



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 These submissions will not be published on the website or elsewhere.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 Michael Foley
If we need to follow up with someone, who should we contact?	Dr Michael Foley, Director, Brisbane Dental Hospital
Would you like your submission published on the Board's website?	Yes

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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
A sensible and practical initiative, particularly for those smaller specialist fields with limited or no opportunities for DClinDent programs.
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/No
Comments
Periodontics
Yes/No
Comments

Prosthodontics
Yes/No
Comments
Public Health
Yes
<p>1c, d and e, and 2a and b relate more to clinical dentistry than public health dentistry, although the principles remain the same.</p> <p>DBA has previously stated that there are no current approved programs of study for forensic odontology, oral surgery and public health dentistry, and that “Therefore applications for these specialties can only be accepted from overseas trained specialists”. This shows a poor understanding of public health dentistry, and is not in Australia’s best public health interests.</p> <p>Alone of the dental specialties, public health dentistry requires no diagnostic or clinical skills beyond those obtained in an undergraduate dental degree. The specialist expertise lies in the fields of public health, epidemiology, research, health systems, health policy, management etc. This specialist expertise can be achieved within a Dental School through a DClinDent program, but does not have to be. These areas of expertise can all be taught through recognised university coursework and research degrees outside Dental Schools. The practical component of the training can be achieved on the job, most likely via employment within a federal, state or territory Health Department. Indeed, working with different tiers of government will be an integral component of public health dentistry for many practitioners. As no DClinDent program in Public Health Dentistry has been offered in Australia for many years or is likely to be offered in the near future, the Dental Board of Australia should recognise those candidates for specialist registration who can prove their expertise outside a DClinDent program. This does not “lower the bar”, but simply recognises that specialist expertise in this field can be achieved outside a DClinDent program. Without this approach, the specialty of public health dentistry will die a natural death in Australia or be open only to the few dentists who train overseas or migrate to Australia with equivalent specialist qualifications. We need specialists in public health dentistry to work in federal, state and territory health departments and teach and research within Dental Schools. Australia has significant dental public health needs, and we cannot and should not rely on a trickle of overseas trained dental specialists to provide the expertise to help address some of those needs.</p> <p>The proposed competencies state that a graduate specialist should recognise..., understand..., be competent in... the listed competencies, but the DBA should require that candidates for specialist registration achieve some of these competencies through successful practical experience i.e. hands on involvement in public health dentistry, just as hands on practical experience is an integral component (~40%) of all clinical specialty programs. This successful practical experience may or may not be part of a formal program of study or research.</p>
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?
Yes
Comments
Do you have any other comments?