The Disability and Oral health Collaboration response to the ADC proposed Draft Professional Competencies for newly qualified dental practitioners – September 2021

The consultation questions are as follows. Please provide detail in your responses wherever possible.

Q1. Do you consider that the draft Competencies outline what is required of a newly qualified dental practitioner to practice safely and ethically? (Yes, No, Partly, Do not know)

Yes, the Disability and Oral Health Collaboration (DOHC) agrees that the draft competencies outline what is required of a newly qualified dental practitioner to practice safely and ethically.

Q2. Do you agree with the proposal to combine the Competencies for all five divisions of registration into one document? (Yes, No, Partly, Do not know)

Yes, the DOHC agrees with the proposal to combine the Competencies for all five divisions of registration into one document

Q3. Do you have any comments on the format or structure of the draft Competencies?

Yes, The DOHC is in agreement overall with the format/structure of the draft competencies, however, the members have concerns that, as the definition of the 'at risk' groups are included in a separate section from the Competency statements, this may lead to the dilution of specific populations identified as being ' at risk' from the Competency statements and that 'people with disability' (and other at risk groups) may become invisible to the educational providers and therefore not included in their curricula and student learning outcomes.

The DOHC requests that the ADC develops/utilises evidence-based measures that it can use as part of their accreditation process to ensure that the educational providers are including in their student learning outcomes the development of student attributes, knowledge and skills in the provision of high standards of oral health care to the 'at risk' populations groups listed in section 3 (Terminology) under 'At risk groups or populations'.

Q4. Do you agree with the following specific proposals as incorporated in the draft Competencies? (Yes, No, Partly, Do not know)

a. A change of name to Domain 1 from 'Professionalism' to 'Social responsibility and professionalism'

Yes, The DOHC agrees with the name change to Domain1 from 'Professionalism' to 'Social responsibility and professionalism'

b. The introduction of a definition of 'Cultural safety for Aboriginal and Torres Strait Islander people' into the Terminology section consistent with the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025

Yes, The DOHC acknowledge the importance of cultural safety for Aboriginal and Torres Strait Islander people but would like to highlight to the ADC that cultural safety is also of significant importance to all communities of people in the Australian society that will be seeking care from oral health professionals. Therefore, the professional competencies for newly graduated dental professionals should reflect the importance of cultural safety across all communities, including Aboriginal and Torres Strait Islander people.

c. The introduction of a definition for At-risk groups or populations into the Terminology section of the introduction and the use of the term 'at-risk' within the Competency statements

Yes, The DOHC agrees with the introduction of a definition for At-risk groups or populations into the Terminology section of the introduction and the use of the term 'at-risk' within the Competency statements. However, members of the DOHC have concerns that, as the definition of the 'at risk' groups are included in a separate section from the Competency statements, this may lead to the dilution of specific populations identified as being 'at risk' and that 'people with disability' (and other at-risk groups) may become invisible to the educational providers and therefore not included in their curricula and student learning outcomes.

d. The introduction of a definition of interprofessional collaborative practice and the use of term within the Competency statements

Yes, The DOHC agrees with the introduction of the definition of interprofessional collaborative practice and the use of this term within the Competency statements.

The definition of interprofessional collaborative practice should be refined to emphasise that the aim of the interprofessional collaborative practice is to reach an agreed decision, by all involved, on the highest quality of care that needs to be implemented to achieve the best overall health outcome for the patient, their family/ carers. There should be a distinction from multidisciplinary care.

e. The change of terminology from 'patient-centred care' to 'person-centred care', including the updated definition and the use of the terms 'person' or 'individual' within the Competency statements

Yes, the DOHC agrees with the change of terminology from 'patient-centred care' to 'person-centred care' including the updated definition and the use of the terms 'person' or 'individual' within the Competency statements.

f. The revisions to Competency statements in Domain 1, which are consistent with the National Scheme's definition of cultural safety for Aboriginal and Torres Strait Islander people, specifically Competency statements 2 to 5

Yes, the DOHC agrees with the revisions of Competency statements in Domain 1, and specifically Competency statements 2 to 5, but would like to reiterate here that cultural safety is also of significant importance to all communities of people in the Australian society that will be seeking care from oral health professionals. Therefore, the professional competencies under Domain 1 should reflect the importance of cultural safety across all communities, including Aboriginal and Torres Strait Islander people.

g. The inclusion in Domain 1 of Competency 11 which requires the practitioner to 'understand the environmental impacts of health care provision and use resources responsibly, making decisions that support environmentally sustainable healthcare'

Yes, the DOHC agrees with the inclusion in Domain 1 of Competency 11.

