



Australian Dental Association Inc.

Submission to the  
AQF Council  
on the  
Strengthening the AQF: An Architecture for  
Australia's Qualifications

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## Australian Dental Association Inc.

# AQF Council on the Strengthening the AQF: An Architecture for Australia's Qualifications

### About the Australian Dental Association

The Australian Dental Association Inc. (ADA) is the peak national professional body representing about 10,000 registered dentists engaged in clinical practice. ADA members work in both the public and private sectors. The ADA represents the vast majority of dental care providers.

The primary objectives of the ADA are:

- to encourage the improvement of the oral and general health of the public and to advance and promote the ethics, art and science of dentistry, and
- to support members of the Association in enhancing their ability to provide safe, high quality professional oral health care.

There are Branches in all States and Territories other than in the ACT, with individual dentists belonging to both their home Branch and the national body. Further information on the activities of the ADA and its Branches can be found at [www.ada.org.au](http://www.ada.org.au)

### General Comments

The Australian Dental Association Inc (ADA) thanks the AQF Council for the opportunity to respond to the *Strengthening the AQF: An Architecture for Australia's Qualifications*.

The time constraints imposed for the provision of a reply to the paper have been very tight. The ADA would suggest that a longer time frame between delivery of the paper and submissions be provided in the future. With the degree of reform taking place in health, the ADA has found it very difficult to comply with the timeframe for the submission.

The ADA would like to make the following comments in relation to the paper.

## Levels attributes and criteria

### 1. How well does each levels attribute express the level?

Levels 1-6 fit reasonably well, but after Advanced Diploma (i.e. levels 7-10) the attributes and criteria do not provide sufficient distinction between the various outcomes from attaining Bachelor Degrees through to Specialist Qualifications.

## 2. How well do the levels criteria explain the relativities between levels?

Do the levels criteria provide appropriate differentiation in terms of increasing complexity between the levels?

No, the ADA feels that the increasing complexity and relativities between levels is not clearly evident. In the field of dentistry, levels are both graded within each occupation and between occupations. The field of dentistry is sufficiently complex in its own right. As the levels are defined, they imply that each level builds on the previous level which is not the case in dentistry. Some training is directed solely to assisting and management roles whereas other courses are for highly specialized clinical operatives and these require very different training pathways. Shared competencies in dentistry are often non-existent across the span of professions. While similar learning domains may be addressed by different courses, the complexity and difficulty of content is markedly different in each of the courses – as is appropriate for the varied roles and responsibilities of graduates upon completion.

Of course, the ADA supports the development of competent health practitioners, but we do not support the imposition of a common framework of competencies. The chart below offers a simplified conceptualisation of the way general practitioners cover all aspects of dentistry, while specialists deal with complex matters within their fields, and ancillaries provided basic services in a subset of treatment areas. Each operative level has its own range of competencies from beginner to expert.



### 3. Please provide any suggestions for refinement.

The levels and criteria need to be more specific. The continuum of learning outcomes cannot be assumed, especially in a unique and vastly complex area such as dentistry.

## Qualification types descriptors

### 4. Please comment on the qualification types descriptors and provide any suggestions for refinement.

The ADA supports the goal of ensuring consistency in qualifications. However, the path to becoming a dentist is varied. There are nine dental schools in Australia and five degree types that will qualify someone to become a dentist. Discussions on nomenclature have been had elsewhere. It is hard to speak of qualifications' type descriptors when each of the five degrees has the same result, namely eligibility to register as a dentist.

The 5 Degree types are:

Graduate Diploma in Dentistry

Bachelor of Dental Science

Bachelor of Dentistry (post grad)

Bachelor of Health Science in Dentistry/Masters in Dentistry

Bachelor of Dental Surgery

Clinical practice is of the utmost importance in dentistry. Dental qualifications need to reflect this importance and be more weighted with "application" recognition. Application of the knowledge and skills acquired in a highly regulated field such as dentistry must be in accordance with current legislation and regulation in the interests of patient safety.

### 5. Will more explicit qualification types descriptors resolve concerns with AQF qualifications, for example the diversity within qualification types such as the Certificate III and the Masters Degrees?

Yes.

### 6. It is proposed that the Senior Secondary Certificate of Education is placed at level 3. Does the qualification type descriptor adequately reflect this level?

As discussed in the recent consultation meeting in Sydney, the Senior Secondary Certificate provides a range of learning outcomes and completion is dependent on the intended path of the student (i.e. Trades Vs University bound vs. Workforce bound).

The content of the Senior Secondary Certificate of Education varies and so this qualification should span more than one level.

A Certificate III in dental assisting is normally obtained after post secondary completion.

### 7. Is there a case for qualifications leading to a trade outcome to be identified as a different qualification type?

No comment.

## 8. Is there a case for only one kind of the Graduate Certificate and the Graduate Diploma qualifications types?

Specializations for dentists occur at the Graduate Certificate level and above. Content for graduate certificates and graduate diplomas is generally similar; however Graduate Certificates and Diplomas are distinct in their time commitment.

## Notional duration of student learning

### 9. Is the notional duration of student learning a sufficient measure for each qualification type?

Dentistry qualifications do not fit the “norm” of the qualifications’ framework. Upon completion graduates are prepared to practice as dentists. Clinical skills are learned within the program through placements in dental clinics. The path to becoming a dentist is varied. There are nine dental schools in Australia.

The 5 Degree Types, Dental Schools, and Years for Completion:

Graduate Diploma in Dentistry (Griffith-2 yr. post grad)

Bachelor of Dental Science (UQld-5 yrs., UWA-5 yrs., UMelbourne-5 yrs., Charles Sturt-5 yrs.),

Bachelor of Dentistry (Usyd-4 yr. post grad),

Bachelor of Health Science in Dentistry/Masters in Dentistry (LaTrobe-5 yrs.),

Bachelor of Dental Surgery (UofAdelaide-5 yrs., James Cook-5 yrs.)

Specialization may occur at the Graduate Certificate level or above.

Given the variety in pathways to becoming a dentist, the ADA would be supportive of assigning a minimum number of months or years to each qualification, as opposed to an expected duration.

## Placement of qualification types at a level

10. Does the location of each qualification type in Table 3 reflect coherence between the qualification type and the level?

11. Do the descriptors for the six qualifications types listed reflect their proposed level location? Or is there a case for any of the six to be located at a different level?

Question 10 and 11: As mentioned previously, it is hard to speak of qualifications and their location in Table 3 when each of the five degrees has the same result namely eligibility to register as a dentist.

Nomenclature has been addressed elsewhere. The ADA would support consistent nomenclature for dental degrees.

## Applying the architecture to developing and accrediting qualifications

12. What mechanisms are needed to assist the consistent application of the qualification requirements in the development and accreditation processes?

Monitoring and evaluation of the levels and qualifications needs to be included. As mentioned previously, dentistry qualifications do not fit the “norm” of the qualifications framework.

Continued consultation needs to occur as the levels and qualifications change. This is especially true for specialist areas of study, such as in dentistry, where change is imminent due to national registration reform.

## Addition and removal of AQF qualifications

13. Are there other considerations for adding or removing qualification types from the AQF?

No.

### ADA Recommendations:

1. Ongoing monitoring, evaluation, and consultation as qualifications change.
2. Reworking of levels 7-10 to accommodate for areas of specialization.
3. Duration of student learning is varied and a minimum number of months/years should be used rather than duration.
4. Recognizing that an educational pathway is complex and varied and is not linear.
5. Standards are important; however it is the outcomes of graduates rather than definitions that drive any profession forward.

Thank you for the opportunity to comment.



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