



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
<p>Australian Dental Association</p> <p>Please note the following ADA affiliates have also lent their formal support and endorsement to this submission. Any references to the views of the ADA also represent those of the following affiliates:</p> <ul style="list-style-type: none">• Australian Society of Forensic Odontology• Oral Medicine Academy of Australasia (who have also provided their own submission)• International College of Dentists• Australasian Academy of Paediatric Dentistry• Australian Society of Periodontology (Federal Branch)• Australian & New Zealand Association of Oral & Maxillofacial Surgeons• Australian Society of Implant Dentistry• Australian Society of Dental Anaesthesiology• Australian and New Zealand Society of Paediatric Dentistry• Pierre Fauchard Academy
Contact information
<p><i>(please include contact person's name and email address)</i></p> <p>Robert Boyd-Boland, robert.boyd-boland@ada.org.au</p>

Australian Society of Forensic Odontology Inc.



The Australian Society of Forensic Odontology Inc. supports the Australian Dental Association's submission to the Dental Board of Australia's public consultation on draft registration standards.



Dr Helen James, BDS, GDipForOdont, FICD, FFOMP(RCPA)

President

15 July 2014

Australian Society of Forensic Odontology Inc.
Registration No. A0053935C

C/- 46 Webster Street Nedlands WA 6009
Email: info@ausfo.org.au

Dr Anastasia Georgiou
BDSc, MDSc (OralMedOralPath), MRACDS (Oral Med), FRACDS, FICD, FOMAA
President, Oral Medicine Academy of Australasia

15 July 2014

Mr Robert Boyd-Boland
Chief Executive Officer
Australian Dental Association Inc.
14-16 Chandos Street, St Leonards NSW 2065
PO Box 520, St Leonards NSW 1590

Dear Robert,

Re: ADA Submission in response to Public Consultation DBA - Registration Standards

Thank you for the opportunity to comment on the Australian Dental Association's submission to the Dental Board of Australia's public consultation on draft registration standards.

The Oral Medicine Academy of Australasia supports the Australian Dental Association's submission to the Dental Board of Australia's public consultation on draft registration standards.

Yours sincerely,



Anastasia Georgiou



Mr Robert Boyd-Boland
Australian Dental Association
14-16 Chandos Street
St Leonards, NSW 2065

14 July 2014

Dear Robert,

Thank you for the opportunity to respond and give input on the ADA submission regarding DBA Registration Standards. The Australasian Section of the International College of Dentists supports the Australian Dental Association's submission to the Dental Board of Australia's public consultation on draft registration standards.

Sincerely,

A handwritten signature in black ink that reads 'Dr Jackie Robinson'.

Dr Jackie Robinson
President, Australasian Section
International College of Dentists

Dr Jackie Robinson, President, 10 Bendtree Way, Castle Hill, NSW 2154
Email: [REDACTED]

A A P D



Australasian Academy of Paediatric Dentistry

Tuesday, 15 July 2014

The Australasian Academy of Paediatric Dentistry supports the Australian Dental Association's submission to the Dental Board of Australia's public consultation on draft registration standards.

PJW Verco

**B.D.S, L.D.S, BSc(Dent)Hons, M.D.S, F.A.A.P.D., F.P.F.A, M.R.A.C.D.S, F.I.C.D,
President**

Australasian Academy of Paediatric Dentistry

**Dr PJW Verco
President**

Australasian Academy of Paediatric Dentistry

**183 Tynte Street, North Adelaide, South Australia, AUSTRALIA 5006
Tel: +61 8 82674081 Fax: +61 8 82674976 Email [REDACTED]**



The Australian Society of Periodontology (Federal Branch) supports the Australian Dental Association's submission to the Dental Board of Australia's public consultation on draft registration standards.

Best regards

Vijay Tumuluri

President of the Australian Society of Periodontology (Federal Branch) 2012-2014



Australian & New Zealand Association of Oral and Maxillofacial Surgeons Inc.

ABN No. 50 829 678 816

President:

*Associate Professor
Andrew Heggie*

Executive Officer:
*Ms Jacki Hocking
BBus (UTS), CPA*

Robert Boyd-Boland
Chief Executive Officer
Australian Dental Association
PO Box 520
St Leonards NSW 1590
Via email: Robert.Boyd-Boland@ada.org.au

15 July 2014

Dear Robert,

Re: Australian Dental Association's submission to the Dental Board of Australia's public consultation on draft registration standards

The Australian & New Zealand Association of Oral & Maxillofacial Surgeons (ANZAOMS) supports the Australian Dental Association's submission to the Dental Board of Australia's public consultation on draft registration standards released on 19 May 2014.

