



Public consultation on draft registration standards

May 2014

Responses to consultation questions

Please provide your comments in a **word document** (not PDF) by email to dentalboardconsultation@ahpra.gov.au by close of business on **14 July 2014**.

Stakeholder Details

If you wish to include background information about your organisation please provide this as a separate word document (not PDF). - INCLUDED

Organisation name
DHAA Inc
Contact information <i>(please include contact person's name and email address)</i>
Jo Purssey (DHAA Inc President Elect) presidentelect@dhaa.info

Your responses to consultation questions

Registration standard: Professional indemnity insurance arrangements (PII) <i>Please provide your responses to any or all questions in the blank boxes below</i>
1. From your perspective how is the current PII registration standard working?
DHAA is unaware of any problems in respect to the current standard pertaining to PI
2. Are there any state or territory specific issues or impacts that have arisen from applying the existing PII standard?
DHAA is unaware of any state or territory specific issues or impacts that have arisen from applying the existing PII standard
3. Is the content and structure of the draft revised PII registration standard helpful, clear, relevant and more workable than the current standard?
The revised version is helpful, clear, relevant and more workable

Registration standard: Professional indemnity insurance arrangements (PII) <i>Please provide your responses to any or all questions in the blank boxes below</i>	
4.	Is there any content that needs to be changed or deleted in the draft revised PII registration standard?
Insert link to <i>The National Law</i> when and where referenced	
5.	Is there anything missing that needs to be added to the draft revised PII registration standard?
Include definition of 3 rd party PI insurance	
6.	Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?
Yes – 5 yrs is currently appropriate. Reviews are costly and place a demand on limited resources. The standard requires little change, is understood and effective, therefore, it is unlikely that issues will arise in the foreseeable future. Extending the review from 3 to 5 years seems reasonable, responsible and efficient	
7.	Do you have any other comments on the draft revised PII registration standard?
Not at this time.	

Registration standard: Continuing professional development Guidelines: Continuing professional development (CPD) <i>Please provide your responses to any or all questions in the blank boxes below</i>	
1.	From your perspective how is the current CPD registration standard working?
Overall the standards seems to work well – <ul style="list-style-type: none"> • some concern from our members over the costs and access to reputable CPD; • some concern from rural members regarding costs and access to reputable CPD – with the suggestion of professional associations, along with the boards endorsement, being more accountable for the provision on all cpd requirements • some concern over the validity and quality of some cpd being offered and referenced • cpd hours required by part time workers is an ongoing concern from our members, mainly because of costs and access; • DHAA has ongoing concern regarding measuring the quality of cpd – the current standards rely heavily on an honesty system – not very reliable -> recommendation for this aspect of the standard to provide further review with the possible inclusion of structured criteria, in future. 	
2.	Are there any state or territory-specific issues or impacts arising from applying the existing CPD standard that you would like to raise with the Board?
No specific issues known at the time of this submission; <ul style="list-style-type: none"> • issues pertaining to rural and remote workers have been identified and acknowledged 	

Registration standard: Continuing professional development

Guidelines: Continuing professional development (CPD)

Please provide your responses to any or all questions in the blank boxes below

3. Is the content and structure of the draft revised CPD registration standard helpful, clear, relevant and more workable than the current standard?

The revised standard outlines in further detail a number of aspects noted in the previous standard, supporting a helpful, clear, relevant and more workable standard

4. Do you think that:
(a) a percentage of the total CPD hours should be allocated to non-scientific activities?
OR
(b) all CPD activities should be scientific or clinically based?
(Please provide your reasons)

Yes – the DHAA supports a percentage of the total CPD hours should be non-scientific –

- there is a significant amount of relevant information pertaining to running an efficient effective and safe practice, that may not fall under scientific or clinical eg. courses aimed at more effective team management and organisation, including leadership (vital as the types of team members and structure of teams evolve and change); courses aimed at running a business; courses aimed at understanding insurances – personal, health, indemnity etc; – these are all very important for health practitioners in current competitive and litigious society

5. Recognising that a transition process would be required, do you agree with the Board's proposed change that the three year CPD cycle should be aligned with registration period (i.e. each three year CPD cycle run from 1 December – 30 November)?

Yes – this is easier for practitioners to monitor and track

- Further, DHAA suggests that CPD cycles commence at the time of initial registration, rather than during a locked in CPD cycle – this would enable far easier tracking for individuals and result in less confusion when calculating pro-rata hours

DHAA would appreciate more information on the 6months transition period – can it be assumed that the new cycle will just be extended another 6months initially?

