

About respondent

I am responding on behalf of:

An organisation (e.g. education provider, professional association, health authority)

Please tell us about yourself:

Respondent skipped this question

What is your interaction with the ADC? Check all that apply.

Respondent skipped this question

Please tell us about yourself:

Name:

Paul Gibson

Organisation:

Indigenous Allied Health Australia

Consultation questions

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

Yes

(Yes, No, Partly, Do not know)

Please give a reason for your answer:

Indigenous Allied Health Australia (IAHA) would consider the competency standards to be largely reflective of what is required for safe and ethical practice, and that no major gaps are evident. In particular, IAHA are supportive of the strengthened focus on cultural safety within the standards. From IAHA's perspective, cultural and clinical safety are inextricably linked, and clinically safe practice cannot occur in the absence of cultural safety. Further, the change bring the competency standard in line with advancements in the recognition of cultural safe practice elsewhere, including under the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy. It is also essential that the competencies strongly embed cultural safety, due to the influence/relationship with the accreditation standards, supporting efforts to embed cultural safety and decolonise curricula. As noted in 2.10, under application of the standards, there is also a relationship between the competencies and assessment of overseas trained practitioners, which provides another important touch point to cultural safety. The Australian Dental Council may wish to

look to examples in other professions, such as occupational therapy, for new approaches to teach cultural safety in the context of accreditation of overseas trained practitioners.

Do you agree with the proposal to combine the Competencies for all five divisions of registration into one document?

Yes

(Yes, No, Partly, Do not know)

Please give a reason for your answer:

IAHA are supportive of the approach taken, and the intent to highlight common competencies across the five divisions.

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

Respondent skipped this question

(Yes, No, Partly, Do not know)

Proposed changes to the Competencies

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

Yes

(Yes, No, Partly, Do not know)

Please give a reason for your answer:

Per the comment made in response to the first question, IAHA would consider cultural safety, social responsibility, and similar attributes to be heavily linked to the clinical and professional skills, knowledges and attributes of clinicians, particularly with respect to access to care and services for Aboriginal and Torres Strait Islander peoples and the outcomes of care. The updated domain name also aligns with the edits made to strengthen this section of the competenci

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

(Yes, No, Partly, Do not know)

Please give a reason for your answer:

IAHA strongly support the inclusion of cultural safety, with a focus on Aboriginal and Torres Strait

	<p>Islander people, into the terminology section. It is important to support a shared understanding of cultural safety and the roles and responsibilities of practitioners (considering also historical confusion around related terminology such as cultural awareness and competence). Consistency with the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 supports alignment across professions, and utilised an Aboriginal and Torres Strait Islander led definition of cultural safety.</p>
<p>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.</p> <p>(Yes, No, Partly, Do not know)</p>	<p>Partly</p>
<p>Please give a reason for your answer:</p>	<p>IAHA support the inclusion, however it may be worthwhile revisiting the definition to: a) contextualise inequity and risk (for example system factors, social determinants of health, etc.) b) recognise intersectionality, in that people may belong to one or more of these groups, which will influence the unique needs of an individual</p>
<p>The introduction of a definition of interprofessional collaborative practice and the use of the term within Competency statements.</p> <p>(Yes, No, Partly, Do not know)</p>	<p>Yes</p>
<p>Please give a reason for your answer:</p>	<p>Interprofessional collaboration, including across health and non-health sectors, is essential to improve quality of care and to deliver on principles such as holistic and person and family centred care.</p>
<p>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.</p> <p>(Yes, No, Partly, Do not know)</p>	<p>Yes</p>
<p>Please give a reason for your answer:</p>	<p>AHA are supportive of the change and the shift in terminology, particularly to use of 'person' (as opposed to individual in most circumstances). It is</p>

worth acknowledging also that health and social and emotional wellbeing in Aboriginal and Torres Strait Islander contexts extends beyond the health and wellbeing of the individual and includes family, community, Country and other interrelated factors. It is also important that this is linked to cultural safety, as care needs to be contextualised and understanding of the lived experiences and realities of the individual and their family, highlighting the need to establish trust, respect and relationship.

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 Peoples, specifically Competency statements 2 to 5.