Yours sincerely,

A/Prof Andrew Heggie

President

cc: Bryan Nguyen – Senior Policy Officer, ADA - Bryan.Nguyen@ada.org.au

ANZAOMS
Level 13, 37 York Street
SYDNEY, NSW, 2000
AUSTRALIA
Email:
anzaoms@bigpond.com

Tel: +61 2 8091 0535

or 1300 559 718

Fax: +61 2 8088 6646



AUSTRALIAN SOCIETY OF IMPLANT DENTISTRY

www.asid.org.au email: asideducate@hotmail.com

15th July 2014
Mr Brian Nguyen
Senior Policy Officer
Australian Dental Association
14-16 Chandos St
St Leonards
NSW 1590

Dear Brian,

Re: ADA submission to the Dental Board of Australia's Public Consultation on Draft Registration Standards.

Thank you for forwarding to our Society for consideration the proposed ADA submission to the Dental Board which is reviewing the registration Standards and guidelines for continuing professional development.

Although there are a number of minor additions, such as full disclosure of interests by presenters of CPD education, which the Society might like to include, we are generally in broad agreement with the ADA's submission to the Board and give it our support.

Thank you again for seeking our advice as an Affiliated Society of the ADA and we look forward to continuing cooperation with the ADA.

Yours sincerely,

Dr G John Berne
President, Australian Society of Implant Dentistry

PO Box 64
Beecroft 2119



Australian Society of Dental Anaesthesiology

Date: 14-07-2014

The AUSTRALIAN SOCIETY OF DENTAL ANAESTHESIOLOGY supports the Australian Dental Association's submission to the Dental Board of Australia's public consultation on draft registration standards.

Kind Regards

A handwritten signature in black ink, appearing to read 'A. Preketes', is written over a horizontal line.

Dr Angelo G Preketes
BDS(syd) Grad Dip Clin Dent (conscious sedation) Grad Dip Clin Dent(Oral implants)
Clinical Associate (Syd Uni) VDO (westmead)
Secretary For ASDA

50 Grosvenor Street Woollahra NSW 2025 Sydney Australia ph: (02)93877133



15th July, 2014

Australian Dental Association

14-16 Chandos Street

St Leonards NSW 2065

Dear Bryan,

The Australian and New Zealand Society of Paediatric Dentistry Inc. (ANZSPD) supports the Australian Dental Association's submission to the Dental Board of Australia's public consultation on draft registration standards.

Dr John M Sheahan

Federal President

ANZSPD

From: Richard Sawers [REDACTED]
Sent: Tuesday, 15 July 2014 10:50 AM
To: Bryan Nguyen
Subject: RE: Confirmation and signature required: ADA submission re Dental Board of Australia's public consultation paper-Review of Registration Standards

Good morning Bryan

I am on holidays and unable to do the e-signature from where I am.

I support the submissions on behalf of the Pierre Fauchard Academy.

Regards

Rick Sawers

International Trustee

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?	<p>In general terms, the ADA is satisfied with the current standard. Our specific concern relates to confusion which may arise because of the nature of the “employment” relationship between dental practitioners and their “employers”, be they other dental practitioners, non-dentists or corporate entities. It is for this reason that we suggest the onus should be upon the individual dentist to have their own PII as opposed to introducing the concept of a third party.</p> <p>It is noted that the PII revised standard attempts to clarify this situation in clause 1 and the previous clause 2 has been deleted. However imposing the onus upon the dentist alone would obviate the need for clause 3 and 4 and, in clause 1, any reference to <i>third party</i> could be deleted. It is noted that the revised standard covers those dentists engaged in teaching but not clinical practice.</p> <p>If the Board were inclined to leave these clauses as is, it would be appropriate to define <i>third party</i> in the standard to apply to other dental practitioners, non-dentists and/or corporate entities.</p>
2. Are there any state or territory specific issues or impacts that have arisen from applying the existing PII standard?	<p>Again we repeat our concerns about the confusion that has arisen because of the differing “employment” relationships. ADA workplace advisors often advise our members about insurance concerns that arise because they are unaware of the nature of their relationship with an “employer” and the obligation upon both parties in that situation to have appropriate insurance coverage. If the standard were amended to impose an obligation upon the individual dentist to have their own PII, regardless of their situation, this confusion would not arise.</p>
3. Is the content and structure of the draft revised PII registration standard helpful, clear, relevant and more workable than the current standard?	<p>The ADA is generally satisfied from a readability point of view with the content and structure of the PII revised standard subject to our concerns raised in this feedback. The obligations imposed upon dentists are clearer and the “question and answer format” is helpful. However, there seems to be some disparity between the standard and other guidelines issued by the Board in relation to the retention of documentary evidence of PII. The ADA would suggest that evidence of PII cover be consistent with the need to retain dental records i.e. 7 years.</p>
4. Is there any content that needs to be changed or deleted in the draft revised PII registration standard?	<p>We repeat our comments at point 1 above.</p>

