



Australian
Dental
Council

SUBMISSION

on

NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR THE HEALTH PROFESSIONS

Consultation on Proposed Registration Arrangements

29 October 2008

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1. Introduction

1.1 The Australian Dental Council appreciates the invitation of the Practitioner Regulation Subcommittee of the AHMAC Health Workforce Principal Committee to comment on policy matters that are set out in the consultation paper (issued 19 September 2008) on proposed registration arrangements that are to be incorporated in the second stage of legislation to establish a National Registration and Accreditation Scheme for the Health Professions.

1.2 The Australian Dental Council (ADC) was formed in 1993. Membership of the ADC comprises the following bodies associated with the standards of education and training and regulation of professional practice for dentists, dental specialists, dental and oral health therapists, and dental hygienists in Australia:

- (a) the Dental Boards of the States and Territories of Australia
- (b) the Australasian Council of Dental Schools
- (c) the Australian Dental Association Inc
- (d) the Royal Australasian College of Dental Surgeons
- (e) the Australian Dental and Oral Health Therapists Association
- (f) the Dental Hygienists Association of Australia

In addition, the Dental Council of New Zealand and the Council of Regulatory Authorities for Dental Technicians and Dental Prosthetists Australia and New Zealand Inc (CORA) have Observer status on the ADC Board. The ADC is governed by a Board of Directors comprising nominees of the above member bodies, together with the officebearers and Chairs of standing committees.

1.3 The principal functions of the ADC are:

- (a) to advise and make recommendations to Australian State and Territory Dental Boards in relation to:
 - the accreditation of education courses leading to a registrable dental or oral health qualification, conducted by Australian dental schools and other recognised institutions
 - the assessment of the suitability for practice in Australia of persons with overseas dental qualifications, and
 - uniform criteria for recognition of qualifications for registration and standards of practice
- (b) to provide advice on matters concerning the occupational regulation of dentists, including general and specialist registration, and of professions allied to dentistry
- (c) to undertake certification of other education courses that do not lead to a registrable dental or oral health qualification, conducted by Australian dental schools and other appropriate institutions.

1.4 The ADC has consulted with the following stakeholder groups in the compilation of this submission:

- State/Territory Dental Boards.
- Australasian Council of Dental Schools
- Australian Dental Association Inc
- Australian Dental and Oral Health Therapists' Association Inc
- Australian Dental Prosthetists' Association
- College of Dental Technicians of the Oral Health Professionals Association
- Council of Regulating Authorities for Dental Technicians and Dental Prosthetists Australia and New Zealand Inc
- Dental Hygienists' Association of Australia Inc

Not all groups have been able to respond to the issues canvassed in the consultation paper.

For ease of reference this Submission uses numbering which follows the numbering of the Consultation Paper. Only paragraphs on which comments are made have been reproduced in this Submission (hence the numbering is incomplete). Comments are in ***bold italics*** following the relevant extract from the Consultation Paper.

2. Principles and approach

Proposal 2.1: It is proposed that the registration provisions be framed in a way that:

- a. reflects the wording and intent of the IGA
- b. builds on the best aspects of State and Territory schemes, rather than the lowest common denominator or replicating one existing registration scheme, and facilitates a smooth transition to the national arrangements
- c. enables a robust system that is designed to protect the public
- d. is the least restrictive law necessary to achieve the policy objectives, and includes legislated restrictions on practice only where the benefits to the community as a whole outweigh the costs, and there is no other more responsive method of achieving these benefits, and
- e. facilitates the transparent, accountable, efficient, effective and fair operation of the scheme.

Submission of the ADC:

- b. This is a desirable principle but begs many questions and may require further consultation. For example, one jurisdiction may have a requirement for participation in continuing professional development; in dentistry, jurisdictions have different requirements for registration of particular professional groups or have established registration pathways that are unique to their jurisdiction.***
- d. Care will be needed to ensure that this principle does not conflict with principle b.***

3. Regulated professions

The IGA sets out the professions that will be included in the first stage of implementation of the national scheme, as well as the proposed registers and divisions of the register for each profession. Health Ministers have also agreed to include the profession of podiatry in the first round of implementation.

