Consultation Paper:

Development of Intellectual Disability Health Core Capabilities

Contents

> Thank you for taking the time to contribute to this process and to those who have already contributed to the development of the intellectual disability health core capabilities.
>
> Your experiences, thoughts and expert advice are highly valued.

Section 1: Context

Background to the Intellectual Disability Health Capability Framework

The Department of Health and Aged Care (the Department) is leading the Intellectual Disability Health Curriculum Development Project, a short-term action under the *National Roadmap for Improving the Health of People with Intellectual Disability*. A key component of the project is the development of an Intellectual Disability Health Capability Framework (the Framework) in collaboration with people with intellectual disability, their families, carers and support workers, accreditation authorities, universities, health professionals and academic experts.

The purpose of the Framework is to set out clear capabilities and learning outcomes regarding health care for people with intellectual disability. The Framework will also include implementation guidelines and resources to support universities to integrate intellectual disability health care principles into their current pre-registration education curricula. The ultimate aim is to prepare graduates with the required capabilities to provide the highest quality care to people with intellectual disability throughout their future health professional careers. The Framework also aims to support accreditation authorities to integrate these capabilities within health professional accreditation standards in future review cycles.

What is the purpose of this consultation?

The purpose of this consultation process is to seek your feedback on a set of draft core capabilities that have been developed. The core capabilities will be a fundamental component of the Framework. Your feedback will help us further improve and refine the core capabilities.

To view the draft core capabilities and provide your feedback, please go to the Department's Consultation Hub.

What has been the process of developing the draft core capabilities?

The draft core capabilities have been developed by the Department, in collaboration with a drafting group consisting of members from:

- the Department of Developmental Disability Neuropsychiatry (3DN), Faculty of Medicine and Health, University of New South Wales, Sydney
- the Paramedic Unit, College of Medicine and Public Health, Flinders University
- the Australian Medical Council
- the School of Medicine and Dentistry, Griffith University
- the Department of Medical Education, Melbourne Medical School.

The draft core capabilities have been informed by:

- focus groups with people with intellectual disability, their families, carers and support workers, and academic, accreditation and clinical experts
- a survey with academic, accreditation and clinical experts
- discussions with an expert advisory group.

Feedback from this consultation process will inform further changes to and refinement of the draft core capabilities. A summary of the findings from this consultation will be publicly released and may include de-identified responses from submissions.

Section 2: Overview of the core capabilities

Core capability areas

The core capabilities are divided into six broad capability areas, which are presented below along with a description of each capability area.

Intellectual Disability Awareness	Develop and apply knowledge of both physical and mental health for people with intellectual disability to work in an intellectual disability aware manner.
Communication	Adapt communication to the person with intellectual disability's preferred style and methods, including recognising behaviour as a form of communication.
Quality Evidence-Based Clinical Care	Apply knowledge of strengths-based, person-centred approaches to clinical care that incorporate reasonable adjustments, responsive health care and proactive approaches to preventative physical and mental health care across the lifespan.
Coordination and Collaboration	Engage and work collaboratively with people with intellectual disability, families and carers, disability, health and allied health professionals to provide coordinated, multidisciplinary care for people with intellectual disability across services and sectors, and through transitions.
Decision-Making and Consent	Facilitate inclusion of people with intellectual disability in making decisions about their care and uphold applicable legislation and policies related to consent and substitute decision-making.
Responsible, Safe and Ethical Practice	Engage in practices that uphold legislative frameworks relevant to working with people with intellectual disability, and promote safety and people with intellectual disability's right to access quality health care.

Intellectual Disability Awareness

Develop and apply knowledge of both physical and mental health for people with intellectual disability to work in an intellectual disability aware manner.

The core capabilities belonging to the area of Intellectual Disability Awareness are presented below, along with a description of each capability.

