



## Public consultation on draft registration standards

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May 2014

### Responses to consultation questions

Please provide your comments in a **word document** (not PDF) by email to [dentalboardconsultation@ahpra.gov.au](mailto:dentalboardconsultation@ahpra.gov.au) by close of business on **14 July 2014**.

#### Stakeholder Details

*If you wish to include background information about your organisation please provide this as a separate word document (not PDF).*

<b>Organisation name</b>
Australian and New Zealand Academy of Special Needs Dentistry
<b>Contact information</b> <i>(please include contact person's name and email address)</i>
Dr Sharon Liberali President, Australian and New Zealand Academy of Special Needs Dentistry [REDACTED]

#### Your responses to consultation questions

<b>Registration standard: Professional indemnity insurance arrangements (PII)</b> <i>Please provide your responses to any or all questions in the blank boxes below</i>
1. From your perspective how is the current PII registration standard working? No problems with PI registration standard identified by ANZASND.
2. Are there any state or territory specific issues or impacts that have arisen from applying the existing PII standard? Nil identified to date.
3. Is the content and structure of the draft revised PII registration standard helpful, clear, relevant and more workable than the current standard? Yes.
4. Is there any content that needs to be changed or deleted in the draft revised PII registration standard? No.
5. Is there anything missing that needs to be added to the draft revised PII registration standard? No.

<b>Registration standard: Professional indemnity insurance arrangements (PII)</b> <i>Please provide your responses to any or all questions in the blank boxes below</i>
6. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?
Yes, as long as there is an opportunity for earlier review if issues are identified.
7. Do you have any other comments on the draft revised PII registration standard?
No.

<b>Registration standard: Continuing professional development</b> <b>Guidelines: Continuing professional development (CPD)</b> <i>Please provide your responses to any or all questions in the blank boxes below</i>
1. From your perspective how is the current CPD registration standard working?
No problems with CPD registration standard identified by ANZASND.
2. Are there any state or territory-specific issues or impacts arising from applying the existing CPD standard that you would like to raise with the Board?
Nil identified to date.
3. Is the content and structure of the draft revised CPD registration standard helpful, clear, relevant and more workable than the current standard?
Yes.
4. Do you think that: (a) a percentage of the total CPD hours should be allocated to non-scientific activities? OR (b) all CPD activities should be scientific or clinically based? (Please provide your reasons)
(a) as this gives an opportunity for clinicians to have CPD in non-scientific activities which are beneficial to the non clinical aspects of Dentistry including management, IT etc.
5. Recognising that a transition process would be required, do you agree with the Board's proposed change that the three year CPD cycle should be aligned with registration period (i.e. each three year CPD cycle run from 1 December – 30 November)?
Yes.
6. Is there any content that needs to be changed or deleted in the draft revised CPD registration standard?
No.
7. Is there anything missing that needs to be added to the draft revised CPD registration standard?
No.
8. Is there any content that needs to be changed or deleted in the draft revised CPD <b>guidelines</b> ?
No.
9. Is there anything missing that needs to be added to the draft revised CPD <b>guidelines</b> ?
No.
10. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?

**Registration standard: Continuing professional development**

**Guidelines: Continuing professional development (CPD)**

*Please provide your responses to any or all questions in the blank boxes below*

Yes, as long as there is an opportunity for earlier review and/or revision if issues are identified.

11. Do you have any other comments on the draft revised CPD registration standard?

No.

12. Do you have any other comments on the draft revised CPD **guidelines**?

No.

**Registration standard: Recency of practice (ROP)**

*Please provide your responses to any or all questions in the blank boxes below*

1. From your perspective how is the current ROP registration standard working?

Specialists in the discipline of Special Needs Dentistry have no difficulty fulfilling the requirements of 'recency of practice' for both the specialist stream and the general stream in Dentistry, as we provide comprehensive dental care to our patients that includes many if not all areas of clinical dental practice. This may not be the case for other specialties in Dentistry eg Orthodontics, Endodontics. We are unsure how specialists in these other fields are able to fulfil their 'recency of practice' obligations if they limit their practice to their 'specialty area' and therefore we have some concerns as to how well this aspect of the registration standard is working.

2. Are there any state or territory-specific issues or impacts arising from applying the existing ROP standard that you would like to raise with the Board?

Nil identified to date.

3. Is the content and structure of the draft revised ROP registration standard helpful, clear, relevant and more workable than the current standard?

Yes, in particular the ANZASND is supportive of the revised draft amendments which allows specialists to come off the general register if they are not practicing general dentistry.

4. Is there any content that needs to be changed or deleted in the draft revised ROP registration standard?

No..

5. Is there anything missing that needs to be added to the draft revised ROP registration standard?

See response to question 1.

6. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not??