h. The revision of communication related Competencies in Domain 2 and Domain 6, which aim to better reflect the needs of those receiving care

Yes, the DOHC agrees with the revision of communication related Competencies in Domain 2 and Domain 6, which aim to better reflect the needs of those receiving care

i. The inclusion in Domain 2 of Competency 4 which requires the practitioner be able to 'recognise, assess and respond to domestic and family violence risk, prioritise safety, provide information, and refer as required'

Yes, The DOHC agrees with the inclusion in Domain 2 of Competency 4.

j. The inclusion in Domain 2 of identifying opportunities for improvement and advocating for improved oral health outcomes

Yes, The DOHC agrees with the inclusion in Domain 2 of Competency 9 which requires the practitioner identify opportunities for improvement in care delivery and advocate for improved oral health outcomes, including for at-risk groups or populations.

k. The revision of terminology used in Domain 5 to require the application and demonstration of knowledge

Yes, The DOHC agrees with the revision of terminology used in Domain 5 to require the application and demonstration of knowledge

Q5. Are there any additional Competencies that should be added? (Yes, No, Partly, Do not know)

Yes, the DOHC proposes that the following competencies should be added:

- *Understand and apply Medical Treatment Planning and Decisions Act in dental treatment settings. This includes presumption of decision-making capacity unless there is evidence supporting limitations to decision making capacity (Domain 2).*
- *Understand and apply positive behaviour practice framework that supports effective and ethical dental service consistent with person-centred care (Domain 6).*
- *Understand and develop dental treatment plans for people with special needs (Domain 6).*

Q6. Are there any Competencies that should be deleted or reworded? (Yes, No, Partly, Do not know)

Yes, the DOHC suggests that some rewording is necessary for some of the new items added to the competencies specifically with respect to supported decision making (SDM), positive behaviour support (PBS), and person-centred planning (PCP).

1. *Identifying the required third parties to support with supported decision making, minimising restrictive practices, and understanding how to achieve least restrictive practice, understanding how to develop person centred plans in a way that is in line with best practice in a given sector/population context, etc. are perhaps more useful targeted techniques that could be highlighted. The broad names of the models of SDM and PBS should be included, but a little more specificity is needed.*
2. *Understanding how to identify adequate resources or third parties to ensure principles of supported decision making, positive behaviour support, and communication. Oral health practitioners should not be expected to understand best practice disability planning, SDM or PBS. However, they should know a few core techniques and how to efficiently locate the supports, resources and expertise that is needed for each of these things.*
3. *The need for oral health practitioners to actively seek to avoid 'substitute decision making' and to instead seek appropriate resources or advice to ensure supported decision making. Similar language could be used to favour least restrictive practices over and above more restrictive practices (such as anaesthetics/types of anaesthetic). In other words, oral health professionals should not just understand supported decision making or PBS, but they should*

actively resist substitute decision making and undertaking (or referral for) more restrictive practices. That is the mark of the competencies in question.

4. *In essence, some of the statements related to creating plans, using positive behaviour support, and supported decision making are missing half of the necessary content. The statements need to actively outline the practices or strategies that are currently far too prevalent and need to be actively avoided.*
5. *Regarding the list of at-risk populations, whether or not a person has intellectual disability, acquired brain injury (ABI), is neurodiverse, etc is less material than how the person's attributes or diverse needs or communication styles interacts with oral health practitioners before, during and after treatment. The categories that need to be considered when it comes to at risk groups are:*
    a. *Anyone whose communication style means they are at risk of being seen as lacking the ability to make decisions – even if they actually can make decisions but need some third-party support to do this and to communicate the decisions.*
    b. *Anyone whose physical impairments means they are more likely to be subject to restrictive practices that could be replaced with less restrictive practices if a bit of additional interprofessional communication occurred (or communication with appropriate supporters).*
    c. *Anyone whose behaviour may elicit premature reactions or responses that result in the use of unnecessary restrictive practices.*
    d. *Anyone with a disability whose document plans regarding support needs, communication style, and treatment preferences may be well documented but not readily accessible to oral health practitioners, causing the professional to make discretionary decisions during treatment.*

Q7. Do you have any other comments on the Competencies?

The DOHC appreciates the opportunity to respond to the ADC's proposed Draft Professional Competencies for newly qualified dental practitioners and the ADC's robust consultation process. Also the strong emphasis made in the proposed competencies to meet the dynamic needs of at-risk groups and populations is very much appreciated by the DOHC.

Yours Sincerely

Prof Hanny Calache

Chair, Disability and Oral Health Collaboration