

Dental regulation at work in Australia

2014/15

Regulating dental practitioners in the National
Registration and Accreditation Scheme

Managing risk to the public

Regulating dental
practitioners



Dental Board of Australia | AHPRA

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Dental Board in 2014/15 from www.ahpra.gov.au
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Highlights



Forums held on the revised scope of practice registration standard

Individual providing dental treatment in Victoria charged following concerns about inadequate infection control, poor hygiene and potential public health risks

Consultations held to inform draft entry-level competencies for 13 approved specialties

Registration standard for conscious sedation reviewed

Review and revision of accreditation standards



21,209

registered dental practitioners in Australia on 30 June 2015

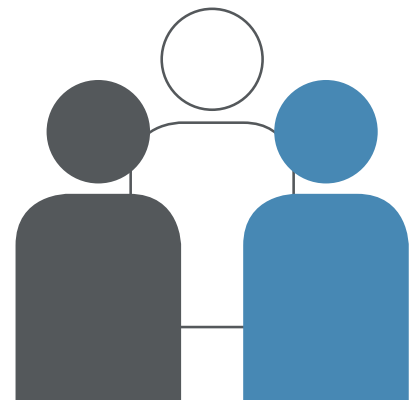
One-third

of registered dental practitioners are under 35 years old

2.42% increase in number of registered dental practitioners compared to 2013/14

Three-quarters of registered dental practitioners hold registration as a dentist, **6%** as a dental hygienist

30% of registered dental practitioners are based in New South Wales, **23%** are based in Victoria



766 notifications received about registered dental practitioners – **3.6%** of the registrant base

18% increase in the number of practitioners registered in the oral health therapist division



19% decrease in number of notifications received about dental practitioners compared to 2013/14

Of the 538 notifications closed in 2014/15 (excluding New South Wales), **61%** were closed following an assessment and **32%** following an investigation

15 immediate action cases, compared to 18 in 2013/14

In **67%** of notifications closed (excluding New South Wales), no further action was required

211 registered dental practitioners under active monitoring on 30 June 2015 – **36%** due to performance and **33%** due to conduct issues

About this report

This report provides a profession-specific view of the Dental Board of Australia's work to manage risk to the public and regulate the profession in the public interest.

The Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Registration and Accreditation Scheme (National Scheme) for all Australians.

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

This report looks at these data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with 2014/15 [annual report](#) of AHPRA and the National Boards.

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Message from the Chair, Dental Board of Australia

This year, the Dental Board of Australia (the Board) continued working with its partners to meet the objectives of the National Scheme. These partners include the Australian Dental Council (ADC) and the Dental Council of New South Wales, who manage complaints against dental practitioners in that jurisdiction, and the Office of the Health Ombudsman in Queensland.

The Board also continued its review of registration standards, codes and guidelines to ensure they remain relevant. This work will continue in 2015/16, including consultation on entry-level competencies for specialist registration and endorsement for conscious sedation.

In June 2015, AHPRA charged an individual providing dental treatment to people in Victoria – investigations had raised concerns about inadequate infection control, poor hygiene and potential public health risks. AHPRA, on behalf of the Board, worked with the Department of Health and Human Services in Victoria to manage the possible impact of these concerns.

Drawing on the data generated under the National Scheme, the Board started work on developing the dental-specific components of the notification taxonomy being developed for all National Boards. This will allow us to identify the common risks and potential harms in these notifications. This in turn will inform the review and development of the Board's regulatory policy work and engagement with the profession and the public so we all understand the expected standards of education and training and safe practice for dental practitioners.

The Board has continued to develop strong links with other international dental regulators, including by

working closely with the Dental Council (New Zealand) and participating in international forums including the International Society of Dental Regulators.

2015 sees the end of the second term of the Board. Retiring members of the Dental Board of Australia are congratulated on their enthusiasm and commitment to an environment that supports right-touch regulation of health practitioners for the protection of the Australian public.



Dr John Lockwood AM
Chair, Dental Board
of Australia

Message from the Agency Management Committee Chair and the AHPRA CEO

The National Boards work in partnership with AHPRA to maintain professional standards for practitioners and manage risk to patients. This past year we have seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible.

