



Feedback template

Public consultation on proposed entry level competencies for dental specialties

Public consultation

The Dental Board of Australia (the Board) in partnership with the Dental Council of New Zealand (the Council) is releasing this public consultation paper on the proposed entry level competencies for dental specialties.

Your feedback

You are invited to provide feedback by email to dentalboardconsultation@ahpra.gov.au by close of business on Monday 15 February 2016.

You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you do supply a text or word file. As part of an effort to meet international website accessibility guidelines, AHPRA and the National Boards are striving to publish documents in accessible formats (such as Word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx.

How your submission will be treated

1. Submissions will generally be published unless you request otherwise. The Board publishes submissions on its websites to encourage discussion and inform the community and stakeholders. However, the Board retains the right not to publish submissions at their discretion, and will not place on their website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.
1. Before publication, the Board will remove personally-identifying information from submissions, including contact details.
2. You are encouraged to complete the feedback template to assist in focussing responses and to ensure clear presentation and interpretation of your submission.
3. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.
4. The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cwlth), which has provisions designed to protect personal information and information given in confidence.
5. Please let the Board know if you do not want your submission published, or want all or part of it treated as confidential.

General information about your submission

Who is the submission from?	Dr John Cameron 15/02/2016 President of the Australian Society of Orthodontists South Australian Branch
If we need to follow up with someone, who should we contact?	Dr John Cameron
Would you like your submission published on the Board's website?	Yes

Feedback template

Specific consultation questions and section for responses
Do you understand the reason why we have developed the proposed competencies and how we are going to use them?
Yes and No: refer to Comments
<p>Comments</p> <p>1. Referring to Page 5 of the Public Consultation Document November 2015 (excerpt included below):</p> <p>“Context... The National Law takes a different approach. It does not define a specific scope of practice but rather lists the titles that are protected and can only be used by those practitioners registered with the Board once assessed as eligible, including qualified, for registration.”</p> <p>Comment:</p> <p>How is the list of titles to be protected being policed?</p> <p>There are numerous examples of patients stating they are seeing an orthodontist, where they are actually seeing a general dentist who has misleading advertising, e.g., “postgraduate accreditation in orthodontics”, or Google “specialist orthodontist” and see the number of websites for general dentists that appear in different locations.</p> <p>2. Referring to Page 81 of Attachment B: Statement of assessment against the COAG principles for best practice regulation (excerpt included below):</p> <p>“COAG Principles of Best Practice Regulation A. Whether the proposal is the best option for achieving the proposal’s stated purpose and protection of the public</p> <p>The Board assessment</p> <p>The Board considers that the framework meets its mandate of protecting the public by describing the expected threshold level of competence for safe practice and transparent, consistent and rigorous assessment of dental specialists.”</p> <p>“C. Whether the proposal results in an unnecessary restriction of consumer choice</p> <p>The Board assessment</p>

The public can be reassured that the education, training and competence of those registered as dental specialists are of a level to promote the delivery of safe, high quality care.”

Comment:

The Board is undertaking the development of the competencies for the newly graduated orthodontist to ensure safe high quality patient care.

However, it is unclear how this will address the issue of the general dentist who practices specialty or complex orthodontic treatments without meeting similar standards being developed for the newly graduated orthodontist.

3. Referring to Page 16 of Attachment A: Dental specialist registration qualification assessment framework – including entry level competencies for dental specialist registration (excerpt included below):

“1. About this framework

How will the assessment framework be used?

The assessment framework will be used to support a number of regulatory functions by the Board and the Council. This includes:

- evaluating the competence of dental specialists in the context of regulatory processes such as those returning to practice and in the management of a notification.”

Comment:

How is notification and its management policed?

It is not clear how the Board intends to inform itself of instances where the standards are not being met.

This need for monitoring standards also applies to general dentists who practice similar orthodontic treatments to those undertaken by the newly graduated orthodontist. The current situation is that some general dentists practice similar orthodontic treatments without the same requirement to meet the standards that are to be applied to the newly graduated orthodontist. As a result these different requirements/standards seem to contradict the focus on ensuring safe and high quality patient orthodontic care.

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

Dento-maxillofacial radiology

Yes/No

Comments

Endodontics

Yes/No

Comments

Forensic Odontology
Yes/No
Comments
Oral Medicine
Yes/No
Comments
Oral Pathology
Yes/No
Comments
Oral Surgery
Yes/No
Comments
Orthodontics
Yes
<p>Comments</p> <p>With reference to support the Australian Society of Orthodontist's submission (submission sent as an attachment with this document) where some points have been omitted with the aim to have then reinstated, then the following amendments should be made:</p> <ol style="list-style-type: none"> Referring to Domain 4. Scientific and clinical knowledge, Specific Competencies point f: "biomechanical and physiological principles in the fabrication and placement of fixed and

removable appliances”

Amend to read as:

“biomechanical and physiological principles in the fabrication, placement and **management** of fixed and removable appliances, **including iatrogenic complications arising from treatment.**”

Comment:

Orthodontic treatments occur over prolonged periods (up to 2 to 4 years) with a number of adjustment visits required for the patient.

The scientific and clinical knowledge of “management” of the biomechanical and physiological principles are needed when patients return for adjustments visits. This appliance management knowledge is required for competent “modification to treatment strategies when appropriate” as referred to in Domain 5. Patient care, Specific Competencies point c.

Comment:

Scientific and clinical knowledge of “iatrogenic complications arising from treatment” is also a required competency for Domain 5. Patient care, Specific Competencies point c. “evaluating and recognising 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.”

