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Australian Health Practitioners Regulation Agency
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By Email

To whom it may concern

Re: Definition of Practice

Thank you for providing the Australian Dental Association Inc. (ADA) with the opportunity to contribute to the Australian Health Practitioner Regulation Agency (AHPRA) consultation on the Definition of Practice.

The ADA notes that the Health Practitioner Regulation National Law Act (National Law) does not define practice and that the National Boards agreed to a common definition of practice and incorporated this definition into a range of registration standards. This common definition is deliberately broad in nature so as to allow for changing in health practices and to recognise that range of setting in which practitioners work.

The ADA acknowledges that having such a wide definition has had some negative consequences for certain groups within the health profession namely, practitioners who have retired from clinical practice but still provide a contribution to their profession in a teaching, advisory or mentoring capacity.

The ADA will respond to the paper in two ways. One from the perspective of the health professions in general and the other specifically from the perspective of the dental profession.

1. Health professions.

The current definition of practice is very broad and states that a person in any role who uses their skills and knowledge as a health practitioner in their profession is deemed to be practising and therefore requires that person to hold registration as a health practitioner. Use of this knowledge in non-clinical relationships, management roles and policy development roles are all within the ambit of the definition.

In order to be registered as a dentist under the National Law, the practitioner must meet certain requirements as set out in the registrations standards. The thrust of the requirements is to provide protection to the public to ensure that those health practitioners that deliver clinical services have adequate and contemporary training and skills. These requirements include but are not limited to the need to hold adequate professional indemnity insurance, undertake continual professional development activities and compliance with recency of practice requirements.

These are onerous but not unreasonable requirements for practitioners who are providing direct clinical services to patients and they reflect the risk based framework within which professional registration processes operate. However, there are some health practitioners who are no longer providing direct clinical services to patients so the risk of harm to the public is of no concern, yet under the current definition they are required to be registered.

Many dentists for instance (as there would be with other health practitioners) who retire from direct clinical practice continue to actively participate in the profession by offering their services in a variety of ways. This may involve part time teaching of undergraduate students in areas such as anatomy or practice management, actual practice management or as community relations officers (engaged by ADA Branches and others to assist with enquiries from the public and resolve consumer complaints). They have no direct role in patient/practitioner relationship. Without the input of these dentists, it is likely that universities could not adequately serve the number of students they currently accommodate in education programmes; community enquiries could not be conveniently addressed and consumer disputes between professional and patient could not be efficiently resolved. The ADA is certain that in other health professions similar situations would exist.

The AHPRA Consultation paper puts forward the case that “practice” could be limited to apply to only those in roles where they might “*impact on safe, effective delivery of services in the relevant profession*”. The consultation paper goes on to suggest that it could be argued that there is minimal risk to the community if practitioners are not registered, or are registered in the non-practising category if:

- 1) They do not have direct clinical contact and
- 2) Their work does not “*impact on safe, effective delivery of services in the profession*” and
- 3) There are not directing or supervising or advising other health practitioners about the health care of an individual(s) and
- 4) Their employer and their employer’s professional indemnity insurer does not require a person in that role to be registered and
- 5) The practitioner’s professional peers and the community would not expect a person in that role to comply with the relevant Board’s registration standards for professional indemnity insurance (PII), continuing professional development (CPD) and recency of practice and
- 6) The person does not wish to maintain the title of ‘registered health practitioner’.

The Consultation paper provides two options. The first is for “No change” to the definition while the second “modifies the definition of practice to emphasise safe and effective delivery of health care.” The ADA favours the adoption of Option 2. It is of the view that by modifying the definition of practice to that suggested under Option 2, it addresses the need for the definition to protect the public and will still allow for individuals who hold appropriate qualifications in dentistry but who are no longer actively practising in a clinical capacity to register as non-practising and still be able to teach, mentor or assess students for the purposes of examination without the need to meet all of the requirements for general registration.

Adoption of this preferred option will still leave some scope for confusion. The option does not provide any specificity as to what activity “impacts on safe, effective delivery of health services.” Utilisation of these words still creates some ambiguity and may have done little to remove the uncertainty that exists with the current definition.

It is the ADA’s recommendation that Option 2 be adopted on the proviso that the definition be modified slightly by insertion of the word “directly” prior to the word “impacts” so the definition reads:

“Practice means any role in which the individual uses their skills and knowledge as a health practitioner in their profession in any way that directly impacts on safe, effective delivery of health services.”

The ADA contends this modification to Option 2 will remove the uncertainty that exists for practitioners that conduct a variety of activities in the health profession but which clearly do not relate to direct health service delivery or directly impact on how others in the profession may delivery health services. Adoption of this definition will enable those practitioners with the opportunity to continue to deliver part-time lecturing activities to students which will not influence directly the way in which those students will later provide actual health services; provision of mentoring or community relations roles or roles without the requirement for the practitioner to comply with professional indemnity, CPD and recency of practice requirements. The valuable resource available from these practitioners will be preserved for the benefit of the profession and the community.

2. Dental Professions

In the dental profession the National Law at section 121 states:

- (1) A person must not carry out a restricted dental act unless the person—
- (a) is registered in the dental profession or medical profession and carries out the restricted dental act in accordance with any requirements specified in an approved registration standard...

It then goes on to define the term “restricted dental act” as:

- (a) performing any irreversible procedure on the human teeth or jaw or associated structures;
- (b) correcting malpositions of the human teeth or jaw or associated structures;
- (c) fitting or intra-orally adjusting artificial teeth or corrective or restorative dental appliances for a person;
- (d) performing any irreversible procedure on, or the giving of any treatment or advice to, a person that is preparatory to or for the purpose of fitting, inserting, adjusting, fixing, constructing, repairing or renewing artificial dentures or a restorative dental appliance.

By defining restricted dental acts a different approach to the definition of practice can be utilised in dentistry. While still supportive of Option 2 for the reasons set out above, the option 2 clause can be further modified to fit the dental profession.

The ADA would suggest that for the dental practitioners the clause can read:

“Practice means any role in which the individual uses their skills and knowledge as a dental practitioner in their profession in any way that directly involves the provision of restricted dental acts as defined in the National Law.”

Adoption of this definition will create even greater certainty and clarity for dental practitioners.

Yours faithfully,



Dr F Shane Fryer
President