Dental Council
Te Kaunihera Tiaki Niho

Dental Board of Australia

Entry-Level Competencies: Public Health Dentistry (Community Dentistry)

This document describes the entry-level competency standard for public health dentistry (community dentistry) expected of applicants for registration with the Dental Council (New Zealand) (the Council) and the Dental Board of Australia (the Board).

How will the competencies be used?

The competencies will be used to support a number of regulatory functions by the Council/Board. These functions include:

- Accreditation, to determine if prescribed specialist qualifications in New Zealand or approved specialist qualifications in Australia[1]:
  - is at the expected qualification level
  - produces graduates at the expected level of competence for dental specialist registration
- Registration of overseas qualified applicants to:
  - assess qualifications for equivalence to a prescribed specialist qualification in New Zealand or an approved specialist qualification in Australia
  - develop assessments or examinations to determine if candidates are at the expected level of competence for dental specialist registration, and
- 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.

Assumptions

The following assumptions have been made when developing these competencies. The competencies:

- build on the *The Australian Dental Council Professional attributes and competencies of the newly qualified dentist* (Australia only)[2]
- are not intended to define the scope of the specialty but rather the knowledge and competence of the graduate specialist
- are not intended to define a national curriculum for the education and training in the specialty

[1] The Australian Dental Council is the assigned accreditation authority for the dental profession in Australia and undertakes accreditation functions on behalf of the Board.
[2] Refer to Australian Dental Council's document Professional Competencies of the Newly Qualified Dentist. Note these apply in Australia only

- describe the broad areas of competence and assume that other documents such as program curricula will describe the detail under each broad area to accommodate innovation and change in practise over time
- use language and descriptors consistent with those of the New Zealand Qualifications Framework (NZQA) Level 9 Masters Degree or the Australian Qualifications Framework's[3] (AQF) Level 9 Masters Degree (Extended) to differentiate specialist practise from that of a general dentist, and
- do not replace other descriptors of the specialty such as those published by specialist academies and colleges that may describe the standard expected of specialists post entry-level.

How to read the competencies

The competencies should be read:

- with an understanding of how they are to be used, and
- in the context of how they are relevant to the particular specialty, this will mean that competencies generic to all specialties may be demonstrated differently in each specialty.

[3] Published at www.aqf.edu.au

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Definitions

New Zealand

The *Health Practitioners Competence Assurance Act* (the Act) describes a scope of practice as the health service that a practitioner registered in that scope of practice is permitted to perform, subject to any conditions for the time being imposed by the responsible authority.

The Council publishes a scope of practice as a Notice in the New Zealand Gazette under section 11 of the Act.

The scope of practice for Public Health Dentistry (or Community Dentistry)[4] is described as:

> *Dental Public Health (Community) specialists practise in the branch of dentistry that is concerned with the science and art of preventing oral disease, promoting oral health and improving the quality of life through the organised efforts of society.*
>
> *(NB Existing specialists may apply to the Council to retain the previous title if they wish.)*
>
> *Specialist public health (community) dentistry is undertaken by a dental practitioner who possesses additional postgraduate qualifications, training and experience recognised by the Council as appropriate for registration.*

Australia

Dental Board of Australia *List of approved specialties*[5].

Public Health Dentistry is defined as:

> *The branch of dentistry that is concerned with oral health education of the public, applied dental research and administration of dental care programs including prevention and control of oral diseases on a community basis.*

[4] Published at www.dcnz.org.nz/i-practise-in-new-zealand/dentists-and-dental-specialists/scopes-of-practice
[5] Published at www.dentalboard.gov.au/Registration-Standards

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Domain	Competencies
1. Professionalism On graduation a dental specialist will have the knowledge and skills to demonstrate autonomy, expert judgement, adaptability and responsibility as a practitioner and show leadership in the dental profession.	**Generic** A graduate specialist is expected to be competent in the following, as relevant to the specialty: a. recognising the personal limitations and scope of the specialty and knowing when to refer or seek advice appropriately b. practising with personal and professional integrity, honesty and trustworthiness c. providing patient-centred care, including selecting and prioritising treatment options that are compassionate and respectful of patients' best interests, dignity and choices and which seek to improve community oral health d. understanding and applying 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. understanding and applying legislation including that related to record-keeping g. demonstrating specialist professional growth and development through research and learning h. supporting the professional development and education for all members of the dental and/or health community, and i. demonstrating leadership in the profession.
2. Communication and social skills On graduation a dental specialist will be able to interpret and transmit knowledge, skills and ideas to dental and non-dental audiences.	**Generic** A graduate specialist is expected to be competent in the following, as relevant to the specialty: a. identifying and understanding a patient's, or their parent's, guardian's or carer'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. use of technological and telecommunication aids in planning and delivering specialist treatment d. communicating effectively in all forms of health and legal reporting, and e. interpreting and communicating knowledge, skills and ideas.