The boards, registers and divisions of registers proposed for inclusion in the legislation are as set out in Table 1 below:

TABLE 1: BOARDS, REGISTERS AND DIVISIONS OF REGISTERS

Board	Title of Register	Divisions of Register
Dental Care Practitioners Board of Australia	'Register of dental care practitioners'	<ul style="list-style-type: none">• Dentists (Division 1)• Dental therapists (Division 2)• Dental hygienists (Division 3)• Dental prosthetists (Division 4)

Submission of the ADC:

It is our understanding that the national board is now to be named 'Dental Board of Australia'.

It is noted that Table 2 lists 'oral health therapist' as a protected title but this is not reflected in the proposed divisions of the register for dentistry.

Depending on the outcome of consideration of the inclusion of dental technicians in the national scheme the Register might require a further division for Dental Technicians.

4. Initial registration

4.2 Information required on initial application

Proposal 4.2.1: It is proposed that the national boards have the power to require the following information to accompany an initial application for registration:

- a. evidence of the applicant's qualifications and supervised practice experience that they believe qualifies them for registration
- b. evidence of successful completion of an examination (if required) set by or on behalf of the responsible board
- c. evidence of previous registrations and registration status, ie disciplinary history (where the applicant has been registered under another law)
- d. information on any complaints made against the applicant to bodies such as health complaints commissioners, Commonwealth, State or Territory bodies
- e. evidence of recency of practice (except for new graduates) (see section 9 of this paper)
- f. workforce data required for national workforce analysis (further discussion of this will be provided in the information-sharing paper), and
- g. any other information reasonably required by the responsible board.

Submission of the ADC:

Proof of identity should be made an explicit requirement for initial registration

The experience in dentistry suggests that evidence of blood borne virus status should also be a requirement.

Consideration should also be given to a requirement for either a declaration or evidence of current professional indemnity insurance.

4.3 Criminal history checks

Proposal 4.3.1: There are a number of options available on or relating to requirements for criminal history checking of applicants for registration and renewal of registration:

- Option 1:** That the legislation require criminal history checks be applied to all new applicants for registration from 1 July 2010, but not to existing registrants renewing their registration.
- Option 2:** That the legislation require criminal history checks on all new applicants and at renewal of registration, but these requirements be phased in over time from 1 July 2010.
- Option 3:** The legislation require criminal history checks on all new applicants for registration, with a discretionary power for boards to require checks at annual renewal, and self-declaration obligations imposed on registrants both at annual renewal and during the registration period.
- Option 4:** That the legislation provide the power to require criminal history checks on applicants at the discretion of the relevant board, while not making checks mandatory for all applicants.

Submission of the ADC:

Option 3 is supported, noting the requirement on all registrants to self-declare at the time of annual renewal or and provided the discretion power is extended for Boards to undertake checks at any time. This is linked as well to the obligation on registrants to notify the Board within 30 days in the event of a criminal conviction at any time during the registration period (see section 9.4.3).

5. Qualifications for registration

Proposal 5.1: It is proposed that the legislation define the qualifications for general registration to mean one or a combination of the following:

- an approved course of study
- an approved period of supervised practice (if any) (ie an internship), and
- an examination (if any) set by or on behalf of the responsible board.

Submission of the ADC:

A potential loophole could arise in relation to the third the third qualification – examination – if it can apply on its own in circumstances where an applicant had not completed an approved course of study or an approved period of supervised practice. Consideration should therefore be given to using this provision only in circumstances where a Board is using the examination to assess equivalence of the applicant’s qualification to the relevant course of study approved by the Board, ie the first dot point).

Proposal 5.2: It is proposed that, in addition to the powers above relating to the IGA clause 1.25(c) to register those with approved qualifications, boards have the power to register persons who have training and experience the responsible board considers to be substantially equivalent to an approved course of study and supervised practice. This will allow a national board to recognise substantially equivalent qualifications recognised by registration authorities in another country.

Submission of the ADC:

As currently worded, this proposal potentially would enable a Board to determine substantial equivalence on the basis of an applicant’s ‘training and experience’ and in the absence of the person ever successfully completing a qualification elsewhere. The test for substantial equivalence will have to be carefully considered by the drafting group to ensure that this is not the case.

