

Consultation paper

Proposed changes to the
Professional competencies of the newly qualified
dental practitioner

Review of the Professional competencies of the newly qualified dental practitioner

1. Introduction

- 1.1 The Professional competencies of the newly qualified dental practitioner ('the Competencies') are reference points for the dental professions. The Competencies were last reviewed in 2015, with updates published in February 2016.
- 1.2 The Competencies are outcomes-focused, threshold statements. They provide an overview of what is expected, with respect to attributes, knowledge and skill capabilities, at the threshold level of dental practitioners upon graduation from an Australian Dental Council (ADC) accredited program or completion of the ADC's assessment and examinations process for overseas trained dental practitioners. The Competencies are **NOT** a scope of practice and should not be read as such.
- 1.3 The Competencies are being reviewed to ensure that they remain contemporary, fit for purpose, and aligned with the expectations and needs of the Australian population. It is important the Competencies accurately articulate the knowledge and skills needed by the newly qualified dental practitioner to practise safely and ethically.
- 1.4 The ADC is now undertaking public consultation on proposed changes to the Competencies. This consultation will close on **5 November 2021** at 11.59pm AEDT.
- 1.5 This paper explains the review process and provides information about responding to the Consultation.

About this document

- 1.6 This document must be read in conjunction with the *Draft Professional Competencies for newly qualified dental practitioners – September 2021* (the draft Competencies).
- 1.7 This document includes the following sections:
 - Section one introduces the document and includes information about how to respond to the consultation.
 - Section two provides information about the Competencies.
 - Section three explains the review process.
 - Section four explains the main changes proposed to the existing Competencies and provides brief rationales.
- 1.8 This are two appendices:
 - Appendix 1 provides a summary of feedback provided during the ADC's initial stakeholder consultation to commence the review process.
 - Appendix 2 sets out the members of the Professional competencies advisory committee who provided feedback and advice on the proposed changes.

About the ADC

- 1.9 The ADC is the independent accreditation authority appointed by the Dental Board of Australia (DBA) to undertake the accreditation functions for the dental professions under the National Registration and Accreditation Scheme (NRAS).
- 1.10 The assessment and accreditation functions performed by the ADC are undertaken in accordance with the Health Practitioner Regulation National Law Act (the National Law). These functions include:
- developing accreditation standards for approval by the DBA;
 - accrediting programs of study which lead to eligibility to apply for registration or endorsement of registration against those standards;
 - assessment of overseas qualified dental practitioners who wish to register to practise in Australia; and
 - providing advice to the DBA on accreditation and assessment matters.
- 1.11 The ADC is a not-for-profit company limited by guarantee under the Australian Securities and Investments Commission. It holds charity status under the Australian Charities and Not-for-profits Commission and is funded by a grant from the DBA and fee for service activities.¹

Consultation questions

- 1.12 Responses to the consultation are welcome from anyone with an interest in the Competencies. The below consultation questions are listed to assist stakeholders in responding to this consultation. These questions are not exhaustive and comments on any component of the draft Competencies are welcome.
- 1.13 The consultation questions are as follows. Please provide detail in your responses wherever possible.
- Q1.** Do you consider that the draft Competencies outline what is required of a newly qualified dental practitioner to practice safely and ethically? (Yes, No, Partly, Do not know)
- Q2.** Do you agree with the proposal to combine the Competencies for all five divisions of registration into one document? (Yes, No, Partly, Do not know)
- Q3.** Do you have any comments on the format or structure of the draft Competencies?
- Q4.** Do you agree with the following specific proposals as incorporated in the draft Competencies? (Yes, No, Partly, Do not know)
- a. A change of name to Domain 1 from 'Professionalism' to 'Social responsibility and professionalism'
 - 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
 - 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
 - d. The introduction of a definition of interprofessional collaborative practice and the use of term within the Competency statements

¹ For more information about the ADC: www.adc.org.au/

- 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
- 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
- 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'
- h. The revision of communication related Competencies in Domain 2 and Domain 6, which aim to better reflect the needs of those receiving care
- 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'
- j. The inclusion in Domain 2 of identifying opportunities for improvement and advocating for improved oral health outcomes
- k. The revision of terminology used in Domain 5 to require the application and demonstration of knowledge

Q5. Are there any additional Competencies that should be added? (Yes, No, Partly, Do not know)

Q6. Are there any Competencies that should be deleted or reworded? (Yes, No, Partly, Do not know)

Q7. Do you have any other comments on the Competencies?