We have seen the introduction of new co-regulatory arrangements in Queensland this year, and the National Boards and AHPRA have built positive working relationships with the Office of the Health Ombudsman to ensure the protection of the health and safety of the Queensland public.

The National Boards have worked to help improve the experience of notifiers, and to ensure timely outcomes for notifiers and practitioners. This has resulted in a significant reduction in the time it takes AHPRA and the National Boards to assess notifications.

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

A key strength of the National Scheme has been the regular interaction between all National Boards, particularly through their Chairs. This has facilitated cross-profession approaches to common regulatory issues, and cross-profession consultation and collaboration. The National Boards and AHPRA have continued to work closely together this year to test and implement new ways of doing things.

We have had some significant achievements during the past year, through the hard work and dedication of board and committee members, and AHPRA staff. More information is detailed in the 2014/15 [annual report](#) of AHPRA and the National Boards.



Mr Martin Fletcher
Chief Executive Officer,
AHPRA



Mr Michael Gorton AM
Chair, Agency
Management
Committee

Major outcomes/achievements 2014/15

Scope of practice implementation

The Board's revised scope of practice registration standard and guidelines came into effect on 30 June 2014. The revised standard and guidelines provide clarity on the requirements first published in 2010. The Board expects all dental practitioners to practise within the scope of their education, training and competence. The standard also sets out the expectation of the Board for dental practitioners to practise in a team approach, respectful of the training and competence of their colleagues.

The Board spent the first quarter of 2014/15 conducting a series of forums for dental practitioners to help them understand the requirements and practitioner obligations under the revised standard and guidelines.

Dental specialty qualification framework and competencies

The Board undertook a number of targeted consultations with dental specialist academies and colleges, as well as providers of specialist training programs to inform the draft entry-level competencies for each of the 13 approved specialties. This work was done in partnership with the Dental Council (New Zealand). The competencies describe the threshold level of competence expected of all applicants for specialist registration in both Australia and New Zealand, including graduates from approved programs in both countries and overseas-trained dental specialists.

The competencies will form part of a qualification assessment framework. The framework will result in increased transparency and consistency in the assessment of these applications.

Review of endorsement for conscious sedation registration standard

The Board reviewed its registration standard for conscious sedation. Conscious sedation is a technique used in dental practice to induce a depression of consciousness during which patients are able to respond purposefully to verbal commands or light tactile stimulation.

Only dentists, including dental specialists, whose registration is endorsed for conscious sedation can use this technique in their practice.

The registration standard describes the:

- ▶ requirements to apply for endorsement
- ▶ practice requirements for conscious sedation endorsed dentists including routes of administration and the specific requirements for intravenous route
- ▶ compliance with all legislative and other Board-approved requirements, and
- ▶ ongoing education and training requirements to maintain conscious sedation endorsement.

Registration standards, policies and guidelines published

- ▶ English language skills registration standard (*revised standard*). Approved on 17 March 2015
- ▶ Criminal history registration standard (*revised standard*). Approved on 17 March 2015

Stakeholder engagement, professional standards

The Board spent the first quarter of 2014/15 conducting a series of forums for dental practitioners to help them understand the requirements and practitioner obligations under the revised scope of practice standard and guidelines. This was an important opportunity for practitioners to engage with Board members directly.

The ADC, as the assigned accreditation authority for the profession, undertook a review of the accreditation standards for the profession. The Board approved these standards in December 2014 following extensive consultation by the ADC. The revised standards allow for an outcome-based approach to the accreditation of dental programs and can be applied to all dental programs regardless of the profession. The ADC will work with the profession and education providers to support the implementation of the revised standards from 1 January 2016.

Priorities for the coming year

The Board's main priorities for the coming year are to:

- ▶ **Complete the entry-level competencies** for the dental specialties and continue work on the registration pathways for dental specialists trained overseas so that the expected standard of competence for applicants for specialist registration is understood, and the associated processes transparent and fair.
- ▶ **Review the existing registration pathways leading to registration** with the Board to ensure that they align with the principles and objectives of the National Scheme.
- ▶ **Complete a dental-specific segment of the notification taxonomy** being developed for all National Boards. This will allow us to identify the common risks and potential harms in these notifications.
- ▶ **Support dental practitioners in their professional practice** through improved communication and education materials.

