



Public consultation paper

May 2014

You are invited to provide feedback on this public consultation

Review of registration standards:

- Professional indemnity insurance
- Continuing professional development
- Recency of practice
- Endorsement for conscious sedation
- Specialist

Review of guidelines:

- Continuing professional development

Please provide feedback in a word document (or equivalent)¹ to dentalboardconsultation@ahpra.gov.au by close of business on 14 July 2014.

Public consultation

The Dental Board of Australia (the Board) is releasing the attached consultation paper on the review of the registration standards for professional indemnity insurance, continuing professional development, recency of practice, endorsement for conscious sedation and specialist; and the review of the guidelines continuing professional development. You are invited to provide your comments on the consultation paper, including the questions in the paper, by 14 July 2014.

How your submission will be treated

Submissions will generally be published unless you request otherwise. The Board publishes submissions on its websites to encourage discussion and inform the community and stakeholders. However, the Board retains the right not to publish submissions at their discretion, and will not place on their website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the Board will remove personally-identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

The Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cwlth), which has provisions designed to protect personal information and information given in confidence.

Please let the Board know if you do not want your submission published, or want all or part of it treated as confidential.

¹ You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you do supply a text or word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx.

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Responses to consultation questions (this is a separate word document)

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Overview of consultation

May 2014

Registration standards:

- Professional indemnity insurance
- Continuing professional development
- Recency of practice
- Endorsement for conscious sedation
- Specialist

Guidelines:

- Continuing professional development

Summary

Purpose of the proposal

1. The Health Practitioner Regulation National Law Act (the National Law) as in force in each state and territory requires National Boards to develop registration standards about matters including the requirements:
 - for professional indemnity insurance arrangements for registered health practitioners registered in the profession
 - for continuing professional development for registered health practitioners registered in the profession, and
 - in relation to the nature, extent, period and recency of any previous practice of the profession by applicants for registration in the profession.
2. The Board has also developed guidelines on continuing professional development that support the registration standard and registration standards about the requirements for:
 - endorsement for the practice of conscious sedation in the dental profession, and
 - specialist registration in the dental profession.
3. These registration standards and guidelines are part of the regulatory framework for the dental profession.
4. The first 10 National Boards to regulate registered health professions under the National Registration and Accreditation Scheme (the National Scheme) developed registration standards that were approved by the Australian Health Workforce Ministerial Council and took effect on 1 July 2010. These standards were scheduled for review at least every three years.
5. The Board is inviting general comments on its draft revised registration standards and guidelines. There is an overview before each proposed draft that explains the proposed changes. There are also specific questions about the registration standards and guidelines which you may wish to address in your response. These questions are consolidated in the word document **Responses to consultation questions** ([Attachment 2](#)). You are welcome to comment on all the proposals or just those that are relevant to you.
6. The Board will consider the consultation feedback on the draft revised registration standards and guidelines before finalising.

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Background

7. There are 14 National Boards that regulate 14 professions under the National Registration and Accreditation Scheme (the National Scheme). Ten professions were regulated nationally under the National Scheme from 1 July 2010, and a further four professions became nationally regulated from 2012:
 - Aboriginal and Torres Strait Islander Health Practice Board of Australia (from 1 July 2012)
 - Chinese Medicine Board of Australia (from 1 July 2012)
 - Chiropractic Board of Australia
 - Dental Board of Australia
 - Medical Board of Australia
 - Nursing and Midwifery Board of Australia
 - Medical Radiation Practice Board of Australia (from 1 July 2012)
 - Occupational Therapy Board of Australia (from on 1 July 2012)
 - Optometry Board of Australia
 - Osteopathy Board of Australia
 - Pharmacy Board of Australia
 - Physiotherapy Board of Australia
 - Podiatry Board of Australia, and
 - Psychology Board of Australia.
8. The Australian Health Practitioner Regulation Agency (AHPRA) works in partnership with the National Boards to implement the requirements of the National Scheme, which has public safety at its heart. Further information is available at www.ahpra.gov.au.

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Overview

May 2014

1. Review of *Professional indemnity insurance registration standard*

Summary of issue

9. The National Law requires the Board to develop a registration standard about the requirements for professional indemnity insurance arrangements for registered dental practitioners.
10. Section 129 of the National Law provides that a registered health practitioner must not practise unless they have appropriate professional indemnity insurance arrangements in force.
11. Section 109 of the National Law requires a practitioner applying to renew their registration to make a declaration that they have not practised during the preceding period without appropriate professional indemnity insurance arrangements in place. It also requires the practitioner to declare that, if their registration is renewed, they will not practise without appropriate professional indemnity insurance arrangements in place.
12. Section 130 (3)(iii) requires a registered health practitioner to notify the National Board within 7 days if appropriate professional indemnity insurance arrangements are no longer in place .
13. The Board's initial *Professional indemnity insurance arrangements registration standard* (the PII standard) was approved by the Australian Health Workforce Ministerial Council (Ministerial Council) on 31 March 2010. The PII standard took effect from 1 July 2010 and established the minimum terms and conditions of the PII all registered dental practitioners must be covered by when practising dentistry in Australia.
14. Requirements of the current 2010 standard include:
 - That the insurance policy must include civil liability cover for all aspects of practice and the registrant must not practise outside the scope of the policy; retroactivity of cover; and 'run-off' cover for retirement or death.
 - Practitioners in an employee relationship must be either covered by the employer's indemnity insurance or maintain their own insurance and the cover provided to employees must satisfy the standard minimum requirements.
 - Practitioners must disclose to the Board any conditions or restrictions that are placed on their policy or any change in the basis of their cover.
 - Practitioners must declare their compliance with PII requirements when applying for registration or annual renewal.
 - Practitioners must produce evidence of their PII policy when requested to do so by the Board.
15. The Board is reviewing this standard to ensure it meets the objectives of the National Law and is worded as simply and clearly as possible.

Reviewing the standard

Operation of the standard

16. The Board has considered its experience with the standard over the past three years in its review. The Board is not aware of any issues that have arisen in relation to the content of the existing standard.

Research

17. Since the commencement of the National Scheme, AHPRA has sought legal opinion on behalf of a number of National Boards about the operation of the current registration standards for professional indemnity insurance arrangements.

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18. The advice covered the following issues:
- the rationale for the National Boards to establish mandatory PII requirements
 - employers obligations in relation to PII
 - retroactivity and run-off cover, and
 - amount of cover.
19. The Board's view is that the main focus of the PII requirements must be on public protection.

Early consultation phase

20. In the early consultation phase of the review, the Board sought input from a limited group of key stakeholders including the main organisations that provide insurance to dental practitioners.
21. The Board sought their views about the current operation of the PII registration standard. The majority supported the revised standard.
22. Some key stakeholders noted that variation and a degree of confusion exists for dental practitioners with third party indemnification and suggested the revised standard include the level of third party indemnification deemed adequate.
23. The Board considered the feedback from the preliminary consultation and wishes to test views more widely, and while acknowledging the feedback, has not made changes to the revised registration standard prior to public consultation.

Options statement – Registration standard: Professional indemnity insurance arrangements

24. The Board has considered the following two options in its review of the PII standard:

Option	Description	Issues/Rationale
Option 1	Status quo <ul style="list-style-type: none"> • continue with the existing registration standard which establishes the Board's requirements for professional indemnity insurance arrangements • the Board has identified however that the current standard could be improved by clarifying the language and structure to make it easier to understand 	<ul style="list-style-type: none"> • as no major issues have been raised with the existing standard changes to the Board's policy in this area would seem unnecessary • clarify language used and reformat the structure so that the standard is easier to understand and apply
Option 2	A different standard	<ul style="list-style-type: none"> • as no major issues have been raised with the existing standard changes to the Board's policy in this area would seem unnecessary and could introduce problems where none exist

Preferred option

25. The Board prefers Option 1.

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Issues for discussion

Potential benefits and costs of the proposal

26. As the Board is proposing to make no policy changes to the existing standard there should be no additional costs to dental practitioners or the public. The existing standard has previously been subject to consultation and changing the standard could involve a cost for practitioners and employers in understanding the differences between the old and new standards.
27. The Board has however identified the opportunity to clarify the language and structure of the standard. The benefits of the preferred option are that the draft revised standard has been reworded and restructured to be simpler, clearer and easier to read.

Estimated impacts of the draft revised registration standard

28. There are no policy changes proposed in the draft revised registration standard, although more significant changes may be proposed through consultation. There is little impact anticipated on practitioners, business and other stakeholders arising from the changes proposed.

Summary of proposed changes

29. There are no policy changes to the PII requirements set out in the revised standard.
30. The standard has however been significantly reformatted, restructured and reworded to present requirements more plainly and simply and assist registrants to understand and comply with them.
31. The review period for the standard has been extended from at least every three years to at least every five years. While it was appropriate in setting up the National Scheme to establish a short three year review period (after which time the standard's effectiveness could be evaluated) the Board considers it is now timely to extend the time before the standard is reviewed. Having a longer period in which the standard is in force will:
 - assist in stabilising AHPRA's processes/procedures, and
 - help practitioners to better understand their obligations, as they have been dealing with a significant amount of change since the National Scheme was introduced.
32. The Board will monitor the appropriateness of this timeframe and will review the standard earlier if the need arises e.g. if there are changes in the environment, there is evidence that the standard is not working effectively or relevant evidence emerges from audits of practitioners' compliance with this or any other standard.
33. The proposed changes have been incorporated into the draft registration standard below.

Relevant sections of the National Law

34. Relevant sections of the National Law relating to PII (and summarised above) are:
 - section 38
 - section 109
 - section 129, and
 - section 130.

Questions for consideration

35. The Board is inviting feedback on the following questions.
 1. From your perspective, how is the current PII registration standard working?
 2. Are there any state or territory specific issues or impacts that have arisen from applying the existing PII standard?
 3. Is the content and structure of the draft revised PII registration standard helpful, clear, relevant and more workable than the current standard?

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4. Is there any content that needs to be changed or deleted in the draft revised PII registration standard?
5. Is there anything missing that needs to be added to the draft revised PII registration standard?
6. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?
7. Do you have any other comments on the draft revised PII registration standard?

Attachments

36. The Board's *Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation* is at Attachment 1.
37. All consultation questions are provided in a separate document *Responses to consultation questions* at Attachment 2. Please use this document to provide your comments to the Board.
38. The current professional indemnity insurance registration standard is published on the Board's website, accessible from www.dentalboard.gov.au/Registration-Standards.aspx

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Draft Registration standard: Professional indemnity insurance arrangements

Effective from: <<date>>

Review date: <<date>>

This registration standard explains the Board's requirements for professional indemnity insurance (PII) arrangements under the National Law.

Does this standard apply to me?

This standard applies to all registered dental practitioners except those with student or non-practising registration.

What must I do?

1. When you practise as a dental practitioner you must be covered by your own or third party PII arrangements that meet this standard:
 - a. for all aspects of your practice
 - b. that cover all locations where you practice
 - c. that provide cover for you whether you are working in the private, non-government and/or public sector, and
 - d. that provide cover for you whether you are practising full time, part time, self-employed, employed, or in an unpaid or volunteer capacity.
2. Your PII cover must include:
 - a. civil liability cover
 - b. retroactive cover
 - c. automatic reinstatement, and
 - d. run-off cover for retirement or death

or

 - e. the equivalent of 2a to 2d above under employer-based PII arrangements, such as self-insurance by public sector employers or occurrence-based cover.
3. If you are covered by a third party PII arrangement, you must ensure that the policy meets this standard. However:
 - if the third party cover does not meet this standard you must take out additional cover to ensure this standard is met, and
 - if any area of your practice is specifically precluded from your PII cover, you **must not** practise in that area.
4. If your PII arrangements are provided by your employer, and you intend to practise outside your stated employment, you must have individual PII arrangements in place to cover that practice, including undertaking practical components of continuing professional development.

