

31st Jan 2016

## **Consultation on proposed entry level competencies for dental specialties**

I would like to thank the Dental Board of Australia (DBA) and the Dental Council (New Zealand) (DCNZ) for releasing this public consultation paper on the proposed entry level competencies for dental specialties and for seeking public feedback.

As background I have worked as a specialist orthodontist in both Australia (1988-1992) and New Zealand (1992-current). I am currently working in both private specialist practice and as an orthodontic consultant at the Hospital Dental Department, Christchurch. I have undertaken an audit of an Australian Specialist Orthodontic Practice at the request of AHPRA and I have been contracted by the DCNZ on several occasions to assess specialist registration (orthodontics) for overseas qualified applicants.

The feedback which I wish to give has been structured around the 4 key questions set out in the consultation document. My comments are limited to the assessment of competencies of overseas trained applicants for specialist orthodontic registration.

**1. Do you understand the reason why we have developed the proposed competencies and how we are going to use them?**

Yes: The assessment of competency is a complex area that requires detailed consideration. It is acknowledged that there are inconsistencies in the way in which the both the DBA and the DCNZ currently assess competencies for overseas trained applicants. I welcome a common structure between the two organisations in determining what these competencies are, but also, the development of a common and shared assessment process of these competencies between two organisations (DBA and the DCNZ).

The Trans Tasman Mutual Recognition Agreement (TTMRA) assumes that there is equivalence in specialist registration when in fact there are currently two different assessment methods for competencies and this is seen as a major deficiency in the current arrangement. The current situation could lead to specialist registration in either country when it has been declined or restricted in the other. (This nearly happened last year when an applicant with restricted registration in Australia applied for full registration in New Zealand).

**1. Do you understand the reason why we have developed the proposed competencies and how we are going to use them?**

The use of these competencies will help in part to address the deficiencies in the current assessment process for overseas trained applicants. However I am unsure what the DCNZ will be doing and what the following quote actually means in reality for the assessment of

competencies. ....“In New Zealand, this will include a review of the existing specialist examination frameworks to ensure assessment of the competencies”.

I assume that this relates to the competencies of the University of Otago’s postgraduate training programme. It does not appear to address the issue of providing a pathway for applicants who do not meet the criteria for equivalence of overseas qualifications when applying for registration in New Zealand.

I strongly urge the DCNZ to dovetail with the ADB efforts in the development of a common pathway as stated in the consultation document .....“development of new examination and assessment pathways for specialist applications when the proposed competencies are finalised” .

If appropriate the DCNZ should make this ADB examination and assessment pathway (once finalised) a compulsory component of the registration process in New Zealand for overseas applicants. This would establish a common and shared process of competency assessment in both countries and ensure that equivalence is obtained in light of the implications of the TTMRA.

**2. Is there any content that you think should be changed or deleted in the proposed competencies?**

The ASO has taken an active and ongoing interest in formulating the proposed competencies as they relate to Orthodontics. These have been discussed with the NZAO who are in agreement with the ASO. Unfortunately some of their suggestions were not included in the Consultation Document. I would urge the DCNZ/DBA to include these suggestions in their final documentation.

I have listed below the changes to the proposed competencies which are appropriate and should be included in the final document.

Domain	Competencies
1. Professionalism	YELLOW HIGHLIGHT = <u>NOT</u> IN THE DBA PROPOSED COMPETENCIES
On graduation a dental specialist will have the knowledge and skills to demonstrate autonomy, expert judgment, adaptability and responsibility as a practitioner and show leadership within the dental profession	<p data-bbox="523 1505 1473 1541">Generic Competencies</p> <p data-bbox="523 1574 1406 1641">A graduate specialist is expected to be competent in the following where relevant to the specialty:</p> <ul style="list-style-type: none"> <li data-bbox="523 1682 1461 1749">a. the recognition of personal limitations and scope of the specialty and know when to refer or seek advice appropriately</li> <li data-bbox="523 1753 1321 1821">b. practising with personal and professional integrity, honesty and trustworthiness</li> <li data-bbox="523 1825 1453 1928">c. in the provision of patient-centred care, including selecting and prioritising treatment options that are compassionate and respectful of patients’ best interests, dignity and choices <b>relevant to the specialty</b></li> <li data-bbox="523 1933 1441 2031">d. the moral, cultural, ethical principles and legal responsibilities involved in the provision of specialist dental care to individual patients, to communities and populations.</li> </ul>