Registration standard: Professional indemnity insurance arrangements (PII)

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

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

The ADA repeats that requiring individual dentists to be individually covered by their own policy of insurance is the most appropriate way to ensure that all dentists, regardless of their "employment" circumstances, are covered by PII insurance. However, if the Board were inclined otherwise, the PII revised standard should be amended to include a situation where a third party is no longer covered by PII and dentists employed or otherwise engaged by them also become uninsured. The Board may wish to make it compulsory for those covered by third party insurance to have a copy of the cover to ensure that it is sufficient for their purposes. The standard lacks any reference to a requirement that third party insurance meet the minimum standard.

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

Yes. The ADA would consider that 5 yearly review is appropriate.

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

The ADA supports the view of the Board that the main focus of the PII requirements must be on public protection. This would best be achieved if the Board required individual dentists to be individually covered by their own policy of insurance, regardless of their employment circumstances. Dentists are responsible for their own registration and should also be responsible for their own PII.

The ADA notes that a range of PII products can now be purchased on a monthly basis. The Board may need to comment on the need for the practitioner to ensure that their PI is current at all times during the registration period.

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?

The CPD registration standard needs to give greater emphasis to continual professional development rather than simply complying with the 60 hour requirement. The ADA understands that the standard is worded to allow flexibility however, as it is currently stated, the standard could encourage practitioners to leave their CPD until the last minute which could result in practitioners undertaking CPD that is not necessarily directed to meeting skills and knowledge gaps.

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.

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?

Generally yes but it could provide greater clarity in relation to the types of CPD that are most relevant to dental practitioners. In addition, the ADA notes at Point 53 the standard refers to a summary that is based on evaluated evidence; yet this evidence is not referenced in the document. If the evidence has informed the Board's position, that evidence should be accurately referenced.

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)

The ADA does not support a percentage of total CPD hours being allocated to non-Scientific activities. Topics such as marketing or personal finance do not contribute to making that individual a better dentist.

The ADA suggests topics such as "ethics" and "dento-legal responsibilities" form part of clinical decision-making and patient management and should be viewed as "scientific CPD". In addition, the guidelines should strongly recommend certain CPD topics to encourage the development of skills and knowledge in areas which have a direct effect on patient survival outcome, namely oral cancer detection. Other key areas would include infection control and medical emergencies in the dental setting. This is in line with international recommendations for CPD such as the General Dental Council of the United Kingdom, which was introduced in May 2013.

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)?

The ADA supports the alignment of the CPD cycle with registration under the current structures however believes that a rolling three year cycle of CPD will better ensure that practitioners are continually improving their knowledge and skills rather than doing CPD just to meet the minimum requirement of the standard. New registrants could therefore commence their three year cycle from the point of first registration. The ADA would also encourage the Board to allow for self-reflection into the CPD standard and guidelines.

The ADA notes that the suggested periods as listed on page 23 (Attachment A) are not aligned with registration.

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

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

The standard should allow for practitioners to apply for an extension to the three year cycle

Registration standard: Continuing professional development

Guidelines: Continuing professional development (CPD)

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

requirements in extraordinary circumstances (e.g. ill health) so that they may accumulate the required hours.

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

The dates for the pro-rata calculation in Appendix A need to be brought in line with the year 1 December to 30 November.

The ADA is also concerned about the first year CPD expectations of a dentist returning to practice after a period of absence from the workforce for two years and believe that this is too onerous. There is no minimum number of hours required of practitioners who have maintained recency of practice.

At a minimum it should be reduced to a more reasonable expectation such as 20 hours but ideally, it should be brought in line with other practitioners who may undertake 60 hours over three years.

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

The Board may wish to consider providing more detailed advice about the type of evidence required to demonstrate that self-directed learning CPD activities have been undertaken.

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

Five years is appropriate if the standard is working well.

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

No.

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

There is little guidance provided as to specifically what constitutes acceptable CPD. CPD programmes should be required to comply with certain benchmarks/criteria. CPD providers need to be made aware of these and be required to provide CPD that meets the criteria. The Board needs to assume some oversight role to ensure that what is described by some providers as 'CPD' is of suitable quality.