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5. You must disclose to the Board any conditions or restrictions that are placed on your policy or any change in the basis of your cover.

Amount of cover

1. This standard does not specify a minimum amount of cover that you must hold.
2. You are expected to conduct a self-assessment and seek expert insurance advice (such as from your insurer) to ensure that you have appropriate cover for your individual practice and the risks involved.

Factors that you should consider include:

- a. your practice setting and the type of services and care you deliver
- b. the patient or client groups involved
- c. the volume of patients or clients to whom treatment, advice, guidance or care is provided
- d. current employment status
- e. previous history of insurance claims and the type of claim made against you in the past, if any
- f. your experience practising the profession
- g. any advice from professional indemnity insurers, professional associations and industrial organisations, including advice about the history and volume of professional liability claims experience by other members of the profession, and
- h. any advice from an insurance broker or insurer.

Are there exemptions to this standard?

There are no exemptions to this standard. The National Law requires you to have appropriate professional indemnity insurance arrangements in place when you practise as a dental practitioner.

What does this mean for me?

The National Law provides that a registered health practitioner must not practise his/her profession unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession (s.129).

When you apply for registration

When you apply for registration as a dental practitioner, you must declare that you will not practise the profession unless you have professional indemnity insurance arrangements in place that meet this standard. This is a requirement under the National Law.

When you apply for renewal

You will be required to declare annually at renewal that:

1. during the preceding period of registration, you practised the profession in accordance with the requirements of the Board's PII registration standard, and
2. you will not practise the profession unless you have professional indemnity insurance arrangements in place that are consistent with this standard.

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During the registration period

1. You must notify the Board within 7 days if you no longer have appropriate professional indemnity insurance arrangements in place in relation to your practice that meet the requirements of this standard (s. 130).
2. Your compliance with this standard may be audited from time to time.

Evidence

The Board may, at any time, require you to provide evidence that you have appropriate professional indemnity insurance in place.

If you hold private insurance in your own name, you must retain documentary evidence of this insurance for five years.

If you are covered by a third party insurance arrangement, you are not required to obtain documentary evidence of the insurance policy unless the Board requests it, however, there may be circumstances when you will be required to seek the documentation from that third party. If requested by the Board, you must provide a certified copy of the certificate of currency or a letter from the third party declaring that you are covered.

What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including that:

- the Board can impose a condition or conditions on your registration or can refuse your application for registration or renewal of registration when you don't meet a requirement in an approved registration standard for dental practitioners (sections 82 and 112 of the National Law)
- practising without appropriate PII arrangements, or failing to notify the Board within seven days that appropriate PII arrangements are no longer in place, is not an offence but may be behaviour for which health, conduct or performance action may be taken (section 129 and 130 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice for dental practitioners (section 41 of the National Law).

Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <<date>>.

Registration standards are developed under section 38 of the National Law and are subject to wide-ranging consultation.

Definitions

National Law means the Health Practitioner Regulation National Law as in force in each state and territory.

Professional indemnity insurance arrangements means arrangements that secure for the practitioner's professional practice insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the cost and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

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Run-off cover means insurance that protects a practitioner who has ceased a particular practice against claims that arise out of or are a consequence of activities that were undertaken when he/she was conducting that practice. This type of cover may be included in a PII policy or may need to be purchased separately.

Review

This registration standard will be reviewed from time to time as required. This will generally be at least every five years.

Last reviewed: xxx 2013

This standard replaces the previously published registration standard from 1 July 2010.

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Overview

May 2014

2. Review of *Continuing professional development registration standard*

Summary of issue

39. The National Law requires the Board to develop a registration standard about the requirements for continuing professional development (CPD) for registered dental practitioners.
40. Section 128 of the National Law provides that a registered health practitioner (other than a practitioner who holds non-practising registration) must undertake the CPD required by the Board's registration standard.
41. Section 109 of the National Law requires practitioners applying to renew their registration to make a declaration that they have completed the CPD required by the Board in the previous registration period.
42. The Board's initial *Continuing professional development registration standard* (the CPD standard) was approved by the Ministerial Council on 31 March 2010. The CPD standard took effect from 1 July 2010 and established the minimum amount of CPD all registered dental practitioners must undertake.
43. Requirements of the current 2010 standard include that:
 - dental practitioners must complete a minimum of 60 hours CPD activities over three years, and
 - 80% of these activities must be clinically or scientifically based.
44. The Board is reviewing its standard to ensure it is based on the best available evidence, meets the objectives of the National Law and is worded as simply and clearly as possible.
45. The Board developed guidelines on CPD which took effect from 1 July 2010. These are also being reviewed. The guidelines were developed to provide explanatory information and additional guidance to practitioners about the kinds of activities that would be recognised as CPD and the circumstances in which compliance with the CPD standard would be assessed. The guidelines should be read in conjunction with the registration standard.

Reviewing the standard

Operation of the standard and guidelines

46. The Board has considered its experience with the standard over the past three years in its review. During this time some issues have arisen primarily related to practitioners seeking more information about how to implement the standard. Many jurisdictions prior to the National Scheme did not have mandatory CPD requirements for registration for dental practitioners and some practitioners needed additional guidance about how to comply with the standard.
47. The Board's guidelines attempted to address these matters and in August 2012 the Board also published a CPD Fact Sheet to answer some of the commonly occurring queries. The Board's draft revised CPD guidelines now incorporate the matters from this Fact Sheet.

Considerations

48. In preparing the draft revised standard the Board considered whether or not to require that practitioners complete a minimum number of hours of CPD activities (e.g. 10) each year. One reason for establishing the three-year cycle for CPD was to assist practitioners to move to the CPD requirements under the National Scheme particularly as for many mandatory CPD was a new requirement for registration.

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49. While the Board encourages practitioners to complete some CPD activities each year it also wants to ensure maximum flexibility for practitioners to select and attend the activities most relevant to their professional development, particularly those practitioners in rural and remote areas. It is believed that having a three-year cycle allows practitioners to plan and schedule their activities to ensure the greatest benefit is achieved.
50. The Board has considered whether or not to require all CPD activities to be clinical or scientifically based rather than allow a percentage to be non-scientific. It has decided to retain the provision that up to a maximum of 12 hours (or 20% of the total) can be non-scientific CPD activities. Again this provides maximum flexibility for practitioners to undertake CPD that best addresses their professional development needs from a wide range of available activities.

Research

51. The Board, together with the other National Boards who are reviewing their CPD registration standards, commissioned a review of the literature on the effectiveness of CPD. The Board has taken this information into account in its review of the registration standard.
52. The research aimed to:
 - identify whether or not CPD programs are effective in changing practitioners' knowledge, behaviour or patient outcomes, and
 - evaluate the effectiveness of specific CPD interventions and the characteristics that contributed to their success.
53. In summary, the evidence evaluated suggests:
 - engaging in CPD activity has a positive impact on healthcare practitioner knowledge, behaviour and patient outcomes
 - irrespective of the CPD intervention or activity investigated, positive changes in practitioner knowledge were greater than changes reported for patient outcomes
 - a carefully designed CPD program that is delivered using a variety of instructional designs and multimedia, multiple instructional techniques and sessions is most beneficial, especially when tailored to the particular needs and characteristics of a given healthcare professional group, and
 - that a CPD program based on a practitioner's own self reflection improves outcomes.
54. The available evidence however does not provide definitive answers to issues such as the most effective amount and types of CPD (although there was support for conference/educational meetings, online learning and simulation activities). The National Boards and AHPRA will continue to monitor developments in this area to inform the Board's standard.

Early consultation phase

55. The Board considered the feedback from key stakeholders in the early consultation phase of the review and has addressed some of the issues raised prior to public consultation, particularly to increase clarity to make the revised standard and guidelines easier to understand and apply. For some matters raised through early consultation, the Board wishes to test views more widely and has not made changes to the revised standard or guideline prior to public consultation.
56. The majority of key stakeholders generally supported the revised standard and guidelines. Some key stakeholders remained concerned that the revised standard and guidelines do not address the minimum annual completion of CPD hours. The Board's rationale for not making this change is articulated previously.
57. As a result of the preliminary consultation, the following additional clarification has been made to the standard and guidelines:
 - definitions included in the standard to reflect the difference between CPD and approved programs, and
 - editorial changes to the guidelines for clarity.

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Options statement – Registration standard: Continuing professional development

58. The Board has considered the following two options in its review of the CPD standard:

Option	Description	Issues/Rationale
Option 1	<p>Status quo</p> <ul style="list-style-type: none"> continue with the existing registration standard which establishes the Board's requirements for continuing professional development the Board has identified however that the current standard could be improved by clarifying the language and structure to make it easier to understand continue to publish Guidelines on CPD to provide more detailed information to practitioners about to implement matters in the Standard 	<ul style="list-style-type: none"> as no major issues have been raised with the existing standard changes to the Board's policy in this area would seem unnecessary to make the standard easier to understand and apply the language used has been clarified and the structure reformatted the accompanying CPD guidelines have also been reformatted, streamlined and language amended to improve readability
Option 2	A different standard	<ul style="list-style-type: none"> as no major issues have been raised with the existing standard and there is no overwhelming evidence about the optimum amount or types of CPD activities changes to the Board's policy in this area would seem unnecessary and in fact could introduce issues where none currently exist

Preferred option

59. The Board prefers Option 1.

Issues for discussion

Potential benefits and costs of the proposal

60. As the Board is proposing no policy changes to the existing standard there should be no additional costs to dental practitioners or the public. The existing standard has previously been subject to wide ranging consultation and changing the standard could involve a cost for practitioners and employers in understanding the differences between the old and new standards.

61. The benefits of the preferred option are that the draft revised standard has been reworded and restructured to be simpler, clearer and easier to read. The guidelines have also been streamlined and now incorporate key matters from other material published by the Board on CPD (such as the Fact Sheet) so that key information is centrally located and easy for practitioners to locate.

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Estimated impacts of the draft revised registration standard

62. There is little impact anticipated on practitioners, business and other stakeholders arising from the changes proposed in the draft revised registration standard, although more significant changes may be proposed through consultation.

Summary of proposed changes

63. There are no policy changes to the CPD requirements set out in the revised standard.

64. The standard and accompanying guidelines have however been significantly reformatted, restructured and reworded in an effort to present requirements more plainly and simply and to assist registrants to understand and comply with the standard.

65. The review period for the standard has been extended from at least every three years to at least every five years. While it was appropriate in setting up the National Scheme to establish a short three year review period (after which time the standard's effectiveness could be evaluated) the Board considers it is now timely to extend the time before the standard is reviewed. Having a longer period in which the standard is in force will:

- help practitioners to better understand their obligations, as they have been dealing with a significant amount of change since the National Scheme was introduced, and
- improve the efficiency of the National Scheme by allowing AHPRA's processes/procedures to stabilise.

66. The Board will monitor the appropriateness of this timeframe and will review the standard earlier if the need arises e.g. if there are changes in the environment, there is evidence that the standard is not working effectively or relevant evidence emerges from audits of practitioners' compliance with this or any other standard.

67. The proposed changes have been incorporated into the draft registration standard and the draft guidelines below.

Relevant sections of the National Law

68. Relevant sections of the National Law relating to CPD (and summarised above) are:

- section 38
- section 109, and
- section 128.

Questions for consideration

69. The Board is inviting feedback on the following questions.

1. From your perspective, how is the current CPD registration standard working?
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?
3. Is the content and structure of the draft revised CPD registration standard helpful, clear, relevant and more workable than the current standard?
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)
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)?
6. Is there any content that needs to be changed or deleted in the draft revised CPD registration standard?

