AUSTRALIAN DENTAL
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15 February 2016

Dr John Lockwood
Chairman
Dental Board of Australia
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By Email: dentalboardconsultation@ahpra.gov.au

Dear John,

RE: CONSULTATION ON PROPOSED ENTRY LEVEL COMPETENCIES FOR DENTAL SPECIALTIES

Thank you for providing the Australian Dental Association (ADA) with the opportunity to comment on the draft Dental Specialist Registration Qualification Assessment Framework – including entry level competencies for dental specialist registration (the Framework). The ADA has already provided some preliminary comments on the draft in our letter dated 11 September 2015.

We now make the following further points in relation to the draft:

1. The ADA is concerned that these competencies will be used as a replacement for established scopes of practice. This is a matter that we have raised consistently and it is essential that this is clarified in the introduction to the competencies. We note that In New Zealand competencies underpin the curriculum of prescribed qualifications. They are therefore key to setting the educational standards and should also apply in Australia.

2. It is noted that the specialist competencies build on the professional competencies required of a graduate dentist; however, the draft competencies are not explicit in indicating that an applicant for recognition as a dental specialist must meet the requirements for registration as a general dentist and this should be clearly demonstrated. A simple reference to the ADC's Professional Competencies of a Newly Qualified Dentist is all that is required for the first three domains. There can be no argument that in these areas specialist's competencies should be different to general dentists and indeed to all dental practitioners.

3. The distinct nature of the specialities in question should be factored into the draft competencies. The document is understandably generic; however, for some specialties, generic competencies may not always be relevant. More flexibility is required such as the communication requirements for forensic odontologists. In addition reference should be made to in the specific competencies of relevant specialists such as oral and maxillofacial surgeons, oral surgeons and periodontists in dental implants.

4. The ADA agrees that the competencies should be continually reviewed and suggests a time frame of between three and five years.

5. The draft competencies should include further detail regarding the acceptability of courses within dentistry. You would appreciate the large number of courses available which result in graduate diploma level qualifications in areas of dentistry such as orthodontics and oral medicine. Since registration as a dental specialist requires education at the Masters (extended) level, it will be important that the proposed specialist competencies are able to distinguish between the types of courses that extend the scope of a general dentist and those that provide the necessary education and training to afford specialist registration.

   It is the view of the ADA that the Australian Level 9 Master's degree (extended) and the NZ level 9 Master's degree should be at least of three years duration (see ADA policy statement 3.4). In addition, dentists should have been registered and practised for two years prior to entering a specialty programme.

6. There needs to be clearer definition or explanation in relation to assessment. Frequent reference is made throughout the draft to *equivalence* and *equivalent* without adequate *reference* to the benchmark. While consideration should be given to utilising as "benchmarks" the various specialist Colleges for example the RACDS, some specialities including the most numerous in terms of numbers of practitioners, orthodontics, has only limited involvement in the RACDS, and its orthodontic qualification would not be accepted as a benchmark for specialist recognition by the Australian Society of Orthodontists. Clearly there must be equivalence in such basic requirements like hours, examinations and assessment, experience, competency and research.

7. Also consideration should be given to incorporating a probationary or vetting phase, perhaps of up to two years before final registration. This would be particularly relevant in circumstances where equivalence cannot be easily assessed, particularly when it is so very obvious the education and training was significantly different to that available in Australia. This does allow for flexibility in the registration process.

8. The domain of *Communication & Social Skills* (page 19) requires more detailed explanation and broadening, particularly in terms of assessment.

9. As far as the review of existing pathways and the development of new examination and assessment pathways, the ADA suggests that a third independent party be involved, even if it is just a consultative group of all the specialities or colleges.

10. In consultation with our committees and other associations, there seems to be a general perception that the New Zealand Dental Council is adopting a more lenient examination and assessment process. For example, page 8 refers to *a senior academic* in the teaching of an NZ prescribed qualification and *a professional peer.* The ADA believes a panel rather than a single individual would be more appropriate. Clearly the threshold education and training requirements between New Zealand and Australia should substantively mirror each other.

11. Throughout the draft competencies, reference is made to *leadership within the dental profession* under *Professionalism*. This is a vague term and perhaps it should be defined as per the draft ADC Professional Competencies. Again, if the ADC Professional Competencies were referenced in the first three domains this would not be an issue and would provide consistency.

Should you require further comment regarding the draft competencies, please contact Mr Robert Boyd Boland, Chief Executive Officer at ceo@ada.org.au.

Yours sincerely,

Dr Rick Olive AM RFD
President