As outlined in some of the comments for Question 4 above, the ADA also suggests the CPD guidelines include recommended CPD topics, such as Oral Cancer Detection, Infection Control and Medical Emergencies in the Dental Setting.

Many dentists and specialists are asked to give presentations locally and internationally at a range of meetings (including CPD sessions for the Australian Dental Association). Guidelines as to CPD for the preparation and delivery of the lecture material (not in relation to their employment) would be

Registration standard: Continuing professional development

Guidelines: Continuing professional development (CPD)

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

beneficial.

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?

The ADA has not encountered any issues with the application of the current standard and while we support the Board's view that each practitioner should be assessed on a case by case basis, think that there is some confusion for practitioners on what is considered to be the type of experience that would demonstrate recency when a practitioner has been on leave for less than five 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?

The ADA is not aware of any.

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

Mostly.

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

See 1 above.

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

The ADA believes there needs to be more advice on the process by which the Board will determine if an applicant has met the requirements for recency when the practitioner has been absent from practice for less than five years – e.g. through an assessment panel. The process should also indicate the time frame for consideration, perhaps even some terms of reference, and a reference of inclusion of cases into a longitudinal study. Applicants need some guidance as to what the process will be, and as to their rights and obligations.

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

The ADA supports a five year review period especially given the Board's experience with this standard since the national scheme was introduced.

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

No.

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?

The current standard limits many endorsed dentists from fully utilising conscious sedation as a treatment modality due to the limitations of suitably qualified person able to assist.

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?

No.

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

Combining the standard and guidelines has improved understanding of the requirements for the dentist however, the ADA would recommend that the Board also make reference to the ADA policy 6.17 Conscious Sedation in Dentistry and Recommended Guidelines For Conscious Sedation in Dentistry available at

http://www.ada.org.au/app_cmslib/media/umlib/policy%20statement%206.17%20sedation%20in%20dentistry.pdf

These documents provide additional information that is relevant to practitioners.

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

The ADA believes that the Board should provide more details about the types of nurses who are considered to be suitable assistants to the endorsed dentist as the terminology used is not something that dentists have been exposed to. In addition, the requirement that the nurse have specific experience in intensive care or anaesthetics seems unnecessary. It would seem that a registered nurse with relevant experience and skills should be included in the list of persons who are eligible to assist the endorsed dentist during conscious sedation. Such limitations on specific nursing experience would not be put in place in any other health care facility. This is particularly relevant when nurses with additional qualifications in critical care are in short supply. The Board should also consider expanding the list of persons able to assist the endorsed dentist. The Board should also give consideration to the inclusion of appropriately qualified and experienced dental hygienist, dental therapist or dental assistant as the third person who is appropriately trained in observation and monitoring of sedated patients and in resuscitation and whose primary duty is to monitor the level of consciousness and cardiovascular status of the sedated patient.

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

There is no commentary on the need for the dentist to have suitable resuscitation equipment and policies in place for the management of emergency care.

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: Endorsement for conscious sedation (CS)

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

The ADA supports a five year review period for this standard.

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

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?

The current standard does not operate within the requirements of competition policy principles and guidelines on good regulation. It imposes additional costs and an unnecessary regulatory burden on specialist dentists.

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 ADA is not aware of any specific issues.

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

The ADA generally supports the proposed changes to the existing standard as outlined in Option 2 as it is unnecessary to insist that dental specialist must also maintain separate registration and be subject to additional requirements to maintain recency of practice as a general dentist. The requirement that specialists be first registered as general dentists as a pre-requisite to specialist registration adequately satisfies any issues about competency to practise in areas of general practice.

Specialty registration should include the specialist's ability to carry out areas of general practice for which they are educated, trained and are competent.

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

Yes.

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

No.

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

The ADA is aware of difficulties that Universities experience when attempting to recruit specialists onto their academic staff. When there are no Australian registrants available to fill these specialist positions, the faculty is often required to recruit from overseas. The requirement that such

Registration standard: Specialist

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

overseas specialists need registration with the Board is clearly appropriate but to require them to be first registered as general dentists imposes some unnecessary problems with some applicants who experience difficulty meeting the requirements of the Australian Dental Council to pass examinations in general dentistry. Consideration should be given to exclude the requirement for such specialists to first be registered as general dentists.

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

Yes.

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

Yes.

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

Yes.

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

The ADA would support a review period of at least every five years but suggest that the Board retain the ability to review sooner if problems occur with the revised standard in the interim.

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

No.