

24 September 2021

Marie Warner
Chief Executive
Dental Council – Te Kaunihera Tiaki Niho

Email: consultations@dcnz.org.nz.

Tēnā koe Marie

I am pleased to provide you this feedback as part of the Dental Council's consultation on proposed updates to professional competencies and changes to related scopes of practice for oral health professions

The feedback was developed by the Māori Oral Health Quality Improvement Group, which brings together the expertise of Māori oral health experts and practitioners from across the Māori oral health provider sector. Our aim is to build on progress to better achieve equity of oral health outcomes for Māori and to give high quality advice to the Ministry of health and others, drawing on our clinical and technical expertise and engagement with Indigenous sector practitioners in the development of government policy for Indigenous oral health.

As you will see in our feedback we are broadly supportive of the moves taken by the Dental Council to more adequately incorporate cultural safety into the oral health professions. We do, however, see room for improvements to elevate the work and put an even sharper focus on the need to honour te Tiriti o Waitangi and achieve Māori oral health equity.

To contact the Māori Oral Health QIG on any elements of our feedback, please email us through: admin@Māorioralhealth.org.nz.

Mauri ora

A handwritten signature in black ink, appearing to be 'Justin Wall', written in a cursive style.

Justin Wall
Chair
Māori Oral Health Quality Improvement Group

Māori Oral Health Quality Improvement Group

Submission to the Dental Council - Te Kaunihera Tiaki Niho

Consultation on proposed updates to professional competencies and changes to related scopes of practice for oral health professions

Māori Oral Health QIG support the direction of travel signalled by the proposed changes.

Improving Māori oral health outcomes and eliminating Māori oral health inequities are central to an effective oral health system in Aotearoa. These are of principal concern to the Māori Oral Health Quality Improvement Group (QIG) and have been since our inception.

Having a clinically and culturally safe oral health workforce is one of the most important assets we have for delivering equitable oral health care, and this is something we have long advocated for. A fit for purpose oral health workforce is one of our top four priorities.¹

Overall, we endorse the approach proposed by the Dental Council, Te Kaunihera Tiaki Niho (the Council) in updating the competencies for dentists, oral health therapists, dental therapists, dental hygienists, orthodontic auxiliaries, clinical dental technicians and dental technicians. We are especially supportive of the focus on cultural safety and of the Council working with Te Ao Mārama. All feedback we are providing in this submission should be seen as wanting to strengthen the content of the proposed professional competencies so that we as an oral health workforce are better able to deliver for all people in Aotearoa.

There are some areas that need specific improvement to strengthen our approaches to improving Māori health

We have not provided specific content on all seven of the competencies, instead we have identified five common areas that require further consideration or amendment. In summary these are that:

- Te Tiriti o Waitangi statements across all competencies need slight re-wording which would further strengthen their impact
- The need to be responsive to Māori and give effect to Te Tiriti o Waitangi commitments should be woven through more of the competencies
- The cultural safety competency should consider a greater focus on self-reflection and accountability and recognition of the harms caused by applying a one size fits all approach
- The critical importance of ethnicity data collection should be included through all competencies, and
- Equity should be defined and included in the glossary of all competencies.

Te Tiriti o Waitangi Statements should be amended to include detail on what is meant by the principles of te Tiriti o Waitangi.

In each of the competencies there is a Te Tiriti o Waitangi Statement that includes the following text:

¹ Māori Oral Health QIG (2020) *National Māori Oral Health Equity Action Plan 2020-20*

“The Council is seeking to improve Māori oral health outcomes underpinned by Te Tiriti o Waitangi/Treaty of Waitangi. This is not a new approach and is consistent with central government policy in relation to Māori hauora/health and the Ministry of Health’s Whakamaua: Māori Health Action Plan 2020-2025, which has an equity focus”

The Māori Oral Health QIG considers this text would be strengthened if:

- Reference was made specifically to the source of the principles of Te Tiriti o Waitangi, currently widely used in the health and disability sector (the Waitangi Tribunal’s 2019 Hauora report, as part of stage one of its Kaupapa inquiry into health services and outcomes)² – this is consistent with the way they are described in *Whakamaua*.
- The five principles of te Tiriti o Waitangi as articulated by the Waitangi Tribunal are replicated in the Te Tiriti o Waitangi section in each of the competencies:

Treaty principles
<i>The guarantee of tino rangatiratanga</i> , which provides for self-determination and mana motuhake in the design, delivery and monitoring of health care.
<i>The principle of equity</i> , which puts the focus on achieving equitable health outcomes for Māori.
<i>The principle of active protection</i> , which requires us to take action to achieve equitable health outcomes for Māori.
<i>The principle of options</i> , which is about providing for and properly resourcing kaupapa Māori health services. Furthermore, all health care services should be provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care.
<i>The principle of partnership</i> , which is about working with Māori to work in partnership in the governance, design, delivery and monitoring of health care services.