Yes

(Yes, No, Partly, Do not know)

Please give a reason for your answer:

As previously stated, IAHA support this inclusion for two main reasons, being the ability to lead change and embed cultural safety within the profession, through professional competencies and associated processes (and the accountability this brings) and the alignment with the National Scheme. While it is important to provide culturally safe newly registered practitioners, it is essential that cultural safety and responsiveness is understood to be a process of ongoing and lifelong learning.

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

(Yes, No, Partly, Do not know)

Please give a reason for your answer:

As previously noted, health in Aboriginal and Torres Strait Islander contexts is broader than the wellbeing of the individual. For example, Dudgeon et al note that "the social and emotional wellbeing of individuals, families and communities are shaped by connections to body, mind and emotions, family and kinship, community, culture, land and spirituality". It is important for health practitioners and services to understand and minimise the environmental impact of their

	practice, and to consider both the health impacts and health promoting opportunities within a changing climate.
<p>The revision of communication related Competencies in Domain 2 and Domain 6, which aim to better reflect the needs of those receiving care.</p> <p>(Yes, No, Partly, Do not know)</p>	Yes
<p>Please give a reason for your answer:</p>	IAHA support the changes, although the language could be stronger in some instances to ensure that people are supported to have ownership of their care and decision making.
<p>The inclusion in Domain 2 of Competency 4 which requires the practitioner to be able to 'recognise, assess, and respond to domestic and family violence risk, prioritise safety, provide information, and refer as required'.</p> <p>(Yes, No, Partly, Do not know)</p>	Partly
<p>Please give a reason for your answer:</p>	As noted in the consultation paper, the profession provides an important opportunity to provide a supportive referral pathway to services for people experiencing domestic and family violence, and newly registered practitioners need the skills recognise, assess and respond to domestic and family violence risk. However practitioners should also be supported by employers and workplaces with respect to practices, procedures and referral pathways, and it will be important that this is supported within the remit of influence of the profession.
<p>The inclusion in Domain 2 of identifying opportunities for improvement and advocating for improved oral health outcomes.</p> <p>(Yes, No, Partly, Do not know)</p>	Yes
<p>Please give a reason for your answer:</p>	The role of the health workforce as trusted advocates is important, and it is valuable for dental practitioners to have the skills to advocate for the needs and outcomes of people, families and communities. Similarly, self-reflective practice and a continuous quality improvement approach is important to ensure that practitioners are

responding to the needs of the communities they serve.

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

Yes

(Yes, No, Partly, Do not know)

Please give a reason for your answer:

IAHA support putting knowledge into practice and our approach to education is based on knowing, being and doing, that is what we know, our attitudes and behaviours. With respect to Domains 5 and 6, IAHA would comment that the evaluation of knowledges should also include value for Aboriginal and Torres Strait Islander ways of knowing, being and doing, and that as a profession there are opportunities to increase teaching and understanding of Indigenous knowledges.

Other changes to the Competencies

Are there any additional Competencies that should be added?

Partly

(Yes, No, Partly, Do not know)

Please give a reason for your answer:

From IAHA's perspective, the competencies appear to be largely complete, noting comments elsewhere and below. Under domain 4, health promotion, and domain 6, person centred care, there is no obvious reference / capability about supporting the person to manage their long term oral health. Whether this requires a standalone competency or amendment to an existing, it would be good for the workforce to recognise their role in support agency and self-determination for people to lead in their care and wellbeing.

Are there any Competencies that should be deleted or reworded?

Partly

(Yes, No, Partly, Do not know)

Please give a reason for your answer

Some minor changes for consideration include: 1.6 could be expanded to identify "culturally safe and trauma informed care", aligning with earlier recognition of the impact of trauma on oral health outcomes and access to care 2.5 could be

amended to include leadership with respect to cultural safety 3.1 could encourage evaluation of knowledge in a critical and culturally safe way, to increase recognition of and value for Indigenous knowledges

Other comments

Do you have any other comments on the Competencies?

Most of IAHA's comments have been captured within the questions and feedback within the survey. One additional comment is regarding the wording on page 9 of the consultation paper, introducing the competency standards. The use of "Australian communities and individual citizens" seems inconsistent with language elsewhere, and could be replaced with "people, families and communities in Australia" or similar.