	<p>e. displaying appropriate professional behaviour and communication towards all members of the dental team and referring health practitioner/s</p> <p>f. the understanding and application of legislation <b>relevant to practise as a specialist dentist</b></p> <p>g. demonstrating specialist professional growth and development through research and learning</p> <p>h. in supporting the professional development and education <b>relevant to the specialty</b> for all members of the dental and / or health community, and</p> <p>i. leadership within the profession.</p>
2. Communication and Social Skills	<b>YELLOW HIGHLIGHT = NOT IN THE DBA PROPOSED COMPETENCIES</b>
On graduation a dental specialist will be able to interpret and transmit knowledge, skills and ideas to specialist and non-specialist audiences	<p>Generic Competencies</p> <p>A graduate specialist is expected to be competent in the following where relevant to the specialty:</p> <p>a. identifying and understanding a patient’s expectations, desires and attitudes when planning and delivering specialist treatment</p> <p>b. communicating effectively, with patients, their families, relatives and carers in a manner that takes into account factors such as their age, intellectual development, social and cultural background</p> <p>c. communicate effectively <b>with specialist and non-specialist audiences</b>, including all forms of health and legal reporting, and</p> <p>d. interpreting and communicating knowledge, skills and ideas to specialist and non-specialist audiences.</p> <p>e. <b>In managing and motivating patients to fully participate in their treatment</b></p>
3. Critical Thinking	
On graduation a dental specialist will have the expert, specialised cognitive and technical skills in a body of knowledge or practice to independently analyse critically, reflect on and synthesise complex information, problems, concepts and theories and research and apply established theories to a body of knowledge or practice	<p>Generic Competencies</p> <p>A graduate specialist is expected to be competent in the following where relevant to the specialty:</p> <p>a. critically evaluating scientific research and literature, products and techniques to inform evidence-based specialist practice, and</p> <p>b. the synthesis of complex information, problems, concepts and theories.</p>
4. Scientific and clinical knowledge	<b>YELLOW HIGHLIGHT = NOT IN THE DBA PROPOSED COMPETENCIES</b>
On graduation a dental specialist will have a body of knowledge that includes the extended	<p>Generic Competencies</p> <p>A graduate specialist is expected to be competent in the following where relevant to the specialty:</p>

<p>understanding of recent developments in a discipline and its professional practice</p> <p>As well as knowledge of research principles and methods applicable to the specialty and its professional practice</p>	<p>a. historical and contemporary literature.</p> <p>b. scientific basis of dentistry including the relevant biological, medical and psychosocial sciences, <b>including biostatistics.</b></p> <p>c. development, physiology and pathology of hard and soft tissues of the head and neck</p> <p>d. range of investigative, technical and clinical procedures, and</p> <p>e. management and treatment planning of complex cases, including interdisciplinary treatment planning.</p> <p><b>Rewritten to be e. management and treatment planning with multidisciplinary engagement, for complex cases, including compromised patients.</b></p> <p><b>Specific competency</b></p> <p>A graduate specialist is expected to be competent in the following where relevant to the specialty:</p> <p>a. principles of biomechanics and material science</p> <p>b. principles of speech pathology</p> <p>c. understanding management of dentofacial disorders including various orthognathic surgical procedures, <b>their indications and effects</b></p> <p>d. <b>in validated APPLICATION OF</b> clinical and radiographic techniques to assess the effects of orthodontic treatment <b>and/or growth in the clinical environment</b></p> <p>e. biomechanical and physiological principles in the fabrication, placement <b>and management of</b> fixed and removable appliances</p> <p>f. <b>management of medically compromised patients</b></p> <p>g. principles and application of pharmacology, and</p> <p>h. <b>iatrogenic complications arising from treatment.</b></p>
<p>5. Patient Care</p>	<p><b>YELLOW HIGHLIGHT = NOT IN THE DBA PROPOSED COMPETENCIES</b></p>
<p>On graduation a dental specialist will, with a high level of personal autonomy and accountability, be able to apply highly specialised knowledge and skills within a discipline or professional practice. This includes clinical information gathering, diagnosis and management planning, clinical treatment and evaluation.</p>	<p><b>Generic Competencies</b></p> <p>A graduate specialist is expected to be competent in the following where relevant to the specialty:</p> <p>a. applying decision-making, clinical reasoning and judgment to develop a comprehensive diagnosis and treatment plan by interpreting and correlating findings from the history, clinical examinations, imaging and other diagnostic tests</p> <p>b. the management of complex cases, <b>INCLUDING COMPROMISED PATIENTS WITH including</b> interdisciplinary management, and</p> <p>c. managing complications.</p> <p><b>Specific competency</b></p> <p>A graduate specialist is expected to be competent in the following where relevant to the specialty:</p> <p>a. <b>management of developmental and dentofacial anomalies including skeletal and/or dental discrepancies, using concepts gained in embryology</b></p>