If the National Board is to recognise those institutions and qualifications, there must be a clearly defined process that relates to the national process and standards for accreditation of the Australian courses and qualifications which are the measure of ‘substantial equivalence’. The principle of examination of overseas trained applicants will need to be continued and should be the usual pathway followed

6. Registration decisions

6.1 Powers of boards before deciding applications for registration

Proposal 6.1.1: It is proposed that the legislation provide for a responsible board at its discretion to exercise the following powers before deciding an application for registration:

- a. investigate the applicant
- b. require the applicant to attend before the board to answer questions about their application
- c. require the applicant to provide further information or any documents considered necessary by the board to decide the application
- d. require the applicant to undergo a written, oral or practical examination to assess the applicant’s competence to practise, and
- e. require the applicant to undergo a health assessment (eg a medical examination or psychological assessment) to assess the applicant’s capacity to practise.

Submission of the ADC:

Clause (e) should be able to include health checks for blood borne virus status.

6.2 Who makes registration decisions?

Proposal 6.2.1: It is proposed that when a committee makes registration decisions the responsible board would otherwise be empowered to make, it is constituted appropriately. In order to achieve this, the legislation would require provisions that:

- a. require a committee, when exercising registration functions, to comprise at least the following:
 - i. a chair appointed by the responsible board who may be a registrant (from the profession regulated by the responsible board), or a non-registrant
 - ii. at least two members who are registrants from the profession concerned
 - iii. at least one lawyer
 - iv. at least one community member who is not and has never been a registered practitioner in that profession, and
 - v. no more than two thirds of members being registrants from the profession concerned
- b. allow a committee to regulate its own proceedings, while requiring it to observe the principles of natural justice and procedural fairness, and
- c. allow members appointed to committees to be paid the sitting fees and allowances approved by the Ministerial Council.

Submission of the ADC:

There needs to be sufficient flexibility in the composition of committees to take account of Boards with more than two divisions, such as dentistry, perhaps through the ability to appoint divisional committees.

In addition to this power to establish committees, there is a need for a mechanism in legislation that allows routine registration decisions to be made by staff of the State and Territory offices, on delegation from a national board.

Submission of the ADC:

The emphasis in this provision needs to be on routine decisions according to clear national guidelines to ensure consistency of decision making.

6.3 Professional indemnity insurance

Proposal 6.3.1: It is proposed that the legislation require registrants (except for non-practising registrants if any) to be covered by PII arrangements at all times during the registration period, as a condition of registration, and to require registrants demonstrate coverage to the satisfaction of the responsible board, at the time registration is granted for the first time, and annually on renewal of registration.

The legislation concerning PII must allow registrants to meet the requirements if they are covered by an employer's PII, their university's PII, or the PII of a health facility where they are a student, as well as when a registrant purchases their own PII cover.

Submission of the ADC:

The requirement for evidence of PII to be mandatory on initial application for registration is supported. The requirement for mandatory PII on renewal is not supported – it would create an unmanageable administrative burden and jeopardise the proposed online renewal system. Instead, self-declaration should be used in conjunction with penalties for making false declarations.

6.4 Powers to refuse to grant registration

Proposal 6.4.1: It is proposed that the legislation provide powers for a responsible board to refuse to grant registration on a number of grounds, including but not limited to the following:

