



Proposals to the Australian Health Workforce Ministerial Council on registration standards and related matters

1 Mandatory registration

1.1 Criminal history

Dental Board of Australia Criminal history standard

Summary

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the 10 factors set out in this standard. While every case will need to be decided on an individual basis, these 10 factors provide the basis for the Board's consideration.

Scope of application

This standard applies to all applicants and all registered health practitioners. It does not apply to students.

Requirements

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the following factors.

1. The nature and gravity of the offence or alleged offence and its relevance to health practice.

The more serious the offence or alleged offence and the greater its relevance to health practice, the more weight that the Board will assign to it.

2. The period of time since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place greater weight on more recent offences.

3. Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.

In considering the relevance of the criminal history information, the Board is to have regard to the type of criminal history information provided. The following types of criminal history information are to be considered, in descending order of relevance:

- (a) convictions
- (b) findings of guilt
- (c) pending charges
- (d) nonconviction charges; that is, charges that have been resolved otherwise than by a conviction or finding of guilt, taking into account the availability and source of contextual information which may explain why a nonconviction charge did not result in a conviction or finding of guilt.

4. The sentence imposed for the offence.

The weight the Board will place on the sentence will generally increase as the significance of the sentence increases, including any custodial period imposed. The Board will also consider any mitigating factors raised in sentencing, where available, including rehabilitation.

5. The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.

The Board may place less weight on offences committed when the applicant is younger, and particularly under 18 years of age. The Board may place more weight on offences involving victims under 18 years of age or other vulnerable persons.

6. Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place less or no weight on offences that have been decriminalised since the health practitioner committed, or allegedly committed, the offence.

7. The health practitioner’s behaviour since he or she committed, or allegedly committed, the offence.

Indications that the offence was an aberration and evidence of good conduct or rehabilitation since the commission, or alleged commission of the offence, will tend to be a mitigating factor. However, indications that the offence is part of a pattern of behaviour will tend to have the opposite effect.

8. The likelihood of future threat to a patient of the health practitioner.

The Board is likely to place significant weight on the likelihood of future threat to a patient or client of the health practitioner.

9. Any information given by the health practitioner.

Any information provided by the health practitioner such as an explanation or mitigating factors will be reviewed by the Board and taken into account in considering the health practitioner’s criminal history.

10. Any other matter that the Board considers relevant.

The Board may take into account any other matter that it considers relevant to the application or notification. A Board will not require an applicant or registered health practitioner to provide further information that may prejudice their personal situation pending charges and the Board must not draw any adverse inference as a result of the fact that information has not been provided.

Note: the above factors have been numbered for ease of reference only. The numbering does not indicate a priority order of application.

Definitions

Criminal history is defined in the National Law as:

- every conviction of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law,
- every plea of guilty or finding of guilt by a court of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law and whether or not a conviction is recorded for the offence
- every charge made against the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.2 English language skills

Dental Board of Australia English language skills standard

Summary

All applicants must be able to demonstrate English language skills at IELTS academic level 7 or the equivalent, and the Board may require this in a number of ways.

An internationally qualified applicant or an applicant who did not complete their secondary education in English must demonstrate that they have the necessary English language skills for registration purposes by achieving the required minimum score in each component of the IELTS academic module, OET or specified alternatives (see 'Definitions', below).

Test results will generally need to be obtained within two years prior to applying for registration. The Board may grant an exemption in specified circumstances.

Scope of application

This standard applies to all applicants for initial registration. It does not apply to students.

