



Communiqué

The 64th meeting of the Dental Board of Australia (the Board) was held on Friday 19 June in the National Office of the Australian Health Practitioner Regulation Agency (AHPRA) in Melbourne.

This communiqué highlights key discussions and considerations from the Board's meeting as well as other important information from the Board.

We publish this communiqué on our website and email it to a broad range of stakeholders. We encourage you to distribute it widely to colleagues and interested parties.

Action taken on unregistered individuals to protect patients

The Board and AHPRA are calling for people who have received treatment by unregistered individuals in Melbourne's northern suburbs to come forward, amid concerns about sub-standard dental care and poor infection control.

Details on search warrants executed in recent weeks is available on the [News](#) section of our website.

AHPRA is working closely with Victoria's Department of Health and Human Services (DHHS) to manage these matters in the public interest.

The Department is appealing to anyone who received dental treatment at Yaralla Court or Bicentennial Crescent in Meadow Heights and Preston Avenue in Roxburgh Park to call the Department on 1800 356 061 between 9am and 5pm. The Department will assess the potential risk of transmission of infection and provide advice to patients and their general practitioners.

We are also calling on any registered dental or medical practitioner, particularly in or around Melbourne's northern suburbs, 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 leave their contact details with staff at the DHHS hotline on **1800 356 061**, who will pass on the information to AHPRA, or they can contact AHPRA directly on 1300 419 495 between 9am and 5pm.

Working to enforce infection control standards

Australia's health regulators are working in partnership to enforce infection control standards in dental practice and take action to manage risk to patients.

The NSW Dental Council has revealed it has restricted the registration of 10 registered dentists in NSW, all of whom have been involved in two dental practices in inner western Sydney at the centre of a public health alert.

The Dental Council suspended four practitioners and imposed conditions on another six to manage risk to patients, after identifying serious breaches of infection control procedures and sub-standard hygiene at the clinics. NSW Health has announced a look-back of patients who have attended the clinics. Read more [here](#).

The Dental Board of Australia sets the standards for infection control and the professional conduct of all registered dental practitioners, including those practising in NSW. This includes [Guidelines in infection control](#) and the [Code of conduct](#).

In partnership, the Board and the Dental Council of NSW hold all registered dental practitioners in Australia to account against these national standards. Registered dental practitioners must also meet a range of state and territory based laws to practise.

Responsibilities of dentists supplying scheduled medicines

Dentists administer a range of scheduled medicines in their practice. The authority to obtain these restricted substances for the purpose of administration is drawn from the applicable state and territory drugs and poisons legislation and authority.

These authorities may vary across jurisdiction but will generally allow dentists to obtain these restricted substances from wholesalers.

The on-supply of these restricted substances for therapeutic use by dentists to others including dental hygienists, dental therapists, registered nurses and other unauthorised persons, in circumstances where these people are not under the direct supervision of the dentist, is considered wholesaling and would be a breach of drugs and poisons legislation, without a wholesale licence.

There is a concern that some dentists are using their status as an authorised person to be able to source some scheduled medicines by wholesale, but then fail to take responsibility for the receipt, security or administration of these substances, fail to adequately consult and review patients, and empower others to administer and make clinical decisions in administering restricted substances without authority or adequate supervision.

The Board expects all dental practitioners to be aware of their legal obligations under the drugs and poisons legislation in their jurisdiction(s), and to practise within professional practice standards.

Skilled occupations list

The Department of Immigration and Border Protection have published a revised [Skilled Occupations List](#) – effective 1 July 2015.

Following an annual review, dentists and dental specialists have been removed from the list.

Dental hygienists, dental therapists and dental prosthetists remain on the list.

Patient Experiences in Australia: Summary of Findings, 2013-14

The Board considers a range of reports from different sources to inform its regulatory work and to increase members' understanding of the many influences on the environment in which it regulates dental practitioners.

The Australian Bureau of Statistics (ABS) has published information from the [2013-14 Patient Experience Survey](#), which is 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%).

We will continue to draw reports such as these to your attention.

Are your contact details up to date?

The Board and AHPRA need to send you information at different times of the year related to your registration and the work of the Board. This includes Board newsletters, key policy decisions and registration renewal notices.

To make sure that you can receive this information please check your contact details lodged with AHPRA. You can do this through the [Login icon](#) at the top right of the AHPRA website.

Email accounts need to be set to receive communications from AHPRA and the Board to avoid misdirection to an account junk box.

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Chair, Dental Board of Australia
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