Some elements of the competencies need to better incorporate te Tiriti o Waitangi and Māori responsiveness

As we indicated in our 2020 feedback on proposed changes to accreditation standards for dental practitioner programmes, it is important to not just have cultural safety standards but for Māori responsiveness to also be woven through all aspects of our competencies as health professionals. To us this is part of giving effect to Te Tiriti o Waitangi.

Although there are a number of possible places to do this, the areas that struck us as potentially having the most impact are:

² Waitangi Tribunal. *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*, WAI 2575. Wellington, New Zealand: Legislation Direct; 2019.

- Move away from referencing te Tiriti o Waitangi principles as kāwanatanga/governance, tino rangatiratanga/sovereignty and ōritetanga/equity instead referring to all five principles (maybe just by pointing to the Tiriti o Waitangi section if it is revised as we suggest). This is most relevant to the professionalism section (1.5) and the way Te Tiriti is described under laws and regulations (1.12) although in the case of the latter reference could be made to the articles of te Tiriti if they are expanded on more.
- Critical thinking should include the requirement for equity analyses in some way.
- Scientific and clinical knowledge would be strengthened by an explicit link to public health approaches and understanding the causes of inequity, including the role played by racism.
- Competencies should acknowledge the need to work with Māori health and disability providers, including Māori oral health providers, as necessary. This could be included for example in the competencies around patient planning.
- Competencies around patient plans would also be strengthened, in line with culturally safe practice, by acknowledging the need to work in partnership with patients and their whānau, as appropriate.

Cultural safety content would be strengthened by a greater focus on self-reflection and accountability.

In our view, a strength of the Medical Council's statement on cultural safety is that it explicitly puts a spotlight on self-reflection and accountability. We recommend some of this content (such as points 9(a) to 9(f)) be more explicitly incorporated into our standard.

We think adopting the content of this section of the Medical Council statement will also address some of the harms caused by taking a one-size-fits-all approach to people from particular ethnic or cultural groups. For this we look particularly to point 9(c) from the Medical Council:

Acknowledging that general cultural information may not apply to specific patients and that individual patients should not be stereotyped.³

The critical importance of high-quality ethnicity data could be acknowledged in the competencies.

It is really positive to see references to health equity throughout the competencies. However, to be able to conduct equity analyses and monitor our performance we need high quality ethnicity data.

³ Medical Council of New Zealand (2019), Statement on Cultural Safety. Retrieved from <https://www.mcnz.org.nz/assets/standards/b71d139dca/Statement-on-cultural-safety.pdf>

We recommend that reference to the Ethnicity Data Protocols be included in the competencies. This could fit under professionalism, critical thinking or clinical information gathering.

A definition of equity would add to the overall strength of the competencies.

The concept of equity is often misunderstood in the health and disability sector. When we talk about it we are moving beyond mere equality of opportunity and talking about addressing unfair and unjust differences in health outcomes.

Although there are a number of good definitions available, a starting point could be the Ministry of Health definition:

In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.⁴

Implementation

We are realistic and understand that there needs to be thoughtful implementation of the new competencies. Shifting to the new cultural safety standard will require a transition period, but we strongly advocate for this to be no more than one year.

We also agree with removal of the detailed scope of practice activities from the gazetted scopes of practice, and replacement with gazetted professional competencies.

Further discussions or engagement.

The Māori Oral Health QIG also want to again acknowledge the value of the Council working with Te Ao Mārama on the competencies and we encourage this to continue in the implementation of the competencies. We also signal a willingness to support this partnership as we are able, to ensure that whānau Māori are well served by a fit for purpose oral health workforce.

⁴ Ministry of Health website [link](#), last updated 1 October 2019. Accessed 8 September 2021.