

ADC Draft Competencies for dental practitioners

Name of Branch/Affiliate/Councillor		
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)		Yes
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)		Yes
Do you have any comments on the format or structure of the draft Competencies?		The majority of competencies listed are identical for dentists, dental prosthetists, dental hygienists/therapists and oral health therapists. It would make more sense to have a single list of shared competencies and then highlight the differences for the sake of brevity.
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',	Yes. It reflects the changes in the profession, widening the scope from performing merely clinical procedures and being polite.
	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. This is much needed. There are many studies that show first nations people's oral health to be worse than average in this country, and distrust of the system is always stated as a factor in the under-utilisation of services.
	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	Partly The definition does not reference these groups as 'at-risk' but instead as 'at an increased risk'. Consideration should be given to aligning the key concept terminology with the definition supplied. Individuals may be at increased risk due to personal circumstances but does not mean they are part of an at-risk population. Comments on the following groups: <ul style="list-style-type: none"> - <i>People who are ageing</i>, suggest rewording to 'ageing persons requiring additional care or residing in residential and aged care facilities'. - <i>Children and adolescents</i>, suggest focusing on 'early childhood'. Early childhood development is considered by the WHO as a SDH; an important life stage that can shape lifelong health and development.^[1] Environmental exposures at this age can affect lifetime

		<p>health with evidence suggesting that dental caries in primary teeth can be an indicator for increased caries experience in later life.^[ii]</p> <p>^[ii] World Health Organization [Internet]. [place unknown]. About social determinants of health; 2019 [2019 Jan 24]. Available from: https://www.who.int/social_determinants/sdh_definition/en/</p> <p>^[iii] Li Y, Wang W. Predicting Caries in Permanent Teeth from Caries in Primary teeth: An Eight-year Cohort Study. J Dent Res [Internet]. 2002 [cited 2019 Jan 24];81(8):561-566. Available from: https://search-proquest-com.elibrary.jcu.edu.au/docview/209465615/fulltextPDF/13351AE602244AEDPQ/1?accountid=16285</p>
	d. The introduction of a definition of interprofessional collaborative practice and the use of term within the Competency statements	Yes
	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	<p>Partly</p> <p>The term “patient” implies a special relationship with the professional, very different from “customer” or even “client.” There is an added level of responsibility and care implicit in this term. In a world where dentistry is becoming increasingly commoditised, it is important to maintain a professional, caring medical relationship, and to change the term from patient to person could weaken this relationship. The term ‘patient’ may imply a unidirectional relationship, but the relationship is bidirectional by nature.</p>
	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
	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	Yes

	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	Partly, consideration of the newly qualified practitioner's ability to understand and account for the persons level of comprehension to ensure effective communication is necessary.
	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
	j. The inclusion in Domain 2 of identifying opportunities for improvement and advocating for improved oral health outcomes	Yes
	k. The revision of terminology used in Domain 5 to require the application and demonstration of knowledge	Yes
Are there any additional Competencies that should be added? (Yes, No, Partly, Do not know)		Do not know.
Are there any Competencies that should be deleted or reworded? (Yes, No, Partly, Do not know)		No
Do you have any other comments on the Competencies?		No