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).

Organisation name
Dental Health Services Victoria
Contact information *(please include contact person's name and email address)*
Dr Deborah Cole, Chief Executive Officer, DHSV deborah.cole@dhsv.org.au

Your responses to consultation questions

Registration standard: Professional indemnity insurance arrangements (PII) *Please provide your responses to any or all questions in the blank boxes below*
1. From your perspective how is the current PII registration standard working?
From DHSV's perspective, the current PII registration standard is working well
2. Are there any state or territory specific issues or impacts that have arisen from applying the existing PII standard?
None, of which DHSV is aware
3. Is the content and structure of the draft revised PII registration standard helpful, clear, relevant and more workable than the current standard?
Yes, however, definitions for the following terms need to be included under the heading of " Definitions" : 1. Retroactive Cover; 2. Automatic Re-instatement; 3. Occurrence-based Cover, and 4. Health Action

Registration standard: Professional indemnity insurance arrangements (PII) *Please provide your responses to any or all questions in the blank boxes below*
4. Is there any content that needs to be changed or deleted in the draft revised PII registration standard?
No, just clarification of terms and inclusion of definitions as suggested in question 3 above.
5. Is there anything missing that needs to be added to the draft revised PII registration standard?
Yes, definitions for the following terms need to be included under the heading of " Definitions" : 5. Retroactive Cover; 6. Automatic Re-instatement; 7. Occurrence-based Cover, and 8. Health Action
6. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?
Since there has been no issues raised regarding this standard over the last 3 years, it seems appropriate to increase the standard review period to at least every 5 years.
7. Do you have any other comments on the draft revised PII registration standard?
No further comments on the draft revised PII registration standard.

Registration standard: Continuing professional development **Guidelines: Continuing professional development (CPD)** *Please provide your responses to any or all questions in the blank boxes below*
1. From your perspective how is the current CPD registration standard working?
From DHSV's perspective, the current CPD registration standard is working well
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?
None, of which DHSV is aware
3. Is the content and structure of the draft revised CPD registration standard helpful, clear, relevant and more workable than the current standard?
Yes
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)
A percentage of the total CPD hours should be allocated to non-scientific activities (20% is an

appropriate proportion). It is important for dental practitioners to extend their knowledge in areas that are not purely clinical and scientific but will help improve patient management, private or public sector practice management, and self-management.

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 decision to align the CPD cycle with registration period will lead to less confusion and would facilitate CPD log book keeping.

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

DHSV would like to recommend that the DBA specifies mandatory CPD activities in the area of infection control and CPR (at least 2 hours in Infection control and 2 hours in CPR per cycle). These areas are relevant to all clinical practice and to the safety of the patient. They can easily be overlooked as they may not be as interesting as other areas of clinical practice. Regular updates in these areas are essential for ensuring patient safety when treated/managed in a dental practice.

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

Yes, DHSV would like to recommend that the DBA specifies mandatory CPD activities in the area of infection control and CPR (at least 2 hours in Infection control and 2 hours in CPR per cycle). These areas are relevant to all clinical practice and the safety of the patient. They can easily be overlooked as they may not be as interesting as other areas of clinical practice. Regular updates in these areas are essential for enduring patient safety when treated/managed in a dental practice.

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

Consideration of inclusion of mandatory CPD activities in infection control and CPR – please see answers to question 6 and 7 above.

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

Yes, DHSV would like to recommend that the DBA specifies mandatory CPD activities in the area of infection control and CPR (at least 2 hours in Infection control and 2 hours in CPR per cycle). These areas are relevant to all clinical practice and the safety of the patient. They can easily be overlooked as they may not be as interesting as other areas of clinical practice. Regular updates in these areas are essential for enduring patient safety when treated/managed in a dental practice.

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

Since there has been no issues raised regarding this standard over the last 3 years, it seems appropriate to increase the standard review period to at least every 5 years.
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11. Do you have any other comments on the draft revised CPD registration standard?

The section regarding "determining the number of CPD hours a dental practitioner returning to practice after an absence must complete" needs to be reviewed. Completion of 40 hours of CPD in

Registration standard: Continuing professional development **Guidelines: Continuing professional development (CPD)** *Please provide your responses to any or all questions in the blank boxes below*
the first year of registration after an absence may be difficult to achieve and very costly for both dentist and other oral health practitioners working in the private or public sector. Furthermore, oral health therapists and other non-dentist practitioners may have difficulty finding 40 hours of CPD in a 12 month period given the low number of relevant courses available for such practitioners. DHSV recognises the increased importance of undertaking CPD in the first year after a return to practice and would suggest this be reduced from 40 to 30 hours.
12. Do you have any other comments on the draft revised CPD **guidelines?**
The CPD guideline describes what constitutes appropriate CPD activities. DHSV agrees with this description.

