



Public consultation on draft registration standards

May 2014

Responses to consultation questions

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

Stakeholder Details

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

Organisation name
The Australian Society of Orthodontists
Contact information <i>(please include contact person's name and email address)</i>
Michelle Cutler, CEO ASO [REDACTED]

Your responses to consultation questions

Registration standard: Professional indemnity insurance arrangements (PII) <i>Please provide your responses to any or all questions in the blank boxes below</i>
1. From your perspective how is the current PII registration standard working?
Satisfactorily
2. Are there any state or territory specific issues or impacts that have arisen from applying the existing PII standard?
No
3. Is the content and structure of the draft revised PII registration standard helpful, clear, relevant and more workable than the current standard?
Yes
4. Is there any content that needs to be changed or deleted in the draft revised PII registration standard?
Will practitioners remember to advise within 7 days of ceasing a practice; either by location or retirement? How can this be ensured and not rely solely on the practitioner being aware?

Registration standard: Professional indemnity insurance arrangements (PII)

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

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

In relation to services covered, how will scope of practice/competencies be checked e.g. implants, orthodontics or other untested skills? There are no mechanisms by which CPD activities are assessed and no mechanisms for assessment of competency or proficiency.

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

Yes

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

"What must I do", point 3 it is not clear when referring to things that might be specifically precluded how this relates to scope of practice.

Registration standard: Continuing professional development

Guidelines: Continuing professional development (CPD)

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

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

The ASO is of the opinion that the present CPD system has a number of significant weaknesses which undermine the system and detract from ensuring that practitioners are receiving on-going quality training.

At present there is no quality control over what qualifies for CPD credit. As a result we have seen a rapid increase in the number of what we consider are “fringe” courses – i.e. courses of no real value in terms of their ability to provide either general practitioners or specialist orthodontists in quality training in clinical, academic or research aspects of orthodontics.

These courses may attempt to teach anything from marketing through to clinical orthodontics – although of particular concern to the ASO is the increase in the number of courses purporting to teach general dental practitioners how to do complex orthodontic work in very compressed time frames.

Attempting to up-skill in a matter of days to the level of a specialist who has undertaken a three year full time ADC-accredited university post-graduate degree may give a false impression of expansion of scope of practice for the practitioners and we believe is unlikely to be in the best interests of the public or the practitioner.

The ASO is of the opinion that to qualify for CPD points, courses should be approved based on their content, providers’ qualifications and time involved.

In addition CPD hours are logged on an honour basis and the number of points attained depends on the number of hours spent in attendance at a particular course – however generally attendance is not checked nor independently verified.

It is important that any activities which practitioners use to expand their scope of practice be subjected to thorough peer review and secondly demonstrate by some measure how individuals have exhibited competency and proficiency through-out these courses.

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?

The issues above apply to all states and territories.

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

The wording is clearer but does not address the issues above.

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)

The ASO submits that the public would expect that the vast majority of any CPD activities a clinician undertakes be clinically or scientifically based. We propose 90% rather than 80% be spent on clinically or scientific based activities.

5. Recognising that a transition process would be required, do you agree with the Board’s proposed change that the three year CPD cycle should be aligned with registration period (i.e. each three year CPD cycle run from 1 December – 30 November)?

Yes.

Registration standard: Continuing professional development

Guidelines: Continuing professional development (CPD)

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

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

Yes – see answer to 1 above.

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

Further to 6 above, CPD is meant to maintain, improve and broaden their knowledge, expertise and competences. There are a huge number of CPD courses purporting to teach orthodontics to general practitioners – the aim of which is to increase the scope of practice of these general practitioners – but without providing them the clinical training or academic background a n orthodontic s pecialist acquires in a three year post graduate degree.

The ASO believes that it is important for activities which may be considered to be able to expand the scope of practice to be subjected to thorough peer review and secondly demonstrate by some measure how these individuals have exhibited competency/proficiency.

8. Is there any content that needs to be changed or deleted in the draft revised CPD **guidelines**?

Yes – see the answer provided in 1 above. CPD courses need to be monitored and to qualify for CPD points, courses should be approved based on their content, providers' qualifications and time involved.

9. Is there anything missing that needs to be added to the draft revised CPD **guidelines**?

Yes see the answer to 1 above. The ASO is of the opinion that to qualify for CPD points, courses should be approved based on their content, providers' qualifications and time involved.

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

Yes.

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

No.

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

No.