6. Is there any content that needs to be changed or deleted in the draft revised CPD registration standard?

No, the revised standard is comprehensive

7. Is there anything missing that needs to be added to the draft revised CPD registration standard?

No, the revised standard is comprehensive

8. Is there any content that needs to be changed or deleted in the draft revised CPD **guidelines**?

1. What are the requirements if I am returning to practice after an absence?

This section is not clear and needs re-writing

- does the explanation mean that only 40hours cpd is required in the first 3 year cycle after

Registration standard: Continuing professional development

Guidelines: Continuing professional development (CPD)

Please provide your responses to any or all questions in the blank boxes below

registration? OR

- does this mean the registration has occurred within an existing cpd cycle, and will thereby only require 40hours OR
- does this mean that 40hours are required in the first year registered within an existing cpd cycle???

In terms of the cpd cycle:

- having it run from 1 December to 30 November each year is a good idea, however
- it would make more sense to have rolling registration and cpd cycle, commencing on the date of an individuals initial registration with the board, rather than calculated on a pro rata basis (causing more confusion) – the 3 year cycle could then be managed and monitored more readily by the member – the cycle dates needs to be reviewed
- clarity on the transition period for the change over needs to be made available

9. Is there anything missing that needs to be added to the draft revised CPD guidelines?

1. include a guide, or a link to, to how many hours can be accumulated from online cpd and journal articles etc
2. include a recommendation that the quality of cpd accumulated may be reviewed during auditing
3. include (or include a link to) the cpd cycle dates

In section

What are the requirements if I have a condition on my registration to complete a required amount of CPD?

- Include an example

In section

How do I choose appropriate CPD activities?

- Include – cpd activities do not provide **accredited skills and training** as outlined by the board for registration requirements

10. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?

Yes – 5 yrs is currently appropriate. Reviews are costly and place a demand on limited resources. The standard requires little change, is understood and effective, therefore, it is unlikely that issues will arise in the foreseeable future. Extending the review from 3 to 5 years seems reasonable, responsible and efficient

11. Do you have any other comments on the draft revised CPD registration standard?

Not at this time.

Registration standard: Continuing professional development

Guidelines: Continuing professional development (CPD)

Please provide your responses to any or all questions in the blank boxes below

12. Do you have any other comments on the draft revised CPD guidelines?

Recommend including reference to (or link inserted to) the CPD fact sheet ->

- review fact sheet to include how many hours can be accumulated from various forms of activity including, but not restricted to, journal articles; pod-casts; study groups etc

Registration standard: Recency of practice (ROP)

Please provide your responses to any or all questions in the blank boxes below

1. From your perspective how is the current ROP registration standard working?

DHAA is unaware of any problems arising from the current standard, suggesting it is working appropriately.

2. Are there any state or territory-specific issues or impacts arising from applying the existing ROP standard that you would like to raise with the Board?

DHAA is unaware of any particular state or territory-specific issues or impacts arising from applying the existing ROP standard

3. Is the content and structure of the draft revised ROP registration standard helpful, clear, relevant and more workable than the current standard?

Yes

4. Is there any content that needs to be changed or deleted in the draft revised ROP registration standard?

In this section

Review

Include reference to – ‘or earlier, should new evidence become available recommending changes to this standard’

5. Is there anything missing that needs to be added to the draft revised ROP registration standard?

DHAA would recommend including what options or course of action is available to applicants who are denied by the board?

- Terms and conditions for re-application

6. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not??

Registration standard: Recency of practice (ROP)

Please provide your responses to any or all questions in the blank boxes below

Yes – 5 yrs is currently appropriate. Reviews are costly and place a demand on limited resources. The standard requires little change, is understood and effective, therefore, it is unlikely that issues will arise in the foreseeable future. Extending the review from 3 to 5 years seems reasonable, responsible and efficient

7. Do you have any other comments on the draft revised ROP registration standard?

Not at this time.

Registration standard: Endorsement for conscious sedation (CS)

Please provide your responses to any or all questions in the blank cells below

1. From your perspective how is the current CS registration standard working?

DHAA believes the current standard, with supporting guidelines, has provided a helpful structure for those wishing to perform CS and for those working around practitioners wishing to perform CS. Regulation of this practise has supported and encouraged work place and patient health and safety.

2. Are there any state or territory-specific issues or impacts arising from applying the existing CS standard that you would like to raise with the Board?

DHAA is unaware of any particular state or territory-specific issues or impacts arising from applying the existing CS standard

3. Is the content and structure of the draft revised CS registration standard helpful, clear, relevant and more workable than the current standard?