- a. the applicant has not satisfied the board of their **competence to practise** in the regulated profession and this cannot be satisfactorily addressed by the imposition of conditions
- b. the applicant's **character** is such that it would not be in the public interest to allow the applicant to practise in the regulated profession
- c. the applicant is considered by the board to be unfit to practise because of **drug or alcohol dependency** or **physical or mental impairment**
- d. the applicant has been **convicted** of or made the subject of a criminal finding for an offence in any participating jurisdiction or an offence under a foreign law, and the circumstances of the offence are such as to render the applicant unfit in the public interest to practise in the regulated profession
- e. the applicant has previously been registered under this Act or a corresponding previous enactment of a participating jurisdiction, and that registration has been suspended or cancelled, or during the course of that registration, the practitioner has had proceedings brought against him or her and those **proceedings have never been finalised**
- f. the applicant has been **deregistered or suspended** under a foreign law, for any reason relating to conduct that would constitute professional misconduct under this Act, or during the course of that registration, the practitioner has had proceedings brought against him or her and those **proceedings have never been finalised**
- g. the applicant has had **insufficient recent practice** experience in the relevant profession (with the time period within which an applicant must demonstrate they have practised to be determined by the responsible board, eg two years is preferred in some professions, five years in others)
- h. the applicant's **English language proficiency** is not considered sufficient by the board for the applicant to practise in the relevant profession
- i. the applicant does not have arrangements for **professional indemnity insurance** that the responsible board considers sufficient, or
- j. the applicant is **disqualified from applying** for registration under this Act or a previous enactment of a participating jurisdiction.

Submission of the ADC:

- c. ***Consideration should be given to the inclusion in this clause of grounds based on blood borne virus status which carries significant risk of infection transmission. There must be a mechanism that requires a practitioner to notify the Board and for the Board to investigate the situation and determine appropriate action for the protection of the public whilst recognising the rights of the practitioner.***
- g. ***Clarify if the correct terminology is 'recent practice' or 'recency of practice'. Recency of practice is seen to include the elements of professional knowledge, level of skill, clinical acumen and timeliness.***

It should be considered if it is necessary to include provision for a Board to refuse an application, or delay approval, where the applicant's identity is in question, eg where the name on the application does not match that on a passport.

Proposal 6.4.2: It is proposed that the legislation provide for boards to deal with possible fraudulent registration applications. Failure to disclose relevant matters to a board (such as those listed above) might constitute a fraudulent application under the legislation. In such circumstances, the responsible board might refer the matter to the relevant State or Territory police force. In addition, it is proposed that the legislation set out a process for a responsible board to deal with a registrant whom it has reasonable grounds to believe has obtained, or is attempting to obtain

registration by fraud. In such circumstances, the responsible board should be empowered to immediately suspend registration (if already granted), investigate the matter, and refer it, if necessary, for hearing by the relevant State or Territory tribunal. The tribunal would be empowered under the legislation to find that the practitioner's registration has or has not been obtained by fraud, and, if appropriate, order that the practitioner's registration be cancelled. The standard of proof that would apply in such proceedings would be on the balance of probabilities.

Submission of the ADC:

While the process as proposed provides an effective mechanism for removal of registration in the circumstances detailed, it does not protect against fraudulent activity. Given this, a penalty provision for false and misleading statements being made on application must be included in the legislation and must be set at a level that will act as a sufficient deterrent against fraudulent activity.

7. Types of registration granted

All State and Territory registration Acts include a number of types or forms of registration that may be granted by a national board. However, there is some variability across jurisdictions, both in the labels applied, and the scope of practise conferred.

Attachment 3 provides a summary of the types of registration granted in each jurisdiction.

A body of cross jurisdictional work was undertaken from 2002-2004 in the context of the AHMAC Nationally Consistent Medical Registration Legislation Project. A range of recommendations were accepted by AHMC in April 2004, including with respect to the adoption of nationally-consistent categories (or types) of registration. These recommendations are reflected in the proposed types of registration outlined below.

Proposal 7.1: It is proposed that the legislation enable a national board to grant any one of a number of different types of registration, depending on the circumstances of the applicant, and to impose conditions on a grant of registration. The proposed types and sub-types of registration are set out in Table 2 below.

While the labels vary, most jurisdictions provide in some legislative form for the sub-types of registration listed under specific registration.

