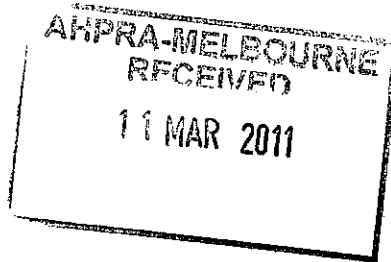


01 March 2011



Ref: D/11/2235

Executive Officer  
Dental Board of Australia  
GPO Box 9958  
MELBOURNE VIC 3001

Dear Executive Officer

**Feedback on Dental Board of Australia –consultation documents (guidelines on supervision and registration standards s66, 68 and 69)**

The Health Quality and Complaints Commission (HQCC) is an independent statutory body dedicated to improving the safety and quality of healthcare provided in Queensland.

We support the development and implementation of guidelines and registration standards by the Dental Board of Australia (DBA).

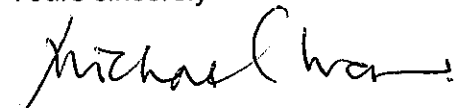
Our comments in this submission relate to the consultation documents: *guidelines on supervision and registration standards s66, 68 and 69* and are provided in Attachment 1. Our submission is informed by our experience in conducting a number of major investigations in recent years involving practitioners with limited registration and issues of unsatisfactory levels of supervision and unsafe practice, particularly in rural and remote areas.

We are pleased at the Board's attempt to provide greater clarity around the expectations of dental practitioners with limited registration and of their supervisors, including greater clarity around the supervision plan and reporting. Our submission seeks to strengthen these aspects of the standards and guidelines.

Thank you for the opportunity to comment. If you wish to discuss the contents of this submission further, please contact Dr Alyson Ross, Executive Manager, Quality Services, [REDACTED]

We are committed to ensuring the healthcare provided in Queensland is of the highest possible standard.

Yours sincerely



Professor Michael Ward  
Commissioner

# Attachment 1

No.	Document	Page number/section	Issue/suggested change	Rationale
1	Guidelines on supervision	Page 2, Introduction. Second paragraph.  ".....require the Limited registrant to have a supervisor and in addition <b>some</b> supervisors of limited registrants are required to provide supervision plans and reports to the Board".	It is not immediately clear which supervisors this requirement does or does not apply to?  Need to make reference to the table in Attachment A.	For clarity.
2		Page 2, Supervisor.  "The nominated supervisor must have ..... current registration as a general dental practitioner in Australia."	Suggest add to end of this sentence " <i>...with no conditions, suspensions, undertakings or reprimands attached to their registration</i> ".	It is essential supervisors are not themselves subject to supervisory arrangements or disciplinary actions. This is alluded to later in the guidelines, but needs to be upfront for emphasis.
3		Page 3, Supervisor.  The induction/ orientation program which includes an "overview of the health system in Australia, an introduction to professional standards....."	Suggest change to read "overview of the health system in Australia, an introduction to professional <b>and national safety and quality health service</b> standards, information on cultural differences, practice policies and procedures and <b>contact details for relevant professional support organisations</b> ".	To provide additional support to the Limited Registrant.
4		Page 3, Supervisor.  "The supervisor must....."	The supervisor should make a written declaration of their relationship with the registrant to be supervised at the beginning of the supervision process – for example in the Supervision Plan.	To increase transparency and preserve the independent nature of the supervisory relationship.
5		Page 3, Requirements for supervisor to notify the Board.  Second paragraph relating to supervisor taking temporary leave for a period of up to 3 months.	The Board should be notified of a change of supervisor if the period is <b>two weeks</b> or longer.  The secondary supervisor must meet all of the requirements of the nominated supervisor.	Three months is too long a period of supervised practice without notification.  The standard of supervision needs to be maintained.

6		Page 9, Template Supervision Plan	Suggest add "to notify the Board immediately if s/he has concerns about the terms of the supervision arrangement or the ability of the supervisor to provide supervision as outlined in the supervision plan".	To provide support to the Limited Registrant and preserve safe practice.
7		Page 10, Template Supervision Report. Section C.	Suggest more details about orientation program required, including where the program was undertaken e.g. name the location/facility.	To increase transparency and auditability.
8		Page 12, Template Supervision Report	In assessing performance, it is critical that a record of the Limited Registrants time actually spent with patients and the number of patients seen be recorded as raw data.	This is to prevent the situation where a registrant does not meet these threshold criteria and is in line with other professional bodies supervision requirements.
9		Page 14, Template Supervision Report, Appendix 1	Competencies should include ability to communicate effectively (beyond the base levels) with supervising and regulatory authorities and to do so in a timely manner.	Our complaints and investigations data highlight this as an area of concern that needs to be addressed.
10	Section 66 – postgraduate training or supervised practice	Page 3, Pathway B, point 3.	Suggest delete "if required" at end of sentence.	Supervision plan and Supervision reports are required (see Attachment A, Guidelines on supervision)
11		Page 4, Definitions	Suggest add definitions for 'supervision plan' and 'supervision report'.	For consistency of communication across the standards and guidelines.
12	Section 68 – public interest	Page 6, Requirements. Point 3 in relation to minimum hours.	The requirement of 250 hours a year for past three years is too low. This is equivalent to no more than 15% of full time hours.  It is suggested that a more reasonable level would be 2000 hours cumulated over three years, with no year being below 500 hours.	Considered a more reasonable level to maintain competency.
13		Page 6, Requirements. Points 5 and 6 in relation to supervisor.	Suggest some reference be made here to the requirement that the supervisor must meet the requirements for supervisors as specified under the	For consistency of communication across the standards and guidelines.

			Guidelines on Supervision.	
14		Page 6, Requirements. Points 2 – 5	Reference to years/months is sometimes numerical (eg. 2, 3, 4) and sometimes in words. Suggest use internationally accepted approach i.e. writing the numbers one to nine in words and the numbers 10 and above in figures.	For clarity/consistency.
15		Page 7, Definitions	Suggest add definitions for 'supervision report'.	For consistency of communication across the standards and guidelines.
16	Section 69 – teaching or research	Page 8, Requirements. Point 3 in relation to minimum hours.	The requirement of 250 hours a year for past three years is too low. This is equivalent to no more than 15% of full time hours.  It is suggested that a more reasonable level would be 2000 hours cumulated over three years, with no year being below 500 hours.	Considered a more reasonable level to maintain competency.
17		Page 8, Length of registration period and ability to renew Limited registration	Suggest add to the end of this title " for teaching and research".  Also first paragraph change to read: "Limited registration for teaching and research as set out by section 72 of the National Law must be renewed....."	For improved clarity.
18		Page 9, Purpose of registration	Suggest it be clarified that this registration is allowed only at the main campus of the University. Practice outside the main campus in clinics where the University has a presence, but where the Limited Registrant would not have access to supervision by a full registrant should be specifically prohibited.	This removes the possibility of a limited registrant working as a clinician on patients where no direct supervision is possible. This scenario is more and more likely in the University sector with current Health Workforce Australia (HWA) reforms.