

Welcome to the Dental Board of Australia's October 2016 newsletter.

In this issue

Renew your registration online now

News from the Board

- Revised Professional indemnity insurance (PII) registration standard for all dental practitioners
- Call for applications – list of approved members for equivalence assessment panels
- New entry-level competencies for dental specialists
- Important changes to the assessment of overseas-qualified dental specialist application
- Requirements for a structured professional relationship
- Standards of conduct – Health Care Complaints Commission v Jangodaz [2016] NSWCATOD 71
- Online graduate applications are open
- Responsible advertising
- Tips for dental patients

National Scheme news

- Our recommendations to improve the health complaints management system in Queensland
- AHPRA and National Boards host research summit

Keep in touch with the Board

Renew your registration online now

Dental practitioners who are due to renew their general, specialist or non-practising registration with the Dental Board by 30 November can apply online now.

We remind you to carefully read the Board's [registration standards](#), which specify the profession's standards of practice, before making the required declarations in your application for renewal of registration.

If you hold an endorsement for conscious sedation you must complete an approved refresher course before applying for renewal of registration and the endorsement. The [national register of practitioners](#) confirms if a dental practitioner's registration includes an endorsement.

Dentists or dental specialists who use conscious sedation in their practice must have endorsed registration. More information about [conscious sedation](#) is available on the Board's website.

A series of reminders to renew are being sent to dental practitioners by the Australian Health Practitioner Regulation Agency (AHPRA), on behalf of the Board. The email reminders include a link to online renewal and will be sent to the email address you provided to AHPRA.

A new video explaining how to renew registration online is available on the [Practitioner Services](#) page of the AHPRA website. The four minute video explains how to access online renewal, what you must declare about your previous 12 months' practice, how to pay the registration fee and what happens next.

Useful information for dental practitioners is on the Board's website: see our [Renewal FAQ](#)

News from the Board

Revised Professional indemnity insurance (PII) registration standard for all dental practitioners

The revised PII registration standard came into effect on 1 July 2016. The standard has not changed significantly. Some changes have been made to improve the clarity and workability of the standard, and understanding of the requirements and obligations of registrants.

In December 2015, the Board published the revised standard well in advance of its starting date to provide dental practitioners with adequate time to ensure that their arrangements for PII will meet the revised registration standard. The [revised standard](#) now applies to all registered dental practitioners except those with non-practising registration.

To ensure a smooth transition to this revised standard, the Board has allowed for a transition period to meet the standard. All dental practitioners must meet the revised standard by the time they renew their registration, which is due by 30 November 2016.

If your PII arrangements policy is not due for renewal before you renew your registration, you will need to contact your insurer to ensure that your policy covers all requirements set out in the revised standard. If necessary, you will need to have your policy adjusted so that it meets the revised standard by the time you renew your registration.

More information about the new PII arrangements standard, including the brief consultation report, FAQs and a fact sheet, is available on the [Professional indemnity insurance arrangements](#) page of the AHPRA website.

Call for applications – list of approved members for equivalence assessment panels

We seek applications from suitably qualified and experienced

dentists, who hold specialist registration with the Board, to be appointed to the list of approved members for equivalence assessment panels.

Since the start of the National Registration and Accreditation Scheme (the National Scheme), the Australian Dental Council (ADC), on behalf of the Board, had assessed overseas specialist qualifications for substantial equivalence to Australian specialist programs.

With AHPRA, we have developed a new process to assess overseas specialist qualifications for substantial equivalence to Australian specialist programs. This process, in place since 1 July 2016, includes the assessment of these qualifications against specific criteria to be carried out by equivalence assessment panels.

The equivalence assessment panel will convene as needed to help the Board in assessing qualifications for specialist registration from overseas-trained dental specialists in a particular specialty.

In selecting candidates for appointment, the following selection criteria will be taken into account:

- willingness to assess qualifications on behalf of the Board and against criteria decided by the Board
- specialist registration with the Board
- demonstration of engagement with the profession including membership of the relevant specialist academy and/or peak body for the specialty
- leadership and senior clinical experience in the profession, and
- experience in the delivery of academic programs for the specialty, including accreditation.

Applications will be assessed by a selection advisory panel. Appointments are made by the Board under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). Appointments may be for up to three years, with eligibility for reappointment.

More information on the role and the application process can be found on the Board's [website](#).

New entry-level competencies for dental specialists

The Board has published new entry-level competencies for dental specialists. The Board has developed these new [entry-level competencies](#) in partnership with the Dental Council (New Zealand) (the Council).

Consultation with the Board's stakeholders and a public consultation took place. The Board has also published a [consultation report](#) to provide a summary of the process used to develop these competencies.

The Board and the Council have developed these competencies to describe the entry level of competence expected of applicants for specialist registration. These will assist in ensuring the consistent and transparent assessment of specialist registration applications from overseas-qualified dental specialists.

For more information on these competencies and the consultation report, see our [Specialist competencies](#) page.

Important changes to the assessment of overseas-qualified dental specialist application

The Board now assesses all applications from overseas-qualified applicants for specialist registration.

