

Australian Dental Association Inc.

Dental Board of Australia

Registration Standards:

Section 66- Limited registration for postgraduate training or supervised practice

Section 68- Limited registration in the public interest

Section 69- Limited registration for teaching or research.

17 March 2011

**Authorised by
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ABOUT THE AUSTRALIAN DENTAL ASSOCIATION

The Australian Dental Association Inc. (ADA) is the peak national professional body representing about 12,000 registered dentists engaged in clinical practice. ADA members work in both the public and private sectors. The ADA represents the vast majority of dental care providers.

The primary objectives of the ADA are:

- to encourage the improvement of the oral and general health of the public and to advance and promote the ethics, art and science of dentistry; and
- to support members of the Association in enhancing their ability to provide safe, high quality professional oral healthcare.

There are Branches in all States and Territories other than in the ACT, with individual dentists belonging to both their home Branch and the national body. Further information on the activities of the ADA and its Branches can be found at www.ada.org.au.

Thank you for the opportunity to respond to the Dental Board of Australia (DBA) on the Registration Standards Sections 66, 68 & 69. Should you wish to discuss any of the matters raised in this response, please contact the Association.

COMMENTS ON PROPOSED REGISTRATION STANDARDS

Section 66- Limited registration for postgraduate training or supervised practice.

This standard is very difficult to follow in that it complicates comprehension of the material by provision of two pathways and then seeks to further differentiate these by identification of sub categories. The ADA is fearful, that this complexity will only serve to confuse practitioners and authorities alike and may create unintended consequences.

Pathway A

The Consultation Draft deals initially with Pathway A, which refers to Supervised Practice.

This relates specifically to practising under supervision:

1. "with an appropriate public sector program" (Pathway A-1) or
2. Whilst enrolled in the Australian Dental Council (ADC) final clinical exam (Pathway A-2).

The major concern identified by the ADA is that participants under Pathway A-1 in the Public Sector Dental Workforce Scheme will, if they have qualifications from an institution on the ADC approved list, be able to practise in Australia for three years regardless of whether they complete the ADC exams.



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Under the current guidelines, the overseas-trained dentists employed under the Public Sector Dental Workforce Scheme are required to sit the ADC final clinical examinations within three years of commencement of employment. Knowing they have to sit the examinations serves as an incentive to improve their dental knowledge and skills. Removal of the examination requirement will reduce the incentive to improve their knowledge to that acceptable in Australia. Hence, the ADA opposes the removal of the examination requirement.

Under Pathway A-2 the practitioner with qualifications from an institution not on the ADC list is only eligible for limited registration for initially one but possibly two years. The ADA appreciates that the different criteria for these two types of practitioner recognises that the qualifications acquired from an ADC approved list are superior to those from a non ADC approved qualification. What concerns the ADA is the potential for these arrangements to provide two levels of practitioner. It will potentially mean that in "areas of need" or "public interest" practitioners will be permitted to practise, albeit under supervision, with qualifications potentially inferior to those of practitioners treating other sectors of the population. Provision of poor care to Australians is unacceptable to the ADA. The ADA opposes the Limited registration of practitioners with qualifications from an institution not on the ADC list.

The DBA must ensure that the requirements of supervision are stringent and impose obligations on supervisors to closely monitor and report upon matters that may be indicative of poor practice. The ADA in its submission on Supervision directed the Board's attention to this.

Pathway B-Post graduate Training

In dealing with registration for postgraduate training, it is noted that the key requirement under consideration for such registration is that the practitioner applying for limited registration "has completed a qualification that is relevant to and suitable for postgraduate training or supervised practice."

The ADA has previously expressed the view that in its opinion actual full registration as a practitioner must be a necessary pre-requisite for post graduate training and it maintains that view.

Recognising the Board's Standards though, the ADA comments as follows:

- a) The grounds upon which the Board may cancel or refuse to review the granting of Limited registration are generally acceptable.
- b) It states that the Board may cancel or refuse to renew Limited registration if "supervision reports have not been provided to the Board at the required levels".

Whilst appreciating the need for this safeguard, compliance with this could mean that a limited registrant could lose that status for want of action by the supervisor-something over which the limited registrant has no control. The ADA is assuming that inferred in this requirement is the exercise of discretion (as evidenced by the use of "may") by the Board to fully consider the facts of any case and to have set in place a protocol that will not unfairly treat the registrant in these circumstances.



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Section 68- Registration Standard-Limited registration in public interest.

It is noted that the Standard is confined to that category of Limited registration applicable to only overseas trained dental practitioners being granted Limited registration "in the public interest."

The ADA has some concerns with the draft Standard which the ADA considers worthy of the Board's attention.

Need for criteria for determination of "in the public interest".

It is noted that Section 67 (5) places the decision as to whether limited registration "for an area of need" is required in the "Minister for the participating jurisdiction".

Section 68(2) on the other hand grants power to the Board to make the determination as to whether "it is in the public interest for an individual" to be granted limited registration.

In either case the ADA considers that there is a need for creation of specific criteria to be provided to identify what circumstances will have to be in existence to justify the "need" or "interest" for such limited registrations to come into effect. Without such specific criteria, the ADA would see both the responsible Minister and the Board with too wide a discretion to invoke circumstances warranting Limited registration. The impact this could have is that registrants with untested qualifications and skills will be permitted to practise, thus risking the health of those they treat.

Duration of Limited registration

The ADA agrees with the time limitation for registration imposed by the Standard. Whilst noting that the National Law would enable a period of limited registration to extend to a potential period of three years (Section 72), the limitation imposed by the Board in this Standard is suitable. The limitation recognises the short term nature of a "public interest" situation to warrant the granting of Limited registration. Consistent with the theme expressed earlier, this will ensure that the Limited registrant is only able to provide treatment in Australia for the period of the public interest and thus reduces the potential for risk in less qualified practitioners treating Australians.

Section 69- Registration Standard-Limited registration for teaching or research.

The ADA would recommend that in the Standard there should be some clarification as to precisely what is meant by the term "teaching or research positions." The reason for this is that the use of the word "position" connotes some long term permanency in the role and should not be referable to persons with overseas qualifications temporarily attending in Australia to present, for example, at continuing professional development events. Such practitioners in the ADA's view should not be required to register with the Board.



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It is not clear as to whether professional indemnity cover is required as a condition of this Limited registration. Noting that practitioners registering under this classification are specifically not able to undertake private practice, the ADA would suggest that if the "position" involves only the teaching of students and not delivery of actual treatment (in private practice or otherwise) then no such insurance cover is necessary.

Provided these interpretations of the teaching or research position are adopted by the Board, then the requirements of the Standard are acceptable.

Thank you for the opportunity to comment.

A handwritten signature in black ink, appearing to read 'F. Fryer'.

Dr F Shane Fryer
President

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