



Communiqué

The 60th meeting of the Dental Board of Australia (the Board) was held on 20 February 2015. The Board is established under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

This communiqué highlights key discussions and considerations from the Board's meeting. The Board publishes this communiqué on our website and emails it to a broad range of stakeholders. Please forward it to your colleagues and employees who may be interested.

Approval of programs to extend scope of practice

The National Board published revised scope of practice registration standard and associated guidelines in 2014.

To support the implementation of these documents, the Board has also undertaken a review of the process to approve programs to extend scope (previously known as add on programs).

The scope of practice registration standard states that dental practitioners must only perform dental treatment for which they have been educated and trained in programs of study approved by the National Board.

The Board's scope of practice registration standard defines two main program types approved by the Board – approved programs of study leading to registration and endorsement, and programs to extend scope.

It is only through these two types of programs that foundation knowledge can be obtained. The Board has also agreed that programs to extend scope do not apply to dentists or dental specialists as the programs leading to registration provide them with the full range of foundation knowledge.

The Board has agreed that any program that leads to foundation knowledge should be accredited against the same accreditation standards.

As the accreditation authority for the profession, the Board has agreed that the Australian Dental Council (ADC) is the appropriate entity to undertake the accreditation of these programs to extend scope. The ADC is currently developing the processes to accredit these programs. They will be accredited against the revised accreditation standards for the profession published on the ADC website.

The Board will work closely with the ADC on the implementation of this process. The Board is currently writing to the providers of programs currently listed on the add-on program list to confirm the status of these programs. The ADC will publish information on its website in due course for those wishing to provide programs to extend scope and to have these programs accredited by the ADC then approved by the Board. Providers should monitor the ADC's website for this information. It is anticipated that this will commence in the second half of this year.

Australia's Future Health Workforce – Oral Health Detailed and Overview Reports published

[The Department of Health](#) has published the detailed and overview oral health workforce reports.

The ***Australia's Future Health Workforce - Oral Health - Overview Report*** presents workforce planning projections for the total oral health workforce, along with a brief description of Australia's oral health services and demand for those services, particularly among specific population groups (children,

older people, low income and socially disadvantaged people, people with special needs, Aboriginal and Torres Strait Islander people, and people living in rural and remote areas).

The Australia's Future Health Workforce - Oral Health - Detailed Report is a publication that supports the overview report and provides:

- information on the methodology used to generate the workforce projections for individual oral health workforces
- workforce planning projection results for dentists, oral health practitioners (comprising dental hygienists, dental therapists and oral health therapists) and dental prosthetists, and
- workforce profiles for each oral health workforce, including a brief overview of their role and training pathway, presentation of information describing the number and characteristics of the existing workforce, a summary of issues expected to impact supply and/or demand for the workforce, and an assessment of existing workforce position (whether workforce supply matches demand for services or not).

The Board is currently reviewing the findings and recommendations of these reports and considering how these may inform the policy work of the Board.

Practitioner audit

The Board considered a report from the inaugural audit of dental practitioners for compliance with the requirements of the Board's core registration standards.

The dental practitioners selected for audit provided a representative sample of all practitioners registered within the profession across Australia, in terms of age, sex and principle place of practice.

The audit outcomes indicate that 96.11 per cent of practitioners were compliant with the registration standards audited. An extrapolation of the completed audit results where registration standard compliance is estimated for the population of currently registered dental practitioners indicates a high level of compliance across the profession.

If selected for audit, a dental practitioner is required to provide evidence to support the declarations made at the time of renewal of registration. When making these declarations, it is important that practitioners do so honestly and with a full understanding of the requirements of the Board's registration standards.

Information on the audit process is published on the Board's [website](#).

Use of Cone Beam Computed Tomography (CBCT)

To support the implementation of the National Registration and Accreditation Scheme (the National Scheme) and the variation in regulation of the dental profession across jurisdictions prior to the National Scheme, the Board published a policy on the use of Cone Beam Computed Tomography (CBCT) in March 2011. This policy reminded dental practitioners using CBCT that they must be adequately trained in the safe use of CBCT and should abide by the Code of Practice and Safety Guide for Radiation Protection in Dentistry (2005) produced and published by the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA).

Under the National Scheme, the Board has developed a broad regulatory framework that describes the requirements and expectations of dental practitioners in their practice regardless of the clinical area. Clinical guidelines are established by other entities within and outside of the profession and not the National Board. Other regulations established by state, territory or commonwealth governments and agencies, such as those related to the ownership, licensing and operation of CBCT equipment may also apply to the practice of dental practitioners.

The Board is of the view that a specific policy for this clinical area is no longer warranted. Though the Board has removed the specific policy, the public remains protected as the Board still expects dental practitioners to practice within the scope of their education and training at all times; to be aware of and accord with all associated regulations and legislation; to practise in accordance with the current and accepted evidence base of the profession, including clinical outcomes; and to facilitate the quality use of therapeutic products based on the best available evidence.

If a dental practitioner's practice in the use of CBCT was brought into question through a notification, the practitioner would be expected to demonstrate how they had complied with these expectations. This would include informed clinical and financial consent.

Practitioners are reminded to familiarise themselves with the Board's regulatory policies, specifically the *Scope of practice registration standard* and associated guidelines and *Code of conduct*. These documents are published on the Board's website.

New approach to international criminal history checks now in effect

A new procedure for checking international criminal history to provide greater public protection has been implemented by all National Boards and AHPRA.

In effect from 4 February 2015, this new approach requires [certain applicants and practitioners](#) to apply for an international criminal history check from an AHPRA approved supplier and was first announced in November last year. The supplier will provide the international criminal history check report to the applicant and directly to AHPRA.

The new process for checking international criminal history aims to strike a balance between public safety and regulatory burden for practitioners. An international criminal history check will now be required in circumstances where an applicant declares that they have resided in a country other than Australia, for a period exceeding six months when aged 18 years of age or more, or if a applicant or practitioner has declared a criminal history in a jurisdiction outside of Australia.

Balancing the feedback received during extensive [consultations](#) with the requirements and objectives of the National Law, AHPRA and the National Boards will pilot this approach and evaluate its effectiveness after 12 months.

Further information is available on the AHPRA [website](#).

National drug screening protocol strengthened

Mandatory hair testing for all registered health practitioners with substance-related impairment will now be routine in a move by AHPRA and the National Boards to strengthen the national drug screening protocol.

Under the protocol, all health practitioners who have restrictions on their registration linked to past substance abuse will have routine hair testing in addition to urine testing. Routine hair testing helps provide comprehensive information about the use – over time - of a wide range of drugs (not just based on the practitioner's drug taking history).

National Boards will continue to make decisions about individual practitioners with impairment case by case, based on testing standards set out in the protocol.

The drug screening protocol is part of a wider, national strategy to effectively manage compliance and monitoring across the National Scheme. The strategy has been progressively implemented from July 2014. More information is in the [media release](#) on the AHPRA website.

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