Requirements

1. An applicant who is:
 - (a) an internationally qualified applicant; or
 - (b) an applicant who did not undertake and complete their secondary education in English and in one of the countries specified in exemption one belowmust submit evidence of secondary education, or arrange for evidence to be provided (in the case of test results), to the relevant Board of competency in English language skills as demonstrated by having completed the following tests of English language proficiency:
 - (c) the IELTS examination (academic module) with a minimum score of 7 in each of the four components (listening, reading, writing and speaking); or
 - (d) completion and an overall pass in the OET with grades A or B only in each of the four components.
2. Results must have been obtained within two years prior to applying for registration.
3. An IELTS (or approved equivalent) Test Report Form more than two-years old will be accepted as current if accompanied by proof that a candidate has actively maintained employment as a registered health practitioner using English as the primary language of practice in a country where English is the native or first language. Test results must comply with the current requirements of this policy.
4. Results from any of the abovementioned English language examinations must be obtained in one sitting.
5. The applicant is responsible for the cost of English tests.
6. The applicant must make arrangements for test results to be provided directly to the Board by the testing authority; for example, by secure internet login.

Exemptions

1. The Board may grant an exemption from the requirements where the applicant provides evidence that:
 - (a) they undertook and completed secondary education that was taught and assessed in English in one of the countries listed below where English is the native or first language, and
 - (b) the applicant's tertiary qualifications in the relevant professional discipline were taught and assessed in English in one of the countries listed below, where English is the native or first language:
 - Australia
 - Canada
 - New Zealand
 - Republic of Ireland
 - South Africa
 - United Kingdom
 - United States of America
2. The Board may grant an exemption where an applicant applies for limited registration in special circumstances, such as:
 - to perform a demonstration in clinical techniques
 - to undertake research that involves limited or no patient contact
 - to undertake a period of postgraduate study or supervised training while working in an appropriately supported environment that will ensure patient safety is not compromised.

These special circumstances exemptions will generally be subject to conditions requiring supervision by a registered health practitioner and may also require the use of an interpreter.

3. The Board reserves the right at any time to revoke an exemption and/or require an applicant to undertake a specified English language test.

Board specific requirements

For an accreditation assessment by the Australian Dental Council, OET is the required standard

Definitions

IELTS means the International English Language Testing System developed by the University of Cambridge Local Examinations Syndicate, The British Council and IDP Education Australia (see <http://www.ielts.org/>).

OET means Occupational English Test (OET) administered by the Centre for Adult Education (see <http://www.occupationalenglishtest.org/>).

An **internationally qualified applicant** means a person who qualified as a health practitioner outside Australia.

One sitting means the period of time set by the testing authority for completion of the test. For example, IELTS states that the Listening, Reading and Writing components of the test are always completed on the same day. Depending on the test centre, the Speaking test may be taken up to 7 days either before or after the test date.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.3 Professional indemnity insurance

Dental Board of Australia

Professional indemnity insurance arrangements standard

Summary

When practising dentistry in Australia, practitioners must be covered by professional indemnity insurance that meets the minimum terms and conditions outlined in this standard.

Scope of application

This standard applies to all applicants and all registered practitioners. It does not apply to students and practitioners who have nonpractising registration.

Requirements

Practitioners must be covered by professional indemnity insurance that meets the following minimum terms and conditions:

1. The insurance policy must include:
 - civil liability cover for all aspects of practice, in each context and location of practice, whether practising full or part-time, paid or unpaid [s129 (1)]. If for any reason the policy is amended (eg conditions or restrictions are placed on the policy) or contains exclusions, the registrant must not practise outside the scope of the policy.
 - retroactivity of cover; and
 - 'run-off' cover for retirement or death.
2. Practitioners who are in an employee relationship must be either covered by the employer's indemnity insurance or maintain their own insurance. Cover provided to employees must satisfy the standard minimum requirements.
3. Practitioners must disclose to the Board any conditions or restrictions that are placed on their policy or any change in the basis of their cover.
4. Practitioners must declare their compliance with PII requirements when applying for registration or annual renewal.
5. Practitioners must produce evidence of their PII policy when requested to do so by the Board. The Board may require a registrant to provide evidence that they were not practising during any period where they were not covered by PII.

Definitions

Professional indemnity insurance arrangements means arrangements that secure for the practitioner insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the costs and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters

Run-off cover means insurance that protects a practitioner who has ceased a particular practice or business against claims that arise out of activities which occurred when he or she was conducting that practice or business. This type of cover may be included in a PII policy or may need to be purchased separately.

