

Communiqué

The 59th meeting of the Dental Board of Australia (the Board) was held on 12 December 2014. The Board is established under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

This communiqué highlights key discussions and considerations from the Board's meeting. The Board publishes this communiqué on our website and emails it to a broad range of stakeholders. Please forward it to your colleagues and employees who may be interested.

This was the last meeting of the Board of the year. It will not meet in January but looks forward to another year of ongoing review and consolidation in its work of regulating the dental profession.

Dental practitioners need to renew registration by 31 December to be able to continue to practise

Dental practitioners who did not renew their registration with the Board by 30 November have until 31 December to apply for renewal. They will now need to pay a late fee in addition to the annual renewal fee.

The Australian Health Practitioner Regulation Agency (AHPRA), on behalf of the Board, is sending registered practitioners a series of email and hard copy reminders to renew. If you who haven't received a reminder to renew your registration you should phone AHPRA *immediately* on 1300 419 495.

If your application for renewal is received by 31 December you can continue practising while your application is processed.

If you do not apply to renew your registration by 31 December 2014, your registration will lapse. Your name will be removed from the <u>national register of practitioners</u> and you will not be able to practise your profession in Australia.

More information:

Registration renewal

Renewal FAQ

Revised accreditation standards

The Board approved the revised accreditation standards for the dental profession submitted by the Australian Dental Council.

As the assigned accreditation authority for the profession, the Australian Dental Council (the ADC) undertook a wide-ranging consultation process throughout 2014 on the revised standards. The ADC has published the submissions received through this process on its <u>website</u>.

This work was undertaken with the Dental Council (New Zealand) to allow for consistency of standards in the accreditation of dental programs in each country.

The ADC will publish the revised standards in due course on its website and work with the profession and education providers on the implementation.

At its meeting, the Board congratulated the ADC on the high quality of the work undertaken in the review of the standards.

Conscious sedation

The Board has convened its Conscious Sedation Working Group to both consider the feedback on the review of the registration standard for the area of practice endorsement and to develop competencies for this endorsement. This working group includes both dental and medical practitioners involved in the regulation, education, training and use of conscious sedation by dentists.

The competencies will provide a framework for the Board to, among other things, develop clear assessment pathways from applications for the endorsement when the applicant does not hold an approved qualification. The Board will consult on these competencies in 2015.

The feedback received through the <u>consultation</u> on the proposed revised registration standard (that incorporated the content of the current guidelines) shows uncertainty on what is meant by conscious sedation. Conscious sedation refers to an induced change in the level of consciousness of a patient. This level of consciousness, as defined in the current <u>registration standard</u>, can be reached through all routes of administration by a qualified health practitioner including intravenous, oral and inhalation.

The Board's current registration standard and <u>guidelines</u> remain in force until such time that the proposed revised standard is approved by Health Ministers. The current standard and guidelines outline the Board's expectations of dentists, including dental specialists, who practice conscious sedation. These documents distinguish conscious sedation from general anaesthesia and minimal sedation used in anxiolysis. These standard and guidelines do not apply to dentists using relative analgesia using nitrous oxide/oxygen on its own or in combination with local anaesthetic. Therefore, dentists are not required to be endorsed by the Board under the National Law for use of nitrous oxide/oxygen and local anaesthetic. However, there are state and territory legislative requirements and scope of practice requirements that need to be met.

All dentists using sedation in any form must have a level of training able to successfully manage a patient from a deeper unintended level of sedation.

All dental practitioners when prescribing, authorising the use and administering medications, must be familiar with and practice in accordance with the relevant state and territory legislation and regulation for the use and administration of medications.

Dental procedures may be performed by dental practitioners when conscious sedation is being used, however, it should be all present practitioners responsibility to ensure that all the requirements of the standard are met at all times. Where the endorsed dentist is also performing the dental procedure, the standard describes the assistance by additional registered health practitioners that the endorsed dentist must have when administering conscious sedation by the intravenous route.

Use of facial injectables by dentists

As previously communicated in its monthly communiqués, the Board has removed its interim policy on the use of botulinum toxin and the associated fact sheet from its website. The Board has published further information in its recent <u>newsletter</u> published on the Board's website.

Even though the Board has removed the documents from the website, the public remains protected by the Board's existing regulatory policies when dentists are considering using these agents, particularly the Scope of practice <u>registration standard</u> and associated <u>guidelines</u>, and the <u>Code of conduct</u>.

There has always been a requirement for dentists to practice in accordance with *all* relevant legislation and regulations. This includes each state and territory prescribing authorities. Prescribing under these authorities in most jurisdictions must be for dental treatment only. Some of these authorities may restrict the use to specific use. The use of therapeutic goods is regulated by the Therapeutic Goods Administration (TGA). Advertising of approved therapeutic goods is also regulated by the TGA. The Board does not regulate the supply of these agents to dentists.

The Board expects dental practitioners to be familiar with and practice within these requirements.

Notifications

Notifications can be made about a health practitioner's <u>health</u>, <u>conduct or performance</u>. Complaints can be made about a health practitioner to Health Complaints entities and in New South Wales to the Health Practitioners Council Authority, and in Queensland there is the now the Office of the Health Ombudsman.

The powers of the National Boards and AHPRA are set down in the National Law. Responding to notifications about the health, conduct or performance of health practitioners is one of the most important parts of our role in the National Scheme.

Keeping the public safe is the goal that guides the way we deal with each notification we receive. When we look at notifications, we consider whether the practitioner has failed to meet the standards set by the Board; and consider what needs to happen to make sure that the practitioner is aware of what has gone wrong and learns from this, so the same problem doesn't happen again. The Boards also consider if they need to limit the practitioner's registration in some way to keep the public safe.

There is a consistent process for managing notifications, but there is no uniform response as every notification is different. The fact that a notification has been made does not automatically affect a practitioner's ability to practise unless the notification indicates there is a serious risk to public safety.

Further information on notification outcomes and hearing decisions is available on the AHPRA website.

John Lockwood AM

Chair, Dental Board of Australia
23 December 2014