



# Roadmap Implementation Governance Group (RIGG)

## Oral Health Priority Actions – Implementation Recommendations

### Background

Element D of the Roadmap includes actions for improving oral health for people with intellectual disability. These oral health actions were discussed at the RIGG meeting of 1 August 2022, with members identifying barriers to, and opportunities for, improving access to oral health care that meets the needs of people with intellectual disability.

Following the August RIGG meeting, members were asked out-of-session to identify priority actions for discussion at the following meeting. Three actions were clearly identified as the highest priorities.

At the RIGG meeting of 14 November 2022, members discussed the priority actions and put forward implementation strategies for each action. Members also identified further strategies for strengthening the provision of oral health care for people with intellectual disability.

This paper presents the strategies discussed at the November RIGG meeting as recommendations from the group for further action.

### Priority actions

#### Priority 1: D.S.4 Expanding oral health promotion

The Commonwealth to work with the disability sector to identify ways of implementing training in oral health as compulsory for disability support workers (Certificate IV), noting that it currently only contains elective content on this issue.

Implementation of this action could deliver quick and practical gains with broad, positive impact on oral health outcomes.

The representative from the Department of Social Services (DSS) advised that Certificate IV support worker qualifications were recently finalised.

#### **Members recommended the following to implement the priority action:**

- DSS to approach the Department of Education about reopening the Certificate IV course for inclusion of oral health actions.
- The following points are to be considered when developing oral health modules for inclusion in Certificate IV:
  - People with intellectual disability to be involved in delivering the training, in line with the principle “Nothing about us without us”. This can be preferably through direct involvement or video resources developed with people with intellectual disability.

- Oral health care competencies to be completed before a person is qualified to work as a support worker for people with intellectual disability.
- Oral health care competencies to include:
  - Understanding why people with intellectual disability are at risk of poor oral health.
  - Supporting people with intellectual disability to maintain their oral health, and respond to associated individual needs and preferences relevant to meal planning and preparation.
  - Identifying when a person may be experiencing an oral health problem and supporting them to access appropriate care including pathways to programs available to enable access to affordable care.
  - Supporting people with intellectual disability to access routine and preventive oral health care.
  - Supporting people with intellectual disability who experience anxiety or distress when visiting a dental practitioner.
  - Hands-on learning in:
    - supporting people to maintain their dental hygiene, for example, how to brush someone else's teeth
    - safe preparation of healthy foods, and
    - supporting people to maintain their dentures.
  - A train the trainer component.
- Training on oral health care should be delivered face-to-face where practicable, for example, through workshops to enable teaching of practical elements of oral health care.
- Include training on supporting the development of individual management plans for oral health.

**Further recommendations:**

- Undertake a scoping and gap analysis to assess what resources already exist in the disability oral health space for training purposes in Australia.
- DSS advised that federal, state and territory skills ministers have agreed to start a reference group to discuss inclusion of oral health care content in Certificate III support worker qualifications. DSS to report on progress of the reference group and advise of opportunities for engagement.
- Reference group to investigate whether existing training may be within the scope of the recommendations associated with this priority, for example [Certificate III](#) and [Certificate IV in Dental Assisting](#).
- Development of oral health modules for Certificate III should consider the same points as identified for Certificate IV.
- DSS, NDIA and Department of Education to consider how to upskill support workers who have already completed their training.

## Equal Priority 1: D.S.1 Increasing the volume of services

Commonwealth Department of Health and Aged Care to:

- work with the Australian Dental Association to promote the Child Dental Benefits Schedule (CDBS) to people with intellectual disability;
- investigate the uptake of the CDBS by particular cohorts, including children with intellectual disability, to help inform the development of appropriate models of care;
- explore the feasibility of financing a dental schedule under the Dental Benefits Act 2008 and other options for people with disability that better support complex and difficult services, such as in hospital services under general anaesthetic;
- lead work with states and territories, peak oral health organisations and PHNs, including in the context of the proposed National Centre of Excellence in Intellectual Disability Health, to support the implementation of 'hub and spoke' models of care that facilitate upskilling, communication, and appropriate referral between centralised special needs dentists and community dental clinics.

This action has several components that ideally work together to improve resourcing and availability of dental services for people with intellectual disability. High out-of-pocket costs for individuals was flagged as a significant barrier to accessing dental services, as well as a shortage of appropriately trained dental practitioners able to deliver care to people with complex needs.

### **Members recommended the following to implement the priority action:**

- Department of Health and Aged Care (DHAC), state and territory jurisdictions and dental professional associations (including the Australian Dental Association (ADA), Australian Dental and Oral Health Therapists Association (ADOHTA) and the Dental Hygienists Association of Australia (DHAA)) to work together on:
  - developing Easy Read resources about accessing oral health care including through the CDBS
  - promoting the CDBS directly to eligible parents/carers of children with intellectual disability
- DHAC investigate the following recommendations:
  - develop strategies to support training of dental practitioners (including specialist dentists) to address shortage of appropriately trained professionals.
  - consult with stakeholders to identify opportunities to improve access to affordable dental services. This may include dental services under Medicare, particularly for groups with particular and/ or complex care needs, and opportunities to support people with complex care needs to access oral health care from qualified practitioners in both public and private settings.
  - consider additional opportunities to support state and territory governments, who are responsible for delivering public dental services, to deliver more services to people with disability.
  - explore opportunities to support models of care that enable dental practitioners to support those with complex care needs in various clinical settings.
  - support pathways for a cross-disciplinary approach to care, for example, including speech therapists or behavioural support practitioners, with the aim of supporting

people to access treatment without sedation, while also supporting pathways for accessing oral health services under sedation when required.

**Further recommendations:**

- Develop resources for use by dental practitioners in providing care to people with intellectual disability across the age ranges.

### Priority 3: D.S.3 Expanding workforce training

Commonwealth Department of Health and Aged Care to:

- work with deans of dental schools on courses for dentists, dental therapists and hygienists to specialise in oral health care for people with disability.
- work with the Australian Dental Association to develop continuing professional development modules.

Responses recognise that this action requires systemic change that will take time to implement, however will result in a more skilled workforce that will, in turn, lead to better access to care.

**Members recommended the following to implement priority action:**

- DHAC to work with professional bodies and tertiary and vocational education providers to include the following content in training for both clinical and non-clinical oral health staff:
  - appropriate use of additional time for familiarisation
  - communication, particularly explaining proposed treatment
  - supported decision-making and informed consent
  - trauma-informed care
  - multidisciplinary care

**Further recommendations:**

- People with intellectual disability and carers/support workers to be involved in training, both creating training materials and/or delivering training.
- Training to be given to all professionals involved in dental care, including dental assistants.
- Explore options to support and encourage clinicians to upskill in providing care to people with intellectual disability, including addressing financial barriers for professionals to access training opportunities.
- Work with the NDIS to ensure NDIS participants have access to communication and/ or behaviour support that is related to their disability when they visit a health service.