Board-specific registration, notifications, and monitoring and compliance data 2014/15

When considering the data it is important to note that there are a number of sources of data for complaints against registered health practitioners. The data reported here represent data that AHPRA gathers or data that are provided to AHPRA by other entities.

Where the same data are available in New South Wales (NSW), they are provided to AHPRA and are included in the reports below. The Health Professional Councils Authority (HPCA) [reports](#) on the activity of the NSW professional councils, including the Dental Council of New South Wales.

For matters considered jointly by health complaints entities and AHPRA, only matters within the National Boards' jurisdiction have been included in this report.

Queensland became a co-regulatory jurisdiction on 1 July in 2014, with the commencement of the Health Ombudsman Act. AHPRA only has access to data relating to matters referred by the Office of the Health Ombudsman (OHO). We are unable to report on all complaints about registered health practitioners in Queensland. The OHO publishes its own reports. These are available on the [OHO website](#).

Registration

At 30 June 2015, there were 21,209 dental practitioners across Australia. NSW has the highest number of registered practitioners (6,449), followed by Victoria with 4,827 registered practitioners (see [Table D1](#)). One third of registrants (33%) are under 35 years old (see [Table D3](#)).

Of the 21,209 registrants, three-quarters (75%) hold registration as a dentist (15,888), 6% hold dental hygienist registration (1,373), 5% hold dental therapist registration (1,063), 6% hold dental prosthetist registration (1,245), 5% hold oral health therapist registration (1,139) and 2% hold registration in more than one of the aforementioned divisions (501)¹ (see [Table D2](#)). There was an overall growth in registrant numbers of 2.42% from 2013/14. The highest growth was in the oral health therapist division, with an 18% increase.

¹ Dental specialists are registered in the dentists division.

Notifications

In 2014/15, 766 notifications were received about dental practitioners across Australia (see [Table D4](#)). This represents a decrease of 19% on the previous year and a 27% decrease in notifications received since 2012/13². Nationally this represents notifications about 3.6% of the dental registrant base.

The tables provided in the 2014/15 [annual report](#) of AHPRA and the National Boards include a divisional breakdown of notifications received and closed outside of NSW. Of the 428 notifications received about dental practitioners outside of NSW, 372 (87%) were notifications about dentists.

Nationally, there were 849 notifications closed in 2014/15; 538 of these were managed outside of NSW. Of these notifications most were closed at the assessment stage (61%). Twenty-one cases were closed after a panel or tribunal hearing (4%). The remaining cases were closed after an investigation (32%), or a health or performance assessment (3%) (see [Table D10](#)).

In 362 of these closed cases (67%), the Board determined that there would be no further action (51%), or the case was to be handled by the relevant health complaints entity that initially received the notification, or referred to another body for action. In 75 cases the practitioner was cautioned or reprimanded; in 92 cases conditions were imposed or an undertaking accepted; in five cases the registration of the practitioner was cancelled³; in one case registration was suspended; and in one case the practitioner surrendered registration (see [Table D11](#)).

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

² In 2012/13, 20% of all notifications were received in Queensland. In 2013/14 this was about 22%. In 2014/15 the number was down to 9%. The 2014/15 figure represents the notifications referred by the Office of the Health Ombudsman.

³ Only a tribunal can cancel a registration.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the Health Practitioner Regulation National Law (the National Law). To take immediate action, the Board must reasonably believe that:

- ▶ because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- ▶ the practitioner's registration was improperly obtained, or
- ▶ the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- ▶ have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- ▶ have or may have an impairment, or
- ▶ have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

The data in [Table D6](#) show immediate action taken by the Board during the year, by division and state or territory. Of the 15 cases where immediate action was considered in 2014/15, 12 cases related to dentists, two cases involved dental therapists and the remaining case involved a dental hygienist. Integrated data for all professions, including outcomes of immediate actions, are published from page 36 in the 2014/15 [annual report](#) of AHPRA and the National Board. More information about immediate action is published on our website under [Notifications](#).

Monitoring and compliance

AHPRA, on behalf of the National Boards, monitors health practitioners and students with restrictions placed on their registration, or with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports the Boards to manage risk to public safety.