TABLE 2: PROPOSED TYPES AND SUB-TYPES OF REGISTRATION

Type of registration	Eligibility
General	Applicants who hold approved qualifications (and have met any other requirements set by the responsible board). This category would include practitioners who hold approved specialist qualifications in addition to their approved general qualifications, and therefore hold a specialist endorsement on their general registration.
Specific	Applicants who do not qualify for general registration. This type of registration would entitle a registrant to practice, subject to a specified form of restriction. The following sub-types of specific registration would apply: <ul style="list-style-type: none"> a. Provisional – to allow an applicant to undertake an internship or other period of supervised clinical practice, following graduation from an approved course of study. b. Area of need – to allow an applicant to work in an area of unmet need. c. Post-graduate supervised practice or training – to allow an applicant to be registered on a temporary basis to undertake a period of post-graduate

	<p>training approved by the responsible board.</p> <p>d. Examination candidates – to allow an applicant to undertake training in preparation for an examination approved by the responsible board.</p> <p>e. Teaching or research – to allow an applicant to fill a teaching or research position approved by the responsible board.</p> <p>f. Recognised specialist qualifications and experience – to allow an applicant with approved specialist qualifications to practise in the specialty.</p> <p>g. Internationally trained specialists – to allow an applicant with “specialist” qualifications that are not approved to undergo further training in that specialty.</p> <p>h. Temporary registration in the public interest – to allow an applicant without approved qualifications to be registered for a limited period if the responsible board considers it is in the public interest.</p>
Non-practising	Applicants who would otherwise be eligible for registration but who do not intend to practise during the registration period.
Student	Applicants who are enrolled in an approved course of study or undertaking approved supervised clinical training in preparation for an examination for registration.

Submission of the ADC:

The ADC agrees on the desirability of common categories and sub-categories of registration and that current registration types will have to be transitioned to the nationally agreed categories. There are, however, a number of matters to be clarified.

First, it is not clear whether a registrant can hold both a general and a specific category of registration concurrently. This may be necessary, for example, where an overseas trained specialist holding an academic position concurrently holds registration for teaching or research purposes and one for specialist recognition in order to undertake the full range of teaching or to supplement their income as academics. This can occur, too, where a practitioner with general registration is undertaking postgraduate training on a part-time basis. It might be necessary in this latter case to stipulate that the practitioner must be registered in a category that reflects the primary activity – and that anyone engaged in clinical practice requires full (unrestricted) registration.

Second, ‘area of need’ registration is open ended and undefined. At the least, registration in this category should be time limited and registrants should be required to demonstrate appropriate progress towards or to have achieved general registration or be recognised as a specialist within a predetermined period.

The teaching or research category of specific registration appears not to enable clinical practice to be undertaken by the registrant with the current descriptor. This is particularly a problem for the dental profession. In the situation of expanding dental schools over the last four years (and for the next five years) and with a shortage in dental practitioners generally and lower remuneration for academic appointments compared with clinical practice, universities have found it difficult to recruit Australian qualified academics to fill positions. Overseas academics are being recruited, sometimes with qualifications that are not immediately recognised for clinical practice in Australia. The only option which will be available to the Boards will be to register such applicants under the specific registration category for teaching or research. In the absence of such registrants being able to undertake clinical practice associated with that teaching, either at a general or specialist level, recruitment and retention will remain problematic. Clinical practice is necessary for two reasons: (a) it enables the registrant to engage in paid clinical practice to supplement their academic income; and (b) it enables the registrant to maintain clinical skills consistent with their obligations to the university. The ADC draws attention to legislative amendments in Queensland that enable the registrant to practise the profession as long as

such practice is in connection with their primary teaching role. A similar provision should be considered in the national legislation.

A wider policy issue not addressed in the consultation paper is whether certain forms of specific registration should be time limited, as suggested above for the area of need category. Conditions of this nature could be included in the legislation as 'standard' for the relevant category of registration and not subject to appeal. Similar requirements would be necessary for sub-categories (c), (d), (e) (g) and (h).

7.4 Student registration

Proposal 7.4.1: It is proposed that the legislative provisions with respect to student registration would be framed to:

- require only those students who are undertaking clinical training that involves contact with patients/clients to be registered
- empower boards to deal with students whose ability to undertake clinical training is affected by physical or mental impairment, drug or alcohol dependency, and
- give boards the discretion to include or not include a student category of registration.

Alternative options are as follows:

Option 1: The legislation include powers to register and regulate students, but only for specified professions and boards, for example, the medical and dental professions.

Option 2: The legislation include powers for all boards to register and regulate students, and student registration be mandatory, but only for those students who are undertaking clinical training, that is, those who are at the point in their course where they are in direct contact with patients.