How to respond to the consultation

1.14 To respond to the consultation, please use the following link:

https://www.surveymonkey.com/r/Competencies_review

1.15 You can also email your response to accreditation@adc.org.au.

1.16 The deadline for completed responses to the survey is **5 November 2021** at 11.59pm AEDT.

1.17 Individual survey responses will be published, as will a summary of the responses the ADC has received. Published submissions will include the names of the respondent and/or organisation making the submission.

1.18 The ADC will not place on our website, or make available to the public, submissions containing offensive or defamatory comments or submissions outside the scope of the subject of this consultation. All personal contact details will be removed from submissions before publication.

2. About the Competencies

Structure of the current Competencies

- 2.1 The Competencies were last revised throughout 2015 and published in February 2016. The competencies are statements outlining the behaviours, skills, ethical values, diagnostic and technical and procedural skills expected of newly qualified dental practitioners.
- 2.2 The Competencies, as currently worded, comprise 6 Domains:
 1. Professionalism
 2. Communication and Leadership
 3. Critical Thinking
 4. Health Promotion
 5. Scientific and Clinical Knowledge
 6. Patient Care – Including the following sub domains:
 - 6.1 Clinical Information Gathering
 - 6.2 Diagnosis and Management Planning
 - 6.3 Clinical Treatment and Evolution
- 2.3 The domains represent the broad categories of professional activity and concerns that occur in the practice of dentistry. There is a degree of artificiality in the classification, as effective professional performance requires the integration of multiple competencies.
- 2.4 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.
- 2.5 The statements are clear and concise, providing flexibility for and innovation in program development, and are used in the development of tasks for the assessment of overseas trained dental practitioners. An outcome focused approach to the Competencies was adopted during the last review, with the number of statements rationalised. As outcomes-focused statements, the Competencies focus on what is required of a newly qualified practitioner, rather than how the knowledge or skills are obtained or acquired.
- 2.6 Since the last revision, the Competencies have been well received by stakeholders, with feedback provided during initial stakeholder consultation indicating that, overall, the Competencies remain relevant. The feedback indicates that there are opportunities for improvement to ensure the Competencies are contemporaneous and remain ‘fit-for-purpose’.

Application of the current Competencies

- 2.7 The ADC develops the Competencies on behalf of and in consultation with the dental professions. The ADC is the custodian of the competencies and not the owner, so it is important to recognise each dental stakeholder adopts and uses the Competencies for its own purposes.
- 2.8 The ADC uses the Competencies in its work to accredit dental practitioner programs, as well as in the assessment and examination of overseas trained dental practitioners.
- 2.9 In program accreditation, the Competencies are important reference points for the development of curricula for dental practitioner programs and have been embedded in the accreditation process since 2016. For a program to be accredited it must demonstrate to the ADC that students achieve the required Competencies on graduation, and map how a program's assessment tools and strategies ensure this has occurred.
- 2.10 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 Australian program.
- 2.11 Education providers use the Competencies as reference points in developing dental curricula and assessments. The DBA also references the Competencies in a range of documents including the Guidelines for Scope of Practice and within the Reflective practice tool. The Entry-level competencies for dental specialties also build on the Professional Competencies of the newly qualified dentist.
- 2.12 Although referenced by the DBA in the Guidelines for Scope of Practice it is important to note that the Competencies are **NOT** a scope of practice for dental practitioners and should not be read as such. The scope of practice for dental practitioners is defined by the DBA as the regulator of the dental professions.

3. About the review

- 3.1 The Competencies review undertaken in 2015 and 2016 resulted in the publication of three documents, a reduction from the previous five. The Competencies for dental hygienists, dental therapists and oral health therapists were combined into one document.
- 3.2 At the commencement of the review, several initial focus areas were identified to inform potential changes to the Competencies. These focus areas were identified by considering changes in Government policy and directives, including multiple Royal Commissions; changes to practice; experience of using the Competencies in the accreditation work of the ADC; and the research commissioned by the ADC and completed by the University of Melbourne titled, [Preparation for practice of newly qualified dental practitioners in Australia](#).
- 3.3 The review included the following steps:
 - Benchmarking the existing Competencies against other relevant competencies nationally and internationally.
 - A stakeholder survey to seek feedback on the existing Competencies, including how they are working and how they might be improved. The survey was open from 26 April 2021 until 31 May 2021. A summary of the outcomes of the stakeholder survey is provided in **Appendix 1**. The full report on the feedback provided by the stakeholder survey feedback is available from the