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7. Is there anything missing that needs to be added to the draft revised CPD registration standard?
8. Is there any content that needs to be changed or deleted in the draft revised CPD guidelines?
9. Is there anything missing that needs to be added to the draft revised CPD guidelines?
10. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?
11. Do you have any other comments on the draft revised CPD registration standard?
12. Do you have any other comments on the draft revised CPD guidelines?

Attachments

70. The Board's *Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation* is at Attachment 1.
71. All consultation questions are provided in a separate document *Responses to consultation questions* at Attachment 2. Please use this document to provide your comments to the Board.
72. The current continuing professional development registration standard is published on the Board's website, accessible from www.dentalboard.gov.au/Registration-Standards.aspx
73. The current continuing professional development guidelines are published on the Board's website, accessible from www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines.aspx

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Draft Registration standard: Continuing professional development

Effective from: <<date>>

Review date: <<date>>

This registration standard sets out the Board's minimum requirements for continuing professional development (CPD) for dental practitioners.

Does this standard apply to me?

This standard applies to all registered dental practitioners except those with student or non-practising registration. It may not apply to some categories of limited registration.

What must I do?

To meet this registration standard, you must complete:

- a minimum of 60 hours of CPD activities over three years, which applies whether you are working full time or part time or are registered in more than one division of the dental register²
- forty-eight of these hours (80%) must be spent on clinically or scientifically based activities, and
- a maximum of twelve of these hours (20%) can be spent on non-scientific activities.

The Board encourages you to engage in CPD activities each year, gradually accumulating a minimum of 60 hours over the three-year CPD cycle.

Each three-year CPD cycle covers three registration periods from 1 December to 30 November.

Meeting this registration standard is a requirement of registration for all dental practitioners. During the annual registration renewal process all dental practitioners must declare whether they have met this standard.

Guidelines for dental practitioners

The *Guidelines: Continuing professional development* provide more explanation about how to meet this standard. You are expected to understand and apply the guidelines together with this registration standard.

What does this mean for me?

When you apply for registration

When you register for the first time or have your registration restored after it has lapsed, the number of CPD hours to be completed will be calculated on a pro rata basis according to a formula published in the *Guidelines: Continuing professional development*.

When you apply for renewal

When you apply to renew your registration, you are required to declare whether you have complied with this standard.

During the registration period

² Practitioners registered in more than one division only need to complete the minimum of 60 hours of CPD over three years

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Your compliance with this standard may be audited from time to time.

Evidence

You should maintain records detailing your CPD activity in case you are audited and you must produce a logbook (electronic or hard copy) of your CPD activities when requested to do so by the Board.

The logbook is to include details of the activities and the number of hours spent and whether the activity is clinically or scientifically based or not. The Board may ask for additional supporting information, such as certificates of attendance.

You should maintain records of your CPD activity for a period of five years.

What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including that:

- the Board can impose a condition or conditions on your registration or can refuse an application for registration or renewal of registration, if you do not meet a requirement in an approved registration standard for the professions (sections 82, 83 and 112 of the National Law)
- a failure to undertake the CPD required by this standard is not an offence but may be behavior for which health, conduct or performance action may be taken by the Board (section 128 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct dental practitioners (section 41 of the National Law).

Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <<date>>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

Definitions

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

Review

This standard will be reviewed from time to time as required. This will generally be at least every five years.

Last reviewed: XXXX

This standard replaces the previously published registration standard from 1 July 2010.

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Draft Guidelines: Continuing professional development

Effective from: <<date>>

Review date: <<date>>

These guidelines provide information about how to meet the Dental Board of Australia's (the Board) *Registration standard: Continuing Professional Development* (CPD). You are expected to understand and apply these guidelines together with the CPD standard.

Do these guidelines apply to me?

These guidelines apply to all dentists, dental therapists, dental hygienists, dental specialists, oral health therapists and dental prosthetists, except those who have one of the following types of registration:

- a. non-practising registration
- b. limited registration in the public interest
- c. limited registration to sit an examination, or
- d. student registration.

What must I do?

The Board encourages you to engage in CPD activities each year, gradually accumulating a minimum of 60 hours over the three-years CPD cycle. At least 48 hours of CPD must be clinically or scientifically based. A maximum of twelve of these hours (20%) can be spent on non-scientific activities.

What type of activities can I do?

The Board has not specified any mandatory CPD activities and expects you to engage in a **range of CPD activities in line with the objectives of CPD**.

Other than the requirement that at least 48 hours of CPD must be clinically or scientifically based, there are no set limits on the number of hours you can spend on particular types of CPD activities. However it is expected that you will undertake a **variety of CPD activities**.

For an activity to be recognised as **clinically or scientifically based**, it must relate to the scientific, clinical or technical aspects of oral health care. For example activities about infection control, cardiopulmonary resuscitation (CPR) or patient record keeping would be classified as clinical/scientific, as would topics relating to oral health or particular dental procedures such as endodontics, caries treatment, crown preparations, and so on.

Non-scientific activities are those that are indirectly related to but supportive of dental care, and include courses about practice management and dento-legal responsibilities. Subjects that relate to a dental practitioner's financial wellbeing (such as marketing or personal finance) would be considered non-scientific. The activities need to contribute to the maintenance and enhancement of your knowledge, skills and performance of oral health care.

What is the CPD cycle?

Each three-year CPD cycle covers three registration periods from 1 December to 30 November. The Board will publish the CPD cycle dates on its website.

CPD activities accumulated or in excess for one three-year cycle cannot be included in another three year cycle.

What are the requirements if I am returning to practice after an absence?

The following provisions apply when determining the number of CPD hours a dental practitioner returning to practice after an absence, must complete.

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- If you have been registered but not practicing full or part time or have held non-practising registration for more than two years you must demonstrate 40 hours of CPD in your first registration cycle (1 December to 30 November each year).
- If you have not practised in Australia for more than two years preceding a new registration, you must demonstrate 40 hours of CPD in your first registration cycle (1 December to 30 November each year). The Board may consider CPD activities undertaken in these preceding two years as contributing to these 40 hours. You will be required to provide evidence of CPD completed.

What are the requirements if I am applying for registration for the first time?

If you are registered for the first time as a dental practitioner during the three-year cycle, the minimum required CPD hours will be calculated pro rata. The formula used to calculate the pro rata hours is provided in Attachment A.

What are the requirements if I have a condition on my registration to complete a required amount of CPD?

If you have a condition on your registration to complete a required amount of CPD, the Board requires you to undertake this CPD in addition to the requirement of 60 hours CPD over the three-year cycle.

How do I choose appropriate CPD activities?

You must determine the appropriateness of the CPD activities undertaken.

You should choose activities that demonstrate the following characteristics:

- open disclosure about monetary or special interest the course provider may have with any company whose products are discussed in the course
- the scientific basis of the activity is not distorted by commercial considerations. For example be aware of embedded advertising and direct commercial links
- articles from peer reviewed journals and/or be written by a suitably qualified and experienced individual
- address contemporary clinical and professional issues, reflect accepted dental practice or are based on critical appraisal of scientific literature
- the content of CPD activities must be evidence-based
- where relevant, select CPD activities where you can enquire, discuss and raise queries to ensure that you have understood the information, and
- if the CPD activity includes an assessment or feedback activity this should be designed to go beyond the simple recall of facts and seek to demonstrate learning with an emphasis on integration and use of knowledge in professional practice.

You must be aware that undertaking a single CPD activity may not provide you with sufficient clinical experience to incorporate techniques and procedures into your practice.

How do I keep a record of my CPD activities?

You are responsible for providing evidence of your compliance with the CPD standard.

You must keep a record of your CPD activities to meet the requirement of the CPD standard. This record will need to be provided when requested by the Board such as during a compliance audit or investigation of a notification.

The entry needs to contain at least the following information for each activity:

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- the CPD activity provider's name
- CPD activity name
- journal name, article name, author (where applicable)
- date, time and location of the CPD activity
- number of CPD hours (excluding breaks), and
- type of CPD hours (scientific/non scientific) that are awarded as a result of completing the activity.

Where you have been provided with documentation of participation in a CPD activity this should be included as part of your record. This documentation would usually be included on a certificate of attendance or other form of verification of attendance. Such certification need not be a formal document; it could be an email or an end of year summary from the course provider.

Authority

Guidelines are developed under section 39 of the National Law and are subject to wide ranging consultation.

Definitions

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

Review

These guidelines will be reviewed from time to time as required. This will generally be at least every five years.

Last reviewed: XXXX

These guidelines replace the previously published guidelines from 1 July 2010.

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Attachment A

Pro rata adjustment of CPD hours

The only time CPD hours are adjusted is if you are registered for the first time part way through a CPD cycle.

The number of CPD hours to be completed is calculated on a pro rata basis using the following formula.

Pro rata allocation of hours based on when a dental practitioner registers

A	B	C	D	E
Year	Quarter	Cumulative quarters	Cumulative Pro rata hours (5 x C)	Adjusted hours to be completed by practitioner (60 – D)
1	1 st	1	5	55
1	2 nd	2	10	50
1	3 rd	3	15	45
1	4 th	4	20	40
2	1 st	5	25	35
2	2 nd	6	30	30
2	3 rd	7	35	25
2	4 th	8	40	20
3	1 st	9	45	15
3	2 nd	10	50	10
3	3 rd	11	55	5
3	4 th	12	60	0

Notes:

1. Pro rata adjustments are calculated on a monthly amount of CPD of 1.66 hours (60 hours ÷ 36 months)
2. The number of pro rata hours per quarter is calculated as $1.66 \times 3 = 5$ hours
3. CPD three-year cycle: 1 July to 30 June
The quarters are:
 - 1st quarter = July, August, September
 - 2nd quarter = October, November, December
 - 3rd quarter = January, February, March
 - 4th quarter = April, May, June
4. The number of adjusted hours are rounded to the nearest whole hour.

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Overview

May 2014

3. Review of *Recency of practice registration standard*

Summary of issue

74. The National Law requires the Board to develop a registration standard about the requirements for the nature, extent, period and recency of any previous practice by practitioners applying for initial registration in the dental profession.
75. Section 109 of the National Law requires a practitioner applying to renew their registration to declare that they have met the recency of practice requirements in the Board's registration standard.
76. The Board's initial *Recency of practice registration standard* (the ROP standard) was approved by the Ministerial Council on 31 March 2010. The ROP standard took effect from 1 July 2010 and established the requirements dental practitioners must satisfy if they have not practised dentistry within five years.
77. The current 2010 ROP standard outlines the requirements used to confirm that practitioners have maintained their competence to practise the type of dentistry they intend to practise in the upcoming registration period. Practitioners must make a legal declaration that they have met ROP requirements at initial registration and renewal of registration and/or when changing their type of registration.
78. The Board is reviewing its standard to ensure it is based on the best available evidence, meets the objectives of the National Law and is worded as simply and clearly as possible. The National Boards and AHPRA will continue to monitor developments in this area to inform the Boards' standards.

Reviewing the standard

Operation of the standard

79. The Board has taken into consideration its experience with the operation of the standard over the past three years. Prior to the National Scheme not all jurisdictions in Australia required dental practitioners to demonstrate ROP in order to register or maintain registration. The introduction of the ROP standard has required the development of national processes for evaluating applications involving an assessment of ROP and determining requirements for practitioners who have been out of the workforce for extended periods of time. Ensuring practitioners understand these new obligations and developing material to assist them to do this has been a key objective of AHPRA and the Board. Any issues that have arisen in relation to the current ROP standard relate more to processes rather than to the policy content of the standard.
80. It should also be noted that there have been lower numbers of dental practitioners than anticipated seeking to return to practice after an absence of five years or more.

Research

81. The Board, together with the other National Boards reviewing their recency of practice registration standards, commissioned a review of the literature on recency of practice requirements. The Board has taken this information into account in its review of the registration standard.
82. The available evidence does not provide definitive answers to issues such as the amount of practice that a practitioner must undertake to remain competent so the Board has also considered its experience with the standard over the past three years and how best to protect the public given

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current knowledge limitations. The Board and AHPRA will continue to monitor developments in this area to inform the Board's standards.