References

Dental Board of Australia, *Guidelines for Registration Standards — Professional Indemnity Insurance* (to be developed).

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.4 Continuing professional development

Dental Board of Australia Continuing professional development standard
Summary
Practitioners must undertake approved continuing professional development (CPD) activities as a condition of registration. The minimum requirements are set out in this standard.
Scope of application
This standard applies to all applicants and all registered practitioners. It does not apply to students and practitioners who have nonpractising registration. It may not apply to those registrants with limited registration for supervised training, supervised practice and postgraduate training.
Requirements
<ol style="list-style-type: none">1. Practitioners must:<ol style="list-style-type: none">(a) complete a minimum of 60 hours of CPD activities over three years<ul style="list-style-type: none">• 80% of the minimum 60 CPD hours must be clinically or scientifically based(b) make a declaration of their compliance with CPD requirements at the time of annual renewal(c) maintain their own records detailing their CPD activities for audit purposes(d) produce evidence of their CPD activities when requested to do so by the Board.<p>(Evidence will take the form of an electronic or paper-based logbook with details of the activities and the number of hours spent. The Board may ask for additional supporting information, such as certificates of attendance.)</p>2. When a person registers for the first time or has his or her registration restored after it has lapsed, the number of CPD hours to be completed will be calculated on a pro rata basis according to a formula published by the Board.
Definitions
Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.
References
Dental Board of Australia, <i>Guidelines for Registration Standards — Continuing Professional Development</i> (to be developed).
Review
This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.5 Recency of practice

Dental Board of Australia Recency of practice standard

Summary

Practitioners who have not practised dentistry within five years need to satisfy the recency of practice requirements outlined in this standard. Every case will be decided on an individual basis; the requirements set out in this standard will form the basis of considerations.

Scope of application

This standard applies to all applicants and all registered practitioners. It does not apply to students. These requirements affect those applying for initial registration, renewal of registration, or when changing the type of registration from nonpractising to practising, specialist to general registration or between divisions of the register.

Requirements

1. Practitioners who have not practised dentistry in the previous five years need to satisfy the Board's recency of practice requirements.
2. Applications will be assessed by consideration of the following matters:
 - (a) the person's registration and practice history
 - (b) the period the person has not been practising
 - (c) when the person's primary qualification was awarded
 - (d) the activities related to the practice of dentistry the person has undertaken in the last five years
 - (e) the person's continuing professional development history
 - (f) any additional qualifications obtained during the period the person was not practising.
3. The activities that practitioners may be required to undertake if they have not practised for five years or more will be based on the assessment of the matters outlined above and may include any combination of:
 - (a) approved course of study or retraining
 - (b) approved mentoring/supervised practice arrangement
 - (c) approved assessment or examination
 - (d) approved CPD activities
 - (e) condition on practice.
4. Recent graduates who apply for registration within the first year of graduation will not need to meet the recency of practice requirements.

Definitions

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a health practitioner in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct nonclinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

Recent graduate means a person applying for registration for the first time whose qualification for registration was awarded not more than one year prior to the date of their application.

Recency of practice means that a practitioner has maintained an adequate connection with, and recent practice in, the profession since qualifying or obtaining registration.

References

Dental Board of Australia, *Guidelines for Registration Standards — Recency of Practice* (to be developed)