ADC's website or via the following [link](#). The responses included feedback on the focus areas in the points outlined following section 3.7 (below)

- An Advisory Committee was convened to provide expert advice about possible changes to the Competencies. The results of the benchmarking, stakeholder survey, and stakeholder engagement informed the work plan and papers provided to the Advisory Committee and the changes proposed to the Competencies. A list of the Advisory Committee members is provided in **Appendix 2**.
- 3.4 The ADC is now looking to undertake wide ranging consultation with stakeholders on the proposed changes to the Competencies. The responses received will be used to help refine the changes and ensure the Competencies remain fit for purpose.
- 3.5 Following the closure of the consultation period, the Competencies will be refined, taking into consideration the feedback received from across the dental professions, employers, regulators, government, and the wider community. The revised Competencies will then be published.
- 3.6 The ADC will seek endorsement of the revised Competencies from stakeholders that have informed the review process.

4. Proposed changes to the Competencies

- 4.1 The results of the initial stakeholder survey and early consultation indicate that overall, the Competencies are reflective of what is expected of a newly qualified dental practitioner to operate safely, but that there are areas for improvement. There was broad support for revisions to the Competencies that reflect the broader societal and regulatory changes that have occurred since the previous iteration of the Competencies was published.
- 4.2 Many of the changes proposed are minor in nature and aim to ensure clarity and ease of use of the Competencies.
- 4.3 All changes to the Competencies are shown in the *Draft Professional Competencies for newly qualified dental practitioners – September 2021*, including Appendix 1, which highlights the changes proposed.
- 4.4 This section provides information about the more significant changes proposed.

Combination of competencies into one document

- 4.5 Currently, the competencies of the newly qualified dental practitioner are listed in three separate documents including:
- Professional competencies of the newly qualified dentist
 - Professional competencies of the newly qualified dental hygienist, dental therapist and oral health therapist
 - Professional competencies of the newly qualified dental prosthetist
- 4.6 All three documents include the same introductory text outlining the purpose and terminology for the Competencies. Additionally, the competencies within the first three domains are identical, noting that professionalism, communication and leadership, and critical thinking are essential for all health practitioners.
- 4.7 The rationale for combining into the Competencies into one document is to reinforce the importance of these core skills and knowledge across all divisions of dental practitioner registration. It also supports collaborative and team practice by facilitating a better understanding of competencies between the different dental practitioner divisions.

Title change for Domain 1 to Social responsibility and professionalism

- 4.8 A change of the name is proposed for 'Domain 1 - Professionalism' to 'Domain 1 - Social responsibility and professionalism'.
- 4.9 The proposed change recognises the level of control that a newly qualified practitioner can exert, whilst also considering that professional practise is undertaken within a social context.
- 4.10 The change of title aims to reinforce that for trust in the profession to be maintained, a practitioner must act in a way that meets the expectations not just of the profession, but also of the broader community in which the practitioner works. The revised title demonstrates the interconnect between responsibility to serve the needs of the broader society and to behave in a way that also meets with the expectations of the professions.

Cultural safety for Aboriginal and Torres Strait Islander people

- 4.11 The National Oral Health Plan identifies four priority population groups that have poorer oral health than the general population, including Aboriginal and Torres Strait Islander Peoples.²
- 4.12 The ADC is a signatory to the *Aboriginal and Torres Strait Islander Health Strategy Statement of Intent*, which commits to ensuring a culturally safe health workforce in the National Registration and Scheme (NRAS).³
- 4.13 A nationally consistent definition of cultural safety has been agreed between all parties within the NRAS.⁴ The current Competencies include a definition of 'Culturally safe and culturally competent practice', which is not reflective of the agreed definition in use across the NRAS.
- 4.14 The ADC has created a dedicated domain within the [Accreditation Standards](#) for cultural safety as it relates to Aboriginal and Torres Strait Islander Peoples to enhance new graduates' readiness to provide culturally safe care. It is important for the Competencies to reinforce the importance of developing the knowledge and skills needed to deliver culturally safe care and to create a health care system that is free of racism.
- 4.15 To ensure the Competencies are aligned, it is proposed to replace the current definition 'Culturally safe and culturally competent practice' with the definition as agreed across the NRAS as follows:

Cultural safety for Aboriginal and Torres Strait Islander people

Cultural safety 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.