Option 3: The legislation include powers for all boards to register and regulate students, and student registration be mandatory for students in all regulated professions, at the point of enrolment and for the duration of their course.

Submission of the ADC:

The legislation should include powers for all Boards to register and regulate students. It should specify that student registration is mandatory for students in all professions included in the registers of the Dental Board, at the point of enrolment and for the duration of the course. The Board's powers in relation to student registration should include disciplinary as well as health matters, and health matters should include blood borne virus status.

8. Authorities conferred by registration

8.1 Title protection

TABLE 2. PROFESSIONAL TITLES PROPOSED TO BE RESTRICTED UNDER THE NATIONAL SCHEME

Profession	Titles to be protected
Dental	Titles restricted to those registered in the relevant division of the register: <ul style="list-style-type: none"> • 'dentist' • 'dental therapist' • 'dental hygienist'

	<ul style="list-style-type: none"> • ‘dental prosthetist’ • ‘oral health therapist’ • catchall provision as above
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Submission of the ADC:

Depending on the outcome of consideration of the inclusion of dental technicians in the national scheme the title ‘Dental Technician’ might need to be included.

8.3 Dentistry practice restrictions

Proposal 8.3.1: With respect to protection of the practice of dentistry, it is proposed that there be defined in legislation a number of restricted acts relating to dentistry and that there be an offence for a person who carries out a restricted act and is not a registered dental care practitioner or a person who falls into a class of exempted persons (for example a registered medical practitioner). It is proposed that the restricted acts with respect to the practice of dentistry be along the following lines:

- a. the performance of any operation on the human teeth or jaws or associated structures
- b. the correction of malpositions of the human teeth or jaws or associated structures
- c. fitting or intra-oral adjustment for a person of artificial teeth or corrective or restorative dental appliances, and
- d. the performance of any operation on, or the giving of any treatment or advice to, any person that is preparatory to or for the purpose of the fitting, insertion, adjusting, fixing, constructing, repairing or renewing of artificial dentures or restorative dental appliances.

Submission of the ADC:

Clause (a) might better read: ‘the performance of any invasive or irreversible procedure on...’

The definition of dental treatment needs to take account of the various divisions included in the register (and this is not necessarily settled as yet). The ADC suggests that further consultation should occur with the jurisdictions currently involved in registration of the professions to be included in the national scheme.

9. Renewal of registration and continuing competence

9.3 Annual reporting obligations on registrants

Proposal 9.3.1: It is proposed that the legislation require registrants to submit to their respective boards at the time of annual renewal various items of information required by the board in order to determine whether the practitioner is fit to practise. As part of such an annual return, the legislation might require reporting on a range of matters including:

- a. how the board’s continuing competence requirements have been met
- b. if charged with or convicted/subject of a finding of guilt for an offence punishable by 12 months imprisonment or more
- c. any medical negligence claims
- d. if any clinical privileges or credentials have been withdrawn or restricted by a health service body or third party payer, and
- e. any data required to be provided to the Ministerial Council for workforce planning purposes.

Submission of the ADC:

Clause (c) 'medical' should be relaxed with 'professional' so that it is applicable to all health professions included in the national scheme.

Renewal of registration to mitigate risk would be more cost effective and less administratively burdensome if it required the applicant to make certain declarations of compliance, to audit a representative sample of applicants and to include in the legislation breach provisions that provide a significant disincentive to applicants providing false declarations of compliance. Such disincentives should also address the situation where a practitioner drops PII cover after renewal.

9.4 Monitoring the professional competence of registrants

Reporting obligations on registrants – during the registration period

Proposal 9.4.3: It is proposed that the legislation require registrants to report to boards, at any time during the registration period, and within 30 days, on the following matters:

- a. if charged with or convicted/subject of a finding of guilt for an offence punishable by 12 months imprisonment or more
- b. any medical negligence claims
- c. any withdrawal or limitation of clinical privileges or credentials by a health service body, and
- d. any other matter set down from time to time by the Ministerial Council.

