



## Feedback template

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### 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](mailto: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](http://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 These submissions will not be published on the website or elsewhere.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

<b>Who is the submission from?</b>	Professor F.A.C. Wright AM, MDS, PhD, MRACDS (DPH). AHPRA Dental Specialist in Dental Public Health DEN0001331818.
<b>If we need to follow up with someone, who should we contact?</b>	Professor F.A.C. Wright Centre for Education & Research on Ageing, University of Sydney
<b>Would you like your submission published on the Board's website?</b>	At the discretion of the Dental Board of Australia.

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<b>Specific consultation questions and section for responses</b>
<b>Do you understand the reason why we have developed the proposed competencies and how we are going to use them?</b>
Yes
<p>Comments</p> <p>I have read the materials provided by the Dental Council of New Zealand and the Dental Board of Australia and understand their purpose. I am responding only to the proposed entry level competencies for Dental Public Health/ Community Dentistry. I am unaware of any current Australian university education program which meets the proposed competency standards – although the M Comm Dent program in New Zealand provides a basic academic standard. I am also aware that there are substantive international competency standards and training programs which should be used as a bench-mark for New Zealand and Australian requirements with regards to assessment of local or overseas graduate who may approach the respective regulatory authorities for specialist consideration in Dental Public Health/ Community Dentistry.</p> <p>I note also that New Zealand has 21 registered dental specialist in dental public health on a population base of 4.5 million, while Australia has only 16 dental public health specialists on a population base of 23.1 million, with 44% of these being in Victoria. This lack of expertise in dental public health should be of great concern to both the Dental Board of Australia and the Australian Dental Council.</p>
<b>Is there any content that you think should be changed or deleted in the proposed competencies?</b>
<b>Public Health</b>
<b>Yes</b>
<p>Comments</p> <p>My comments are based first on a review of the specialty training competencies in dental public health published internationally, and second my experience in the Australian and New Zealand public health systems.</p> <p>Documentation on competency standards at an international; level are available from::</p>

1. The Specialist Advisory Committee for Dental Public Health, Faculty of Dental Surgery, The Royal College of Surgeons of England (Specialty Training Curriculum Dental Public Health, February 2010).
2. American Board of Dental Public Health, Atlanta, GA (Competency Statements for Dental Public Health Revised Edition 24 February 2014).
3. Canadian Association of Public Health Dentistry, <http://www.caphd-acphd.org>. (Discipline Competencies for Dental Public Health in Canada March 2008)
4. The College of Dental Surgeons of Hong Kong, Hong Kong Academy of Medicine (Guidelines for Accreditation and Training in Community Dentistry, September 2006)

My experience in public health has included: Chief Advisor (Oral Health), Ministry of Health, NZ (2003-2005) and Chief Dental Officer NSW (2005-2012.) These positions have provided a high level insight into the practical needs for specialty training in the discipline of dental public health (community dentistry).

A registered specialist in dental public health must have the capacity and expertise to advise, work in partnership with governments, senior bureaucrats, dental professional associations, community leadership and advocacy groups. The competencies listed in the current consultation document fall well short of the underpinning knowledge, skills and attitudes necessary for the entry level competencies expected for speciality practice of dental public health in Australia and New Zealand.

Two substantive deficiencies of the current document relate to “public health values” and “leadership” These areas have been identified in the American Board of Dental Public Health in their preamble as:

1. Demonstration of public health values, which essentially means a view of health issues as they affect a population rather than an individual with a particular emphasis on prevention, the environment in its broadest sense, and service to the community; and
2. Leadership characteristics, such as influencing health policies and practice through research, education and advocacy; articulating a vision for the organization; negotiating and resolving conflicts; etc.

The United Kingdom competencies include strong statements on the central importance of population oral health policy and strategic development skills, leadership and collaborative skills and knowledge and the capacity to work across sectors. These cannot be read simply as implicit with the proposed “specific” competencies - under 4. Scientific and clinical knowledge – but must be addressed explicitly in any documentation or recommended training program.

The Canadian discipline statements on dental public health competencies are grouped in eight core categories and identified in their documentation as Level D Expert Competencies. Key competencies identified in the Canadian experience which would apply to Australian and New Zealand practice would include: applied specialized knowledge of behavioural, social and biological sciences to dental public health practice; apply knowledge of qualitative and quantitative research to the development and evaluation of oral health programs and policies; applied knowledge of economics and financial management to the development, implementation and evaluation of oral health programs and policies; demonstrated capacity to analyse current policies and legislation related to oral health issues; work with diverse professions, groups and organizations to implement policies; facilitate dialogue among governments, community partners and other stakeholders to support healthier communities; work within inter-professional and inter-sector teams to integrate oral health promotion interventions with related health promotion interventions; support the development of a diverse public health workforce; evaluate organizational performance in relationship to recognized standards; build alliances and partnerships within changing political environments; manage resources to achieve optimal oral health and well being.

Finally, the Hong Kong competencies for specialist recognition applicable in our context would include “patient-centred assessments and utility studies” (health economics, cost-benefit analyses, equity and equality issue and utilization of dental services) and “Use of statistics in dental

research”.

It is strongly recommended that inclusion of such statements and principles of Public Dental Health be melded into the specific domains identified in relationship to the proposed Public Health Dentistry (community Dentistry) competencies. For example, there should be a specific list of competencies under **1. Professionalism** which captures the “demonstration of public health values” and incorporation of ethical issues into oral health programs and activities. There should also be specific competencies listed under **2. Communication and Social Skills** which address inter-sector collaborations, interaction with government bodies etc, and **3. Critical Thinking** where in-depth statistical skills are a necessity for competencies at the specialist dental public health level. Additional competencies as advised above should be added and/reworded in **Domains 4 and 5**. Explicit reference to policy and legislative knowledge and analytic skills should also be included. Under **5. Patient Care. Generic** – there are indeed applicable competencies. No dental public health decision can be made without reference to the impact on the individual patient, client or consumer of a public service. This should be an explicit statement in keeping with ethical and service goals of public dental services. These are simply examples.

While Australia and New Zealand have similar regulatory objectives in addressing entry level competencies in the specialty of dental public health – international competencies from leading dental public health authorities must be the bench-mark against which ANZ standards are created. Anything less would be inconsistent with attracting the best international scholars and practitioners into the Australian and New Zealand dental health system.

**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?**

I would be happy to assist the Dental Board of Australia and the Dental Council of New Zealand with a review of their next iteration of competencies in this discipline.