Yes – combining the content of the original standard with the guidelines will ensure clarity of the registration standard and reduce confusion developing from multiple documents

4. Is there any content that needs to be changed or deleted in the draft revised CS registration standard?

Yes – DHAA would ask the board to consider changes under the following headings:

Requirements for practice

2 (b)

- a. provide documentation to the Board that you have successfully completed Board approved and competency based courses in dental sedation and medical emergencies **in each** 12 month registration period

- Replace 'in each' with 'every'
- Add on - *in order to maintain said endorsement*

Registration standard: Endorsement for conscious sedation (CS)

Please provide your responses to any or all questions in the blank cells below

5. Is there anything missing that needs to be added to the draft revised CS registration standard?

Yes – DHAA would ask the board to consider changes under the following headings:

Requirements for applying for endorsement

1.(c) - include links to approved courses on website

Requirements for practice

6. include link to state and territory legislation and regulations

7. Add on - *and is in attendance throughout the entire procedure to monitor respiratory and cardiovascular function*

8. include examples and/or provide links

What does this mean for me?

When you apply for registration

Add on - ***you must meet ... the requirements outlined in this standard***

More information

Include links to the website page

6. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?

Yes – 5 yrs is currently appropriate. Reviews are costly and place a demand on limited resources. The standard requires little change, is understood and effective, therefore, it is unlikely that issues will arise in the foreseeable future. Extending the review from 3 to 5 years seems reasonable, responsible and efficient

7. Do you have any other comments on the draft revised CS registration standard?

DHAA would ask the board to consider developing a guideline on the use of relative analgesia using nitrous oxide/oxygen for all dental practitioners. This may serve to provide greater understanding and less confusion regarding the different areas of conscious sedation provided in practise.

Registration standard: Specialist

Please provide your responses to any or all questions in the blank cells below

1. From your perspective how is the current specialist registration standard working?

In view of comments relating to the requirements for maintaining general dentistry registration, the current standard is inadequate. The proposed changes will address this discrepancy.

2. Are there any state or territory-specific issues or impacts arising from applying the existing specialist standard that you would like to raise with the Board?

The DHAA are unaware of any state or territory-specific issues or impacts arising from applying the existing specialist standard.

3. Do you support the proposed changes to the existing standard as outlined in Option 2? (Why or why not?)

Yes – however the DHAA would request additional inclusion regarding the monitoring of competencies for registration as general dentist

4. Is the content and structure of the draft revised specialist registration standard helpful, clear, relevant and more workable than the current standard?

Of what exists in the draft revised specialist registration standard, the content and structure is helpful, clear, relevant and more workable.

5. Is there any content that needs to be changed or deleted in the draft revised specialist registration standard?

Yes.

Under

What must I do?

1. To meet this registration standard, you must:

be qualified for general registration as a dentist in Australia, - this needs further clarification in terms of ROP, plus inserted links to the requirements of maintaining registration as a general dentist

The draft revised specialist registration standard, states:

- registration as a general dentist is not a requirement of specialist registration
- the consequences of not keeping their general dentistry registration current
- that registration as both is possible
- that registration as a specialist ONLY will be noted in the registry as 'restricted registration'

The draft standard DOES NOT

- outline the requirements for maintaining registration as a general dentist, particularly in terms of recency of practice (ROP) – this needs to be stated in a **helpful, clear, relevant and more workable manner**
- in reference to the above, the draft does not ensure clarity for all registered specialists; dental practitioners and those working with and around dental specialists

Registration standard: Specialist

Please provide your responses to any or all questions in the blank cells below

6. Is there anything missing that needs to be added to the draft revised specialist registration standard?

Yes – as per comments in question 5.

Additionally:

the standard should include further information, in terms of maintaining registration as a general dentist, in terms of ROP, under these headings (as used in other standards):

What does this mean for me?

When you apply for registration.....you must.....

When you apply for renewal.....you will be required to declare.....

During the registration period.....you must.....

Evidence..... **The Board may, at any time, require you to provide evidence.....**

What happens if I don't meet this standard?

If a registered specialist wishes to retain their general dentistry registration, they must confirm on their registration that they have met all ROP requirement's to maintain that registration; if not, penalties will apply.

This will ensure greater safety for patients and better understanding for all in terms of registration standards.

7. Do you agree that the name of the specialty oral pathology should be changed to oral and maxillofacial pathology? (Why or why not?)

DHAA acknowledges limited knowledge in the historical relevance and/or significance of the title of speciality oral pathology, however, in terms of consistency and alignment with other specialities using the inclusive terminology oral and maxillo-facial, DHAA agrees that the change to oral and maxillofacial pathology seems appropriate.

8. Do you agree with the minor change to the definition of the specialty oral medicine as outlined? Why or why not?

DHAA acknowledges limited knowledge of the historical relevance and/or significance of the definition of speciality oral medicine, however acknowledges the revised definition seems appropriate and adequate.