83. The research identified few empirical studies on the subject. The available research found:
- there is a lack of homogeneity in the group returning to practice
 - a multi-factorial approach to determining requirements for return to practice is needed, and
 - there is currently no evidence to support a particular period out of practice e.g. one, three or five years as being the timeframe after which ROP requirements should be invoked.
84. The research findings support the Board's approach in the current ROP standard which provides for:
- evaluation on a case by case basis taking into account the range of factors that are particular to the individual, and
 - deciding on the individual's requirements for return to practice (such as further training, supervision, mentoring etc) based on that analysis.

Early consultation phase

85. The Board invited key stakeholders to provide feedback in the early consultation phase on the revised registration standard. The majority generally supported the revised standard. One key stakeholder noted that the number of clinical hours required to satisfy ROP is not specified in the standard. The Board considered this feedback, however due to the:
- historical context in that prior to the National Scheme not all jurisdictions in Australia required practitioners to demonstrate ROP in order to register or maintain registration
 - research findings which support the Board's approach in the current standard, and
 - that consensus view in the preliminary feedback did not support the specificity of clinical hours to satisfy ROP.
86. The Board wishes to test views more widely and has not made changes to the revised standard or guideline prior to public consultation.
87. The Board is conscious of protecting the public and has worked closely with practitioners applying for registration who do not meet the recency of practice requirements to evaluate each on a case by case basis and deciding on an individual basis the requirements for return to practice (such as further training, supervision and mentoring).

Options statement – *Registration standard: Recency of practice*

88. The Board has considered the following two options in its review of the ROP standard:

Option	Description	Issues/Rationale
Option 1	Status quo	<ul style="list-style-type: none"> • no major issues have been identified with the standard during the first years of its operation and no evidence from the commissioned research indicates a policy change is needed
Option 2	make the minimum changes to the existing standard to <ul style="list-style-type: none"> • make it easier to understand • make the situations in which ROP is to be evaluated more explicit • include the type of practice the individual is intending to return to as 	<ul style="list-style-type: none"> • no change to policy position is needed • wording changes would provide additional clarity to practitioners and AHPRA registrations staff about requirements • experience in evaluating ROP applications has identified that the type of practice/scope of practice the individual intends to return to is routinely considered and therefore is logical to include it in the factors to be assessed • the change to the definition of recent graduate has

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Option	Description	Issues/Rationale
	<p>a factor to be assessed</p> <ul style="list-style-type: none"> • make it clear that the assessment may not necessarily result in the practitioner being able to return to practice • clarify that 'recent graduates' are those who apply for registration within the first year of completing (rather than graduating) their approved program of study 	<p>made to take into account the lapse of several months between the time a student completes a program of study (often in November) and the time their degree is conferred (often April of the following year)</p>

89. The following matters support adoption of either Option 1 or 2:

- the AHPRA commissioned research provided no definitive guidance about how ROP requirements should be framed, it indicated however that additional data should be collected and analysed in a systematic way
- the Board has invested resources in setting up processes to support pathways back to practice and effectively managing practitioners returning to practice. This has involved developing supporting documentation, educating practitioners about their obligations and implementing a national approach to the assessment of applications requiring an ROP evaluation
- these ROP processes which support the requirements of the current standard have been established for a short period only and should be given time to mature and for data to be gathered about the characteristics of ROP applicants which can then be analysed and used to help refine the processes and inform policy development in this area
- experience to date confirms the view that there is a lack of homogeneity in the group returning to practice and that this requires a case by case consideration of applications and makes it difficult to establish a rigid set of uniform requirements, and
- the current ROP standard is working satisfactorily and the issues that have been identified in the first years of the National Scheme relate to processes rather than the policy content of the standard.

Preferred option

90. The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

91. As this is a revision of an existing standard and reflects the current policy position there should be no additional costs to dental practitioners or the public of the proposed changes.
92. Option 2 clarifies the requirements for practitioners and will assist them to better understand their obligations in relation to ROP. The draft revised standard has been reworded and restructured to be simpler and clearer.

Estimated impacts of the draft revised registration standard

93. The changes proposed in the draft revised registration standard are relatively minor, although the need for more significant changes may emerge through consultation. There is little impact anticipated on practitioners, business and other stakeholders arising from the changes proposed.

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Summary of proposed changes

94. The following table summarises the key requirements of the current standard and the changes the Board is proposing under Option 2 and which stakeholders are being asked to consider:

Current requirements in 2010 registration standard	Proposed change	Rationale for proposed change
Not practised dentistry <u>within five years</u>	Wording change: Not practised dentistry <u>in the previous five years</u>	<ul style="list-style-type: none"> no change to the policy of a five year timeframe, but timeframe to be consistently described throughout the standard
<p>This standard applies to all applicants and all registered practitioners. It does not apply to students.</p> <p>These requirements affect those applying for initial registration, renewal of registration, or when changing the type of registration from non-practising to practising, specialist to general registration or between divisions of the register.</p>	<p>Wording change:</p> <p>This standard applies to all dental applicants and registered dental practitioners who have not practised in a division, specialty or endorsement in the previous five years and are:</p> <ul style="list-style-type: none"> applying for registration in any division, specialty or endorsement renewing registration in any division, specialty or endorsement, except those renewing non-practising registration, or changing the type of registration from non-practising to practising, or between specialist and general registration or between divisions of the register. 	<ul style="list-style-type: none"> no change to the policy but additional wording to spell out all situations where ROP does not apply and where it is needed in order to provide greater clarity for practitioners and AHPRA staff
Requirements		
Factors to be considered in the assessment of ROP requirements (point 2)	Additional factor: 2. (g) the nature of the practice/scope of practice the person is intending to return to	<ul style="list-style-type: none"> addition of this factor is based on the Board's experience to date in processing applications requiring ROP to be evaluated
Requirements person may be required to undertake: (e) Condition on practice	Wording change: 3. (e) conditions placed on dental practitioners' <u>registration</u>	<ul style="list-style-type: none"> replacing "practice" with "registration" better reflects how the ROP standard is implemented
<i>No wording</i>	Additional wording about annual declaration and audit of compliance Practitioners will be asked to declare annually on renewal of registration that they have met the recency of practice standard set by the Board. This declaration will be subject to audit.	<ul style="list-style-type: none"> addition of this paragraph makes the Board's policy position explicit to practitioners i.e. that they must comply with ROP requirements to maintain registration and they will be asked to attest to their compliance and may be audited
Definitions	Wording change:	<ul style="list-style-type: none"> change of wording is to

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Current requirements in 2010 registration standard	Proposed change	Rationale for proposed change
<p>Recent graduate means a person applying for registration for the first time whose qualification for registration was <u>awarded</u> not more than one year prior to the date of their application.</p>	<p>Recent graduate means a person applying for registration on the basis of a qualification for registration that was <u>completed</u> not more than one year prior to the date of their application.</p>	<p>allow for time lapse between finishing training and conferring of degree</p>
<p>Review The Board will review this standard at least every three years</p>	<p>Change to the review period This standard will be reviewed from time to time as required. This will generally be at least every five years.</p>	<ul style="list-style-type: none"> • While it was appropriate in setting up the National Scheme to establish a short three year review period (after which time the standard's effectiveness could be evaluated) the Board considers it is now timely to extend the time before the standard is reviewed. Having a longer period in which the standard is in force will: • help practitioners to better understand their obligations, as they have been dealing with a significant amount of change since the National Scheme was introduced and • assist in stabilising AHPRA's processes/procedures and therefore improving the efficiency of the National Scheme • the Board will monitor the appropriateness of this timeframe and review the standard earlier if the need arises e.g. evidence emerges from the audit of practitioners' compliance with this or any other standard.

95. The proposed changes have been incorporated into the draft registration standard below.

Relevant sections of the National Law

96. Section 109 is the relevant section of the National Law for developing this registration standard.

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Questions for consideration

97. The Board is inviting feedback on the following questions.
1. From your perspective, how is the current ROP registration standard 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?
 3. Is the content and structure of the draft revised ROP registration standard helpful, clear, relevant and more workable than the current standard?
 4. Is there any content that needs to be changed or deleted in the draft revised ROP registration standard?
 5. Is there anything missing that needs to be added to the draft revised ROP registration standard?
 6. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?
 7. Do you have any other comments on the revised draft ROP registration standard?

Attachments

98. The Board's *Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation* is at [Attachment 1](#).
99. All consultation questions are provided in a separate document *Responses to consultation questions* at [Attachment 2](#). Please use this document to provide your comments to the Board.
100. The current recency of practice registration standard is published on the Board's website, accessible from www.dentalboard.gov.au/Registration-Standards.aspx

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Draft Registration standard: Recency of practice

Effective from: <<date>>

Review date: <<date>>

This registration standard sets out the Board's minimum requirements for recency of practice for dental practitioners.

Does this standard apply to me?

This standard applies to all dental applicants and registered dental practitioners who have not practised in a division, specialty or endorsement in the previous five years and are:

- applying for registration in any division, specialty or endorsement
- renewing registration in any division, specialty or endorsement, except those renewing non-practising registration, or
- changing the type of registration from non-practising to practising, or between specialist and general registration or between divisions of the register.

This standard does not apply to students or recent graduates (those who apply for registration within the first year of completing their approved program of study).

What must I do?

1. Dental practitioners to whom this standard applies need to satisfy the Board's recency of practice requirements.
2. Dental practitioners to whom this standard applies will be assessed by consideration of the following matters:
 - a) the person's registration and practice history
 - b) the period the person has not been practising
 - c) when the person's primary qualification was awarded
 - d) the activities related to the practice of dentistry the person has undertaken in the last five years
 - e) the person's continuing professional development (CPD) history
 - f) any additional qualifications obtained during the period the person was not practising, and
 - g) the nature of the practice / scope of practice the person is intending to return to.
3. Practitioners will be asked to declare annually when renewing their registration that they have met the recency of practice standard set by the Board. This declaration will be subject to audit.

Meeting the Board's minimum requirements for recency of practice doesn't automatically satisfy your professional and ethical responsibilities to ensure that you recognise and work within the limits of your competence and maintain adequate knowledge and skills to provide safe and effective care.

What does this mean for me?

When you apply for registration

When you apply for registration as a dental practitioner, you must meet this registration standard. This includes practitioners who are applying for new or additional types of registration, such as changing from non-practising to general registration or applying for an endorsement.

You don't need to meet this registration standard if you are a recent graduate applying for registration for the first time.

When you apply for renewal

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When you apply to renew your registration, you are required to declare whether you comply with this registration standard.

During the registration period

Your compliance with this registration standard may be audited from time to time. It may also be checked if the Board receives a notification about you.

Evidence

You should retain records as evidence that you meet the requirements of this standard for five years in case you are audited.

What happens if I don't meet this standard?

The Board has established a process to assess applications by practitioners who do not meet this standard. Where relevant, the Board may consider what a practitioner needs to do to return to practice or change their type of practice.

The activities that practitioners may be required to undertake will be based on the assessment of the matters outlined in the standard and may include any combination of the following as decided by the Board:

- a) education or training
- b) mentoring/supervised practice arrangement
- c) assessment or examination
- d) CPD activities³, and
- e) conditions placed on a dental practitioner's registration.

If you do not meet this standard your application for registration or renewal of registration may be refused.

Other possible consequences

The National Law establishes possible consequences if you don't meet the recency of practice requirements in this standard, including that:

- the Board can impose conditions on your application for registration or renewal of registration or can refuse your application for registration or renewal of registration (sections 82 and 112 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct for dental practitioners (section 41 of the National Law).

Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <<DATE>>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

Definitions

³ The Board has provided guidance in the *Guidelines – Continuing Professional Development*

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National Law means the Health Practitioner Regulation National Law as in force in each state and territory.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. Practice in this context is not restricted to the provision of direct clinical care. It also includes using professional knowledge (working) in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

Recency of practice means that a health practitioner has maintained an adequate connection with, and recent practice in the profession since qualifying for, or obtaining registration.

Recent graduate means a person applying for registration on the basis of a qualification for registration that was completed not more than one year prior to the date of their application.

Review

This registration standard will be reviewed from time to time as required. This will generally be at least every five years.

Last reviewed: xxx

This standard replaces the previously published registration standard from 1 July 2010.

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Overview

May 2014

4. Review of *Endorsement for conscious sedation registration standard*

Summary of issue

101. The Board has powers under section 38 of the National Law to develop and recommend registration standards to the Ministerial Council about issues relevant to the eligibility of individuals for registration in the dental profession.
102. Section 15 of the National Law allows the Ministerial Council to approve an area of practice for which the registration of a health practitioner may be endorsed.
103. Section 98 provides for the endorsement of a practitioner's registration in relation to an approved area of practice if the practitioner holds the necessary qualifications and complies with any registration standard relevant to the endorsement.
104. Sections 99 to 112 prescribe how an application for endorsement or renewal of endorsement is to be made, evaluated and the period for which the endorsement applies.
105. The Board's initial *Endorsement for conscious sedation registration standard* (the CS standard) was approved by the Ministerial Council on 31 March 2010. The CS standard took effect from 1 July 2010 and established the requirements dentists must satisfy if they practise conscious sedation. These cover their qualifications, experience, on-going training and practice requirements.
106. Conscious sedation is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by tactile stimulation. No interventions are required to maintain a patient airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained. Conscious sedation may be delivered by a number of routes including inhalation, oral and intravenous routes.
107. This is a high risk area of dental practice where the protection of the public is the main consideration for the requirements contained in the standard. Dentists and dental specialists are required have a conscious sedation endorsement (CS endorsement) when they undertake the practice of *conscious sedation*.
108. The Board is reviewing its standard to ensure it is based on the best available evidence, meets the objectives of the National Law and is worded as simply and clearly as possible.

Reviewing the standard

Operation of the standard

109. Prior to the National scheme various regulatory regimes existed across the jurisdictions in relation to this area of practice. When the National Scheme commenced dentists and dental specialists who had been approved to practise conscious sedation by a state or territory board were given 12 months (after the state or territory became a participating jurisdiction) to comply with the provisions in the Board's CS standard.
110. During this transition phase stakeholders raised several issues about the CS standard including:
 - the designation, qualifications, skills and competence of the 'registered person' to assist the endorsed dentist
 - the ongoing education and training requirements for both the endorsed dentist and the 'registered person' assisting the endorsed dentist, and
 - the routes of administration and levels of sedation to which the standard applied.

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111. To address these issues the Board developed its *Guidelines on conscious sedation area of practice endorsement* (the CS guidelines). The CS guidelines (released in June 2012) were developed after wide consultation, including with the Nursing and Midwifery Board of Australia due to reference to the nursing profession.
112. The purpose of an approved area of practice registration standard is to establish the key requirements practitioners must meet to be endorsed, as well as any ongoing requirements for practice and renewal of the endorsement. The requirement in the current CS standard for endorsed practitioners to complete an annual refresher course is being adhered to and is an important way to ensure their ongoing competence.
113. The table below shows the number of endorsed practitioners as at June 2013.

Dental practitioners: Endorsement type by state and territory

Dental Practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	Grand Total
Endorsed conscious sedation practitioner	4	46	2	18	1	2	6	8	87

Advice from Expert Reference Group Therapeutics

114. In developing the draft revised CS standard the Board sought advice from its Expert Reference Group – Therapeutics.
115. As the CS guidelines were originally developed to supplement the requirements set out in the CS standard the Board proposes to incorporate all the relevant matters from the guidelines into the revised standard so that there is only one document which describes requirements in this area of practice.

Early consultation phase

116. The Board considered the feedback from the early consultation phase and in some cases has addressed the issues raised prior to public consultation, particularly with respect to increased clarity of the scope of the standard. In other cases, the Board wishes to test views more widely and has not made changes to the revised standard or guideline prior to public consultation.
117. The majority of key stakeholders generally supported the revised standard.
118. As a result of the preliminary consultation, the following further clarification to the revised standard and guideline have been made:
- clarification of the scope of application of the endorsement
 - clarification of the definition of conscious sedation, and
 - the time period for review of the standard.

Options statement – Registration standard: Endorsement for conscious sedation

119. The Board has considered the following two options in its review of the CS standard:

Option	Description	Issues/Rationale
Option 1	Status quo	<ul style="list-style-type: none"> • the issues that were identified with the standard during the first years of its operation were addressed by development of the guidelines; no policy changes are needed
Option 2	make the minimum changes to	<ul style="list-style-type: none"> • no significant change to policy position is needed

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Option	Description	Issues/Rationale
	the existing standard to <ul style="list-style-type: none"> incorporate key matters from the current CS guidelines re-word to make requirements clearer re-structure text, add headings to make document more readable and logically laid out make the re-training required more generic improve and add to definitions 	however consolidating the requirements from the current standard and guidelines into one document will provide additional clarity to practitioners and AHPRA registrations staff <ul style="list-style-type: none"> changes should also improve readability and make the requirements clearer consolidating important information in one document will assist practitioners locate, identify and comply with requirements

Preferred option

120. The Board prefers Option 2.

Issues for discussion

Potential benefits and costs of the proposal

121. The draft revised standard has been reworded and restructured to be simpler, clearer and easier to read.
122. This is a revision of an existing standard and reflects the current policy position. The proposed changes therefore should not impose any additional costs to dental practitioners or the public.
123. Option 2 clarifies requirements for practitioners and it is expected that by consolidating requirements into a single document this should assist practitioners to understand their obligations in relation to endorsement for this type of practice.

Estimated impacts of the draft revised registration standard

124. The changes proposed in the draft revised registration standard are relatively minor, although more significant changes may be proposed through consultation. There is little impact anticipated on practitioners, business and other stakeholders arising from the changes proposed.

Summary of proposed changes

125. The following table summarises the key requirements of the current standard and the changes the Board is proposing under Option 2 and which stakeholders are being asked to consider:

Current requirements in 2010 registration standard	Proposed change	Rationale for proposed change
<i>No wording</i>	Additional wording <ul style="list-style-type: none"> to clarify that endorsement to carry out conscious sedation may be for a dentist <u>or</u> a dental specialist 	<ul style="list-style-type: none"> the addition of this text ensures the standard is consistent with the proposed amendments to the Board's Specialist Registration Standard which will allow a specialist to come off the general register where they are not practising general dentistry the National Law does not prohibit a specialist only

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Current requirements in 2010 registration standard	Proposed change	Rationale for proposed change
		<ul style="list-style-type: none"> being endorsed; it states that the Board may endorse the registration of a registered health practitioner registered by the Board
<i>No wording</i>	<p>Additional wording from CS guidelines</p> <p>8. The administration of medication for conscious sedation may be by any accepted route approved for that specific use by relevant authorities, such as oral, inhalation and intravenous inductions. The prescription and use of medications are regulated by a number of government authorities</p>	<ul style="list-style-type: none"> wording incorporated from the CS guidelines provides more detail and clarifies requirements
<p>For those applicants who are approved to practice in this area by a State or Territory board prior to that jurisdiction becoming a participating jurisdiction under the National Law and who do not meet all this standards requirements, may apply for an approval for an extension of time to complete all requirements of the standard to practise conscious sedation. All requirements must be met under this application by 12 months after the date that the State or Territory became a participating jurisdiction.</p>	<i>Delete paragraph</i>	<ul style="list-style-type: none"> the transitional arrangements described no longer apply and therefore the wording should be removed
<i>No headings</i>	<p>Additional headings including:</p> <p>What activities are not covered by this standard?</p>	<ul style="list-style-type: none"> Clarified the scope of application of the endorsement from feedback at preliminary consultation
<i>No headings</i>	<p>Additional headings including:</p> <p>Requirements for applying for endorsement</p> <p>Requirements for practice</p>	<ul style="list-style-type: none"> breaking requirements up into sections makes requirements for endorsed registration and requirements for safe practice as an endorsed practitioner clearer
Dentist applicant would have a	<p>Change wording:</p> <p>The applicant</p> <p>1. (b) must have a minimum of</p>	<ul style="list-style-type: none"> this change to allow the required two years of general practice to be obtained outside Australia makes this standard

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Current requirements in 2010 registration standard	Proposed change	Rationale for proposed change
minimum of two years of general dental experience	two years general dental experience ... <u>this general practice requirement may be achieved by experience outside Australia, subject to assessment and approval by the Board</u>	consistent with the specialist registration standard
2. The minimum standard for endorsement would be a Graduate Diploma in Conscious Sedation from the Westmead Hospital, University of Sydney, or training from an alternative institution acceptable to the Board.	Change wording: The applicant 1. (c) must have completed an approved program of study (a list of approved programs of study are published on the Board's website) or another qualification that, in the Board's opinion is substantially equivalent to, or based on similar competencies to an approved qualification	<ul style="list-style-type: none"> replacing the specific training course with a more generic statement about approved programs of study or equivalent training for the endorsement provides greater flexibility and allows for additional training options to be added as they are approved
3. The endorsed dentist must ensure that he or she is current with all aspects of the guidelines and requirements of a body approved by the Board, including the Australian and New Zealand College of Anaesthetists.	Change wording: 6. ... must adhere to state and territory legislation and regulations in addition to all relevant professional standards, guidelines and requirements approved by the Board	<ul style="list-style-type: none"> changes clarify the Board's intention in relation to this requirement and ensure all relevant material is adhered to
4. To maintain this endorsement, the practitioner must provide documentation to the Board that they have attended courses in dental sedation and medical emergencies approved by the Board during a 12-month period .	Change wording: 2 b. provide documentation to the Board that you have successfully completed Board approved and competency based courses in dental sedation and medical emergencies approved in each 12 month registration period .	<ul style="list-style-type: none"> wording change improves clarity about the expectations of the 12 month refresher course makes it explicit to endorsed practitioners that it is not enough to have attended a course but they must have successfully completed the course to demonstrate their continued competence
Requirements for practice		
5. A registered dentist must not administer sedation by the intravenous route unless the dentist: a) has received appropriate	Additional wording from CS guidelines: 3. b. : is assisted by another person who is either: i. a registered dentist or dental specialist appropriately	<ul style="list-style-type: none"> the additional wording is taken from the current guidelines and spells out more clearly the level of training required of the person assisting the endorsed practitioner

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Current requirements in 2010 registration standard	Proposed change	Rationale for proposed change
<p>training in techniques of intravenous sedation and resuscitation, as approved by the Board, and</p> <p>b) is assisted by another person who is either:</p> <ul style="list-style-type: none"> • a registered nurse who has received training in intensive care or anaesthesia, or • a registered dentist, appropriately trained in the observation and monitoring of sedated patients and in resuscitation, whose sole responsibility in assisting is to monitor the level of consciousness and cardio respiratory function of the patient, and to administer resuscitation where necessary. 	<p>trained in the observation and monitoring of sedated patients and in resuscitation, whose sole responsibility in assisting is to monitor the patient’s level of consciousness and cardio respiratory function or</p> <p>ii. a registered medical practitioner appropriately trained in the observation and monitoring of sedated patients and in resuscitation, whose sole responsibility in assisting is to monitor the patient’s level of consciousness and cardio respiratory function or</p> <p>iii. a registered nurse (Division 1) who has received training in intensive care or anaesthesia; or</p> <p>iv. a registered enrolled nurse (Division 2) who:</p> <ul style="list-style-type: none"> • is educated, trained and competent in the administration of intravenous medications venipuncture and cannulation; and • has also successfully completed post graduate qualifications in anaesthetic nursing at an advanced diploma level or equivalent courses (with appropriate supporting documentation) and has extensive experience in operating theatre and/or anaesthetic nursing. 	
<p><i>No wording</i></p>	<p>Additional wording from CS guidelines:</p> <p>4.. When the dental procedure is being undertaken by another registered dentist or specialist dentist and the endorsed dentist’s sole role is the provision and monitoring of the sedation then there is no requirement for an additional registered health practitioner.</p>	<ul style="list-style-type: none"> • the additional wording is taken from the current guidelines and helps to clarify the limits of practitioners’ responsibilities
<p><i>No wording</i></p>	<p>Additional wording:</p> <p>5. You may be audited for compliance with these requirements.</p>	<ul style="list-style-type: none"> • this additional wording makes it explicit that practitioners may be audited and spells out

