

Welcome to the Dental Board of Australia's (the National Board) June 2012 newsletter.

## Dental practitioners – facts and figures

### Renewal of registration

The National Board commends the high number of dental practitioners who renewed their registration by the 30 November renewal date in 2011. Analysis of renewal activity shows 95% of dental practitioners renewed on time (see table). Dental practitioners are encouraged to keep their contact details up to date with AHPRA to ensure that they receive important information relating to dental practice in Australia, including renewal reminders.

#### Dental practitioner renewals

##### 30 November registration renewal for dental practitioners 2011

Renewed on time (by 30 Nov)	95%
Renewed in the late period	2%
Application withdrawn by applicant (where someone changes their mind about renewing)	1%
Did not apply to renew their registration*	2%

\*There are various reasons why practitioners may choose not to renew their registration, including: retirement, family leave and moving overseas.

### Registrations – how many dental practitioners in Australia?

The 10 National Boards currently regulating health practitioners in Australia have released the first of their quarterly updates on registration data. The data published reflected the March 2012 quarter. Registration data will in future be published quarterly, directly after the end of each quarter. The data includes information about types of registration held, principal place of practice, endorsements, registrant age and gender. It is published in the *About Us* section of the Board's website.

### Notifications or complaints about dental practitioners

The core roles of the National Boards and AHPRA are to protect the public and to facilitate public access to health services in the public interest. One of the ways in which the National Boards act to protect the community

is by assessing and investigating concerns (notifications) raised about individual practitioners. When necessary, this can involve sanctioning practitioners who have been found to have engaged in unprofessional conduct or unsatisfactory professional performance, or managing practitioners through health programs when their health is impaired and may place the public at risk.

Allegations of the most serious unprofessional conduct, which may result in the suspension or cancellation of a practitioner's registration, are referred by the National Board to a tribunal. Published tribunal hearing decisions relating to complaints and notifications made about health practitioners or students are published on the Austlii website: [www.austlii.edu.au/au/special/healthprac](http://www.austlii.edu.au/au/special/healthprac).

## Registration standards, codes and guidelines

### New registration standards approved

In December 2011, the Australian Health Workforce Ministerial Council approved the following registration standards:

- *General registration for overseas-qualified dental practitioners registration standard*
- *Limited registration for postgraduate training or supervised practice (section 66) registration standard, and*
- *Limited registration for teaching or research (section 69) registration standard.*

These registration standards were developed after a period of public consultation and are published on the Board's website [www.dentalboard.gov.au](http://www.dentalboard.gov.au) in the *Registration Standards* section.

### Definition of practice – Board issues guidance on when to be registered

The Board has issued guidance about when practitioners need to be registered, deciding not to change the definition of practice.

The Board consulted widely with the profession and the community on possible changes to the definition of practice referred to in a number of the Board's registration standards. The Board would like to thank everyone who made a submission and provided feedback in the consultation process.

The consultation process drew out significant discussion and wide variation about the issues generated by the

current definition. However, there was no consensus about the need for a change in the definition and no change proposed that did not also have unintended or unacceptable consequences. Any change to the definition of practice would have required a change to each of the registration standards that currently reference the definition, which would in turn require the approval of all Australia's health ministers.

The Board guidance advises the profession about when practitioners require registration and when it would be acceptable to the Board for a practitioner to not be registered. The guidance will remain in place pending a wider review of all the registration standards, which is scheduled in 2013.

The guidance can be found in the *Policies, Codes, Guidelines and FAQ* section of the Board's website.

### **New guidelines – Conscious sedation area of practice endorsement**

The Board has published its *Guidelines - Conscious sedation area of practice endorsement* (the guidelines), which were finalised after extensive public consultation. The guidelines are available in the *Policies, Codes, Guidelines and FAQ* section of the website.

The Board's Conscious Sedation Working Group has released for consultation a discussion paper on anxiolysis, which is available in the *News* section of the website. Practitioners and members of the public are encouraged to provide feedback by the closing date of 20 July 2012.

The *Transition guideline conscious sedation area of practice endorsement* has now been removed from the Board's website as the transition period ended last year.