² COAG Health Council 2015. Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2015–2024. Adelaide: South Australian Dental Service.

³ NRAS (2018). National Scheme Aboriginal and Torres Strait Islander Health Strategy. Statement of intent. Accessed from <https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Statement-of-intent.aspx>

⁴ 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>

4.16 To ensure that the definition is put into action, four Competencies have been introduced into Domain 1. The statements are taken directly from the National Scheme's Strategy and outline what a practitioner must do to ensure cultural safe and respectful practice. The Competencies include:

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

4.17 The statements as worded are applicable not only in the provision of culturally safe care of Aboriginal and Torres Strait Islander people; they also address several issues raised by stakeholders within the initial stakeholder survey regarding the provision of care for other at-risk groups and populations.

At-risk groups or populations

4.18 Four priority population groups are identified in the National Oral Health Plan as having poorer oral health than the general population and as experiencing barriers to accessing oral health care.⁵

4.19 These groups include:

- People who are socially disadvantaged or on low incomes
- Aboriginal and Torres Strait Islander Peoples
- People living in regional and remote areas, and
- People with additional and/or specialist health care needs

4.20 These groups may include refugees and new migrants, those experiencing homelessness, people living with mental illness, people with physical, intellectual and developmental disability, people with complex medical needs and frail older people.

4.21 The definition included within the introduction to the current Competencies, 'Culturally safe and culturally competent practice' sets the expectation of a practitioner to have an awareness of the cultural needs and contexts of all patients to obtain good health outcomes. Culturally and linguistically diverse backgrounds are highlighted, as are the needs of Aboriginal and Torres Strait Islander Peoples. No direct mention in the current Competencies is otherwise made of the need to ensure practitioners are skilled to assist other at-risk groups or populations as identified in the National Oral Health Plan.

4.22 It was also highlighted during the ADC's Accreditation Standards review that graduates must be equipped with the skills and knowledge to assist patients with special needs, including those living with physical and cognitive disability. The need for students and recent graduates to effectively manage patients living with disability and other special needs was highlighted in a research project commissioned by the ADC as an area in which preparedness for practice could be enhanced⁶

⁵ Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan.

⁶ Mariño R, Delany C, Manton D, Reid K, Satur J, Wong R, Crombie F, Adams G, McNally C, Celentano A, Morgan M, Lim M, Lopez D. (2021) Preparation for practice of newly qualified

- 4.23 The recently released Royal Commission into Aged Care Quality and Safety *Final Report: Care, Dignity and Respect* (March 2021)⁷ recommends that during the scheduled review of accreditation standards that accreditation authorities consider if any changes to the knowledge, skills and professional attributes of health professionals are required so that the needs of older people are met.
- 4.24 Similar issues are being explored by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, with outcomes and recommendations of the review currently pending at the time of this review.
- 4.25 In the ADC's processes, the knowledge, skills and attributes are defined in the Competencies documents, not the Accreditation Standards. This review provides an opportunity to consider whether newly qualified dental practitioners, which includes both those graduating from accredited programs or completing the ADC's assessments and examinations process, are equipped with the skills and knowledge to assist patients with special needs, including those with physical and cognitive disability, older Australians, and those identified as having the greatest barriers to accessing oral health care.
- 4.26 To address these areas of need, a new definition has been introduced into the terminology section for 'At-risk groups or populations'. The definition states:

At-risk groups or populations

the demonstration of all professional competencies must take account of people who are at an increased risk of developing poor oral health and face greater challenges in accessing oral health care. These population groups 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 (ABI);
- 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
- people who are aging
- children and adolescents
- people who have experienced trauma, and
- people who have experienced violence and abuse including sexual abuse.

- 4.27 The definition aims to ensure the readiness of the newly qualified dental practitioner to demonstrate the Competencies expected, whilst meeting the needs of those at greatest risk of poor oral health outcomes.
- 4.28 To enhance this readiness to provide care to 'at-risk groups', updates have also been made to the definition of 'Patient' to recognise the shift within the broader health system to support individuals to make decisions about their own care.
- 4.29 This change is also reflected in the proposal to replace the term 'patient-centred care' within the Competencies to 'person-centred care'. This proposed amendment has resulted in changes to several Competency statements and is evident in the

dental practitioners in Australia. Melbourne Dental School, The University of Melbourne. Accessed from https://www.adc.org.au/About-Us/Research/Preparation_for_practice_of_newly_qualified_dental_practitioners_in_Australia

⁷ Accessed from <https://agedcare.royalcommission.gov.au/publications/final-report>

change of terminology throughout the document from 'patient' to the terms 'person' or 'individual'.

