

Welcome to the Dental Board of Australia's September 2015 newsletter.

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Keep in touch with the Board

Welcome to the latest newsletter from the Dental Board of Australia (the Board).

We send practitioners at least two newsletters throughout the year to update you on developments and changes in the regulation of dental practitioners.

Infection control obligations under the National Law

The Board is committed to protecting the health and safety of the public.

We have published a [fact sheet](#) to raise awareness of the infection control obligations of dental practitioners.

In addition, in partnership with the [Dental Council of New South Wales](#), we wrote to every registered dental practitioner in Australia to remind them of these obligations.

The [letter](#) includes a checklist for you to use to check your compliance with your obligations under the National Law.¹ You can also use the list to consider what other action you may need to take to improve your knowledge and practice.

As a registered dental practitioner it is your responsibility to ensure that you comply with the requirements of the Board's [Guidelines on infection control](#). We have developed a self-audit tool so you can reflect on how well you comply with the requirements in your workplace.

This and other information is published on the [Infection control obligations of dental practitioners](#) page of the Board's website.

News from the Board

Action taken on unregistered individuals to protect patients

The Board works in partnership with the [Australian Health Practitioner Regulation Agency \(AHPRA\)](#) to protect the public.

AHPRA has recently investigated allegations of dental treatment being provided by unregistered individuals. This raised significant concerns about substandard care and infection control standards.

Details of this action are available on the [News](#) section of our website.

One matter has been finalised in the Magistrate's Court. Mr Muhammet Velipasaoglu was convicted of all charges, fined \$20,000 and placed on a 12-month community corrections order, requiring him to undertake 250 hours of community service.

The magistrate awarded AHPRA \$13,000 costs and noted in sentencing that he would have imposed a term of imprisonment had this been an option.

We all have a role in protecting the public's access to safe dental care. We ask that any registered dental or medical practitioner who may have provided follow-up care to people who have been treated by unregistered individuals to come forward with information.

Anyone who wants to make a complaint or provide information to AHPRA can call 1300 419 495 between 9am and 5pm, Monday to Friday.

Practitioner names on the register

The Board and AHPRA are required by the National Law to register health practitioners under their legal name. This is the name that appears on the [public register](#).

We expect and encourage all registered dental practitioners to make their registration status clear to patients, including their name as it appears on the register – this includes both the first name and the surname. This allows patients to check the registration status of their dental practitioner on the register.

¹ Health Practitioner Regulation National Law, as in force in each state and territory

Practitioners are required by law to advise AHPRA of any change to their legal name within 30 days of the change.

Any difference between the name in which someone is registered and the name they use in practice may cause confusion for patients.

New appointments to the Dental Board of Australia

The Australian Health Workforce Ministerial Council (the Ministerial Council) has announced new appointments and reappointments of the Chair, practitioner members and community members to the Dental Board of Australia and other National Boards.

Read more on the [COAG website](#).

We thank and congratulate the retiring members of the Board on their enthusiasm and commitment to the regulation of the dental profession over a number of years, including before the start of the National Registration and Accreditation Scheme (the National Scheme).

They are:

- Dr Gerard Condon (practitioner member Vic)
- Mr Stephen Herrick (community member ACT)
- Dr Mark Leedham (practitioner member NT), and
- Mr Michael Miceli (community member NSW)

We congratulate the new appointees. From 31 August 2015 we will be joined by:

- Mr Robin Brown (community member ACT)
- Mrs Kim Jones (community member NSW)
- Dr Sajeev Koshy (practitioner member Vic), and
- Dr Kate Raymond. (practitioner member NT)

Use of cone-beam computed tomography (CBCT)

Before the start of the National Scheme there was variation in regulation in the use of cone-beam computed tomography (CBCT) by dental practitioners.

The Board published a policy to remind dental practitioners using CBCT that they must be adequately trained in the safe use of CBCT and should abide by the [Code of practice and safety guide for radiation protection in dentistry](#) (the Code) published by the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) and any other regulations.

Under the National Scheme, we have developed a broad regulatory framework that describes our requirements and expectations of dental practitioners in their practice, regardless of the clinical area. Clinical guidelines are established by other entities within and outside of the profession and not by us.