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.	**Generic** A graduate specialist is expected to be competent in the following, as relevant to the specialty: a. critically evaluating scientific research and literature, products and techniques to inform evidence-based specialist practice, and b. synthesising complex information, problems, concepts and theories.
4. Scientific and clinical knowledge 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, as well as knowledge of research principles and methods applicable to the specialty and its professional practice.	**Generic** A graduate specialist is expected to be competent in the following areas of knowledge, as relevant to the specialty: a. historical and contemporary literature b. the scientific basis of dentistry including the relevant biological, medical and psychosocial sciences c. development, anatomy, physiology and pathology of hard and soft tissues of the head and neck d. the range of investigative, technical and clinical procedures, and e. management and treatment planning with multidisciplinary engagement for complex cases, including compromised patients. **Specific** A graduate specialist is expected to be competent in the following areas of knowledge, as relevant to the specialty: a. the epidemiology of oral health and disease b. the principles of oral health service delivery c. the principles of public health research oral disease prevention at a population level, and d. the analysis of oral health needs and services in community and public health settings.

5. Patient care 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.	**Generic** A graduate specialist is expected to be competent in the following, as relevant to the specialty: a. applying decision-making, clinical reasoning and judgement to develop a comprehensive diagnosis and treatment plan by interpreting and correlating findings from the history, clinical examinations, imaging and other diagnostic tests b. managing complex cases, including compromised patients with multidisciplinary management, and c. managing complications. **Specific** A graduate specialist is expected to be competent in the following, as relevant to the specialty: a. designing, implementing, monitoring and evaluating population oral health programs, and b. writing reports.

To come into effect from 1 January 2024:

In addition, a graduate specialist registered with the Dental Council (New Zealand) is expected to meet competencies for haumarutanga ahurea/cultural safety.

6. Haumarutanga ahurea/Cultural safety Cultural safety extends beyond a practitioner's cultural awareness or cultural sensitivity. It requires the practitioner to examine themselves and the potential impact of their own culture on clinical interactions and the care they provide. This means the practitioner needs to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, characteristics, and hold themselves accountable for	**Generic** A graduate specialist will be able to: a. Understand Te Tiriti o Waitangi and their application of the articles, as described in Wai 2575, when providing care. b. Recognise and respect the cultural diversity of the Aotearoa New Zealand population. c. Describe the Māori world view of hauora, tikanga and kawa and apply this knowledge to their practice. d. Use knowledge of Te Kawa Whakaruruhau and Te Tiriti o Waitangi as a basis for their practice, to achieve whanaungatanga-based relationships. e. Understand the following concepts in relation to hauora Māori and Māori oral health outcomes: • tino rangatiratanga which provides for self-determination and mana Motuhake

providing culturally safe care. Key to providing culturally safe care is that the practitioner understands the inherent power imbalance in the practitioner-patient relationship, recognises and respects each patient as an individual, and enables meaningful two-way communication to occur. Cultural safety requires that all people receive oral health care that takes into account their uniqueness. It is the person and/or their community, whānau or family, hapū or iwi receiving the care who determine what culturally safe care means for them. A well-referenced definition of cultural safety is: an environment which is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening[6]. This definition supports the understanding that the relationship between a practitioner and patient is a partnership based on trust and respect, where communication is key in meeting the patient's needs and goals.	• equity[7] which focusses on equitable health outcomes for Māori • active protection to achieve equitable health outcomes • options which focus on access to oral health care, and delivering the care in a culturally appropriate way that recognises hauora Māori models of care • partner with Māori on delivery of oral health care to Māori to improve access, equity and oral health outcomes. f. Understand that a patient's cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with health professionals and the health care system; and treatment preferences. g. Understand the impacts of racism, colonisation and power imbalance on Māori oral health, and the current state of inequitable access to care and hauora outcomes. h. Provide culturally safe care - as determined by the patient, their whānau or family, hapū or community. i. Recognise that the concept of culture extends beyond ethnicity and includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. Patients may identify with several hapū, iwi and/or cultural identities. j. Reflect on their own culture (including their own biases, attitudes, assumptions, stereotypes, prejudices and characteristics) and its impact on clinical interactions and the care they provide. k. Understand the inherent power imbalance that exists in the practitioner-patient relationship and commit to work in partnership with their patients and whānau or family to enable culturally safe care.

[6] Williams, R. (1999). Cultural safety – what does it mean for our work practice? Australian and New Zealand Journal of Public Health, 23(2), 213-214.

[7] In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

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