Yes, as long as there is an opportunity for earlier review and/or revision if issues are identified.

7. Do you have any other comments on the draft revised ROP registration standard?

No.

**Registration standard: Endorsement for conscious sedation (CS)**

*Please provide your responses to any or all questions in the blank cells below*

1. From your perspective how is the current CS registration standard working?

Dental Board of Australia

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<b>Registration standard: Endorsement for conscious sedation (CS)</b>	
<i>Please provide your responses to any or all questions in the blank cells below</i>	
	No problems with CS registration standard identified by ANZASND.
2.	Are there any state or territory-specific issues or impacts arising from applying the existing CS standard that you would like to raise with the Board?
	Nil identified to date.
3.	Is the content and structure of the draft revised CS registration standard helpful, clear, relevant and more workable than the current standard?
	Yes.
4.	Is there any content that needs to be changed or deleted in the draft revised CS registration standard?
	No.
5.	Is there anything missing that needs to be added to the draft revised CS registration standard?
	No.
6.	Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?
	Yes, as long as there is an opportunity for earlier review and/or revision if issues are identified.
7.	Do you have any other comments on the draft revised CS registration standard?
	No.

<b>Registration standard: Specialist</b>	
<i>Please provide your responses to any or all questions in the blank cells below</i>	
	1. From your perspective how is the current specialist registration standard working?
	No problems with specialist registration standard identified by ANZASND.
2.	Are there any state or territory-specific issues or impacts arising from applying the existing specialist standard that you would like to raise with the Board?
	Nil identified to date.
3.	Do you support the proposed changes to the existing standard as outlined in Option 2? (Why or why not?)
	Yes. Specialists in the discipline of Special Needs Dentistry have no difficulty fulfilling the requirements of 'recency of practice' for both the specialist stream and the general stream in Dentistry, as we provide comprehensive dental care to our patients that includes many if not all areas of clinical dental practice. This may not be the case for other specialties in Dentistry eg Orthodontics, Endodontics. We are unsure how specialists in these other fields have previously been able to fulfil their 'recency of practice' obligations if they limit their practice to their 'specialty area"
4.	Is the content and structure of the draft revised specialist registration standard helpful, clear, relevant and more workable than the current standard?
	Yes.
5.	Is there any content that needs to be changed or deleted in the draft revised specialist registration standard?
	No.
6.	Is there anything missing that needs to be added to the draft revised specialist registration

<b>Registration standard: Specialist</b>	
<i>Please provide your responses to any or all questions in the blank cells below</i>	
	standard?
	No
	7. Do you agree that the name of the specialty or pathology should be changed to oral and maxillofacial pathology? (Why or why not?)
	Yes, if the term is one used in the international nomenclature.
	8. Do you agree with the minor change to the definition of the specialty oral medicine as outlined? Why or why not?
	No as the ANZASND does not believe that this is a minor change to the definition of Oral Medicine.  The wording changes go beyond a simple change in definition and imply a change in scope of practice. The ANZASND is unsure how a change in specialist registration for Oral Medicine can include the "oral health care of medically complex patients" as this implies ongoing management of medically compromised patients. The ANZASND believes that this is not an area which Oral Medicine postgraduates have sufficient training and as such should not be included in their scope of practice. SND trainees undergo extensive didactic and clinical training in these areas as well as where such management pertains to those in Aged care Facilities (as opposed to outpatient clinics at major public hospitals). It is the ANZASND belief that Oral Medicine trainees are not involved in these sessions nor do they ever attend Aged Care Facilities.  Oral Medicine specialists do not perform conservative management, prosthodontic, endodontic or periodontal management for this patient cohort as this is in the realm of the SND specialist and as such it should not form part of their definition or scope of practice. The ongoing oral health care management of medically complex patients is in line with the definition of Special Needs Dentistry as put forward by the college and accepted in Australia and internationally.  In support of our argument against this change please note the definition of Oral Medicine from the Royal Australasian College of Dental Surgeons:  Oral Medicine – “Concerned with the oral health care of patients with chronic and medically related disorders of the oral and maxillofacial region and with their diagnosis and nonsurgical management.”  Special Needs Dentistry – “Supports the oral health care needs of people with a intellectual disability, medical, physical or psychiatric conditions that require special methods or techniques to prevent or treat oral health problems, or where such conditions necessitate special dental treatment plans”
	9. Do you agree with the change to the definition of the specialty of forensic odontology as outlined? Why or why not?
	Yes. As there is no uniform international definition used for this specialty it makes sense that the definition used by the DBA is in harmony with the contemporary definitions of the other specialties.
	10. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?
	Yes, as long as there is an opportunity for earlier review and/or revision if issues are identified.
	11. Do you have any other comments on the draft revised specialist registration standard?
	No.