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

2 Board-specific registration standards

2.1 Scope of practice

Dental Board of Australia Scope of practice standard
Summary
All registrants are required to base their practice on the scope of practice definitions outlined in this standard.
Scope of application
This standard applies to all applicants and all registered practitioners. It does not apply to students and practitioners who have nonpractising registration.
Requirements
<ol style="list-style-type: none">1. A dental practitioner must not direct another registered practitioner to undertake dental procedures or give advice outside that person's education or competence.2. Dental practitioners must only perform those dental procedures:<ol style="list-style-type: none">(a) for which they have been formally educated and trained in programs of study approved by the Board; and(b) in which they are competent.3. Dentists work as independent practitioner who may practise all parts of dentistry and are the clinical team leaders. Dentists may supply and fit dental appliances for the treatment of sleep disorders. They must work in cooperation with the patient's medical practitioner who is responsible for the medical aspects of the management of sleep disordered breathing.5. Dental prosthetists work as independent practitioners in making, fitting, supplying and repairing removable dentures and flexible, removable mouthguards.6. Dental hygienists, dental therapists and oral health therapists exercise autonomous decision making in those areas in which they have been formally educated and trained. They may only practice within a structured professional relationship with a dentist. They must not practise as independent practitioners. They may practise in a range of environments that are not limited to direct supervision.
Definitions
Independent practitioner means a practitioner who may practise without supervision. Supervision includes oversight, direction, guidance and/or support.
Reference
Dental Board of Australia, <i>Guidelines for Registration Standards — Scope of Practice Standard</i> (may be developed) National Standards in Dentistry Project — undertaken by the Dental Boards of Australia and New Zealand in consultation with the Australian Dental Council
Review
This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

3 Specialist registration

3.1 Proposed list of specialties

Specialty	Specialist titles	Definition
1. Dento-maxillofacial radiology	Dento-maxillofacial radiologist Oral and maxillofacial radiologist Dental radiologist	The branch of dentistry that deals with diagnostic imaging procedures applicable to the hard and soft tissues of the oral and maxillofacial region, and to other structures that are relevant for the proper assessment of oral conditions.
2. Endodontics	Endodontist	The branch of dentistry concerned with the morphology and pathology of the pulpo-dentine complex and periradicular tissues. Its study and practice encompasses the basic clinical sciences including the biology of the normal pulp, and the aetiology, diagnosis, prevention and treatment of diseases and injuries to the pulp and associated periradicular tissues.
3. Oral and maxillofacial surgery	Oral and maxillofacial surgeon	The part of surgery that deals with the diagnosis and surgical and adjunctive treatment of diseases, injuries and defects of human jaws and associated structures.
4. Oral medicine	Specialist in oral medicine Oral medicine specialist	The branch of dentistry concerned with the oral health care of patients with chronic and medically related disorders of the oral and maxillofacial region and with their diagnosis and nonsurgical management.
5. Oral pathology	Oral pathologist	The branch of pathology that deals with the nature of diseases affecting the oral, maxillofacial and adjacent regions.
6. Oral surgery	Oral surgeon	The branch of dentistry concerned with the diagnosis and surgical management of conditions affecting the oral and dento-alveolar tissues.
7. Orthodontics	Orthodontist	The branch of dentistry that is concerned with the supervision, guidance and correction of the growing and mature dentofacial structures; it includes the diagnosis, prevention, interception and treatment of all forms of malocclusion of the teeth and associated alterations in their surrounding structures.
8. Paediatric dentistry	Specialist in paediatric dentistry Paediatric dentist Paedodontist	The branch of dentistry that is concerned with preventive and therapeutic oral health care for children from birth through to adolescence and those with special needs. It includes management of orofacial problems related to medical, behavioural, physical or developmental disabilities.

