Competency statements. **Yes – the shift from patient-centred to person-centred care reflects a more contemporary approach required by health practitioners and further moves away from the now outdated and inappropriate paternalistic model of the relationship between health practitioners and individuals seeking health care.**
- f. The revisions to Competency statements in Domain 1, which are consistent with the National Scheme's definition of cultural safety for Aboriginal and Torres Strait Islander people, specifically Competency statements 2 to 5. **Yes – it is imperative dental practitioners have the necessary competencies to ensure the cultural safety for Aboriginal and Torres Strait islander people when providing care. More broadly, dental practitioners as health professional, have a key responsibility in addressing the current challenges faced by Aboriginal and Torres Strait islander people in achieving equitable health outcomes.**
- g. The inclusion in Domain 1 of Competency 11 which requires the practitioner to 'understand the environmental impacts of health care provision and use resources responsibly, making decisions that support environmentally sustainable healthcare'. **Yes – this is consistent with the global position on environmental sustainability and responsibility of which, as health professionals, dental practitioners would be expected to contribute and indeed, take a leadership role in.**
- h. The revision of communication related Competencies in Domain 2 and Domain 6, which aim to better reflect the needs of those receiving care. **Yes – competency in communication is foundational to providing high quality and appropriate person-centred care. Appropriate communication facilitates the partnership between practitioner and those seeking care and supports decision making for all, including the consent/informed-decision making process, managing adverse clinical outcomes and advocacy.**
- i. The inclusion in Domain 2 of Competency 4 which requires the practitioner be able to 'recognise, assess and respond to domestic and family violence risk, prioritise safety, provide information, and refer as required'. **Yes - Dental practitioners as health professional, have a broader societal responsibility to contribute to the management of community challenges including domestic and family violence. There has always been a risk dental practitioners considered such problems as those for other health practitioners to manage which is not the case. Dental practitioners have a professional and social responsibility to contribute to solutions and accordingly require the requisite knowledge to do so. This further reinforces the importance of interprofessional collaborative practice in improving health outcomes for individuals and communities.**
- j. The inclusion in Domain 2 of identifying opportunities for improvement and advocating for improved oral health outcomes. **Yes – dental practitioners, as health professionals, have a social and professional responsibility to identify and contribute to improving and advocating for improvement of oral health outcomes (e.g. water fluoridation, sugar content and health value of foods, smoking cessation strategies). There are also opportunities for dental practitioners to contribute to the broader population health agenda facilitated through interprofessional relationships.**

k. The revision of terminology used in Domain 5 to require the application and demonstration of knowledge. **Yes - Knowledge in and of itself loses it's opportunity to bring about change without the ability to apply it. Dental practitioners must have the ability to synthesise and apply their acquired knowledge to demonstrate true competency.**

Q5. Are there any additional Competencies that should be added? **No recommendations.**

Q6. Are there any Competencies that should be deleted or reworded? **No recommendations.**

Q7. Do you have any other comments on the Competencies? **No**

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Regards

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Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.