



AUSTRALIAN DENTAL  
ASSOCIATION INC.

## **Australian Dental Association Inc.**

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**Dental Board of Australia**

**Proposed Guidelines on supervision (for Limited registration)**

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**17 March 2011**

**Authorised by  
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Federal President**

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## ABOUT THE AUSTRALIAN DENTAL ASSOCIATION

The Australian Dental Association Inc. (ADA) is the peak national professional body representing about 12,000 registered dentists engaged in clinical practice. ADA members work in both the public and private sectors. The ADA represents the vast majority of dental care providers.

The primary objectives of the ADA are:

- to encourage the improvement of the oral and general health of the public and to advance and promote the ethics, art and science of dentistry; and
- to support members of the Association in enhancing their ability to provide safe, high quality professional oral healthcare.

There are Branches in all States and Territories other than in the ACT, with individual dentists belonging to both their home Branch and the national body. Further information on the activities of the ADA and its Branches can be found at [www.ada.org.au](http://www.ada.org.au).

Thank you for the opportunity to respond to the Dental Board of Australia (DBA) on the proposed Guidelines on supervision (for Limited registration). Should you wish to discuss any of the matters raised in this response, please contact the Association.

## COMMENTS ON PROPOSED GUIDELINES

In general terms the ADA agrees that the expectations of supervisors and the practitioners with limited registration need to be clearly set out. It supports the "purpose of supervised practice" as set out in the Introduction to the proposed guidelines. It notes the fact the Guidelines are confined to "Limited registrants who have a supervisor" and to "supervisors of Limited registrants" and does not apply to the broader supervision requirements of dental practitioners as identified elsewhere in the National Law and the Board's Guidelines.

The ADA offers the following comments:

### 1. Supervisor:

- i) The ADA agrees with the criteria and comment setting out the requisite experience as to whom can be a supervisor.

The only comment the ADA would make is that in respect of the credentials of the supervisor in the public sector, it felt that it should be made clear that the credential for that supervisor to hold a public sector position at a level higher than the practitioner being supervised be in addition to the minimum requirement that the supervisor has four (4) years' experience.

The situation could potentially arise where a public sector supervisor may hold a public sector position at a level higher than the practitioner being supervised yet that supervisor may not have had the requisite 4 years' experience.

- ii) The reference to the need for "a minimum of four (4) years' experience" needs to be clarified. The ADA would contend the term of the experience must relate to clinical experience only.
- iii) In relation to the duties of the Supervisor it is noted that:

*"The Supervisor must take reasonable steps to ensure the registrant is practising safely... (Emphasis added)"*

It is felt that this obligation is not stringent enough as the use of the word "reasonable" does not provide the degree of urgency or necessity for the Supervisor to act to ensure the person being supervised is acting safely.

"Reasonable" should be deleted and replaced with the words "the necessary immediate" to obligate the Supervisor to act expeditiously.

## 2. Requirements for Supervisor to notify the Board:

In relation to the Requirements for the Supervisor to notify the Board, the ADA notes that the requirement to notify the Board is triggered if there are "concerns" in relation to performance.

Making it mandatory for the Supervisor to notify the Board of "concerns in relation to the registrant's clinical performance..." imposes a significant responsibility upon the Supervisor. It is a responsibility which, if not carried out, may well adversely impact upon the registration status of the Supervisor. Due to this mandatory obligation upon the supervisor and the potential adverse impact such reporting may have on the parties, a more precise term or definition of "concerns" is needed.

As the proposed guideline stands, what constitutes a "concern" could vary from the trite to the very serious.

It is unclear as to whether the term "concerns" reflects matters more serious or less serious than those activities or actions that might constitute "notifiable conduct" under the National Law<sup>1</sup>.

"Concerns" should not be trite but reflect matters that put into question the registrant's capacity to practise dentistry to the requisite standard. Adoption of such a definition akin to that of "notifiable conduct" would provide the requisite clarity to assist the supervisor determine when the supervisor is obligated to act under this requirement.

The Draft indicates that it is a requirement of the Supervisor to notify the Board "of any proposed changes to" work arrangements in place. There needs to be clarity inserted as to whether the "proposed change" need to be notified to the Board before or after it is made.

It is also noted that the supervisor must notify the Board of non-compliance with practice arrangements put in place.

Again some definition of what constitutes non-compliance and precisely when the obligation to notify arises should be set out. A “*non-compliance*” with an arrangement could be momentary or exceedingly minor. Such non-compliance may not necessarily be one requiring notification. There needs to be definition provided to clarify when non-compliance is serious enough as to put in place the responsibility to notify the Board.

### 3. Supervision Plan.

It is necessary to insert into this section a requirement that prior to the Supervision Plan being developed there be set out a process of evaluation of the registrant to assist in determining the key components of the Supervision Plan to be prepared. The level of training and competence of the registrant can only be assessed in this process. Only when that assessment is undertaken can the definition of the “*type and amount of supervision*” be accurately provided.

The ADA has previously expressed disquiet with the whole concept of Limited registration. As it has said previously, allowing Limited registration allows two levels of competence to be created. In this context then the ADA would insist that the Guidelines created ensure that provision of limited registration does not create a lower calibre practitioner to practise unless factors such as “area of need” or “public interest” (Sections 67 and 68 ) are first accurately determined to assess if the necessity for limited registration is required.

Identifiable triggers should be clearly set out in the Plan to assist identify those practitioners with limited registration that should not maintain that limited registration as they do not, despite their qualifications, have the requisite skill and training to maintain registration.

It is suggested that to ensure safety and quality in delivery of care by these registrants, the frequency of reporting be changed. For Category 1 the report frequency should be six monthly. For categories 7 and 8 the Report frequency should be six monthly.

The level of “feedback” to be provided in the dot points on page 5 of the draft under “Purpose of the Supervision Plan and Report” should be amended to delete the need for balanced feedback and be replaced by reference to the need for “constructive” feedback.

In the Template Supervision Plan at Section C and Section E it suggests that supervision reports be provided to the Board at 3 or 12 monthly intervals. It is suggested that these be changed to 3, 6 and 12 monthly.

Subject to these suggestions, the template of a Supervision Plan provided with the Draft Guidelines sets out the appropriate detail for the formulation of the Plan and its management.

Regular monitoring is essential.



4. Supervision report

The requirements seem adequate.

The ADA again thanks the Dental Board for the opportunity to comment.

A handwritten signature in black ink, appearing to read 'F. Fryer'.

Dr F Shane Fryer  
President  
Australian Dental Association Inc.  
17 March 2011.

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<sup>1</sup> Health Practitioner Regulation National Law Act 2009-Section 140.