On this basis, we have removed the policy. However, the public remains protected as we still expect dental practitioners to:

- practise within the scope of their education and training at all times
- be aware of, and follow all associated regulations and legislation such as those related to the ownership, licensing and operation of CBCT equipment and the ARPANSA Code, and
- facilitate the quality use of therapeutic products based on the best available evidence.

Specialist registration

The Board has updated the information on the website related to [specialist registration](#), and has also published a revised [application form](#) for those applying for this registration type.

We have also begun a preliminary round of consultation on entry-level competencies standards for each of the thirteen approved dental specialties.

We will consider responses from this round of consultation before consulting publicly later in the year.

We publish public consultation papers on the [News](#) section of the website and we encourage responses from all our stakeholders including individual registrants.

Approval of programs to extend scope of practice

The Board published revised scope of practice registration standard and associated guidelines in 2014.

To support the implementation of these documents, we reviewed the process to approve programs to extend scope (previously known as add on programs).

The scope of practice registration standard states that dental practitioners must only perform dental treatment for which they have been educated and trained in programs of study approved by the National Board.

Our [Scope of practice registration standard](#) defines two main program types approved by the Board – approved programs of study leading to registration and endorsement, and programs to extend scope.

It is only through these two types of programs that foundation knowledge can be obtained. The Board has also agreed that programs to extend scope do not apply to dentists or dental specialists as the programs leading to registration provide them with the full range of foundation knowledge on which they can continue to develop their professional skills.

The Board has agreed that any program that leads to foundation knowledge should be accredited against the same accreditation standards.

As the accreditation authority for the profession, the Australian Dental Council (ADC) is the appropriate entity to accredit these programs to extend scope, and is currently developing the processes to accredit these programs. They will be accredited against the revised accreditation standards for the profession published on the [ADC website](#).

Providers should regularly check the [ADC's website](#) for this information.

Key reports considered by Board

The Board regularly considers a range of reports from different sources to inform our regulatory work and to increase our understanding of the many influences on the environment in which we regulate dental practitioners.

Over recent months we have considered the following reports.

[Oral Health Workforce](#) - this report presents the first workforce projections published on the oral health professions and is presented in two publications.

Risk in dentistry – General Dental Council - this report considers the perceived risk factors – competence, conduct, and context – that impede practice in accordance with the GDC's standards.

The research found that the competency risk factors in dentistry are perceived to be:

- poor communication
- inadequate record keeping, and
- poor treatment.

The conduct factors were:

- health issues, and
- lack of professionalism.

The context factors were:

- work overload
- isolated practice
- financial incentives and pressures, and
- gender.

The research drew upon published literature, a representative registrant perceptions survey, and in-depth dental and regulation stakeholder interviews.

We are working with AHPRA to develop a similar profile and taxonomy (classification) of harms to inform our future policy work. We will communicate any findings from this work with you.

Patient experiences in Australia - the Australian Bureau of Statistics (ABS) has published results from the 2013-14 Patient Experience Survey; the fifth in the series.

The ABS Patient Experience Survey is conducted annually and collects data on access and barriers to a range of health care services, including general practitioners (GPs), medical specialists, dental professionals, imaging and pathology tests, hospital admissions and emergency department visits. It includes data from people that accessed health services in the previous 12 months, as well as from those who did not, and enables analysis of health service information in relation to particular population groups. Data are also collected on aspects of communication between patients and health professionals.

For dental professionals:

- One in two (49.7%) people saw a dental professional in the previous 12 months. Females were more likely than males to see a dental professional (53.2% compared with 46.0%).
- Of those who had seen a dental professional in the previous 12 months, 1 in 6 (16.6%) had received public dental care. Those aged 15-24 were the most likely to receive public dental care (24.5%).
- One in five (20.1%) who needed to see a dental professional delayed or did not go because of the cost. People aged 25-44 were most likely to delay or not go because of the cost (27.4%).

National Scheme news

Criminal history and English language skills registration standards have been revised

The registration standards for criminal history and English language skills have been revised following consultation and have now been approved by the Australian Health Workforce Ministerial Council. Both registration standards took effect from 1 July 2015.

Criminal history

The new criminal history registration standard makes minor amendments to the old standard, which is expected to have minimal impact on practitioners.

When a practitioner first applies for registration, the National Board requires the applicant to declare their criminal history in all countries, including Australia. All registered health practitioners must inform their National Board if they are:

- charged with an offence punishable by 12 months imprisonment or more, or
- convicted or found guilty of an offence punishable by imprisonment in Australia and/or overseas.