9. Periodontics	Periodontist	The branch of dentistry that is concerned with the prevention, diagnosis and treatment of diseases or abnormalities of the supporting tissues of the teeth and their substitutes.
10. Prosthodontics	Prosthodontist	The branch of dentistry that deals with the restoration and maintenance of oral health, function and appearance by coronal alteration or reconstruction of the natural teeth, or the replacement of missing teeth and contiguous oral and maxillofacial tissues with substitutes.
11. Public health dentistry (Community dentistry)	Specialist in public health dentistry	The branch of dentistry that is concerned with oral health education of the public, applied dental research and administration of dental care programs including prevention and control of oral diseases on a community basis.
12. Special needs dentistry	Specialist in special needs dentistry	The branch of dentistry that is concerned with the oral health care of people with an intellectual disability, medical, physical or psychiatric conditions that require special methods or techniques to prevent or treat oral health problems or where such conditions necessitate special dental treatment plans.
13. Forensic odontology	Forensic odontologist Forensic dentist	The branch of dentistry that is involved with the examination and evaluation of dental evidence, which may then be presented in the interests of justice. Forensic odontologists are involved in : <ul style="list-style-type: none"> • identification of unknown human remains • identification of unknown deceased individuals following mass disasters • examination and assessment of bite mark injuries • examination and assessment of facial injuries following assault or trauma • age assessment of both living and deceased persons • examination and assessment of child abuse injuries • civil cases involving malpractice and fraud allegations.

3.2 Specialist registration

Dental Board of Australia Specialist registration standard
Summary
All registrants applying for specialist registration will be required to have completed a minimum of two years general dental practice in addition to meeting all other requirements for general registration as a dentist. This general practice requirement may be achieved by experience outside Australia, subject to assessment and approval by the Board.
Scope of application
This standard applies to all applicants for specialist registration.
Requirements
All applicants for specialist registration must have completed at least two years of general dental practice.
Review
This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

4 Endorsement for conscious sedation

Dental Board of Australia

Endorsement in relation to conscious sedation

Wording to appear on the register

Endorsed conscious sedation practitioner

Application

- Only registered dentists may apply for this endorsement.
- Dentist applicant would have a minimum of two years of general dental experience.

For those applicants who are approved only by a state jurisdiction, participating in the National Law as of 1 July 2010, who do not meet all this standards requirements, may apply for an approval for an extension of time to complete all requirements of the standard to practise conscious sedation. All requirements must be met under this application by 30 June 2011.

This endorsement applies to conscious sedation only and does not include general anaesthesia or anxiolysis techniques. Relative analgesia using nitrous oxide on its own is excluded from this standard for all dental practitioners.

A dental care provider must not carry out any procedure forming part of the practice of dentistry on a patient to whom general anaesthetic has been administered, unless the general anaesthetic has been administered by a registered medical practitioner.

The endorsed registrant must ensure that he or she adheres to State and Territory jurisdictional requirements in addition to all relevant professional standards, guidelines and requirements approved by the Board.

Requirements

1. Dentist applicant would have a minimum of two years of general dental experience.
2. The minimum standard for endorsement would be a Graduate Diploma in Conscious Sedation from the Westmead Hospital, University of Sydney, or training from an alternative institution acceptable to the Board.
3. The endorsed dentist must ensure that he or she is current with all aspects of the guidelines and requirements of a body approved by the Board, including the Australian and New Zealand College of Anaesthetists.
4. To maintain this endorsement, the practitioner must provide documentation to the Board that they have attended courses in dental sedation and medical emergencies approved by the Board during a 12-month period.
5. A registered dentist must not administer sedation by the intravenous route unless the dentist:
 - (a) has received appropriate training in techniques of intravenous sedation and resuscitation, as approved by the Board, and
 - (b) is assisted by another person who is either:
 - a registered nurse who has received training in intensive care or anaesthesia, or
 - a registered dentist, appropriately trained in the observation and monitoring of sedated patients and in resuscitation, whose sole responsibility in assisting is to monitor the level of consciousness and cardiorespiratory function of the patient, and to administer resuscitation where necessary.

References

Dental Board of Australia: *Guidelines for Conscious Sedation* (to be drafted)

Definitions

Conscious sedation means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

General anaesthesia means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Anxiolysis means a drug-induced state during which patients respond normally to verbal commands. Cognitive function and coordination may be impaired but spontaneous ventilation and cardiovascular functions are unaffected. No interventions are required to maintain a patent airway, spontaneous ventilation or cardiovascular function.

Review

This endorsement will commence on 1 July 2010. The Board will review this endorsement within three years of operation.