### **Status of the review of the Board's Scope of practice registration standard**

After noting the Health Workforce Australia report *Scope of practice review – oral health practitioners* (the report), the Australian Health Workforce Ministerial Council (AHWMC) sent the Board a copy of the report and asked it to advise on the scope of practice and new models of care and training, as part of the Board's review of the *Scope of practice registration standard*.

The Board may now begin its review of the *Scope of practice registration standard* and will consult with the profession and the community as a part of this process. In due course, at the end of the review and consultation process, the Board may make recommendations regarding the registration standard to AHWMC.

In the meantime, the Board reminds all dental practitioners that the existing *Scope of practice registration standard* was developed to accommodate the variations in the regulation of 'scope of practice' in each state and territory before the introduction of the National Scheme.

As advised in the Board Communiqué in April 2010, and again in February 2012, the *Scope of practice registration*

*standard* requires that a "...dental practitioner can only perform dental procedures for which they have been formally educated and trained in programs of study approved by the National Board and in which they are competent".

Therefore a dental practitioner is practising within their scope of practice if they:

1. have been formally educated/trained in a dental procedure through an approved (or previously approved) add-on program or through their original approved program which led to registration, and
2. are competent to perform the dental procedure and meet the Board's recency of practice requirements.

Practitioners are encouraged to refer to the Board's website for news and updates on policy and guidelines affecting their profession.

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## **Consultations**

Consultation is an important part of the Board's engagement with dental practitioners and members of the public, and is a requirement under the National Law. The feedback provided is greatly valued, and informs the Board's development of registration standards, codes and guidelines. The National Board's current and past consultations are published in the *News* section of the National Board's website.

### **Consultation on Guidelines for limited registration – supervised practice or postgraduate training**

The Board sought feedback on its draft *Guidelines on limited registration of dental practitioners for postgraduate training or supervised practice (section 66)*. The guidelines incorporate the details about requirements for the various categories of limited registration for postgraduate training or supervised practice. This consultation closed on 15 June 2012 and the Board is now considering the responses received.

### **Consultation on Guidelines on supervision**

In September 2011 the Board published its *Guidelines on supervision - roles and responsibilities of the supervisor and requirements of a supervision plan and supervision report* (the current guidelines), which only apply to practitioners with limited registration and their supervisors.

AHPRA recently developed supervision guidelines for use by all National Boards, which has prompted the Board to release draft *Guidelines on supervision for dental practitioners* for consultation (the draft consultation guidelines).

The key differences between the Board's current guidelines and the draft consultation guidelines are that the consultation draft includes:

- a wider scope, by including practitioners:
  - > with limited registration
  - > with conditions or undertakings related to their registration requiring supervision, and
  - > who are returning to practice after a prolonged absence who may be required to work under supervision
- a four-level approach to the requirements of supervision
- an updated document structure, including additional definitions of terminology as well as explanations of Board processes
- updated *Supervised practice plan* and *Supervision report* templates that allow more detail to be entered, including reporting progress through the supervision levels.

It is important to note that the draft consultation guidelines are not intended to cover the broader supervision requirements of dental practitioners that may be required by the Board's *Scope of practice registration standard*.

The *Guidelines on supervision* consultation closes on 29 June 2012.

## Working groups of the Dental Board of Australia

Both dental practitioners and non-practitioners support the work of the Board through their participation in a number of working and reference groups.

### Joint National Board and Australian Dental Council working group

The Board and the Australian Dental Council's (ADC) joint working group for overseas qualified dental practitioners met for the first time in January 2012. The group has been established to consider and make recommendations to the National Board and the ADC's Board about a range of issues related to overseas qualified dental practitioners, and to oversee the work required to implement recommendations that are accepted by both Boards. For example, the group is looking at the overseas qualifications for general registration which are substantially equivalent or based on similar competencies to a Board-approved qualification, in accordance with the National Law.

### Recency of practice/return to practice working group

The National Board has established a working group to consider and make recommendations about dental practitioners wanting to return to practice after a period of absence and dental practitioners who do not meet the Board's *Recency of practice registration standard*.