At 30 June 2015, there were 211 dental registrants under active monitoring (see [Table D12](#)).

Dental Practitioner	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
2014/15	399	6,449	147	4,179	1,769	366	4,827	2,472	601	21,209
2013/14	386	6,361	147	4,056	1,708	349	4,768	2,422	510	20,707
% change 2013/14 to 2014/15	3.37%	1.38%	0.00%	3.03%	3.57%	4.87%	1.24%	2.06%	17.84%	2.42%

*Principal place of practice

Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total 2014/15	Total 2013/14
Dental Hygienist	44	393	12	142	251	20	201	283	27	1,373	1,298
Dental Hygienist and Dental Prosthetist		2		1						3	3
Dental Hygienist and Dental Prosthetist and Dental Therapist		1					1			2	2
Dental Hygienist and Dental Therapist	9	55	8	161	64	2	128	53	3	483	493
Dental Hygienist and Dentist		1					1			2	6
Dental Hygienist and Oral Health Therapist		3						3		6	1
Dental Prosthetist	15	418	4	255	67	49	349	85	3	1,245	1,209
Dental Prosthetist and Dental Therapist							1			1	1
Dental Prosthetist and Dentist							1			1	
Dental Therapist	18	223	13	188	90	50	166	305	10	1,063	1,093
Dental Therapist and Oral Health Therapist								2		2	
Dentist	294	5,056	100	3,091	1,160	233	3,727	1,672	555	15,888	15,638
Dentist and Oral Health Therapist		1								1	
Oral Health Therapist	19	296	10	341	137	12	252	69	3	1,139	963
Total 2014/15	399	6,449	147	4,179	1,769	366	4,827	2,472	601	21,209	
Total 2013/14	386	6,361	147	4,056	1,708	349	4,768	2,422	510		20,707

*Principal place of practice

Dental Practitioner	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2014/15	851	2,974	3,232	2,670	2,386	2,048	2,086	2,202	1,404	841	323	131	59	2	21,209
2013/14	693	2,788	3,166	2,602	2,314	2,028	2,180	2,130	1,396	872	327	141	70		20,707

Table D4: Notifications received by state or territory										
Dental Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	27	7	72	57	10	186	69	428	338	766
2013/14	24	14	207	45	23	218	51	582	369	951

Table D5: Notifications received by division and state or territory (excluding NSW)										
Division	ACT	NT	QLD	SA	TAS	VIC	WA	Total 2014/15	Total 2013/14	
Dental Hygienist			2	1			2	5	5	
Dental Hygienist and Dental Therapist				1				1	1	
Dental Prosthetist	2		1	4	1	6	7	21	41	
Dental Therapist				1			1	2	2	
Dentist	25	7	66	47	8	163	56	372	518	
Oral Health Therapist				1		1		2	3	
Unknown practitioner ¹			3	2	1	16	3	25	12	
Total 2014/15	27	7	72	57	10	186	69	428		
Total 2013/14	24	14	207	45	23	218	51			582

Note:

1. Practitioners are not always identified in the early stages of a notification.

Table D6: Immediate action cases by division and state or territory (excluding NSW)								
Division	ACT	QLD	SA	VIC	WA	Total 2014/15	Total 2013/14	
Dental Hygienist			1			1	1	
Dental Therapist			1		1	2		
Dentist	1	1	4	3	3	12	17	
Total 2014/15	1	1	6	3	4	15		
Total 2013/14	2	7		6	3		18	

Table D7: Per cent of registrant base with notifications received, by state or territory										
Dental Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	6.8%	4.8%	1.7%	3.2%	2.7%	3.9%	2.8%	3.0%	5.2%	3.6%
2013/14	5.4%	8.8%	4.3%	2.4%	6.0%	4.1%	1.9%	3.6%	5.0%	4.0%

Table D8: Notifications closed by state or territory										
Dental Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	34	10	104	47	13	280	50	538	311	849
2013/14	12	13	243	55	23	250	40	636	379	1,015