Submission of the ADC:

There are a number of additional matters that a registrant should be required to report to the relevant Board:

- ***If professional conduct action (investigation, discipline, imposition of conditions, entering into undertakings, impairment management, performance management, etc.) is initiated against them in a foreign jurisdiction by a foreign regulatory authority.***
- ***If they become subject to a health condition that impacts on their ability to safely and competently practise the profession.***

10. Endorsement of registration

10.1 Specialist endorsement

It is expected that recognition of specialties and specialists will be required under the scheme, for at least the medical profession. The Australian Medical Council currently carries out the function of assessing applications for recognition of new specialties for the medical profession, and makes recommendations to the Federal Health Minister on these matters for purposes such as Medicare. Under the new arrangements, it is expected that the AMC (at least for the first three years of the scheme) would continue to carry out these functions, but might make its recommendations to the Medical Board of Australia, which would then seek Ministerial Council approval of specialties for the purposes of the registration scheme. Further details on the current and proposed roles of these respective bodies will be set out in the consultation paper on the accreditation function.

There may also be a case for recognition via the relevant practitioner register of a limited number of specialties in a small number of other professions. For example, it is intended that the public registers maintained by the national boards to be the source of authoritative information for Medicare (and others), and to identify which practitioners have certified qualifications for reimbursement purposes, rather than, for example, a specialist college or professional association. Decisions as to which services are rebated and which ones not would continue to reside with the relevant third party payer.

Proposal 10.1.3: With respect to protection of specialist titles, it is proposed that:

- for registered medical practitioners:
 - those with specialist endorsement from the Medical Board of Australia be authorised to use the title 'medical specialist', and
 - there be an offence for a person who is not a registered medical practitioner with endorsement as a specialist to hold themselves out as a medical specialist
- for registered dentists:
 - those endorsed as dental specialists by the Dental Care Practitioners Board of Australia be authorised to use the title 'dental specialist', and
 - there be an offence for a person who is not a registered dentist with endorsement as a specialist to hold themselves out as a dental specialist
- for registered podiatrists:
 - there be an offence for a person who is not a registered podiatrist with endorsement as a podiatric surgeon to hold themselves out as a podiatric specialist.

Further work will be necessary to determine whether specialist recognition is required under the scheme for any other professions, and if so, which specialties will be recognised and what qualifications requirements will apply for each. Any decision by the Ministerial Council to recognise additional specialties within a profession should weigh the costs and benefits of recognizing particular specialties within the registration scheme, and the risk of further stratifying the workforce and entrenching unnecessary rigidities.

Submission of the ADC:

Currently, there is recognition of dental specialists through a variety of mechanisms in the different jurisdictions. There is also agreement by the jurisdictional dental registration boards on a process undertaken by the Australian Dental Council for recognition of new specialties. It is proposed that, as for the AMC and medical specialties, under the new arrangements, the ADC (at least for the first three years of the scheme) would continue to carry out these functions, but might make its recommendations to the Dental Board of Australia, which would then seek Ministerial Council approval of specialties for the purposes of the registration scheme. The ADC expects that further details on the current and proposed roles of these respective bodies will be set out in the consultation paper on the accreditation function.

10.3 Other endorsements on registration

Proposal 10.3.1: It is proposed that the national legislation make provision for a mechanism through which a board may identify a sub-group of practitioners within the profession who have specific training and are considered qualified to deliver a particular type of service that they would otherwise be prevented by law from delivering.

In order to give effect to this, it is proposed that the legislation include provisions that:

- a. empower a responsible board to endorse a registrant whom it considers qualified to practice in an 'approved area of practice', and to impose any conditions on an endorsement
- b. empower the Ministerial Council, on application from a responsible board, to approve an 'area of practice' for the purposes of endorsement of registration and, at any time, to amend, vary or revoke a notice approving an area of practice
- c. require the responsible board to publish a list of 'approved areas of practice' on its website and in a publication circulated to registrants regulated by the board, and
- d. set out the powers of boards with respect to applications for endorsement qualifications required for endorsement and powers to refuse an endorsement (in a similar manner to those provisions relating to applications, qualifications for and refusal of registration).