DHAA makes further enquiry, (in tview of the request for title change in question 7), should **oral medicine** also align with a title change to **oral and maxillofacial medicine** to reflect further the proposed change to the definition?

9. Do you agree with the change to the definition of the specialty of forensic odontology as outlined? Why or why not?

DHAA acknowledges limited knowledge of the historical relevance and/or significance of the

Registration standard: Specialist

Please provide your responses to any or all questions in the blank cells below

definition of forensic odontology, however acknowledges the revised definition seems this is a more appropriate and comprehensive definition of the speciality, rather than a list of operational duties

10. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?

Yes – 5 yrs is currently appropriate. Reviews are costly and place a demand on limited resources. The standard requires little change, is understood and effective, therefore, it is unlikely that issues will arise in the foreseeable future. Extending the review from 3 to 5 years seems reasonable, responsible and efficient

11. Do you have any other comments on the draft revised specialist registration standard?

Not at this time.

About DHAA Inc.

The Dental Hygienists' Association of Australia (DHAA) Inc., established in 1975, is the peak body representing registered dental hygiene service providers. Membership includes registered dental hygienists, oral health therapists, undergraduate dental students and affiliate members from dental industries. The DHAA Inc. represents leaders in oral health who have been actively practicing evidence based clinical practice and non-communicable disease management for many years. Despite this long history of professional practice, the role and skills of a dental hygienist professional are not well understood by policy-makers and are therefore outlined below.

The Professional Expertise of a Preventive Dental Practitioners

Dental hygienists (DH) oral health therapists (OHT) and dental therapists (DT) are autonomous, professional, highly-trained dental practitioners who specialise in preventive oral health, focusing on techniques that ensure oral tissues and teeth are maintained and remain healthy in order to prevent dental disease, especially common diseases such as dental caries, gingivitis and periodontitis.

Dental hygienists and oral health therapists specialise in disease prevention, through clinical intervention and education. This is fundamental to the management of oral health. The provision of dental health education (including dietary advice and smoking cessation) in conjunction with clinic procedures such as sub-gingival debridement, assist patients to manage conditions like periodontal disease, cardiovascular disease, oral cancers, diabetes and respiratory conditions (particularly in residential and intensive care facilities). Dental hygienists, oral health therapists and dental therapists are the primary preventive oral health providers and are the acknowledged experts in the field of dental disease prevention by our dental professional and allied health colleagues.

The skills, knowledge and training of the preventive dental practitioner are extensive. Training includes health sciences, human biology, anatomy and physiology, microbiology, pathology, oral medicine, dental medicine, pharmacology, dental materials, periodontics, risk factors, etiology of disease, cariology, orthodontics, geriatric dentistry, special needs dentistry, oral health promotion and education, dental public health, preventive dentistry, community dentistry, minimal intervention, dental radiography, temporary restorations, local anaesthesia and clinical practice, differential diagnosis, examinations, diagnosis, treatment planning and delivery within scope of practice.

The National Law requires the same level of professional responsibility from dental hygienists, oral health therapists and dental therapists as it does from dentists, dental specialists and dental prosthetists in that all practitioners must have their own professional indemnity insurance, must hold current radiation use licenses and must meet the required 60 hours of mandatory continuing professional development within in a three year cycle.

The DHAA Inc. acknowledges that all dental practitioners are part of a team who work together within their particular areas of competence to provide the best possible care for their patients. However, the notion that dental hygienists, oral health therapists, and dental therapists are ancillary health care providers is misconceived.

Dental hygiene and oral health therapy are unique, highly qualified preventive professional disciplines. This position is supported by the Australian Industrial Relations Commission (AIRC) 2009 Decision via a successful Award variation application from the DHAA Inc. (re MA000027 – Health Professionals and Support Services Award 2010) to remove dental hygienists from the award and have them declared award free. In supporting the DHAA Inc.'s application, the Full Bench of the AIRC recognised that dental hygienists are **not ancillary health care providers** and therefore accepted that the closest comparison profession to dental hygiene is the employed dentist.¹

Our objective is the effective delivery of quality oral health services, improving oral health and therefore also general health. Dental hygienists and oral health therapists are employed throughout Australia as academics and educators by tertiary and vocational education providers to develop, deliver and evaluate programs, which educate future providers of public and private oral health services. They have a critical role in maintaining standards, which deliver the highest possible care to all population groups and in developing education strategies that align with the optimum provision of oral health care within an array of policy frameworks in States and Territories of Australia.

¹ Rule 5 of the Australian Industrial Relations Commission Rules Work Place Relations Act 1996 (Section 576H of the Act)