

From: [Brian Donovan](#)
To: [Mark Ford](#)
Subject: Fwd: Disability and Oral Health Collaboration response to the ADC Review of Professional competencies of the newly qualified dental practitioner
Date: Friday, 5 November 2021 9:10:44 AM

Dear Mark

The Geelong Parent Network has appreciated the opportunities to have input to the ADC consultation process. As mainly older parents and family members of people with intellectual disability, our experience has too often been left out of professional consults. Further to this, even in reaching out to 'at risk' populations, there is a poor recognition in practice for ensuring supports are in place to hear voices of people with intellectual disability, their families and carers. Our links to the Disability and Oral Health Collaboration have been helpful during this consultation period.

Q1. Do you consider that the draft Competencies outline what is required of a newly qualified dental practitioner to practice safely and ethically? Yes

Q2. Do you agree with the proposal to combine the Competencies for all five divisions of registration into one document? Yes. We note that NPS MedicineWise in Prescribing Competencies Framework state that the competencies should apply to individual contexts including recognised scope of practice and professional and legislative boundaries. We expect there will be areas where this will apply in these draft competencies, such as understandings of shared decision making, and being positive in providing systems support for a person with disability to exercise their human rights in appropriate ways rather than primarily focus on restrictive practices.

In Domain 2, add competency: Understand and apply relevant legislation in dental treatment settings. This includes presumption of decision-making capacity unless there is evidence supporting limitations to decision making capacity.

Q3. Do you have any comments on the format or structure of the draft Competencies? No

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

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

d. The introduction of a definition of interprofessional collaborative practice and the use of term within the Competency statements. Yes. We believe that oral health services are currently not well integrated with other health services. This has a significant impact on people with intellectual disability, their families and carers, already challenged in communicating. The Commonwealth Department of Health's Roundtables during 2020-21

to improve health outcomes for people with intellectual disability have highlighted major disconnections of dental services from other health services.

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

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

The Draft Competencies have 6.3.2: "apply the principles of positive behaviour support to provide person-centred care" replacing "Apply the principles of behaviour management".

We cautiously recommend change to the draft competency to read: Understand and apply positive behaviour practice framework that supports effective and ethical dental service consistent with person-centred care.

The basis for caution and inclusion of words effective and ethical is drawn from a University of Melbourne PhD Completion Seminar titled *Positive behaviour support (PBS) in Australian disability services: Social network perspectives on policy and people* was held on 4 November 2021. The presenter was Brent Hayward and Chair was A/Professor Helen Stokes. Hayward cautioned that PBS was not being implemented as it should be. There were unfortunate practices in Australia of it being presented as a "menu of options" and as being very closely aligned with restrictive practices. The definition of PBS in the context of Australian disability services was stated to be 'confusing' and poorly articulated in NDIS. In a brief discussion of implementing PBS in dental services In Australia, Hayward's recommendation was that Behaviour Intervention was probably a more practical avenue than PBS because current Australian systems are not set up for it. Hayward noted risks in NDIS choosing PBS to provide behaviour support even though PBS has been widely operationalized in policies across Australia. Fundamentally, the problem with PBS implementation was that it focuses on individuals but does not adequately recognize changes to systems necessary for effective implementation

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

We believe there is a need for better communication and planning with oral health professionals. We therefore suggest the addition of this competency: Understand and develop dental treatment plans for people with special needs.

Yours sincerely

Brian Donovan

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