	<p>and genetics resulting in timely intervention including application of dentofacial orthopaedics</p> <p>b. joint management with surgeons of cases requiring orthognathic surgery</p> <p>c. in the treatment and management of patients with moderate to severe periodontal problems with combined orthodontics and periodontics and coordinate care with specialist periodontists when appropriate</p> <p>d. management of functional occlusal and temporomandibular disorders.</p> <p>e. to obtain and create long term files of quality images of patients using techniques of photography, radiology and cephalometrics, including computer techniques when appropriate</p> <p>f. in evaluation and recognition of the dental and skeletal effects of orthodontic treatment in the individual patient and modification to treatment strategies when appropriate. This should include the retention period of treatment.</p>

This document shows comparison between documents sent by the ASO to the document released by the DBA for public consultation in Nov 2015.

Yellow highlight shows what part of this document submitted by the ASO that was NOT included in the DBA/DCNZ document

**3. We are proposing that the competencies be reviewed in five years' time with the option to review earlier if needed. Do you agree?**

Yes: The option of an earlier review is ideal. How would this review be triggered?

This document only deals with ½ the problem that faces professionals who are asked to assess overseas trained applicants seeking specialist registration. Currently there is not a common application form or assessment process between the DBA/DCNZ. There is nothing in the current DCNZ application that seeks information on whether the applicant has been declined registration as a specialist in Australia.

The assessment of the overseas specialist training programme is difficult where the documentation supplied by the applicant is lacking in detail, missing, or conflicting. This may be particularly the case if the training was undertaken many years previous and relies upon translation or links to websites which are no longer supported or are not applicable to the timeframe of the training received.

In addition the assessment of clinical competency can be difficult and is based on assessing professional references, log books and case presentations. There can be difficulties in assessing the referrer's reports, where the referees offer favourable comments on the candidate's application form but when approached for further "confidential" comments their responses are less favourable. The log books and case presentations are also difficult to

assess competency as at times it is unclear if these have been complied while still under training or where there is supervision by a senior colleague.

#### **4. Do you have any other comments?**

Yes: I welcome this initiative by both the DBA and the DCNZ in undertaking this consultation. This is obviously a matter of concern as the current arrangements (as listed in the document); “are ambiguous and confusing for some applicants; do not support consistency in assessment of applications; lack efficiency and transparency; and do not support trans-tasman consistency”.

The aim of this consultation document as stated is to produce consistent and transparent assessment of specialist registration applications, and consistent application of threshold entry level competency standards for dental specialist registration. This is with the background of the TTMRA which entitle dental practitioners registered in Australia to be registered for the “equivalent occupation” in New Zealand and vice versa. It is important that where possible, standards and requirements for registration are consistent.

The only way to achieve this in my view is to have a common and shared assessment process for overseas trained applicants. The consultation document does not place enough emphasis on the DBA/DCNZ commitment to a produce common pathway and shared assessment process.

Currently the document states that these competencies will be used in New Zealand and Australia to develop pathways available under the legislation in each jurisdiction.

It states that “In Australia, this will include a review of the existing and the development of new examination and assessment pathways for specialist applications when the proposed competencies are finalised. Preliminary scoping work on this has commenced and is being informed by engagement with specialist academies and colleges and education providers. This will provide a pathway for applicants who do not meet the criteria for equivalence of qualifications.

In New Zealand, this will include a review of the existing specialist examination frameworks to ensure assessment of the competencies.”

**It is critical for the success of the consultations aims “to produce an assessment framework that describes the qualification assessment criteria for qualifications of overseas trained dental specialists applying for registration in Australia and New Zealand” that this is a common and shared assessment process (ie the same) between the two registering bodies.**

Yours sincerely

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