



Communiqué

The 62nd meeting of the Dental Board of Australia (the Board) was held on 17 April 2015 in the National Office of the Australian Health Practitioner Regulation Agency (AHPRA) in Melbourne.

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.

Health Ministers to consider independent review of the National Scheme

Federal and State and Territory Health Ministers have been briefed on the final report of the review into the National Registration and Accreditation Scheme (the National Scheme).

Ministers met in Sydney on 17 April 2015 at the COAG Health Council to discuss a range of national health issues, including the final report on the independent review by the former director general of Health in Western Australia, Kim Snowball.

The review involved an extensive consultation process that included more than 230 written submissions and more than 1000 individuals participating in consultation forums in each capital city.

The review aimed to identify what was working well in the National Scheme and opportunities to improve and strengthen AHPRA and the National Boards' work to protect the public and facilitate access to health services.

Ministers requested time to consider the review's recommendations and agreed to consider each of the recommendations at their meeting in August 2015.

The [COAG Health Council communiqué](#) is available on the COAG Health Council website.

Top tips for using the register

The online [national register of practitioners](#) has accurate, up-to-date information about the registration status of all registered health practitioners in Australia. It is an important way the National Scheme helps keep the public safe.

To help the public and employers get the most out of the register, [a copy of *Top tips: Using the register for public safety checks*](#) can be downloaded from the AHPRA [website](#). In particular, the tips remind anyone responsible for recruiting health practitioners how to use the register to verify a practitioner's registration status.

Guidelines on infection control

The Board's standards, codes and guidelines are in place to protect the public.

The Board's [Guidelines on infection control](#) address how dental practitioners can prevent or minimise the risk of the spread of infection in the dental setting. There are two critical parts to these guidelines – documentation and behaviours.

All dental practitioners when they apply for or renew their registration undertake to comply with all relevant legislation, Board registration standards, codes and guidelines – this includes the *Guidelines on infection control*.

They also declare that they are aware of his or her infection status for blood-borne viruses and will comply with the Communicable Diseases Network Australia's *Australian National Guidelines for the Management of Health Care Workers known to be infected with Blood-Borne Viruses* and with the requirements of the Board's guidelines on infection control in relation to blood-borne viruses.

The Board would like to remind practitioners that these requirements apply to all dental practitioners, be they an employee or employer. Failure to comply with these guidelines may lead to a practitioner's conduct being investigated by the Board.

The Board and the [Dental Council of New South Wales](#) may report a practitioner to the relevant state or territory health department through the course of an investigation involving issues related to infection control.

Scope of practice – State and territory drugs and poisons authorities

The scope of an individual dental practitioner's practice is influenced by a range of factors. The Board's requirements of dental practitioners in relation to scope of practice are outlined in its [Scope of practice registration standard](#) and [associated guidelines](#).

One of the factors that may influence a dental practitioner's scope of practice is the drugs and poisons legislation and regulations in place in the jurisdiction in which the practitioner is practising. This authority varies across states and territories.

Dental practitioners should be familiar with the scope of the prescribing authority in the state(s) or territory(ies) in which they practice. This information is usually available through the health department website in the relevant state or territory. Appendix 2 of the Board's [Guidelines for the advertising of regulated health services](#) lists the relevant legislation in each jurisdiction.

During the course of investigation into a dental practitioner's practice arising from a notification, the Board would need to see how the practitioner complied with the relevant prescribing authority if the matter related to the use of a scheduled medicine. For example, a dentist practising in Queensland using botulinum toxin in their practice would need to comply with the prescribing authority for dentists in that state.

Advertising therapeutic goods

As well as considering the Board's [Guidelines for the advertising of regulated health services](#) when advertising their services, dental practitioners also need to be aware of and comply with the requirements of the Therapeutic Goods Administration (TGA) in relation to the advertising of therapeutic goods. These are summarised in Appendix 4 of the Board's advertising guidelines.

In general, the advertising of 'prescription medicines' (Schedule 4) or 'controlled drugs' (Schedule 8) and certain 'pharmacist-only medicines' (Schedule 3 of the Poisons Standard) to the public is prohibited by the therapeutic goods legislation. Exceptions to this are set out in the therapeutic goods legislation.

The purpose of these requirements is to protect public health by promoting the safe use of therapeutic goods and ensuring that they are honestly promoted as to their benefits, uses and effects. Controls are placed on the advertising of therapeutic goods (medicines and medical devices) to ensure advertisements are socially responsible, truthful, appropriate and not misleading.

Further information on Australia's advertising regulation for therapeutic goods, including details of the Complaints Resolution Panel (TGACRP) and the Complaints register, may be obtained from the Therapeutic Goods Advertising Code Council (TGACC) [website](#).

Those intending to advertise therapeutic goods, this may include people who are not registered health practitioners, are advised to familiarise themselves with the requirements of the therapeutic goods legislation in addition to any requirements under the National Law¹ and in the Board's guidelines.

Improving monitoring of conditions on practitioner registration

AHPRA has welcomed calls for stringent monitoring and swift detection of breaches in compliance by registered health practitioners with restrictions on their registration.

¹ The Health Practitioner Regulation National Law, as in force in each state and territory

On 24 March 2015, the Queensland Office of the Health Ombudsman (OHO) published a report recommending a range of initiatives to strengthen monitoring and compliance in Queensland and the National Scheme.

The report's recommendations affirm the sweeping changes AHPRA has already initiated to strengthen its compliance and monitoring program.

AHPRA's detailed response to the OHO and the recommendations in the report is published in the [Corporate publications](#) section of AHPRA's website.

Since July 2014, health complaints management in Queensland for registered health practitioners has involved a partnership between National Boards, AHPRA and the OHO.

Improvements to compliance monitoring add to the overhaul of complaints management in Queensland that started in 2012. Recent initiatives include preparation for stricter drug and alcohol screening announced in February 2015, the appointment of a national compliance manager and stronger national coordination of the compliance function.

For more information, please read the [media release](#) on AHPRA's website.

Expression of interest – Oral surgery policy

The Board invites applications from experienced dentists with specialist registration in oral surgery or oral maxillofacial surgery interested in being included on an approved list of potential members for appointment to the Oral Surgery Panel.

The Oral Surgery Panel provides advice to the Board on applications for specialist registration in oral surgery. More information is published on the [vacancy page](#) of the Board's website and applications close 5.00pm AEST on Monday 11 May 2015.

Risk in dentistry report published by the General Dental Council

The General Dental Council (GDC) has published a commissioned report titled [Risk in Dentistry](#). This report considers the main perceived risk factors – competence, conduct, and context - that impede practice in accordance with the GDC's standards. The research found that the main competency risk factors in dentistry are perceived to be: poor communication, inadequate record keeping, and poor treatment, the main conduct factors were: health issues, and lack of professionalism, and the main context factors were – work overload, isolated practice, financial incentives and pressures, and gender. The research drew upon key published literature, a representative registrant perceptions survey, and in-depth dental and regulation stakeholder interviews.

The Board is working with AHPRA to develop a similar profile and taxonomy of harms to inform its future policy work. We will communicate any findings from this work with the profession.

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Chair, Dental Board of Australia
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