Capability	Description
Human rights of people with disability	Practise in a manner that promotes and upholds the human rights of people with intellectual disability.
Attitudes, values and beliefs about people with intellectual disability	Practise in a manner that values people with intellectual disability.
Power differentials	Adapt practice to remove power differentials between health professionals and people with intellectual disability and equip people with intellectual disability to maximise control over their own health care.
Health status of people with intellectual disability	Apply knowledge of the health status of people with intellectual disability to inform their health care provision from prevention to recovery.
Historical and current models of health care for people with intellectual disability	Apply current best practice models of health care for people with intellectual disability, with an awareness of historical models, to inform equitable health care provision.
Determinants of health in people with intellectual disability	Provide care to people with intellectual disability by applying knowledge of the determinants of health to inform health care provision.
Causes of intellectual disability, co-occurring conditions and variability across individuals	Provide individualised care to people with intellectual disability by applying knowledge of the causes of intellectual disability and the associated common co-occurring conditions experienced by people with intellectual disability.
Barriers and enablers to health care access	Facilitate health care access for people with intellectual disability by applying knowledge of the barriers and enablers to access experienced by people with intellectual disability.

Communication

Adapt communication to the person with intellectual disability's preferred style and methods, including recognising behaviour as a form of communication.

The core capabilities belonging to the area of <u>Communication</u> are presented below, along with a description of each capability.

Capability	Description
Communicate directly with the person with intellectual disability	Communicate and engage directly with every person with intellectual disability, using their support networks to facilitate this when necessary.
Person's preferred language and communication style and adapted communication	Determine the person's language preferences and preferred communication style and adapt accordingly, including seeking advice from the person and their family and support networks and using communication aids.
Behaviour as a form of communication	Apply knowledge that behaviour is a form of communication for people with intellectual disability and use it to inform assessment, diagnosis and care.
Communicate about safety	Communicate with people with intellectual disability in a way that contributes to their sense of safety and comfort in health care situations.

Quality Evidence-Based Clinical Care

Apply knowledge of strengths-based, person-centred approaches to clinical care that incorporate reasonable adjustments, responsive health care and proactive approaches to preventative physical and mental health care across the lifespan.

The core capabilities belonging to the area of Quality Evidence-Based Clinical Care are presented below, along with a description of each capability.

Capability	Description
Dignity and respect	Treat people with intellectual disability with dignity and respect.
Strengths-based approach	Recognise the person with intellectual disability's individual abilities and implement a strengths-based approach to care.
Person-centred care	Use a person-centred approach and ensure the person is at the centre of planning and decision-making about their care.
Reasonable adjustments	Implement reasonable adjustments to care that meet the individual needs of the person with intellectual disability.
Inclusion in care	Include people with intellectual disability in all stages of their care including asking people their needs and preferences, informing them of what is happening, including them in care planning and offering a full range of choices.
Diagnostic overshadowing and other reasons for misdiagnosis	Apply knowledge of diagnostic overshadowing and atypical presentations and their role in under-diagnosis and misdiagnosis in people with intellectual disability.
Complex care needs	Apply knowledge of clinical, social and contextual factors contributing to complexity of health care and be able to address complex care needs.
Deterioration in clinical status	Recognise deterioration in clinical status even when communication or care needs are complex, and implement a plan to address deterioration.
Evidence-based non-pharmacological and pharmacological management	Use best practice, evidence-based non-pharmacological and pharmacological approaches to manage all health conditions for people with intellectual disability, including always offering the least restrictive alternative.
Overprescribing of medications	Apply knowledge of the overprescribing of medications and polypharmacy for people with intellectual disability using prescribing guidelines, medication review, and active monitoring.
Behaviours of concern	Employ Positive Behaviour Support and the least restrictive techniques to work safely with people who may display behaviours of concern.

Lifespan approach to health care	Apply a lifespan approach to health care for people with intellectual disability, including making adjustments to accommodate individual needs.
Preventative health care and promotion	Employ proactive health care practices and health promotion activities for people with intellectual disability that aim to enhance quality of life, corresponding to known health risks and comorbidities at a population and individual level.
Trauma-informed care	Apply a trauma-informed care approach that sensitively considers the greater likelihood of prior trauma when working with people with intellectual disability.
Evidence-based practice	Apply evidence-based practice in the health care of people with intellectual disability.