Table D9: Notifications closed under the National Scheme, by division and state or territory (excluding NSW)									
Division	ACT	NT	QLD	SA	TAS	VIC	WA	Total 2014/15	Total 2013/14
Dental Hygienist				1		1	2	4	5
Dental Hygienist and Dental Therapist				2				2	3
Dental Hygienist and Oral Health Therapist							1	1	
Dental Prosthetist	1		3		1	9	6	20	54
Dental Therapist			2	1			1	4	
Dentist	33	9	92	39	10	227	37	447	563
Oral Health Therapist			1	2		1		4	3
Unknown practitioner ¹		1	6	2	2	42	3	56	8
Total 2014/15	34	10	104	47	13	280	50	538	
Total 2013/14	12	13	243	55	23	250	40		636

Note:

1. Practitioners are not always identified in notifications closed at an early stage.

Table D10: Notifications closed under the National Scheme, by division and stage at closure (excluding NSW)							
Division	Assessment	Health or performance assessment	Investigation	Panel hearing	Tribunal hearing	Total 2014/15	Total 2013/14
Dental Hygienist		1	3			4	5
Dental Hygienist and Dental Therapist			2			2	3
Dental Hygienist and Oral Health Therapist			1			1	
Dental Prosthetist	12		7	1		20	54
Dental Therapist	2		2			4	
Dentist	286	12	136	10	3	447	563
Oral Health Therapist	3		1			4	3
Unknown practitioner ¹	26	4	19		7	56	8
Total 2014/15	329	17	171	11	10	538	
Total 2013/14	419	28	158	23	8		636

Note:

1. Practitioners are not always identified in notifications closed at an early stage.

Table D11: Notifications closed under the National Scheme, by division and outcome at closure (excluding NSW)

Division	No further action	Health complaints entity to retain	Refer all of the notification to another body	Caution	Reprimand	Accept undertaking	Fine registrant	Impose conditions	Practitioner surrender	Suspend registration	Cancel registration	Proceedings with drawn	Total 2014/15	Total 2013/14
Dental Hygienist	2			1		1							4	5
Dental Hygienist and Dental Therapist	2												2	3
Dental Hygienist and Oral Health Therapist				1									1	
Dental Prosthetist	12	5		1				2					20	54
Dental Therapist	4												4	
Dentist	224	68	3	67		19	1	63		1		1	447	563
Oral Health Therapist	3			1									4	3
Unknown practitioner ¹	27	12		3	1	4		3	1		5		56	8
Total 2014/15	274	85	3	74	1	24	1	68	1	1	5	1	538	
Total 2013/14	292	180	3	73	6	39		42	1					636

Note:

1. Practitioners are not always identified in notifications closed at an early stage.

Table D12: Active monitoring cases at 30 June 2015, by state or territory (including NSW)

Profession	Conduct	Health	Performance	Suitability / eligibility ¹	Total 2014/15
Dental Practitioner	69	43	77	22	211

Note:

1. AHPRA performs monitoring of compliance cases for 'suitability/eligibility' stream matters for NSW registrations.

Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons, including as a result of a notification, the assessment of an application for registration or a renewal of registration, or after an appeal lodged with a tribunal. Types of restrictions being monitored include:

Drug and alcohol screening – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

Health – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

Supervision – restrictions that allow the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

Mentoring – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

Chaperoning – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

Audit – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

Assessment – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

Practice and employment – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

Education and upskilling – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

Character – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

Concerns raised about advertising are reported on page 55 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

More detail about our approach to managing statutory offences is reported from page 54 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when

they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 32 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Working across the professions

A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum *national* standards they expect of practitioners, regardless of where they practise in Australia.

For the dental professions, there are also standards and/or guidelines related to scope of practice, infection control, record-keeping and endorsement for conscious sedation.

Five core registration standards for all 14 health professions regulated under the National Scheme

- ▶ Continuing professional development
- ▶ Criminal history
- ▶ English language skills
- ▶ Professional indemnity insurance arrangements
- ▶ Recency of practice.

The standards bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. National Boards hold practitioners to account against these standards in disciplinary processes.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of

efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

Our work on professional standards in 2014/15

During 2014/15, there were 15 public consultations undertaken by National Boards on 17 registration standards and 13 guidelines.

All National Boards consulted on draft guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses. The consultation was open from July to September 2014. A Twitter chat was held on this consultation.