Since the start of the National Scheme, the Australian Dental Council (ADC), on behalf of the Board, had assessed overseas specialist qualifications for substantial equivalence to an Australian specialist program. The ADC's assessment of a qualification was then considered by the Board.

The Board and AHPRA have developed a new process to assess overseas specialist qualifications for substantial equivalence to an Australian specialist program. Clear criteria and evidence requirements have been developed to support the assessment of overseas specialist qualifications.

The change in the assessment process applies to applications from overseas-trained specialists in the following specialties:

- dento-maxillofacial radiology
- endodontics
- oral medicine
- oral pathology
- orthodontics
- paediatric dentistry
- periodontics
- prosthodontics, and
- special needs dentistry.

For further information on the new assessment process of application for specialist registration in the above specialties, see our [Qualification equivalence pathway](#) page.

For information on the assessment of the following specialties, go to the [assessment pathway](#) page:

- forensic odontology
- oral surgery, and
- public health (community dentistry).

Requirements for a structured professional relationship

This is a common question from the professional associations.

- Dental hygienists, dental therapists and oral health therapists may only work within a structured professional relationship with a dentist.
- Dental prosthetists educated and trained in a program of study approved by the National Board to provide treatment for patients requiring implant retained overdentures must enter into a structured professional relationship with a dentist before providing such treatment.

A structured professional relationship means the framework for referral and management of a patient to a dentist when the care required falls outside of the scope of practice of the dental hygienist, dental therapist, oral health therapist and/or dental prosthetist.

A dentist is the clinical leader in a structured professional relationship with dental hygienists, dental therapists and oral health therapists and with dental prosthetists when providing treatment for patients requiring implant retained overdentures.

A dental hygienist, dental therapist or oral health therapist may only practice to the extent of their education, training and competence within a structured professional relationship with a dentist and must not practise as independent practitioners.

The term 'dentist' refers to dentists, dental specialists and/or a group of dentists. More than one dentist can be a clinical team leader and in this situation there could be a roster of clinical team leaders if appropriate.

Does the structured professional relationship need to be in writing?

The Board has not set criteria as to how a structured professional relationship needs to be recorded or communicated. However, the National Board expects all practitioners to practise in accordance with all regulatory codes and guidelines, including [Guidelines on dental records](#) that set down the minimum requirements for dental records and the [Code of conduct](#) that describes the expected ways of working with other professionals. There may also be other entities, such as employers or insurers, who may dictate the format of the structured professional relationship.

Standards of conduct – Health Care Complaints Commission v Jangodaz [2016] NSWCATOD 71

This recent tribunal decision dealt with the professional boundary issues of a dentist in engaging in a sexual relationship with his patient. During the hearing an argument was made that there was no prohibition in the Dental Board of Australia's *Code of conduct* against a dentist having a sexual relationship with a patient. Ultimately, the tribunal rejected this narrow approach.

The tribunal said:

The Tribunal rejects the view that dentists are under any lesser obligation than other health professionals concerning sexual boundary violations with patients. We reject any interpretation based upon isolated wording in the Code (such as "pursue" or "exploit") that suggests "something more" is required of unprofessional conduct through boundary violation in dentistry than the abuse of power which inheres in the professional relationship. (paragraph 29)

The tribunal ordered the cancellation of the dentist's registration coupled with a preclusion period of one year before he can apply for a review of the cancellation order. These orders mark the seriousness of the conduct and reinforce the importance of maintaining professional boundaries and not exploiting the position of power and trust that a dental practitioner has over a patient.

This [summary](#) is an excerpt from the HCPC legal case note - ref: HP16/7778.

The full text of the decision can be found on the AustLII [website](#).

Online graduate applications are open

An email urging final-year students to apply online for registration will be sent by AHPRA to individuals on the Student Register in October.

Students who are in their final year of an [approved program of study](#) to be completed at the end of 2016 are advised to [apply online](#) for registration four to six weeks **before** finishing their course.

Certain applicants will need to apply for an [international criminal history check](#) before submitting their registration application.

All applicants need to post [supporting documents](#) to AHPRA to complete their application. Information about the supporting documents is included in the *Next steps checklist*, which is emailed to each student upon receipt of their online application.

Improvements to the content and layout of the checklist have made it clearer about what hard copy supporting documents must be posted to AHPRA. Feedback received from mid-year graduates who used the revised checklist was important in helping to gauge the effectiveness of the changes. A review of their feedback has resulted in the final checklist to be used by end of year graduates.

Students are encouraged to read the information on AHPRA's website under [Graduate applications](#).

Graduates must meet the Board's registration standards and need to be a registered dental practitioner before they start practising. New graduates are registered and eligible to start work as soon as their name is published on the [national register of practitioners](#).

Responsible advertising

The Board has published further information for the dental profession to help practitioners to better understand their advertising obligations.

Section 133 of the [National Law](#) regulates the advertising of regulated health services (a service provided by, or usually provided by, a health practitioner as defined in the National Law).