The primary task of the group is to develop a nationally consistent approach to the processes for assessing recency of practice and return to practice requirements.

### Expert reference group – Therapeutics (ERGT)

The purpose and function of the ERGT is to advise and make recommendations to the National Board on matters relating to a range of therapeutic agents. While the following matters are being considered by the ERGT, the Board may also refer other related matters to the group for advice and recommendation:

- Botulinum Toxin and dermal fillers
- use of sedative agents by dental practitioners
- teeth whitening, and
- differences in the administration, management and prescribing capacity under drugs and poisons legislation for dental practitioners.

The ERGT met for the first time in March 2012 and has provided recommendations to the Board for its consideration.

#### Botulinum Toxin

Some comments on research about the use of 'Botox' in dentistry are available at <http://dental.healthimaginghub.com/portals/dental-health-news-article/articles/2525-botox-use-in-dentistry-is-there-scientific-support.html>

#### Teeth whitening

Practitioners are advised that the Australian Competition and Consumer Commission (ACCC) recently took action to voluntarily recall do-it-yourself (DIY) teeth whitening products containing concentrations of more than 6% hydrogen peroxide and/or more than 18% carbamide peroxide.

The ACCC wrote to the Board to outline its position on this matter and advised, amongst other things, that:

- DIY teeth whitening products containing concentrations of more than 6% hydrogen peroxide and/or more than 18% carbamide peroxide are inherently unsafe for self-administered home use and do not comply with the existing provisions of the Poisons Standard for a preparation intended to be taken into the mouth
- the ACCC position does not apply to the supply of teeth whitening products (of any concentration) to dental practices and the clinical use of these products by registered dental practitioners on patients under their direct care and supervision in their surgery. However, this ceases to be the case if teeth whitening kits are supplied by dentists (with or without education, training and competence in teeth whitening/bleaching) for use by consumers at home
- the supply of any DIY teeth whitening product to a consumer for use at home constitutes the supply



of a consumer good under the CCA (*Competition and Consumer Act 2010*), whether supplied by cosmetic retailers, online traders, registered dentists, pharmacists or beauty salons.

The Board is liaising with the ACCC on this issue and on its *Interim policy on teeth whitening/bleaching*.

The ACCC provided the Board with the following additional information:

- *Obligations for suppliers of do-it-yourself teeth-whitening kits in Australia under the CCA.*

The ACCC advises that it will continue to monitor suppliers to ensure DIY teeth whitening kits are within the 6% hydrogen peroxide and 18% carbamide peroxide recognized safe limits. Details of all product safety recalls are listed on the Recalls Australia website at [www.recalls.gov.au](http://www.recalls.gov.au).

## Advertising

In January 2012, AHPRA released information for all registered health practitioners about advertising obligations. The Board encourages you to read the advertising fact sheet and FAQ, published on the AHPRA website [www.ahpra.gov.au](http://www.ahpra.gov.au) in the *Legislation & Publications* section, as well as the National Board's *Guidelines for advertising of regulated health services* (the guidelines), which are published on the website.

These documents provide guidance on the requirements under the National Law that apply to the advertising of regulated health services and include examples of acceptable advertising and unacceptable advertising.

### Acceptable advertising

Advertising that informs the public of the availability of regulated health services may be considered to comply with the guidelines if it is information published in the public interest, and is:

- factual
- honest
- accurate
- clear
- verifiable, and
- not misleading.

### Unacceptable advertising

The National Law states that a person must not advertise a regulated health service, or a business that provides a regulated health service, in a way that:

- a. is false, misleading or deceptive or is likely to be misleading or deceptive, or

- b. offers a gift, discount, or other inducement to attract a person to use the service or the business, unless the advertisement also sets out the terms and conditions of the offer, or
- c. uses testimonials or purported testimonials about the service or business, or
- d. creates an unreasonable expectation of beneficial treatment, or
- e. directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

Dental practitioners are responsible for the content of all advertising material associated with the provision of their goods/service, regardless of the type of media used to advertise.