- 4.30 Several competencies have also been revised related within Domain 2 – Communication and leadership focusing on the need for the newly qualified practitioner to communicate in a manner that enables the person receiving care to be informed and involved in decisions about their care. Examples include:

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

- 4.31 The use of open communication is featured within the Competency statements and advocacy is also proposed within Domain 2 as follows:

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 at-risk groups or populations

- 4.32 Additionally, changes proposed to statements within Domain 6 focus on supporting the person to be involved in their care and treatment. The Competency statement 6.3.2 'apply the principles of behaviour management' has been revised and states:

2. apply the principles of positive behaviour support to provide person-centred care

Environmental impact of healthcare delivery

- 4.33 There is an increasing focus on the role healthcare professionals play in addressing the environmental impacts of the health system.
- 4.34 As noted by the Australian Healthcare and Hospitals Association (AHHA)'s *Climate Change and Health Position Statement*⁸, Australia's health sector is directly responsible for 7% of carbon emissions in Australia, providing significant scope for the sector to reduce its carbon footprint.
- 4.35 The health impacts of climate change are increasingly apparent and changes to health practice have a role to play in addressing this challenge in conjunction with improving the sustainability of the healthcare system. Profiling the active decision-making role of dental practitioners of dental equipment and consumables, and the influence of these choices on carbon emissions and impact on the environment, could be another step for the dental professions to assist in addressing this challenge.
- 4.36 The [Minamata Convention on Mercury](#) is another example of the potential environmental impacts that dental care can have. The Convention was signed by the Australian Government in October 2013 and seeks to protect human health and the environment from emissions caused by humans and releases of mercury and mercury compounds. The Convention calls for a scaling down in the use of amalgam, with one of the nine measures including:
- '5. encouraging professional organisations and dental schools to train on use of mercury free dental restoration alternatives and promoting best management practices.'

⁸ Australian Healthcare and Hospitals Association (November 2019). Climate Change and Health. Accessed from <https://ahha.asn.au/position-statements>.

- 4.37 The current competencies required practitioners to ‘understand the principles of efficient, effective and equitable utilisation of resources’ in Domain 1. A revised Competency has been proposed within Domain 1 – Professionalism, which better articulates the expectation that practitioners are prepared to support sustainable healthcare delivery. The draft Competency states:

11. understand the environmental impacts of health care provision and use resources responsibly, making decisions that support environmentally sustainable healthcare

Interprofessional collaborative practice

- 4.38 As the understanding of the role oral health plays in overall health continues to increase, the need for dental practitioners to work with and learn from other health professions is also expanding.
- 4.39 The current Competencies require newly qualified practitioners to communicate with other health professionals, and also understand the importance of intra and interprofessional approaches to health care.
- 4.40 There is increasing expectation placed on dental practitioners to be prepared to educate other health professionals as to the importance of maintaining oral health, as well as understanding that treatments being provided by other health professionals may impact on the oral health and overall health of those receiving care.
- 4.41 The roles of health practitioners are constantly changing, and it is important for dental practitioners to keep abreast of new developments both in treatments and in emerging models of care, which incorporate the entire health care team.
- 4.42 A definition for interprofessional collaborative practice is proposed to better articulate the expectation of the newly qualified practitioner.
- 4.43 The proposed definition is as follows:

- **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 settings⁹

- 4.44 The definition is adapted from the *Core competencies for interprofessional collaborative practice* (2016) and combines the World Health Organisation definition of Interprofessional Education and Collaborative Practice.¹⁰
- 4.45 A draft Competency statement is included in Domain 2 – Communication and leadership and states:

3. engage in interprofessional collaborative practice to provide person-centred care

⁹ Adapted from Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.

¹⁰ World Health Organization (WHO). 2010. Framework for action on interprofessional education & collaborative practice. Geneva, Switzerland: WHO.