When practitioners renew their registration they must disclose any changes to their criminal history.

The registration standard is published on the [Registration Standards](#) page of the Board's website.

English language skills

The new registration standard for English language skills applies to all applicants for initial registration, regardless of whether they qualified in Australia or overseas.

The new standard introduces additional pathways for applicants to demonstrate evidence of their English language skills.

The new standard was developed after a review of the existing standard, which included a public consultation. All National Boards, except the Aboriginal and Torres Strait Islander Health Practice Board of Australia, consulted on and revised their English languages skills standard. The standards are now largely common across professions.

The registration standard is published on the [Registration Standards](#) page of the Board's website.

AHPRA joins Facebook

Earlier this year AHPRA joined Facebook as another means by which we can engage with the public and practitioners. We'll be sharing similar content on Facebook that we do on Twitter: news from AHPRA and the National Boards, along with photos from events and forums.

Visit our [Facebook](#) page.

Queensland complaints data have been published

AHPRA and the National Boards have published detailed performance data about notifications management in Queensland.

A co-regulatory system has been in place in Queensland since July 2014 and all complaints about Queensland registered health practitioners are received by the Office of the Health

Ombudsman (OHO). The Health Ombudsman is responsible for managing serious complaints relating to the health, conduct and performance of health practitioners in Queensland, and determines which complaints go to AHPRA and the National Boards after assessing their severity.

AHPRA provides quarterly data to the OHO about its performance in managing the complaints which come to AHPRA and the National Boards from the OHO. These data provide quantitative information about the number of complaints received and timelines for managing them.

The first report, which was published in May, includes detailed performance data about notifications management for the first three quarters from 1 July 2014 and 31 March 2015.

Analysis of these data, detailing matters managed by AHPRA and the National Boards, indicates:

- complaint referral patterns from the OHO to AHPRA are variable month to month
- on early trends, AHPRA is receiving 50 per cent fewer complaints than for the comparable period in 2013/14. This suggests the OHO is not accepting, is retaining and/or is closing most matters that the Ombudsman considers do not warrant further action. Of those we manage, more than 70 per cent require further regulatory action, and
- investigation timelines continue to be a major focus for AHPRA and the Boards. Sixty-seven of the matters open with AHPRA for longer than 18 months are about 25 practitioners. Multiple complaints about the same practitioner require more complex investigations.

AHPRA continues to focus on decreasing the time it takes to investigate matters, finalising more old investigations and improving the notifier and practitioner experience.

AHPRA will publish more national performance data throughout the next financial year.

The Queensland report is published on the AHPRA website [Statistics](#) page.

Improving monitoring of conditions on practitioner registration

AHPRA has welcomed calls for stringent monitoring and swift detection of breaches in compliance by registered health practitioners with restrictions on their registration.

On 24 March 2015, the Queensland OHO published a report recommending a range of initiatives to strengthen monitoring and compliance in Queensland and the National Registration and Accreditation Scheme (the National Scheme).

'Regulation is all about managing risk to patients and we welcome all suggestions to help improve our work in public safety,' AHPRA CEO Martin Fletcher said.

'These recommendations affirm the sweeping changes we have already initiated to strengthen our compliance and monitoring program.'

AHPRA's detailed response to the OHO and the recommendations in the report is published on the [Corporate publications](#) page.

Since July 2014, health complaints management in Queensland for registered health practitioners has involved a partnership between National Boards, AHPRA and the OHO.

Improvements to compliance monitoring add to the overhaul of complaints management in Queensland that started in 2012. Recent initiatives include preparation for stricter drug and alcohol screening announced in February 2015, the appointment of a national compliance manager and stronger national coordination of the compliance function.

For more information, please read the [media release](#) on AHPRA's website.

AHPRA actions to improve consumer and practitioner experience

Improving the experience of people who have made a notification has been a focus for AHPRA and the National Boards since early last year, when the Health Issues Centre of Victoria (HIC) was commissioned to conduct targeted research into the consumer experience when making a notification.

Since then a raft of changes to address the issues this research raised have been made, in particular to make written communication clearer and easier to understand.

Already this year, senior leaders from AHPRA and the Medical Board of Australia (MBA) met Australian Medical Association (AMA) leaders about the way notifications are managed – including decision-making protocols, guidance and policies.