Section 133 provides that a person must not advertise regulated health services in a way that:

- a) is false, misleading or deceptive or is likely to be misleading or deceptive; or
- b) offers a gift, discount or other inducement to attract a person to use the service or the business, unless the advertisement also states the terms and conditions of the offer; or
- c) uses testimonials or purported testimonials about the service or business; or
- d) creates an unreasonable expectation of beneficial treatment; or
- e) directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

For the latest information published by the Board on advertising obligations please refer to [further information on advertising therapeutic claims](#). This information does not replace the Board's [Guidelines for advertising regulated health services](#), which should be your first point of reference to understand your obligations. You may also wish to seek appropriate advice, for example, from your legal advisor.

The burden is on you to substantiate any claim you make that your treatments benefit patients. If you do not understand whether the claims you have made can be substantiated based on acceptable evidence, then remove them from your advertising.

The Australian Health Practitioner Regulation Agency (AHPRA) is responsible for prosecuting breaches of the advertising requirements in the National Law. This means that AHPRA, with the Board, needs to decide whether there has been a breach of your advertising obligations.

As part of this process, we will use objective criteria to assess whether there is acceptable evidence to substantiate therapeutic claims in advertising. We will use appropriate experts to help us evaluate evidence where needed.

These are serious matters that can have serious consequences for your professional standing and your criminal record: **if in doubt about a claim, leave it out of your advertising.**

Tips for dental patients

The Board has launched its first ever video for patients to help make sure they are getting safe care from their dental practitioners.

Launched during International Infection Control Week (16 – 22 October) the video aims to:

- help patients know what infection prevention and control protocols to expect when visiting their dental practitioner
- encourage patients to ask their treating dental practitioner questions about infection prevention and control and how their treating dental practitioner can ensure that they meet their infection control obligations, and
- inform patients on what to do if they have a concern about their dental practitioner's infection control practices.

The Board considers investing in information for patients a powerful additional check on the infection control standards of dental practitioners in Australia.

You can view the video on the [Board's website](#). The video gives dental patients seven easy to remember tips to consider whether their dental practitioner is following the correct infection control protocols.

It is important to note that the video was filmed in a simulated environment with actors and should not be used as a training material for professionals. The video is a resource intended for general public information.

The Board expects all dental practitioners to practise in a way that maintains and enhances public health and safety by ensuring that the risk of the spread of infection is prevented or minimised.

Dental practitioners are reminded to practise in accordance with the Board's *Guidelines on infection control* and to refer to resources developed by the Board to ensure that they meet the infection control obligations.

The Board's Guidelines and additional resources are available on the [Board's website](#).

National Scheme news

Our recommendations to improve the health complaints management system in Queensland

AHPRA and the National Boards' joint submission to the Queensland Parliamentary Committee's inquiry into the performance of the Queensland Health Ombudsman's (OHO) functions has been [published](#).

The current health service complaints management system has now been in operation in Queensland for just over two years. It was intended to introduce a better system for health complaints management with greater transparency and accountability and improved timeliness in achieving an outcome.

While there are strengths to be found in the current model, there are significant areas that require urgent attention and improvements that cannot be achieved without change.

The Boards and AHPRA identify key concerns supported by data and case studies:

- serious matters that pose a risk to the public are not being dealt with in a timely or appropriate way by the OHO
- matters that are considered minor by the OHO are closed or not accepted without any consideration by or referral to the Boards and AHPRA
- the current model and its implementation is costing more, using more resources, and is likely to result in increased registration fees for Queensland-based registered health practitioners, and
- the current model presents a conflict of interest for the OHO being both a partner in regulation and having oversight of AHPRA and Boards' performance.

Therefore, in our joint submission, AHPRA and the National Boards recommend specific changes be made to the model in Queensland.

If our recommendations are acted on, Queenslanders, through the health minister and Queensland Parliament, would be assured that our regulatory expertise and that of the OHO as an ombudsman and health complaints authority, is applied in the best possible way to protect the Queensland public. Our respective resources would be used more effectively as the unnecessary delays and duplication in our roles would be addressed.

To read the full statement including the recommendations, visit AHPRA's [website](#), where you can also download it in PDF.

AHPRA and National Boards host research summit

AHPRA and the National Boards hosted more than 220 delegates at the 2016 Research Summit when everyone came together in August to talk about the next frontier for developing our partnership's evidence base to improve the way we regulate.

The theme of the summit was '*patient safety through risk-based regulation*', and presenters discussed a range of topics. At the heart of the discussion was how to contribute to safer care for patients and health consumers. Also discussed was how data collection and evaluation can help find new and innovative ways to improve regulatory processes for health practitioners and the public.

The inaugural summit provided an opportunity for the exchange of expertise and ideas between regulatory staff, experts in safety and quality in healthcare, health practitioners and leading health and medical researchers.

Mr Paul Shinkfield, AHPRA National Director of Strategy and Research, said there was broad consensus at the end of the summit on key themes and areas for future work. 'The clear desire to form strong partnerships is critical to achieving sustainable and effective outcomes; in how we work in regulation, and how they work in the health service delivery and a range of related sectors', he said.

Read more in the [media release](#).

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](#).