Domestic and family violence

- 4.46 The final report of the Victorian Government’s Royal Commission into Family Violence (March 2016)¹¹ notes the role that dentists may play in identifying and responding to family violence.
- 4.47 Research cited by the Royal Australian and New Zealand College of Psychiatrists in response to the Commission indicated:
“ ... 76 per cent of abused women who suffered head, neck and facial injuries (Lowe 2001) and would cancel other medical appointments ... tend to keep their dental appointments.”
- 4.48 This indicates that dental practitioners are uniquely placed to identify those experiencing domestic and family violence and may be an important part in helping those impacted to access other service providers that can assist.
- 4.49 The current competencies do not specifically address domestic or family violence, or the role dental practitioners can play in helping those impacted.
- 4.50 Research commissioned by the ADC and undertaken by The University of Melbourne also identified that although graduates are more prepared than any previous cohort to identify signs of neglect and abuse, there was scope for further development in this area, particularly in the areas of communication skills and the preparedness to have difficult conversations.¹²
- 4.51 Several other Competency frameworks were reviewed to inform revisions to the Competencies to respond to instances of family and domestic violence, including the Victorian Governments Responding to Family Violence Capability Framework.¹³
- 4.52 The definition of ‘At-risk populations and groups’ recognises the greater challenges in accessing oral health care faced by people who have experienced violence and abuse.
- 4.53 A Competency is proposed to be included within Domain 2 – Communication and leadership and states outlining the expectations of newly qualified dental practitioners and states:

5. Recognise, assess and respond to domestic and family violence risk, prioritise safety, provide information, and refer as required

- 4.54 Practitioners must also be aware of relevant legal obligations in reporting abuse and neglect, which is reflected in the requirements of Domain 1- Professionalism in the Competency statements:

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 Victorian Government. Royal Commission into Family Violence. Summary and recommendations. March 2016. Accessed from <http://rcfv.archive.royalcommission.vic.gov.au/Report-Recommendations.html>

¹² Mariño R et Al.

¹³ Victorian Government. Responding to Family Violence Capability Framework. December 2017. Accessed from <https://www.vic.gov.au/family-violence-capability-frameworks>

Revision of terminology used in Domain 5

- 4.55 Feedback received during the initial stakeholder survey suggested that Domain 5 – Scientific and clinical knowledge, could be enhanced if the language used was more active. Respondents indicated that although understanding is important, the need to convert the knowledge into action must be made clear in the Competencies.
- 4.56 Wording has been revised throughout the competency statements, with terminology such as 'understand' replaced by terminology such as 'apply', 'utilise' or 'demonstrate'.
- 4.57 The blurb outlining the Competencies included within the domain has also been revised to emphasis that the expectation is no longer just acquiring the underlying knowledge, but that it is expected that the knowledge will be applied.

Appendix 1: 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

The ADC welcomed responses to the survey from anyone with an interest in the Competencies. The responses were used to inform the review process. The survey was open from 26 April 2021 until 31 May 2021.

The ADC asked the following questions:

- 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? (Please give a reason for your answer.)
- Q2.** Are there any Competencies that should be added? (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 you think should be considered in the review?
- Q6.** Do you have any other comments?

Table 1: Respondent groups (n=98)

Respondent type	Number	%
Assessor	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
Other	6	6
Representative of state/territory/DHB based or other provider	2	2
Overseas trained dental practitioner	50	15

Note: some respondents ticked more than one category. The percentages were rounded to the nearest whole number. There were 4 organisations who responded to the survey who were not included in the categories in Table 1, bringing the total respondents to 102.

Appendix 2: Members of the Advisory Committee

Review ADC Professional Competencies of the newly qualified dental practitioner

Name	Role or Affiliation
Dr Chris Bourke	ADC Accreditation Committee
Ms Jenine Bradburn	Australian Dental Prosthetists Association
Dr Andrew Flatau	Australasian Council of Dental Schools
Ms Jacqui Gibson	Dental Board of Australia
Dr Melanie Hayes	Dental Hygienists Association of Australia
Dr Denise Higgins	Australian Dental and Oral Health Therapists' Association
Ms Susan Hopkins	TAFE SA
Dr Stephen Liew	Australian Dental Association
Ms Joanne Ling	Australian Dental Students Association
Dr Stuart Marshall	South Australian Dental Service
Ms Narelle Mills	Chief Executive Officer, ADC
Professor Chris Peck (Chair)	Director of the ADC
Ms Karleen Plunket	Consumer representative
Dr Felicia Valianatos	ADC Assessments Committee