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Current requirements in 2010 registration standard	Proposed change	Rationale for proposed change
	As a dental practitioner you are responsible for providing evidence of compliance when requested by the Board.	their responsibilities
Definitions		
<p>Anxiolysis means a drug-induced state during which patients respond normally to verbal commands. Cognitive function and coordination may be impaired but spontaneous ventilation and cardiovascular functions are unaffected. No interventions are required to maintain a patient airway, spontaneous ventilation or cardiovascular function.</p>	<p>Current definition of <i>Anxiolysis</i> replaced with the version from the CS guidelines:</p> <p>“Anxiolysis includes minimal sedation through single low dose oral or inhalation-type medications for treating anxious patients, but not inducing a state of conscious sedation. Appropriate initial dosing of a single enteral drug should be no more than the maximum recommended dose of a drug that can be prescribed for unmonitored home use. Minimal sedation does not include polypharmacy.”</p>	<ul style="list-style-type: none"> the modified definition of anxiolysis from the current guidelines was developed and agreed to during the consultation phase for the development of the CS guidelines it is a more complete and accurate definition than the one in the current standard
<p><i>No definition</i></p>	<p>Additional definition of <i>endorsement</i></p> <p>Endorsement refers to the provisions of the National Law (sections 15 and 98) that permit the Ministerial Council, on the recommendation of a National Board, to approve an area of practice for which the registration of a health practitioner registered in the profession may be endorsed. Section 98 of the National Law provides that the Board may:</p> <p>(1) ... in accordance with an approval given by the Ministerial Council under section 15, endorse the registration of a registered health practitioner registered by the Board as being qualified to practise in an approved area of practice for the health profession if the practitioner—</p> <p>(a) holds either of the following qualifications relevant to the endorsement—</p> <p>(i) an approved qualification;</p> <p>(ii) another qualification that, in the Board’s opinion, is substantially equivalent to, or based on similar competencies to, an</p>	<ul style="list-style-type: none"> this is a fundamental term in the CS standard and should be defined; the definition is based on the National Law

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Current requirements in 2010 registration standard	Proposed change	Rationale for proposed change
	<p>approved qualification; and (b) complies with an approved registration standard relevant to the endorsement.</p> <p>(2) An endorsement under subsection (1) must state— (a) the approved area of practice to which the endorsement relates; and (b) any conditions applicable to the practice by the registered health practitioner in the approved area of practice.</p>	
No definition	<p>Additional definition of polypharmacy from the current CS guidelines</p> <p>“Polypharmacy is defined as the combination of two or more drugs and includes all drugs which singularly result in minimal sedation”</p>	<ul style="list-style-type: none"> • this term is used in the CS standard and its meaning may not be well known and therefore should be defined
Revised definition	<p>Revise definition of conscious sedation</p> <p>“Conscious sedation means a drug-induced depression of consciousness during which patients respond purposefully with <i>positive response to physical stimulation</i>. No interventions are required to maintain a patient airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.</p>	<ul style="list-style-type: none"> • this definition revised from preliminary consultation as many patients are incapable of responding purposefully to verbal commands (with or without tactile stimulation) due to the fact that they have intellectual disabilities, are phobic, do not speak English or are profoundly deaf
Guidelines		
	<p><i>CS guidelines no longer required</i></p>	<ul style="list-style-type: none"> • there is no longer a need for CS guidelines as all the relevant matters are incorporated into the updated CS standard • any matters remaining from the current CS guidelines are more relevant to prescribing and the Board may consider developing guidelines that are more generic and relate to matters around therapeutics and prescribing
<p>Review The Board will review this endorsement within three years</p>	<p>Change to the review period</p> <p>This standard will be reviewed from time to time as required. This will</p>	<ul style="list-style-type: none"> • while it was appropriate in setting up the National Scheme to establish a

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Current requirements in 2010 registration standard	Proposed change	Rationale for proposed change
of its operation	generally be at least every five years. The Board will monitor the appropriateness of this timeframe and review the standard earlier if the need arises.	<p>short three year review period (after which time the standard's effectiveness could be evaluated) the Board considers it is now timely to extend the time before the standard is reviewed. Having a longer period in which the standard is in force will:</p> <ul style="list-style-type: none"> • assist in stabilising AHPRA's processes/procedures and • help practitioners to better understand their obligations, as they have been dealing with a significant amount of change since the National Scheme was introduced. • The Board will monitor the appropriateness of this timeframe and review the standard earlier if the need arises e.g. evidence emerges from the audit of practitioners' compliance with this or any other standard.

126. The proposed changes have been incorporated into the draft registration standard below.

Relevant sections of the National Law

127. Relevant sections of the National Law relating to area of practice endorsements (and summarised above) are:

- section 38
- section 15
- section 98, and
- sections 99-112.

Questions for consideration

128. The Board is inviting feedback on the following questions.

1. From your perspective, how is the current CS registration standard working?
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?
3. Is the content and structure of the draft revised CS registration standard helpful, clear, relevant and more workable than the current standard?
4. Is there any content that needs to be changed or deleted in the draft revised CS registration standard?
5. Is there anything missing that needs to be added to the draft revised CS registration standard?
6. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?

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

Attachments

129. The Board's *Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation* is at Attachment 1.
130. All consultation questions are provided in a separate document *Responses to consultation questions* at Attachment 2. Please use this document to provide your comments to the Board.
131. The current endorsement for conscious sedation registration standard is published on the Board's website, accessible from www.dentalboard.gov.au/Registration-Standards.aspx
132. The current conscious sedation guidelines are published on the Board's website, accessible from www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines.aspx

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Draft Registration standard: Endorsement for conscious sedation

Effective from: <<date>>

Review date: <<date>>

This registration standard sets out the Board's minimum requirements for endorsement of registration for conscious sedation.

Does this standard apply to me?

This standard applies to applicants for endorsement and those applying for renewal of endorsement.

What activities does this standard apply to?

This endorsement applies only to conscious sedation.

What activities are not covered by this standard?

This endorsement does not apply to:

- general anaesthesia
- anxiolysis techniques, or
- relative analgesia using nitrous oxide/oxygen, on its own or when used in combination with local anaesthetic.

What must I do?

Requirements for applying for endorsement

1. To meet this registration standard, you must:
 - a. be a dentist and/or a dental specialist registered with the Board
 - b. have a minimum of two years of general dental experience (this may include experience outside Australia, subject to assessment and approval by the Board), and
 - c. have completed an approved program of study or another qualification that, in the Board's opinion, is substantially equivalent to, or based on similar competencies to, an approved qualification.

Requirements for practice

2. As a dentist and/or dental specialist with an endorsement for conscious sedation on your registration (endorsed dentist), you must:
 - a. ensure that you are up to date with all other guidelines and regulatory requirements, such as relevant documents produced by the Australian and New Zealand College of Anaesthetists or other documents approved by the Board
 - b. provide documentation to the Board that you have successfully completed Board approved and competency based courses in dental sedation and medical emergencies in each 12 month registration period
3. In your practice as an endorsed dentist, you must not administer sedation by the intravenous route unless you:

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- a. have received appropriate Board approved training in intravenous sedation and resuscitation techniques, and
 - b. are assisted by another person who is either:
 - i. a **registered dentist or dental specialist appropriately trained** in the observation and monitoring of sedated patients and resuscitation, whose sole responsibility in assisting is to monitor the patient's level of consciousness and cardio respiratory function
 - ii. a **registered medical practitioner appropriately trained** in the observation and monitoring of sedated patients and resuscitation, whose sole responsibility in assisting is to monitor the patient's level of consciousness and cardio respiratory function
 - iii. a **registered nurse (Division 1)** who has received training in intensive care or anaesthesia, or
 - iv. a **registered enrolled nurse (Division 2)** who:
 - is educated, trained and competent in the administration of intravenous medications venipuncture and cannulation, and
 - has also successfully completed post graduate qualifications in anaesthetic nursing at an advanced diploma level or equivalent courses (with appropriate supporting documentation) and has extensive experience in operating theatre and/or anaesthetic nursing.
4. When the dental procedure is being undertaken by another registered dentist or dental specialist and your sole role as an endorsed dentist is to provide and monitor the sedation, there is no requirement for an additional registered health practitioner.
 5. You may be audited for compliance with these requirements. As a dental practitioner you are responsible for providing evidence of compliance when requested by the Board.
 6. You must adhere to state and territory legislation and regulations in addition to all relevant professional standards, guidelines and requirements approved by the Board.
 7. You must not carry out any dentistry procedure on a patient to whom general anaesthetic has been administered, unless the general anaesthetic has been administered by a registered medical practitioner.
 8. The administration of medication for conscious sedation may be by any accepted route approved for that specific use by relevant authorities, such as oral, inhalation and intravenous inductions. The prescription and use of medications are regulated by a number of government authorities.

What does this mean for me?

When you apply for registration

When you apply for endorsement for conscious sedation on your registration, you must meet this registration standard.

When you apply for renewal

When you apply to renew your registration, you are required to declare whether you comply with this registration standard.

During the registration period

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Your compliance with this registration standard may be audited from time to time. It may also be checked if the Board receives a notification about you.

Evidence

You should retain records as evidence that you meet the requirements of this standard for five years in case you are audited.

Wording on the register

The following wording will appear on the public register for dental practitioners whose registration is endorsed: Endorsed conscious sedation practitioner.

What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including that:

- a Board can refuse an application for endorsement or renewal of endorsement when the applicant does not meet a requirement in an approved registration standard for the profession (sections 82 and 112 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice (section 41 of the National Law).

Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <<date>>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

More information

The Board's website includes information about:

1. approved programs of study, and
2. competency based training courses approved by the Board.

Definitions

Anxiolysis includes minimal sedation through single low dose oral or inhalation-type medications for treating anxious patients, but not inducing a state of conscious sedation. Appropriate initial dosing of a single enteral drug should be no more than the maximum recommended dose of a drug that can be prescribed for unmonitored home use. Minimal sedation does not include polypharmacy.

Approved program of study means an accredited program of study approved by the Board under section 49(1) of the National Law and included in the list published under section 49(5) of the National Law.

Conscious sedation means a drug-induced depression of consciousness during which patients respond purposefully with positive response to verbal command and/or physical stimulation. No interventions are required to maintain a patient airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Endorsement refers to the provisions of the National Law (sections 15 and 98) that permit the Ministerial Council, on the recommendation of a National Board, to approve an area of practice for which the registration of a health practitioner registered in the profession may be endorsed. Section 98 of the National Law provides that the Board may:

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- (1) ... in accordance with an approval given by the Ministerial Council under section 15, endorse the registration of a registered health practitioner registered by the Board as being qualified to practise in an approved area of practice for the health profession if the practitioner—
 - (a) holds either of the following qualifications relevant to the endorsement—
 - (i) an approved qualification;
 - (ii) another qualification that, in the Board's opinion, is substantially equivalent to, or based on similar competencies to, an approved qualification; and
 - (b) complies with an approved registration standard relevant to the endorsement.
- (2) An endorsement under subsection (1) must state—
 - (a) the approved area of practice to which the endorsement relates; and
 - (b) any conditions applicable to the practice by the registered health practitioner in the approved area of practice.