Registration standard: Recency of practice (ROP)	
<i>Please provide your responses to any or all questions in the blank boxes below</i>	
1. From your perspective how is the current ROP registration standard working?	
	Reasonably well but the new standards do clarify the process.
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?	
	No.
3. Is the content and structure of the draft revised ROP registration standard helpful, clear, relevant and more workable than the current standard?	
	Yes
4. Is there any content that needs to be changed or deleted in the draft revised ROP registration standard?	
	Under "What must I do?" point 1 says practitioners must satisfy the Board's recency of practice requirements. What are they? A case by case appraisal is fine but what would be a minimum requirement to show ROP?
5. Is there anything missing that needs to be added to the draft revised ROP registration standard?	
	See 4 above.
6. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not??	
	Yes
7. Do you have any other comments on the draft revised ROP registration standard?	
	The proposed changes are a step forward but how is the last paragraph under the "What must I do?" heading going to test someone working within the limits of their competence?

Registration standard: Endorsement for conscious sedation (CS)

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

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

Fine.

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?

No.

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

Yes.

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

No.

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

No

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

Yes.

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

No.

Registration standard: Specialist

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

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

Well.

However both the proliferation of CPD courses and scope of practice issues cloud the distinction between specialist and general dentists.

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

No.

3. Do you support the proposed changes to the existing standard as outlined in Option 2? (Why or why not?)

No.

Inherent in the scope of practice for specialist orthodontists is the knowledge, skill set, competencies and proficiencies of a general practitioner.

In addition, there are no additional costs or regulatory burdens imposed on specialists by requiring specialist orthodontists to be on both the general and specialist register. Registration as a general dentist is free if a practitioner is also registered as a specialist and there is no additional paperwork.

There are many procedures which are from the realm of general dentistry which are common adjuncts to orthodontics and which the specialist orthodontist needs proficiency and competency in for their daily specialist practice.

For example:

- (a) Use of soft tissue lasers for tissue surgery
- (b) Use of local anaesthetics
- (c) Ameloplasty (adjusting cusps of teeth, but more commonly IPR (interproximal reduction)).
- (d) Treatment of TMJ disorders
- (e) Scaling and cleaning procedures
- (f) Minor restorative work such as resin patches over defective tooth structure to allow bonding of a bracket, or very minor repairs to resins slightly damaged in removal of appliances
- (g) provision of prosthetic pontic teeth
- (h) Tooth bleaching
- (i) Construction of mouthguards
- (j) minor oral surgical procedures such as tooth exposures.

Further, the ASO would submit that this is a step in the wrong direction with respect to public safety and understanding of the dental profession. A specialist has **additional** skills to a general dentist. We do not (and should not be assumed to) lose the very foundation upon which specialist skills are based by the move to being registered as a specialist orthodontist. A significant role of a specialist orthodontist is to manage interdisciplinary interactions and guide generalists and other specialists in the management of patients, this management requires a sound knowledge of all facets of dentistry.

If we are moving to practising in boxes then we would hope that AHPRA take as tight a view of what general practitioners are also competent and proficient to do. In our view this certainly would preclude general practitioners from carrying out most orthodontic treatment

In addition there already exist mechanisms to deal with exceptions on a case by case basis if needed. For example there is restricted registration for academics who teach in ADC accredited orthodontic courses who may be registered as specialist orthodontists but not as a dentist. The ASO's view of academics in this position is to encourage them to qualify and meet Australian general dentist registration requirements.

Registration standard: Specialist	
<i>Please provide your responses to any or all questions in the blank cells below</i>	
4. Is the content and structure of the draft revised specialist registration standard helpful, clear, relevant and more workable than the current standard?	
	No.
5. Is there any content that needs to be changed or deleted in the draft revised specialist registration standard?	
	Yes. The DBA should stay with option 1 – Status quo.
6. Is there anything missing that needs to be added to the draft revised specialist registration standard?	
	The DBA should stay with option 1 – Status quo.
7. Do you agree that the name of the specialty or al pathology should be changed to oral and maxillofacial pathology? (Why or why not?)	
	Yes.
8. Do you agree with the minor change to the definition of the specialty oral medicine as outlined? Why or why not?	
	Yes
9. Do you agree with the change to the definition of the specialty of forensic odontology as outlined? Why or why not?	
	Yes
10. Do you think that a review period of at least every five years (rather than three) is appropriate? Why or why not?	
	Yes.
11. Do you have any other comments on the draft revised specialist registration standard?	
	Please see comments above.