

## Welcome to the Dental Board of Australia's December 2015 newsletter.

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#### Keep in touch with the Board

Welcome to the final newsletter from the Dental Board of Australia (the Board) for 2015. The year has been one of ongoing review, and we have also implemented a number of revised standards and guidelines.

In 2016 we will continue to review our regulatory policies, including how clear they are, so dental practitioners can easily understand what we expect of them. Whenever we review or develop new policy we consult widely and consultation papers are published on our [website](#). This is your opportunity to have a say in how your profession is regulated, so we encourage you to visit our website on a regular basis to help you stay informed.

### News from the Board

#### [How well do you and your team understand our Guidelines on infection control?](#)

In this edition of our newsletter we have continued to focus on infection prevention and control obligations. This follows on from a recent forum held on Thursday 22 October 2015, jointly hosted with the Australian Health Practitioner

Regulation Agency (AHPRA), with some of our key partners. The forum focussed on effective infection prevention and control by dental practitioners. You can read more about this forum [here](#).

The discussions from the day will inform our work as we review our current [Guidelines on infection control](#).

We will continue to engage with these partners and others as this review progresses in 2016, so that you can understand the expected standards of infection prevention and control practice, the principles that underpin this practice and the resources available to support you in meeting these standards.

Infection prevention and control should be seen as part of a safety and quality framework that underpins professional practice across all health sectors, including dental practices.

#### Reference documents

It was acknowledged at the forum that it is sometimes confusing for dental practitioners to understand how each of the different reference documents listed in the Board's *Guidelines on infection control* apply to their practice. See Table 1 for a list of the reference documents that you should be familiar with.

You should be familiar with each of these documents and think about how they apply to you and your workplace.

As a registered dental practitioner you are responsible for ensuring that the expected procedures, equipment and facilities are in place to support the expected standards of infection prevention and control.

As an employer or manager, even though other members of the dental team, including unregistered staff, may do some of the activities to support these standards, this does not reduce your responsibility to ensure that the standards are met.

As an employee you may feel as though you have no influence over what infection prevention and control measures are in place in your workplace. The standards and guidelines make it clear what you can expect to see. You have a responsibility to ensure that any care you provide is supported by effective infection prevention and control measures.

Table 1 – Reference documents

Document name	Description
<p><i>Australian guidelines for the prevention and control of infection in healthcare</i> (NHMRC guidelines)</p>	<p>The <a href="#">NHMRC guidelines</a> take a risk management approach to infection prevention and control, to assist practitioners to identify infection risks related to their practice and implement precautions that are proportionate to these risks. The actual risk of infection will vary with the type of care being delivered and the healthcare setting in which this occurs.</p> <p>The NHMRC guidelines are structured to address the core principles of infection prevention and control and the underpinning key practice principles across a range of healthcare settings including, dental practices.</p> <p>The core principle of infection prevention and control is to prevent the transmission of infectious organisms and manage infections if they occur. The underpinning key practice principles include:</p> <ul style="list-style-type: none"> <li>• an understanding of the modes of transmission of infectious agents and an overview of risk management</li> <li>• effective work practises that minimise the risk of selection and transmission of infectious agents</li> <li>• governance structures that support the implementation, monitoring and reporting of infection prevention and control work practises, and</li> <li>• compliance with legislation, regulations and standards relevant to infection prevention and control.</li> </ul> <p>The NHMRC guidelines provide the rationale for the procedures you need to put in place and the equipment and facilities you need to have available.</p>
<p><i>Australian and New Zealand Standard 4815</i></p>	<p><a href="#">Standards Australia</a> has published <i>AS/NZS 4815:2006, Office-based health care facilities not involved in complex patient procedures and processes—Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of the associated environment</i>.</p> <p>This standard applies to dental practices that primarily reprocess reusable medical devices using moist heat (steam under pressure) and dry heat (hot air sterilization).</p> <p>The standard has been prepared for office-based healthcare facilities to implement procedures for cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and the maintenance of associated environments, as they apply to different healthcare settings, including dental practices.</p> <p>Under this standard, individuals who have responsibility for the safe provision of sterile healthcare products should be aware of available sterilization processes, methods of control, and physical characteristics of the product to be sterilized. Unless products are produced under controlled conditions, they will have microorganisms on them and are, by definition, non-sterile. The purpose of sterilisation is to destroy these microbiological contaminants.</p> <p>Some organisations may work under <i>AS/NZS 4187:2014, Reprocessing of reusable medical devices in health service organisations</i>. The objective of this particular standard is to ensure that health services organisations correctly reprocess reusable medical devices so that they may be used safely without risk of transmission of infectious agents.</p> <p>You need to understand which of these standards apply to the dental practice(s) you work in.</p>
<p><i>Australian Dental Association guidelines for infection control</i></p>	<p>These <a href="#">guidelines</a> provide advice on how you can develop and maintain the right environment and procedures to support effective infection prevention and control in your dental practice.</p>

Document name	Description
<i>Australian national guidelines for the management of health care workers known to be infected with blood-borne viruses</i>	<p>Under these <a href="#">guidelines</a> dental practitioners and students are expected to protect the health and safety of their patients. This obligation includes preventing transmission of blood-borne viruses (BBVs) from themselves to their patients.</p> <p>You are required to be aware of your infection status for blood borne viruses and to comply with the Communicable Diseases Network Australia's (CDNA) guidelines.</p> <p>The CDNA guidelines say that health care workers should be vaccinated against Hepatitis B. They also specify what dental practitioners and students should do, and not do, if they have a positive result for a blood borne virus.</p>
Practice manual	<p>We expect you to have a practice manual in infection prevention and control. This manual will outline how each of the different standards and guidelines listed above apply in your workplace and practice.</p> <p>We don't specify the format or the content of this manual. What is important is that the required actions are clear and the rationale for the requirements is understood by all staff.</p>

### Continuing professional development (CPD) in infection prevention and control

Infection prevention and control, and the way it is provided, is integral to clinical care. It is not an additional set of practices. It is easier to practise effective infection prevention and control standards if you, and the people you work with, understand the rationale for the requirements.