Submission of the ADC:

The provisions in this proposal seem to go against the general principle that registration arises from qualification, ie proof of education and training, as distinct from perceived experience. If it is to proceed it is important that there be a defined process and time of consultation and consideration before such changes are enacted. There needs to be a clear definition of the circumstances that are envisaged and which have led to this clause being suggested. And there must be safeguards to ensure proper public and stakeholder consultation.

The ADC suggests that this proposal can be adequately covered in the scope of practice applicable to each of the registered professional groups, including, for dentistry, each of the professions within a division.

11. Other matters

11.1 Duration of registration

Proposal 11.1.1: It is proposed that the legislation provide for the national boards to grant registration for a period of up to 12 months and that a grant of registration be subject to annual renewal.

It is not proposed that there be a standard registration period in legislation that applies to all practitioners, for example a calendar year or a financial year. Rather, it is proposed that the legislation enable, for example, renewals to be staggered throughout the year, with the renewal date for each practitioner falling due 12 months after they first registered or renewed their registration.

Submission of the ADC:

The ADC supports annual renewal of registration for a period of up to twelve months. However, the ADC believes there must be a common renewal date/standard registration period for all registrants of a given Board to avoid both administrative and financial disadvantages.

11.2 Registration certificates

Proposal 11.2.3: It is proposed that the legislation require a practitioner whose registration has been suspended or cancelled to return their certificate of registration to the responsible board. It is proposed that the legislation also provide that, for the purposes of legal certainty, in the absence of evidence to the contrary, a certificate of registration is evidence that the person to whom the certificate is issued is registered.

Submission of the ADC:

Registration certificates should be returned also when a practitioner changes to non-practising status.

Proposal 11.2.4: It is proposed that the legislation impose an obligation on registered practitioners to notify the responsible board of a change of contact address, within 28 days and that a penalty apply for failure to comply.

ALTERNATIVE OPTION: There be no penalty for failure to notify of change of address.

Submission of the ADC:

The ADC supports the proposal, and not the alternative option.

11.3 Failure to renew

Proposal 11.3.1: It is proposed that the legislation include provision for a 'grace' period of three months following expiry of registration, during which a practitioner is 'deemed' to be registered, but that if they fail to renew by the end of this period, then the board removes their name from the relevant register.

ALTERNATIVE OPTION: That there is no 'grace' period and that if a practitioner fails to renew their registration on time, their name is removed immediately from the register and they may be committing an offence if they continue to practise.

Submission of the ADC:

The ADC does not support a grace period. The ADC supports an alternative position advanced by the Queensland Health Practitioner Registration Boards that those who apply for renewal during a grace period have registration granted retrospectively to the expiry date rather than prospectively as currently occurs in most jurisdictions. This would be a more satisfactory way of addressing the issue raised in the consultation paper. However, a penalty fee should be imposed for those using this mechanism to renew their registration after it has expired.

11.4 Reinstatement to the register

Proposal 11.4.1: It is proposed that the legislation include provisions that allow a practitioner's name to be restored to the register, if they re-apply within a period of two years following a lapse of registration (under this Act, or a previous enactment of a participating jurisdiction), and they meet any continuing competence requirements set by the responsible board.

ALTERNATIVE OPTION: There be no provision for restoration to the register, and practitioners who hold outdated qualifications and let their registration lapse be required to meet current registration requirements in the event that they reapply for registration, that is, they complete either an approved course of study and supervised practice, or an approved re-entry or refresher course.

Submission of the ADC:

The ADC supports an alternative position advanced by the Queensland Health Practitioner Registration Boards, viz

- *An additional qualification for registration be included under section 5 being that the person was previously registered under the scheme (or a corresponding previous enactment of a participating jurisdiction).*
- *An additional basis of refusal be included under section 6.4.1 enabling the relevant Board to refuse to grant registration on the ground that previous registration held under the scheme (or a corresponding previous enactment of a participating jurisdiction) expired two or more years prior to the application.*

The effect of including the additional qualification and the additional basis for refusal is that a Board may grant registration to an applicant previously registered under the scheme if they meet all fitness to practise requirements as detailed under Proposal 6.4.1. Introducing this requirement will ensure that no unintended consequences impact on those who are fit to practise the profession.