A number of registration standards for the 14 currently regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) during 2014/15, in accordance with the National Law.

The revised criminal history registration standard for all 14 Boards and the revised English language skills registration standard for 13 Boards were approved by the AHWMC in March 2015, as well as standards and guidelines for some of the individual Boards.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

See Appendix 3 of the 2014/15 [annual report](#) of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2014/15.

Stakeholder engagement and improving our communications

The National Boards and AHPRA continue to work closely with two external advisory groups, the Community Reference Group and the Professions Reference Group. Communiqués from both groups are published on the AHPRA website after each meeting. Both groups provide feedback on how we can continue improving the way we communicate so that we can engage more effectively with our stakeholders.

AHPRA refreshed the homepages across all 15 National Board and AHPRA websites to make important information easier to find, and included

new information for employers and practitioners as tabs on the login window. Following feedback from the Community Reference Group, AHPRA included the *Register of practitioners* search on the homepage, and introduced brightly coloured 'tiles' to highlight important topics.

The National Boards and AHPRA continue to strengthen work with governments on matters of shared interest relevant to the National Scheme. The work with governments covers a broad spectrum of activities, including contributing to public and regulatory policy development through making joint AHPRA and National Board submissions as much as possible to government consultations, including the independent review of the operation of the National Scheme. We also brief health ministers on local and national issues relevant to the regulation of health practitioners in Australia, and raise issues with, and receive the collective views of, the Australian Health Ministers' Advisory Council's (AHMAC) Health Workforce Principal Committee (HWPC) on draft regulatory policies, guidelines and standards, and other matters to inform advice to health ministers.

This year the National Boards and AHPRA have strengthened partnerships with regulatory counterparts, including health complaints entities, co-regulatory bodies and accreditation councils, to ensure more consistent and effective regulatory decision-making and outcomes that are responsive to the national and local environment, and we learn from and share our experience with international regulators.

Establishing a shared set of regulatory principles

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

We invited feedback on the principles in a formal consultation, which included surveying members of the public and practitioners, as well as board and committee members, and AHPRA staff. The response to the surveys was overwhelming, with more than 800 members of the public providing feedback to the online survey, in addition to more than 140 board/committee members and AHPRA staff members. The vast majority of respondents supported the principles. In the coming year we will continue to work to embed the regulatory principles in all that we do.

The regulatory principles are set out in Appendix 1 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Collaboration to improve accreditation

The National Boards, AHPRA and the accreditation authorities have worked collaboratively to identify opportunities for improvement, aspects of accreditation that need greater consistency of approach (such as reporting of accreditation decisions), as well as areas within accreditation that lend themselves to cross-professional approaches. Steady progress continues and further cross-profession initiatives – such as work on inter-professional learning and embedding models for simulated learning environments in clinical training – are being implemented or are planned, with the aim of further demonstrating good practice in accreditation of health profession education. The Accreditation Liaison Group (ALG) is the primary vehicle for collaboration on accreditation.

Managing risk through improved international criminal history checks

In February 2015 a new procedure for checking international criminal history, which provides greater public protection, was introduced.

Under the National Law, National Boards must consider the criminal history of an applicant who applies for registration, including any overseas criminal history. The new approach requires certain applicants and practitioners to apply for an international criminal history check from an AHPRA-approved supplier.

More than 4,200 international criminal history checks across the 14 health professions were undertaken since the procedure changed. From these, 10 positive criminal history results were identified. When a positive criminal history is identified, the National Board or its delegate considers whether the health practitioner's criminal history is relevant to the practice of their profession.

Members of the Dental Board of Australia in 2014/15

Dr John Lockwood AM (Chair)
Winthrop Professor Paul Abbott AO
Ms Susan Aldenhoven AM
Mrs Jennifer Bishop
Dr Gerard Condon
Ms Alison Faigniez
Mr Stephen Herrick
Mr Paul House
Dr Mark Leedham
Mr Michael Miceli
Dr Murray Thomas
Ms Alison von Bibra

During 2014/15, the Board was supported by
Executive Officer Michelle Thomas.

More information about the work of the Board is
available at: www.dentalboard.gov.au

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www.ahpra.gov.au

Annual report and summaries online:

www.ahpra.gov.au/annualreport

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