While the Board does not specify infection prevention and control in CPD requirements, we do expect you, and the people you employ and/or manage, to understand why it is important and what effective infection prevention and control practice looks like.

We reasonably expect you and the team you work with to review your workplace's infection prevention control manual and the requirements of the different standards at regular intervals. Some important times to consider undertaking CPD may be when new staff commence, there is a change in standards, and/or new equipment that supports infection prevention control is introduced. This is likely to occur at least once in a three-year CPD cycle.

### Revised registration standards

Over recent weeks we have published revised [registration standards](#). Most of these came into effect on 1 December 2015.

For most of these registration standards the requirements have not changed. There has been some amalgamation of associated documents into the standard so that it is easier for you to understand what we expect of you.

### CPD

The requirements under the revised *CPD registration standard* have not changed.

You need to complete a minimum of 60 hours over a set three-year cycle.

The current three-year CPD cycle is due to end on 30 June 2016. You need to complete the 60 hours for this time. The next

cycle will start on 1 December 2016 and run until November 2019. You need to complete the 60 hours for this time also. This means there is a five-month period for transition between cycles, from 1 July 2016 to 30 November 2016.

During this time of transition we encourage you to continue to do CPD activities. You do not need to complete any additional requirements for these five months, however any CPD activities that you do complete will count towards the new cycle, starting on 1 December 2016. CPD hours completed in this five-month period cannot count towards the cycle ending on 30 June 2016.

### Recency of practice

The requirements for the *Recency of practice registration standard* have not changed. You must have practised the profession in the previous five years.

If you haven't done this then you need to let us know so we can assess if it is safe for you to return to practice. This may involve you doing further education and training, and/or supervised practice.

We have published information on our [website](#) to explain what you need to do if you wish to return to practice.

### Endorsement for conscious sedation

We have also published a revised *Endorsement for conscious sedation registration standard*.

The requirements under the registration standard have not changed, the standard has been revised to improve the understanding of these requirements, including FAQ.

The *Guidelines for conscious sedation area of practice endorsement* have been retired as the critical information in these guidelines are now incorporated into the standard.

We have [published](#) additional information on our website to support this implementation.

The [national register of practitioners](#) confirms if a dental practitioner's registration includes an endorsement.

## Professional indemnity insurance

The review of the *Professional indemnity insurance registration standard* is complete. This standard was reviewed to provide as much consistency as possible across the professions regulated under the National Registration and Accreditation Scheme (the National Scheme).

We anticipate the revised standard will come into effect during 2016. This will provide insurers with the time needed to ensure their products meet the minimum requirements.

We are working with the Insurance Council of Australia to support this implementation.

The current registration standard remains in force.

## Fact sheet on botulinum toxin and dermal fillers

We have published a new [fact sheet](#) on the use of botulinum toxin and dermal fillers by dental practitioners.

It explains what we expect of dental practitioners when using these scheduled medicines in their practice and the different ways complaints against dentists using them may be managed, depending on the nature of the complaint.

## Consultation on proposed entry-level competencies for dental specialties

We have released a consultation paper on the proposed entry-level competencies for dental specialties.

The consultation paper is published [here](#).

The competencies are part of the broader work we are doing to improve the clarity, consistency and transparency of the criteria and processes for assessment of applications for specialist registration.

## National Scheme news

### Expressions of interest

From time to time vacancies for board, committee and panel positions are advertised on [AHPRA's website](#) and the [Board's website](#).

If you would like to receive notice of vacancies when they are advertised, please email [Statutory Appointments](#) from your preferred email address, advising which professions or roles you are interested.

### 2014/15 National Scheme annual report

AHPRA and the National Boards have released their [2014/15 annual report](#) on the the National Scheme, providing a comprehensive record of the operations of the National Scheme for the 12 months ending 30 June 2015.

The annual report provides a national snapshot of the work and finances of the National Scheme and is tabled in the parliaments of each state and territory and the Commonwealth.

AHPRA and the National Boards will also publish summaries of our work regulating health practitioners in every state and territory, and profession-specific profiles.

For more information, please read the [news item](#) on AHPRA's website.

### Dental profession profile

In the coming months, the Board will publish a report of its work in regulating the dental profession in the National Scheme during 2014/15.

The report provides a profession-specific view of the Board's work to manage risk to the public and regulate the profession in the public interest. It is a profile of regulation at work in Australia for the 12 months ending 30 June 2015.

The data in this report are drawn from data published in the [2014/15 annual report](#) of AHPRA and the National Boards, reporting on the National Scheme.

### Health profession agreement

The Board and AHPRA have published the 2015/16 [health profession agreement](#) (HPA) that outlines the partnership between the Board and AHPRA, and the services AHPRA will provide to the Board in 2015/16. The HPA also provides information about the Board's financial operations and fees.

## Keep in touch with the Board

As always, we encourage you to regularly check the [Dental Board website](#) for information and updates relating to the dental profession.

Visit our website for information on the National Scheme and for the mandatory registration standards, codes, guidelines, policies and fact sheets. Board communiqués and consultation papers are published on the site under [News](#).

Lodge an [online enquiry form](#).

For registration enquiries call 1300 419 495 (from within Australia) or +61 3 9275 9009 (for overseas callers).

AHPRA state and territory office locations are listed on the [AHPRA website](#).