Key issues include the time it takes for a notification to go through the process; the tone and clarity of communication; the need to better explain how the process works and why; and greater transparency wherever legally possible.

AHPRA will continue working on addressing the HIC's recommendations, and on other activities that will improve the overall experience of both consumers and practitioners who are the subject of a notification.

The latest update is published on the [Improving our work](#) page on AHPRA's website.

AHPRA welcomes ministers' response to National Scheme review report

The Australian Health Workforce Ministerial Council met on 7 August 2015 at the COAG Health Council meeting to consider the final report of the independent review of the National Registration and Accreditation Scheme.

The purpose of the independent review was to identify what is working well in the National Scheme and the opportunities to improve and strengthen the operation of the scheme to regulate health professions to protect the public.

Ministers expressed strong support for the work of the National Scheme, noted that it was now embedded in the health system and was among the most significant and effective reforms of health profession regulation in Australia and internationally.

More information about the review can be found on the [COAG Health Council](#) website and on [AHPRA's](#) website.

Changes to Medicines Australia code of conduct affecting dental practitioners

Dental practitioners should be aware of changes to Medicines Australia code of conduct. Medicines Australia is a membership organisation for pharmaceutical companies in Australia. Its code of conduct sets standards for the advertising and promotion of prescription medicines and applies to all member organisations. The revised code requires member companies to publicly disclose payments made to health professionals for their expert service or when financial support is provided for education purposes, including airfares, accommodation and conference registration fees.

The new requirements in the code come into effect on 1 October 2015 and reporting of all payments will be mandatory from 1 October 2016. More information is available on [Medicines Australia's website](#).

Royal Commission on child sexual abuse

The Board and AHPRA have been following the Royal Commission into institutional responses to child sexual abuse and its implications for the regulation of health practitioners. The issues raised in the Royal Commission are serious and disturbing.

The Board and AHPRA are committed to learning from the evidence before the Royal Commission and its findings and are taking action to make sure our regulatory system is responsive to anyone who has been sexually abused by a registered health practitioner, who comes forward.

If you have a concern about a health practitioner call:

- AHPRA on 1300 419 495 (all state and territories except NSW and Qld)
- NSW – 1800 043 159
- Qld – 133 646 (133 OHO).

Panel, court and tribunal decisions

As part of managing a notification (which is a concern or complaint about a registered health practitioner), National Boards may decide to refer a registered practitioner or student to a panel.

A matter may also be referred to a state or territory tribunal.

Panel hearing decisions made since July 2010 are published on [AHPRA's website](#). Summaries have been provided where there is educational and clinical value. Practitioners' names are not published.

We also publish summaries of [court and tribunal decisions](#). These are summaries of cases relevant to health practitioner regulation. A full library of published hearing decisions from adjudication bodies relating to complaints and notifications made about health practitioners or students is published on the [AustLII website](#).

National drug screening protocol strengthened

Mandatory hair testing for all registered health practitioners with substance-related impairment will now be routine in a move by AHPRA and the National Boards to strengthen the national drug screening protocol.

Under the protocol, all health practitioners who have restrictions on their registration linked to past substance abuse will have routine hair testing in addition to urine testing. Routine hair testing helps provide comprehensive information about the use – over time – of a wide range of drugs (not just based on the practitioner's drug-taking history).

National Boards will continue to make decisions about individual practitioners with impairment case by case, based on testing standards set out in the protocol.

The drug screening protocol is part of a wider, national strategy to effectively manage compliance and monitoring across the National Scheme. The strategy has been progressively implemented from July 2014. Read more in the [media release](#) on AHPRA's website.

Keep in touch with the Board

- As always, we encourage you to regularly check the [Dental Board website](#) for information and updates relating to the dental profession.
- Visit our website for information on the National Scheme and for the mandatory registration standards, codes, guidelines, policies and fact sheets. Board communiqués and consultation papers are published on the site under [News](#).
- Lodge an [online enquiry form](#).
- For registration enquiries call 1300 419 495 (from within Australia) or +61 3 9275 9009 (for overseas callers).
- Address mail correspondence to: Executive Officer, Dental Board of Australia, GPO Box 9958, Melbourne VIC 3001.
- AHPRA state and territory office locations are listed on the [AHPRA website](#).