General anaesthesia means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patient airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

National Law means the Health Practitioner Regulation National Law as in force in each state and territory.

Polypharmacy is the combination of two or more drugs and includes all drugs which singly result in minimal sedation.

Review

This registration standard will be reviewed from time to time as required. This will generally be at least every five years. The Board will monitor the appropriateness of this timeframe and review the standard earlier if the need arises.

Last reviewed: XXXX

This standard replaces the previously published registration standard from 1 July 2010.

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Overview

May 2014

5. Review of *Specialist registration standard*

Summary of issue

133. The Board has powers under section 38 of the National Law to develop and recommend registration standards to the Ministerial Council about issues relevant to the eligibility of individuals for registration in the dental profession.
134. Section 13 of the National Law provides that specialist recognition operates under the National Law for the dentists division of the dental profession. Specialist registration is not available to other types of dental practitioners i.e. dental hygienists, dental prosthetists dental therapists and oral health therapists.
135. The Ministerial Council may on recommendation of the Board approve a specialty (a recognised specialty) and its associated specialist title(s).
136. Sections 115-119 of the National Law relate to the use of specialist titles.
137. The Board's initial *Specialist registration standard* (the specialist standard) and list of recognised specialties were approved by the Ministerial Council on 31 March 2010. The specialist standard took effect from 1 July 2010 and established the requirements dentists must satisfy to register as dental specialists. There are thirteen recognised dental specialties each of which has one or more specialist titles (these are published on the Board's website).
138. A registration standard describes requirements that determine eligibility for registration that are *in addition* to those set out in Part 7 of the National Law. Sections 57-61 (Part 7, Division 2) of the National Law cover eligibility, qualifications, examination or assessment and other matters related to specialist registration.
139. The primary purpose of the specialist standard is to establish the requirements practitioners must satisfy if they wish to use any protected dental specialist title. The list of recognised specialties includes broad definitions of each specialty. These definitions however are not descriptions of the scope of practice of the specialty. Dentists with general registration are not restricted from carrying out any dental procedures in which they have been formally educated, trained and are competent and these may include those in an area of specialty practice. However they are not permitted to use the titles dental specialist, specialist health/dental practitioner or any of specialist titles in the list of recognised specialties.
140. The Board is reviewing its standard to ensure it meets the objectives of the National Law and is worded as simply and clearly as possible.

Reviewing the standard

Operation of the standard

141. The current specialist standard requires applicants for specialist registration to:
 - have completed at least two years general dental practice, and
 - be on the register of dental practitioners in the division of dentists.
142. There are however a limited number of dental practitioners who are on the specialists register only and this is because they have qualifications entitling them to specialist registration but not to general registration as a dentist. This is an anomaly that arose because previous legislation in

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some states allowed 'specialist only' registration. Under the transitional arrangements established at the start of the National Scheme any dental practitioner who was registered in a state or territory of Australia was entitled to registration under the National Scheme. Consequently these practitioners transitioned to the specialists register only.

143. The Board's preference is that all dental specialists are also registered as general dentists. During the first three years of operation of the specialist standard some issues have been identified with this prerequisite. This is because specialist practice requires that a practitioner has advanced education, skills and knowledge in a particular field of dentistry and some practitioners choose to narrow their scope of practice to provide dental care only in their area of specialisation. In this situation practitioners may not be able to demonstrate satisfactory maintenance of knowledge and practice to meet the Board's recency of practice requirements as general dentists.
144. No issues have been identified with the prerequisite of requiring applicants for specialist registration to have completed at least two years general dental practice.

Early consultation phase, advice from Expert Reference Group Specialist and preliminary consultation

145. As input to the development of the revised specialist standard the Board sought advice from its Expert Reference Group – Specialist and canvassed the views of key stakeholders (including the peak specialist bodies) about the proposal to remove the requirement for dental specialists to also be registered as general dentists.
146. Key feedback received during this phase included the following:
- it was widely agreed that dental specialists must have qualifications that entitle them to register as general dentists in Australia (i.e. in addition to their qualifications for specialist registration) as they need a sound basis of education and experience in general dentistry on which their specialist training builds
 - while it was acknowledged that the requirement for applicants to have a minimum of two years clinical experience as a general dentist may have an impact on academic recruitment there was overwhelming support for a specialist to have a solid foundation of general dentistry experience
 - stakeholders' views were mixed about whether specialists needed to also maintain registration as general dentists, the majority supported the proposal but it was generally acknowledged that while it was preferable for specialists to maintain general registration as dentists it was not always feasible and therefore should not be a mandatory requirement
 - stakeholders agreed that specialist practitioners who choose not to renew registration as a general dentist must ensure they understand the implications of not being on the general register, including the effects on their use of protected titles (such as dentist), their professional indemnity insurance requirements, the conditions on the public register and the recency of practice requirements should they wish to restore their registration as a general dentist.
147. The Board considered the feedback from the preliminary consultation and wishes to test views more widely, and while acknowledging the feedback, has not made changes to the revised registration standard prior to public consultation.

Options statement – Registration standard: Specialist

148. The Board has considered a number of options in developing the revised specialist standard. The following are two possible approaches to the content of the revised standard:

Option	Description	Key issue with the option
Option 1	Status quo	<ul style="list-style-type: none"> • making no changes creates a potential issue and anomaly for specialist practitioners who must

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Option	Description	Key issue with the option
		meet recency of practice requirements in general dentistry
Option 2	<ul style="list-style-type: none"> retain the requirements for dental specialists to: <ul style="list-style-type: none"> have a qualification entitling them to general registration as a dentist have two years experience in general dentistry remove the requirements for dental specialists to be registered as general dentists 	<ul style="list-style-type: none"> this option addresses the issue raised in option 1 creates a potential issue in relation to 'controlling' that practitioners do not practise beyond the scope allowed by their specialist registration i.e. practising general dentistry

Preferred option

149. The Board prefers Option 2.

Issues for discussion

150. Dental specialists need to be qualified as general dentists and have clinical experience in general dentistry but the requirement to be on the register of dental practitioners in the division of dentists should not be mandatory as not all practitioners can maintain their recency of practice in general dentistry.

151. The Board however needs to:

- ensure that specialists have a specific standard of foundational knowledge and experience and an appropriate foundation of education and experience in general dentistry on which their specialist training builds, and
- be satisfied that those carrying out specialist practice have the competence to provide safe care which is of appropriate quality.

152. This can be achieved by requiring the applicant for initial registration to have an approved qualification for general registration as a dentist as well as an approved specialist qualification and recency of practice (ROP) in the specialty(s) in which they wish to register. When renewing specialist registration a practitioner needs to meet ROP requirements in the specialty(s).

153. The Board prefers that specialists maintain their registration as general dentists but in the revised version of the standard this is no longer a requirement for specialist registration. Practitioners can be registered as specialists only.

154. Specialists who choose not to register or renew registration as a general dentist however need to clearly understand the implications of not being on the general register, including:

- the prohibition on their use of the protected title of dentist
- the effect on their professional indemnity insurance requirements
- the possible inclusion of an annotation on the public register to describe their restricted practice, and
- the recency of practice requirements they would need to meet should they wish to restore their registration as a general dentist.

Potential benefits and costs of the proposal

155. The Board's preferred proposal addresses the potential difficulty for specialist practitioners to maintain recency of practice in general dentistry and who do not need to do so in order to provide safe and effective specialist care to their patients. The change should therefore not result in additional costs to dental practitioners or the public and provides for maximum flexibility in the regulation of specialist practice.

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Estimated impacts of the draft revised registration standard

156. The proposed changes to the draft revised registration standard should assist some practitioners to meet their recency of practice obligations. This will have a positive impact on practitioners.

Summary of proposed changes

157. The following table summarises the key requirements of the current standard and the changes the Board is proposing under Option 2 and which stakeholders are being asked to consider:

Current requirements in 2010 registration standard	Proposed change	Rationale for proposed change
Requirements for specialist registration		
<p>Applicants for registration as a dental specialist must:</p> <ul style="list-style-type: none"> • have completed at least two years of general dental practice (either in Australia or overseas) and • meet all other requirements for general registration as a dentist 	<p>Applicants must:</p> <ul style="list-style-type: none"> • be qualified for general registration as a dentist in Australia and • have completed at least two years of general dental practice which may be achieved by experience outside Australia subject to assessment and approval by the Board 	<ul style="list-style-type: none"> • no change to fundamental pre-requisites for specialist registration which are experience in general dental practice and a qualification in dentistry that would entitle the person to general registration in Australia as a dentist • provides a more specific description of the requirements i.e. that the practitioner is <u>qualified</u> for general registration as dentist • provides greater clarity to practitioners by being explicit about requirements
<p><i>Standard interpreted to mean that dental specialists must also be on the register of dental practitioners in the division of dentists and maintain their general registration as dentists</i></p>	<p><i>Applicants for initial registration or renewal of registration as dental specialists do not need also to be on the register of dental practitioners in the division of dentists</i></p>	<ul style="list-style-type: none"> • policy change acknowledges the reality that specialists <ul style="list-style-type: none"> - may limit their practice to the specialty and therefore be unable to maintain recency in general dentistry - do not need to maintain recency of practice in general dentistry to practice the specialty safely • provides greater flexibility to practitioners
<p><i>No wording</i></p>	<p>Additional wording</p> <ul style="list-style-type: none"> • from the Board's draft revised scope of practice registration standard that practitioners must practice in accordance with their formal education and training and competence 	<ul style="list-style-type: none"> • wording reminds practitioners to practice within their scope of practice i.e. if they are not registered as general dentists then they should not practice as such
Restricted scope of practice		
<p><i>No wording</i></p>	<p>Additional wording</p> <ul style="list-style-type: none"> • to describe the nature of restricted practice a 	<ul style="list-style-type: none"> • wording highlights and clarifies the ramifications for specialists who are not also

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Current requirements in 2010 registration standard	Proposed change	Rationale for proposed change
	specialist may have if he/she is not also registered as general dentist and limits on use of titles	registered as dentists
<i>No wording</i>	Additional wording <ul style="list-style-type: none"> to allow registration in more than one specialty 	<ul style="list-style-type: none"> no change to policy but explicitly states that registration in more than one specialty is possible
Review		
Review The Board will review this standard at least every three years	Change to the review period This standard will be reviewed from time to time as required. This will generally be at least every five years.	<ul style="list-style-type: none"> while it was appropriate in setting up the National Scheme to establish a short three year review period (after which time the standard's effectiveness could be evaluated) the Board considers it is now timely to extend the time before the standard is reviewed. Having a longer period in which the standard is in force will: <ul style="list-style-type: none"> assist in stabilising AHPRA's processes/procedures and help practitioners to better understand their obligations, as they have been dealing with a significant amount of change since the National Scheme was introduced. The Board will monitor the appropriateness of this timeframe and review the standard earlier if the need arises e.g. evidence emerges from the audit of practitioners' compliance with this or any other standard; there are changes in the environment or evidence that the standard is not working effectively

158. The proposed changes have been incorporated into the draft registration standard and list of recognised dental specialties below.

List of recognised dental specialties

159. Associated with the specialist standard is the list of 13 recognised dental specialties and specialist titles which were also approved by the Ministerial Council on 31 March 2010 and took effect from 1 July 2010.