Past tribunal hearings on these issues have highlighted that individual dental practitioners are responsible for the content of their advertising material. While these tribunal cases were heard under the laws in place before the National Scheme began, the advertising requirements under previous legislation in some states and territories were similar to the requirements under the National Law. As such, the tribunal decisions provide important guidance in this area. AHPRA's website provides a link to the Austlii website which publishes hearing decisions relating to complaints and notifications made about health practitioners. More information is available on the AHPRA website in the *Notifications and outcomes* section.

## Social media

The National Boards will shortly release a draft policy on social media for consultation. The draft policy, which has been agreed to by all National Boards, confirms that health practitioners must abide by the relevant laws, the relevant National Board's *Code of conduct* and *Guidelines for the advertising of regulated health services* when using social media.

In particular, registered health practitioners using social media should ensure that they **only** post or publish information that:

- does not breach professional obligations
- does not breach confidentiality and privacy obligations (such as discussing patients or posting pictures of procedures, case studies, patients or sensitive material)
- is not biased and does not make unsubstantiated claims, and
- does not use testimonials or purported testimonials in any capacity on any medium.

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## Continuing professional development

The Board has published an updated *Fact sheet on continuing professional development*, which is published on the website in the *Policies, Codes, Guidelines and FAQ* section. Key areas that have been updated relate to the recognition of CPD credit for hours spent studying in either postgraduate training or other programs/courses.

Practitioners are reminded that the first three-year CPD cycle will end on 30 June 2013. By the end of the cycle practitioners must have completed a minimum of 60 hours of CPD activities over the three years, 80% of which must be clinically or scientifically based activities.

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## Practitioner audit

A pilot to audit practitioners' compliance with mandatory registration standards (criminal history, recency of practice, continuing professional development and professional indemnity insurance) is underway. The pilot was developed by AHPRA and the Pharmacy Board of Australia. The pilot is auditing registered pharmacists to ensure that they are meeting the standards, so that the public has access to safe, high-quality health practitioners. Registered pharmacists were selected at random for audit, and were sent an audit notice letter outlining what they are required to do to comply

The pilot was agreed to by all National Boards. Feedback from the pilot will inform the establishment of a framework for use by other National Boards from 2013/14 to randomly audit all registered health practitioners. The pilot will help determine the frequency, size and type of audits required, as well as establish a methodology and process for reporting findings. For further information, see the Pharmacy Board of Australia's website [www.pharmacyboard.gov.au](http://www.pharmacyboard.gov.au).

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## Acupuncture

The National Board is considering options for dental practitioners wishing to perform acupuncture and use the title 'acupuncturist'. From 1 July 2012, the title 'acupuncturist' will be a protected title in all states and territories – currently it is a protected title only in Victoria. The National Board will publish more information as it becomes available.

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## Keeping informed

The Board's website ([www.dentalboard.gov.au](http://www.dentalboard.gov.au)) is its main means of communication and practitioners are encouraged to visit the website regularly for news and updates on policies and guidelines affecting their profession.

After each meeting the Board releases a communiqué outlining the key issues considered during the meeting, which are published on the website under *News > Communiqués*.

Consultation papers are also published on the website under the *News* tab, and the Board encourages dental practitioners and members of the community to provide feedback.

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## Updating your contact information

Dental practitioners should check their contact details, and update them if necessary, to receive regular reminders from the Board and AHPRA. Email accounts should be set to receive communications from AHPRA and the Board to avoid misdirection to a 'junk email' box or account.

Practitioners who have not yet provided AHPRA or the Board with their email contact information are encouraged to do so.

Practitioners seeking to update their contact information should, go to the *Online services* of the [AHPRA website](http://www.ahpra.gov.au), use their unique contact number (User ID) and follow the prompts. The User ID is not the same as a registration number. Practitioners who do not have a User ID can get one by completing an online enquiry form, selecting 'User ID' as the category of enquiry, or by calling AHPRA on 1300 419 495.

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## Contacting the Board

*Phone* 1300 419 495 (within Australia)  
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*Email* online enquiry form is available on the website under *Contact us*

Locations of AHPRA offices in the states and territories are listed on the AHPRA website under the *About AHPRA* tab.