2. Referring to Domain 4. Scientific and clinical knowledge, Specific Competencies point e:

“management of dentofacial disorders, including orthognathic surgical procedures”

Amend to read as:

“management of **developmental** and dentofacial disorders, **using concepts gained in embryology and genetics resulting in timely intervention including application of dentofacial orthopaedics**, and including orthognathic surgical procedures”

Comment:

The knowledge of embryology and genetics are required for Domain 5 Patient care, Generic Competencies, point b “management of complex cases, including compromised patients, with multidisciplinary management.”, e.g., for competent patient care of Cleft Lip and Palate patients, and patients with Craniofacial Disorders.

3. Referring to Domain 5. Patient care, Specific Competencies, the following points should be added:

- d. “Joint management with surgeons of cases requiring orthognathic surgery”

Comment:

The newly graduated orthodontist should be specifically competent in this area of patient care.

- e. “In the treatment and management of patients with moderate to severe periodontal problems with combined orthodontics and periodontics and coordinate care with specialist periodontist when appropriate.”

Comment:

The newly graduated orthodontist should be specifically competent in this area of

patient care.

- f. "To obtain and create long term files of quality images of patients using techniques of photography, radiology and cephalometrics, including computer techniques when appropriate."

Comment:

Obtaining and maintaining the dental records mentioned are critical to providing safe quality patient orthodontic care.

Periodontics

Yes/No

Comments

Prosthodontics

Yes/No

Comments

Public Health

Yes/No

Comments

Special Needs

Yes/No

Comments

We are proposing that the competencies be reviewed in five years time with the option to review earlier if needed. Do you agree?
No
Comments The initial review should be earlier than five years (e.g., after three years with the option to review earlier if needed) to ensure any issues arising from these new standards are addressed in a timely manner. Following the first review period, then a review every five years with the options to review earlier seems appropriate.
Do you have any other comments? There is no objection to publishing this submission.

Competencies of a newly qualified graduate orthodontist

Australian Society of Orthodontists

February 2016

Domain	Competencies
1. Professionalism	
<p>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>	<p>Generic Competencies</p> <p>A graduate specialist is expected to be competent in the following where relevant to the specialty:</p> <ul style="list-style-type: none"> a. the recognition of personal limitations and scope of the specialty and know when to refer or seek advice appropriately b. practising with personal and professional integrity, honesty and trustworthiness 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 relevant to the specialty d. the moral, cultural, ethical principles and legal responsibilities involved in the provision of specialist dental care to individual patients, to communities and populations. e. displaying appropriate professional behaviour and communication towards all members of the dental team and referring health practitioner/s f. the understanding and application of legislation relevant to practise as a specialist dentist g. demonstrating specialist professional growth and development through research and learning h. in supporting the professional development and education relevant to the specialty for all members of the dental and / or health community, and i. leadership within the profession.

2. Communication and Social Skills	
<p>On graduation a dental specialist will be able to interpret and transmit knowledge, skills and ideas to specialist and non-specialist audiences</p>	<p>Generic Competencies</p> <p>A graduate specialist is expected to be competent in the following where relevant to the specialty:</p> <ul style="list-style-type: none"> a. identifying and understanding a patient’s expectations, desires and attitudes when planning and delivering specialist treatment 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 c. communicate effectively with specialist and non-specialist audiences, including all forms of health and legal reporting, and d. interpreting and communicating knowledge, skills and ideas to specialist and non-specialist audiences. e. In managing and motivating patients to fully participate in their treatment
3. Critical Thinking	
<p>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>	<p>Generic Competencies</p> <p>A graduate specialist is expected to be competent in the following where relevant to the specialty:</p> <ul style="list-style-type: none"> a. critically evaluating scientific research and literature, products and techniques to inform evidence-based specialist practice, and b. the synthesis of complex information, problems, concepts and theories.

4. Scientific and clinical knowledge	
<p>On graduation a dental specialist will have a body of knowledge that includes the extended 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>Generic Competencies</p> <p>A graduate specialist is expected to be competent in the following where relevant to the specialty:</p> <ul style="list-style-type: none"> a. historical and contemporary literature. b. scientific basis of dentistry including the relevant biological, medical and psychosocial sciences, including biostatistics. c. development, physiology and pathology of hard and soft tissues of the head and neck d. range of investigative, technical and clinical procedures, and e. management and treatment planning of complex cases, including interdisciplinary treatment planning. <p>Rewritten to be e. management and treatment planning with multidisciplinary engagement, for complex cases, including compromised patients.</p> <p>Specific competency</p> <p>A graduate specialist is expected to be competent in the following where relevant to the specialty:</p> <ul style="list-style-type: none"> a. principles of biomechanics and material science b. principles of speech pathology c. understanding management of dentofacial disorders including various orthognathic surgical procedures, their indications and effects d. Application of clinical and radiographic techniques to assess the effects of orthodontic treatment and/or growth in the clinical environment e. biomechanical and physiological principles in the fabrication, placement and management of fixed and removable appliances f. management of medically compromised patients g. principles and application of pharmacology, and h. iatrogenic complications arising from treatment.

5. Patient Care	
<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>Generic Competencies</p> <p>A graduate specialist is expected to be competent in the following where relevant to the specialty:</p> <ul style="list-style-type: none"> 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 b. the management of complex cases, including interdisciplinary management, and c. managing complications. <p>Specific competency</p> <p>A graduate specialist is expected to be competent in the following where relevant to the specialty:</p> <ul style="list-style-type: none"> a. management of developmental and dentofacial anomalies including skeletal and/or dental discrepancies, using concepts gained in embryology and genetics resulting in timely intervention including application of dentofacial orthopaedics b. joint management with surgeons of cases requiring orthognathic surgery 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 d. management of functional occlusal and temporomandibular disorders. 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 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.