160. No additions or deletions are proposed to the list and the list is not being reviewed at this time. However the Board is seeking stakeholder's views about the following minor changes to the specialties of oral pathology, forensic odontology, and oral medicine:

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- the Royal College of Pathologists of Australasia has submitted that the name and corresponding specialist title and definition of the specialty **Oral pathology** is changed to **Oral and maxillofacial pathology** to bring it into line with international nomenclature
- the Australian Society of Forensic Odontology (AuSFO) has submitted that the definition of the specialty of forensic odontology should be modified so that it is in harmony with the contemporary definitions of the other specialties to:
The branch of dentistry that applies dental science to the law. It involves the recognition, examination, documentation, preservation, interpretation and analysis of dental and oro-facial evidence; and presentation of opinion related to this evidence to the courts of law.
The AuSFO acknowledges that there is no accepted global, uniform definition of the field of forensic odontology, and
- the Oral Medicine Academy of Australasia has submitted that the definition of the specialty oral medicine should be modified to:
The branch of dentistry concerned with the diagnosis, prevention and predominantly non-surgical management of medically-related disorders and conditions affecting the oral and maxillofacial region, in particular oral mucosal disease and orofacial pain as well as the oral health care of medically complex patients.
The OMAA has submitted that this definition is a more accurate representation of the specialty than the current definition.

Limited registration as a specialist

161. Those who do not have a qualification for registration as a general dentist but who have a qualification that is recognised for specialist registration can continue to use the Limited registration pathway.

Relevant sections of the National Law

162. Relevant sections of the National Law relating to specialists (and summarised above) are:
- section 38
 - section 13
 - section 115-119, and
 - section 57-61.

Questions for consideration

163. The Board is inviting feedback on the following questions.
1. From your perspective, how is the current specialist registration standard working?
 2. Are there any state or territory specific issues or impacts that have arisen from applying the existing specialist standard?
 3. Do you support the proposed changes to the existing specialist standard as outlined in Option 2 above? Why or why not?
 4. Is the content and structure of the draft revised specialist registration standard helpful, clear, relevant and more workable than the current standard?
 5. Is there any content that needs to be changed or deleted in the draft revised specialist registration standard?
 6. Is there anything missing that needs to be added to the draft revised specialist registration standard?
 7. Do you agree that the name of the specialty oral pathology should be changed to oral and maxillofacial pathology? Why or why not?
 8. Do you agree with the minor change to the definition of the specialty oral medicine as outlined? Why or why not?
 9. Do you agree with the change to the definition of the specialty of forensic odontology as outlined? Why or why not?
 10. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?
 11. Do you have any other comments on the draft revised specialist registration standard?

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Attachments

164. The Board's *Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation* is at Attachment 1.
165. All consultation questions are provided in a separate document *Responses to consultation questions* at Attachment 2. Please use this document to provide your comments to the Board.
166. The current specialist registration standard and list of recognised dental specialties are published on the Board's website, accessible from www.dentalboard.gov.au/Registration-Standards.aspx

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Draft Registration standard: Specialist

Effective from: <<date>>

Review date: <<date>>

This registration standard sets out the Board's requirements for specialist registration in Australia.

Does this standard apply to me?

This standard applies to all applicants for:

- specialist registration under Part 7 Division 2 of the National Law, and
- renewal of specialist registration under Part 7 Division 9 of the National Law.

What must I do?

1. To meet this registration standard, you must:
 - a. be qualified for general registration as a dentist in Australia, and
 - b. have completed at least two years of general dental practice, which may be achieved by experience outside Australia, subject to assessment and approval by the Board.

These requirements are in addition to the provisions of Part 7 of the National Law which cover an applicant's eligibility, qualifications and suitability for specialist registration.

2. In your practice as a specialist practitioner, you must practice within your scope of practice and only provide dental care:
 - a. for which you have been formally educated and trained via programs of study approved by the Board, and
 - b. in which you are competent.

List of recognised dental specialties

The dental specialties that you can apply for registration for are listed in the Australian Health Workforce Ministerial Council's *Specialist – List of recognised dental specialties, specialist titles and definitions*. Registration may be granted in more than one recognised dental specialty if you have the requisite qualifications and meet all other registration requirements.

Restricted scope of practice

If you are a dental practitioner who is on the Specialists Register but not on the register of dental practitioners in the 'dentist' division, you may have a restricted scope of practice compared to a dentist who has both general and specialist registration.

Your scope of practice may be restricted to:

- the scope of your particular dental specialty or specialties, and
- your education, training and competence.

Conditions may be placed on your registration to reflect this restricted practice, which will appear on the public Specialists Register.

Your title use is limited to that of the relevant recognised dental specialty or specialties in which you are registered. Unless you are also registered in the 'dentist' division of the dental profession, you cannot use the title 'dentist'.

What happens if I don't meet this standard?

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The National Law establishes possible consequences if you don't meet this standard, including:

- a Board can refuse an application for specialist registration or renewal of specialist registration when you do not meet a requirement in an approved registration standard for the profession (sections 82 and 112 of the National Law), and
- unless you are registered as a specialist health practitioner, you **must not knowingly or recklessly** take or use the title '**specialist health/dental practitioner**', whether it is used with or without any other words; or take or use a title, name, initial, symbol, word or description that, having regard to the circumstances in which it is taken or used, indicates or could be reasonably understood to indicate you are a specialist health/dental practitioner. Also, you must not use the title 'dental specialist' unless you are registered in a relevant recognised speciality (sections 115, 116, 117, 118 and 119 of the National Law).

Penalties apply to breaches of the above provisions of the National Law.

Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <<date>>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

Definitions

National Law means the Health Practitioner Regulation National Law as in force in each state and territory.

Review

This registration standard will be reviewed from time to time as required. This will generally be at least every five years.

Last reviewed: xxx 2013

This standard replaces the previously published registration standard from 1 July 2010.

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Attachment 1

Statement of assessment

Board's statement of assessment against AHPRA's *Procedures for development of registration standards* and *COAG principles for best practice regulation*

- *Registration standard: Professional indemnity insurance arrangements*
- *Registration standard: Continuing professional development*
- *Registration standard: Recency of practice*
- *Registration standard: Endorsement for conscious sedation*
- *Registration standard: Specialist*

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* which are available at: www.ahpra.gov.au

These procedures have been developed by AHPRA in accordance with section 25 of the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme operates in accordance with good regulatory practice.

Below is the Dental Board of Australia's assessment of its five proposed revised registration standards against the three elements outlined in the AHPRA procedures. These standards are:

- *Professional indemnity insurance arrangements* (PII standard)
- *Continuing professional development* (CPD standard)
- *Recency of practice* (ROP standard)
- *Endorsement for registration standard* (CS standard)
- *Specialist* (specialist standard)

It should be noted that none of the five standards is new; all have been in place since the commencement of the national scheme and are now being reviewed. In most cases as outlined above the Board is not proposing any major policy change. The changes proposed have been made in an effort to better articulate and clarify registration requirements for practitioners, the public and AHPRA staff and in some cases to make the standards more flexible in their application.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law
--

Board assessment

The Board considers that the revised registration standards meet the objectives and guiding principles of the National Law.

The draft revised registration standards, if approved, will provide for the protection of the public by ensuring that practitioners:

- have the appropriate professional indemnity insurance arrangements in place when they practise
- undertake appropriate continuing professional development as an important aspect of maintaining competence
- have the necessary amount of recent practice
- have the necessary qualifications, experience and arrangements in place to practise in the area of conscious sedation
- have appropriate qualifications and experience for specialist practice.

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The draft revised registration standards also support the National Scheme to operate in a transparent, accountable, efficient, effective and fair way.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult other boards on matters of shared interest.

The Board will ensure that there is public exposure of its revised standards and there is the opportunity for public comment by undertaking an eight week public consultation process. This process includes the publication of the consultation paper (and attachments) on its website.

The Board has drawn this paper to the attention of key stakeholders and the 13 other National Boards.

In addition, as indicated above, some of the proposals for changes to the standards have been through early consultation with key stakeholders. This helped the Board to determine the direction to take with the revisions to the standards.

The Board will take into account the feedback it receives when finalising its proposal for submission of the revised standards to the Ministerial Council for approval.

3. The proposal takes into account the COAG Principles for Best Practice Regulation

Board assessment

In developing the draft revised registration standards for consultation, the Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

National Boards commissioned a review of the literature on the effectiveness of CPD and on recency of practice requirements. The Board has taken this information and its regulatory experience into account in its review of the registration standards.

As an overall statement, the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Board's view is that the standards as drafted meet its mandate of protecting the public by establishing appropriate minimum requirements that practitioners must meet for PII, CPD, ROP, CS and specialist practice.

The Board makes the following assessment specific to each of the COAG Principles expressed in the AHPRA procedures.

COAG Principles

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

The Board considers that the proposals are the best options for achieving their stated purpose. As only minor changes to the existing standards are proposed, the impact of the proposals is similar to the existing registration standards.

The Board considers that the draft revised standards would have a low impact on the profession. This low impact is significantly outweighed by the benefits of protecting the public and providing clearer, simpler requirements, informed by the best available evidence and the Board's regulatory experience, in the public interest.

The Board considers that the revised standards address the few issues that have been raised about

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the areas the standards regulate. The revisions proposed give clearer guidance to practitioners about their obligations thereby promoting compliance and thus providing for better protection of the public.

None of the five registration standards is new. All have previously been agreed to by Ministers.

Three of the standards (CPD, PII and ROP) are mandatory standards under section 38 of the National Law.

Ministers have previously agreed that a registration standard is needed in the remaining two areas of practice – conscious sedation and specialist. The requirements set out in the standards have been defined to make public safety paramount. The registration requirements within these two standards aim to ensure health services are provided safely and are of an appropriate quality and standard.

In preparing the updated standards the Board proposes either to make no changes or if changes are proposed they have been made to improve/increase the flexibility of the standard.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The Board considers that the revised registration standards do not unnecessarily restrict competition among dental practitioners. They are not expected to impact on the current levels of competition among practitioners.

In the case of the CS and specialist standards which do impose additional requirements on practitioners who wish to practice (and take advantage of titles) in these areas these requirements have been established to protect the public.

C. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The Board considers that the revised registration standards will support consumer choice by establishing clear requirements for professional indemnity insurance arrangements, recency of practice and continuing professional development that practitioners must meet when they practise and as a vital part of maintaining their competence.

The specialist and conscious sedation registration standards for example provide a level of regulation which promotes the provision of safe and high quality dental care in these areas of practice. The standards provide transparency about the factors that the Board will take into account when assessing applications for registration and renewal of registration.

Consumer choice is supported as practitioners with additional training in these areas of practice are easily identifiable and the public can be reassured that the education, training and competence of those registered as specialists and endorsed for conscious sedation is of a level to promote the delivery of high quality care.

Practitioners with additional training and expertise in particular fields of dentistry are identifiable on the public register and this assists the public to make better informed choices about their dental care.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

Board assessment

The Board considered the overall costs of the revised registration standards to members of the public, registrants and governments and concluded that the likely costs are appropriate when offset against the benefits that this draft revised standards contribute to the National Scheme.

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As the proposals outlined are a revision of existing standards and reflect to a large extent the requirements which have been in place since the commencement of the National Scheme, the Board does not anticipate that there will be a change to the overall costs to the members of the public, registrants or governments. Rather, the Board is presenting its requirements in a clearer and simpler way.

E. Whether the requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

The Board considers the standards have been written in plain English and will help practitioners to understand the requirements of the standards. The Board has changed the structure of the standards and reviewed the wording to make the standards easier to understand and assist stakeholders to navigate through the documents.

As outlined above the majority of the changes proposed are designed to clarify and articulate the requirements more clearly. The Board considers that the proposed changes will enhance understanding and therefore compliance by registrants but is open to hearing from stakeholders about whether clarity can be improved.

F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

If approved, the Board will review the standards at least every five years, including an assessment against the objectives and guiding principles in the National Law and the COAG principles for best practice regulation.

The Board will continue to monitor the environment and may however choose to review the standards earlier in response to any issues which arise or new evidence which emerges to ensure they continue to be relevant and workable.

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