Dementia Policy Section
Specialised Programs and Regulation Branch
Department of Health
MDP 511
GPO Box 9848
Canberra ACT 2601

By email: dementia@health.gov.au

Dear Sir/Madam

Re: Specialist Dementia Care Units Consultation

The Australian Dental Association (ADA) welcomes the opportunity to comment on the Department’s Specialist Dementia Care Units (SDCU) Consultation Paper (CP).

The ADA is the peak national professional body representing the majority of Australia’s 16,000 plus registered dentists as well as dentist students. ADA members work in both the public and private sectors.

In broad terms, the ADA supports the proposed SDCU service model. Our comments on the SDCU CP are confined to points raised in Section 4 in relation to intake assessment, care and services to be provided, quality standards, staff training and education, and clinical advisory committees.

As acknowledged in the CP, undiagnosed pain and discomfort due to unmet dental health care needs is often a significant cause of distress, agitation, and/or resistant or disruptive behaviour amongst the residential aged care population with dementia. Recent Australian research suggests that provision of routine oral and dental health care to residents unable to care for their own oral hygiene is inadequate in many residential aged care facilities, particularly for those with dementia or other health conditions who may find it difficult or uncomfortable to co-operate with such care provision.¹

For this reason, the ADA suggests that an oral and dental health examination conducted by a dentist, and evidence that any required dental treatment has been provided should be a condition of the ‘preliminary screening’ process for potential entrants to SDCU facilities.

In some cases, consideration of untreated dental needs as a potential cause of BPSD as part of the preliminary screening process may obviate the need for the more resource-intensive ‘needs assessment’ process outlined in the CP.

Given that the CP acknowledges that the number of SDCU places envisioned by the Government falls way short of the number likely to be referred to the service, ensuring preliminary screening criteria include a dental examination and provision of any necessary treatment would reduce public costs associated with the

needs assessment process, raise awareness of dental pain as a significant cause of BPSD amongst aged care staff, carers and families, and increase the likelihood that people with dementia suffering undiagnosed dental pain will receive the quality dental and oral health care they need as quickly as possible.

With respect to care provision within SDCU’s, the ADA notes that SDCU providers will be required to comply with the Single Aged Care Quality Standards Framework which is yet to be finalised, following a consultation process undertaken in 2017.

The ADA reiterates the view strongly expressed in our submission to that consultation process that explicit required standards of oral and dental health care should be retained in the new Quality Standards Framework. This is crucial to ensure that AACQA assessors have minimum expected quality outcomes against which to assess standards of oral and dental health care being delivered in aged care facilities, including SDCU’s.

The ADA supports the Department’s requirement that SDCU providers demonstrate a staffing mix that includes a higher proportion of staff trained in the care of people with BPSD and dementia than is typically seen in mainstream facilities.

However, as the ADA has argued in its response to the Single Aged Care Framework Consultation, and in its recent 2018–19 Pre-Budget Submission to the Treasury, it is also essential that all aged care staff—and most particularly, staff of SDCU’s—be required to undertake education and training that provides them with the specific skills required to provide high-quality oral care to residents with complex health issues and special care needs.

In addition, given the Department’s recognition that unmet dental care needs are often a cause or contributing factor in severe BPSD, the ADA recommends that the membership of each unit’s clinical advisory committee should include a dentist with expertise in special needs dentistry.

Should you require any further information, please contact Mr Damian Mitsch, Chief Executive Office on 02 8815 3333 or ceo@ada.org.au.

Yours sincerely,

Dr P H Sachs
Federal President