



## Communiqué

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The 61st meeting of the Dental Board of Australia (the Board) was held on 25 March 2015 in the Brisbane AHPRA office to coincide with the Australian Dental Association Congress in Brisbane.

This communiqué highlights key discussions and considerations from the Board's meeting.

The Board publishes this communiqué on our website and emails it to a broad range of stakeholders. Please forward it to your colleagues and employees who may be interested.

### Acupuncture policy

The Board published a [policy](#) on acupuncture in 2012. This policy states that a dental practitioner wishing to practise acupuncture and use the title *acupuncturist* must apply to the [Chinese Medicine Board of Australia \(CMBA\)](#) for registration as an Acupuncturist. Chinese Medicine practitioners have been registered in the National Registration and Accreditation Scheme since July 2012. The title acupuncturist has been a protected title under the National Law since this time.

The Dental Board policy refers to the grand-parenting provisions of the CMBA in place from 2012 to support applications for registration with the CMBA when the applicant does not hold an approved qualification. These provisions end on 30 June 2015.

The Board advises dental practitioners wishing to apply for registration as an acupuncturist with the CMBA, that after 1 July 2015, the only way to become registered will be by completing an approved program of study, demonstrating substantial equivalence or doing an exam or assessment as required by the CMBA.

The Dental Board will publish a revised acupuncture policy to acknowledge these changes from 1 July 2015.

Dental practitioners wishing to apply for registration with the CMBA on the basis of grand-parenting provisions need to do so before 30 June 2015.

### Expression of interest - Oral surgery policy

The Board invites applications from experienced dentists with specialist registration in oral surgery or oral maxillofacial surgery interested in being included on an approved list of potential members for appointment to the Oral Surgery Panel.

The Oral Surgery Panel provides advice to the Board on applications for specialist registration in oral surgery.

More information is published on the [vacancy page](#) of the Board's website.

### CPD activity approval

Under the National Scheme the Board has established the minimum continuing professional development (CPD) requirements that all dental practitioners must meet as part of their registration. These are described in the Board's CPD [registration standard](#) and [associated guidelines](#).

The Board has set a broad set of minimum requirements that allow dental practitioners to meet their own professional development needs by participating in a range of activities. The Board has not

stipulated the structure of these activities other than to require 80 per cent of the minimum 60 CPD hours to be clinically or scientifically based.

From time to time, the Board is made aware that in the promotion of some CPD activities that it is either directly or indirectly implied that the Board has approved the activity or the provider.

We would like to remind all dental practitioners that the Board does not approve individual CPD activities or providers. No providers of CPD activities should in anyway imply that the Board has approved the activity or the provider themselves.

The Board expects all dental practitioners to select CPD activities that meet their individual learning needs and that provide them with the opportunities to improve and broaden knowledge and provide experience in the relevant technique or procedure.

### **Scope of practice and the notification process**

The Board has published a scope of practice [registration standard](#) and [associated guidelines](#) to describe the Board's expectations of dental practitioners as both individuals and as members of the dental team. These documents and associated [FAQ](#) are published on the Board's website.

At times a dental practitioner's practice may be brought into question through a [notification](#). If through the course of this investigation, there was concern that the practitioner was practising outside of the scope of their individual or professions' practice then the Board would require the practitioner to provide evidence that, amongst other things, they were practising within the Board's requirements related to education and training; compliance with professional indemnity insurance requirements; and compliance with other legislation and regulations such as drugs and poisons regulations in the relevant state or territory.

Information on how to make a notification is available on both the [Board's](#) and [AHPRA](#) websites.

### **Conscious sedation vs. relative analgesia**

Since the commencement of the National Scheme, the practice of conscious sedation has been an endorsed area of practice. Dentists, including dental specialists, wanting to use conscious sedation in their practice, need to hold an endorsement on their registration.

To apply for endorsement with the Board in this area of practice, the practitioner must have completed an [approved program of study](#) or equivalent and have met the requirements in the Board's applicable [registration standard](#). The Board's standard outlines the requirements to maintain this endorsement.

The Board [consulted](#) on a revised conscious sedation standard in 2014 and will publish the revised standard in due course.

It is apparent that there remains some confusion within the profession about what constitutes conscious sedation when compared to other uses of pharmaceutical agents to assist in care of the patient undergoing dental treatment such as relative analgesia. Any dentist wishing to induce a level of conscious sedation in their practice is required to have their registration endorsed with the Board and then to meet the requirements of the applicable registration standard to maintain this endorsement.

Conscious sedation is defined as a drug-induced depression of consciousness during which patients are able to respond purposefully to verbal commands or light tactile stimulation. Interventions to maintain a patent airway, spontaneous ventilation or cardiovascular function may, in exceptional circumstances, may be required. Conscious sedation may be achieved by a wide variety of routes of administration including inhalation and intravenous. All conscious sedation techniques should provide a margin of safety that is wide enough to render loss of consciousness unlikely.

### **National Consultation on the draft *NSQHS Standards Guide for Dental Practices and Services***

The Board would like to draw to the attention of dental practitioner the current Australian Commission on Safety and Quality in Health Care (the Commission) consultation on the [Guide for Dental Practices and Services](#).

The draft is published on the Commission's website. The consultation period will close on 22 April, 2015.

John Lockwood AM  
**Chair, Dental Board of Australia**  
10 April 2015