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?
Although the current ROP registration standard is working reasonably well, DHSV believes there is scope to increase the number of years since a dental practitioner has last practised before the ROP registration standard would apply. As stated in the consultation paper, there is currently no evidence to support a particular period out of practice as being the timeframe after which ROP requirements should be invoked. DHSV believes the five year period in the standard limits access to care and that public safety would not be compromised if this were to be increased to seven years.
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?
None, of which DHSV is aware
3. Is the content and structure of the draft revised ROP registration standard helpful, clear, relevant and more workable than the current standard?
Yes, However, definition of the term “scope of practice”, as intended as part of ROP standard would be helpful.
4. Is there any content that needs to be changed or deleted in the draft revised ROP registration standard?
DHSV suggests that increasing the cut off point for the recency of practice standard to apply from five to seven years.
5. Is there anything missing that needs to be added to the draft revised ROP registration standard?
No
6. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not??
As this standard directly impacts on access to dental services, and there is currently no evidence to support a particular period out of practice as being the timeframe after which ROP requirements should be invoked, it seems appropriate that it be reviewed every three years to ensure any new

Registration standard: Recency of practice (ROP) *Please provide your responses to any or all questions in the blank boxes below*
evidence regarding recency of practice may be incorporated.
7. Do you have any other comments on the draft revised ROP registration standard?
The DBA needs to ensure that appropriate training /education /supervision is available when needed. Arrangements may need to be negotiated with established dental education providers to support this standard.

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?
From DHSV Perspective, the current CS registration standard is working well
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?
None, of which DHSV is aware
3. Is the content and structure of the draft revised CS 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 CS registration standard?
There is a need to include a definition of: "relative analgesia using nitrous oxide/oxygen, that differentiates it from the definition of "conscious sedation" that is included in draft CS registration standard. The definition of "conscious sedation" included in this draft could be interpreted to include Nitrous oxide sedation. The document needs some statements that differentiate nitrous oxide sedation as different to conscious sedation.
5. Is there anything missing that needs to be added to the draft revised CS registration standard?
See answer to question 4 above
6. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?
Since there has been no issues raised regarding this standard over the last 3 years, it seems appropriate to increase the standard review period to at least every 5 years.
7. Do you have any other comments on the draft revised CS registration standard?
No

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?
From DHSV Perspective, the current specialist registration standard is working well
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?
None, of which DHSV is aware
3. Do you support the proposed changes to the existing standard as outlined in Option 2? (Why or why not?)
Yes. It is important that new graduates develop skills and confidence in the field of general dental practice before undertaking a specialist registration. Not all specialists are confident in every aspect of general dentistry but could still practice in their specialised field without having the skills and confidence to practice across all aspects of general dentistry. The proposed changes in this option are pragmatic.
4. Is the content and structure of the draft revised specialist registration standard helpful, clear, relevant and more workable than the current standard?
Yes, except for the need for clarification regarding the difference between the following terms “practice”, “recency of practice”, and “ scope of practice”. These terms are used interchangeably in the draft specialist registration standard. Scope of practice is defined according to knowledge, education and competency. Whereas definitions of “practice” and “recency of practice” do not necessarily relate to clinical scope of practice but rather practice in any field of the dental profession (ie clinical and non-clinical) and not necessarily related to the specialist practice in which the practitioner is registered. These terms need to be referred to correctly throughout the standard.
5. Is there any content that needs to be changed or deleted in the draft revised specialist registration standard?
Yes, clarification of the definitions mentioned in question 4 above. Clear definitions of “practice” “recency of practice” and “scope of practice” and making sure that these terms are used correctly throughout the standard.
6. Is there anything missing that needs to be added to the draft revised specialist registration standard?
Yes, clarification of the definitions mentioned in question 5 above. Clear definitions of “ practice” “recency of practice” and “scope of practice” and making sure that these terms are used correctly throughout the standard.
7. Do you agree that the name of the specialty oral pathology should be changed to oral and maxillofacial pathology? (Why or why not?)
Yes, as it brings it in line with international nomenclature
8. Do you agree with the minor change to the definition of the specialty oral medicine as outlined? Why or why not?

Registration standard: Specialist *Please provide your responses to any or all questions in the blank cells below*
Yes, the minor changes to the definition leads to a more accurate representation of the scope of the oral medicine speciality
9. Do you agree with the change to the definition of the specialty of forensic odontology as outlined? Why or why not?
Yes, the changes to the definition leads to a more accurate representation of the scope of the Forensic Odontology speciality
10. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?
Since there has been no issues raised regarding this standard over the last 3 years, it seems appropriate to increase the standard review period to at least every 5 years.
11. Do you have any other comments on the draft revised specialist registration standard?
No further comments.