Coordination and collaboration

Engage and work collaboratively with people with intellectual disability, families and carers, disability, health and allied health professionals to provide coordinated, multidisciplinary care for people with intellectual disability across services and sectors, and through transitions.

The core capabilities belonging to the area of Coordination and Collaboration are presented below, along with a description of each capability.

Capability	Description
Care navigation through health, mental health and disability services	Facilitate care navigation through and between health, mental health and disability services.
Relationships of trust	Build relationships of trust with people with intellectual disability, families, carers and support workers.
Collaborative partnerships	Work collaboratively with the person with intellectual disability, their families, carers and other support network members, and professionals to enhance the health care of people with intellectual disability.
Intra- and interdisciplinary collaboration	Undertake intra- and interdisciplinary collaboration across all stages of a care pathway.
Transitions in care	Facilitate effective transfers of care between health professionals and services for people with intellectual disability by incorporating the knowledge of professionals who have experience working with people with intellectual disability to create effective care pathways.
Structure and function of the disability support system and its workers	Apply knowledge of the structure and function of the disability support system and implement systems that coordinate professionals to support people with intellectual disability to access appropriate health care and disability supports.
Health literacy for people with intellectual disability, families, carers and support workers	Support quality health care for people with intellectual disability, including by fostering health literacy in people with intellectual disability and providing accessible information.

Decision-Making and Consent

Facilitate inclusion of people with intellectual disability in making decisions about their care and uphold applicable legislation and policies related to consent and substitute decision-making.

The core capabilities belonging to the area of <u>Decision-Making and Consent</u> are presented below, along with a description of each capability.

Capability	Description
Supported decision-making	Facilitate supported decision-making to maximise the capability of all people with intellectual disability to make or be included in decisions about their care.
Assess capacity to consent	Assess the capacity of a person with intellectual disability to consent to each decision about their health care, using supported decision-making practices and reasonable adjustments, in line with relevant legislation.
Consent and substitute decision-making	Support a person with intellectual disability to consent where they have capacity, or identify and work with substitute decision-makers where required.

Responsible, Safe and Ethical Practice

Engage in practices that uphold legislative frameworks relevant to working with people with intellectual disability, and promote safety and people with intellectual disability's right to access quality health care.

The core capabilities belonging to the area of Responsible, Safe and Ethical Practice are presented below, along with a description of each capability.

Capability	Description
Advocacy	Advocate for the needs of people with intellectual disability and support people with intellectual disability to engage in self-advocacy or find a suitable advocate.
Safeguards against potential exploitation, violence, abuse and neglect	Identify and act on signs of exploitation, violence, abuse and neglect against people with intellectual disability, and practise in a manner that safeguards people with intellectual disability against potential harms.
Legislation and other frameworks	Uphold applicable legislation, policy, frameworks and practice guidelines relevant to working with people with intellectual disability, including being aware of the increased potential for harm when a person with intellectual disability comes into contact with the health system.
Reflect on and enhance capabilities	Be aware of your own capabilities around intellectual disability health and seek professional development opportunities and advice from intellectual disability specialists to enhance knowledge and skills where required.

Section 3: Consultation

Please complete the survey on the Department's [Consultation Hub](). For your reference, the key consultation questions are:

- Do the six broad capability areas (see page 5) capture the important areas that health students should know about and be able to do?
- Are the key capabilities captured in each area?

What's next?

Following this consultation, we will publish a summary of the findings ensuring that any responses included are de-identified. The findings from the consultation will be used to refine the core capabilities.

A modified Delphi will be conducted in early 2023 to seek consensus on the core capabilities that should be included in the Framework. Consensus on terms and language used will also be sought at this later stage.

Once the core capabilities have been finalised, the Framework will be developed. The development will include the creation of learning outcomes associated with each capability and guidelines for implementing the Framework into curricula.