



Consultation paper on registration standards and related matters

Issued by the Dental Board of Australia
under the authority of Dr John Lockwood, Chair

27 October 2009

If you wish to provide comments on this paper, please lodge a written submission in electronic form, marked 'Attention: Chair, Dental Board of Australia' to natboards@dhs.vic.gov.au by close of business on 24 November 2009.

Please note that your submission will be placed on the Board's website unless you indicate otherwise.

At the time of issuing this consultation paper the Board is operating under the *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008* (the Act). However, the approach to the paper and consultation has been informed by the proposed provisions of the Health Practitioner Regulation National Law Bill 2009 (the Bill, the proposed national law), which was introduced in the Queensland Parliament on 6 October 2009. Nothing in this paper is intended to pre-empt consideration of the Bill in that parliament. A copy of the Act and a link to the proposed national law are available at www.ahpra.gov.au.

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1 Introduction

1.1 Legislative requirements

This consultation paper has been developed under the requirements of the *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008* (the Act), taking into account a requirement of the *Health Practitioner Regulation National Law Bill 2009* (proposed national law). The Act empowers national boards to oversee the development of health profession standards. The proposed national law includes a requirement for national boards to undertake wide-ranging consultation on proposed registration standards, codes and guidelines.

Other matters needing ministerial approval also require consultation to ensure that boards take into account stakeholder views, and so ministers know that consultation has occurred when they consider board proposals.

1.2 Contents of the consultation paper

This consultation paper covers proposals from the Dental Board of Australia on the following issues:

- Section 2 Proposals for mandatory registration standards (required by all boards).
- Section 3 Proposals for board-specific standards.
- Section 4 Proposals for specialist registration.
- Section 5 Proposals for endorsements.

2 Mandatory registration standards (all boards)

The proposed national law provides for national boards to develop registration standards for approval by the Australian Health Workforce Ministerial Council (the Ministerial Council). Under the legislation, boards must develop a registration standard on each issue shown in Table 2.1.

Table 2.1 Mandatory registration standards

Issues for mandatory standards	Common or individual board standard
Criminal history	Common standard for all boards
English language	Common standard for all boards
Professional indemnity insurance	Specific to individual boards
Continuing professional development	Specific to individual boards
Recency of practice	Specific to individual boards

Common standards across all boards are proposed for criminal history matters and English language requirements.

The proposed national law will require a national board to undertake wide-ranging consultation on its proposed registration standards before they are submitted to the Ministerial Council for approval.

2.1 Criminal history

The following draft common registration standard on criminal history is proposed to be used by all registration boards.

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 seeking registration or renewal of registration and registrants.
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.
The nature and gravity of the offence or alleged offence and its relevance to health practice.
<ul style="list-style-type: none">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.
The period of time since the health practitioner committed, or allegedly committed, the offence.
<ul style="list-style-type: none">The Board will generally place greater weight on more recent offences.
Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.
<ul style="list-style-type: none">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:<ol style="list-style-type: none">convictionsfindings of guiltpending chargesnonconviction charges; that is, charges that have been resolved otherwise than by a conviction or finding of guilt.
The sentence imposed for the offence.
<ul style="list-style-type: none">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.
The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.
<ul style="list-style-type: none">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.

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.

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.

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 of the health practitioner.

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.

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.

Definitions

Criminal history is defined in the Health Practitioner Regulation National Law Bill 2009 (the proposed 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 proposed national law, spent convictions legislation does not apply to criminal history disclosure requirements.

Health practitioner means an applicant for registration or a registrant under the proposed national law.

Review

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

2.2 English language skills

The following draft common registration standard on English language requirements is proposed to be used by all registration boards.

Dental Board of Australia English language skills standard
Summary
<p>An internationally qualified applicant or an applicant who is an international student must have the necessary English language skills for registration purposes by achieving a minimum score of 7 in the IELTS academic module, OET or specified alternatives (see 'Definitions', below).</p> <p>Test results will generally need to be obtained within two years, but preferably within 12 months prior to applying for registration. The Board may grant an exemption in specified circumstances.</p>
Scope of application
<p>This standard applies to all internationally qualified applicants and applicants who are international students seeking registration in Australia.</p>
Requirements
<p>An applicant who is an internationally qualified applicant or an international student must submit evidence, or arrange for evidence to be provided, to the relevant Board of competency in English language skills as demonstrated by having completed the IELTS examination (academic module) to the following standard:</p> <ol style="list-style-type: none">1. The applicant must have achieved a minimum score of 7 in each of the four components (listening, reading, writing and speaking).2. Alternative English proficiency tests that will be accepted are:<ol style="list-style-type: none">(a) completion and an overall pass in the OET with grades A or B only in each of the four components; or(b) other tests as approved by the Board (to be specified in the standard).3. Results must have been obtained within two years prior to applying for registration.4. 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.5. Results from any of the abovementioned English language examinations must be obtained in one sitting.6. The applicant is responsible for the cost of English tests.7. 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 where :
 - (a) the applicant provides evidence of successful secondary education in English, and that 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:
 - Canada
 - Republic of Ireland
 - New Zealand
 - United Kingdom
 - United States of America
 - South Africa
 - Australia.
 - (b) 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 postgraduate study or 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 the use of a translator and/or supervision by a registered health practitioner.
2. The Board reserves the right at any time to require an applicant who has been granted an exemption to undertake a specified English language test.

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. The test is administered at least once a month by IELTS Australia and The British Council at over 230 centres worldwide.

OET means Occupational English Test (OET) administered by the Centre for Adult Education.

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

An **international student** is a person who completed their secondary education outside Australia in any country other than those specified in exemption 1.

Review

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

2.3 Professional indemnity insurance

The following draft professional indemnity insurance registration standard puts forward the proposed requirements of the Dental Board of Australia.

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 registrants when practising dentistry in Australia.
Requirements
Practitioners must be covered by professional indemnity insurance that meets the following minimum terms and conditions:
<ol style="list-style-type: none">1. The insurance policy must include:<ul style="list-style-type: none">• civil liability cover for \$5 million for any one claim• unlimited retroactivity of cover• 'run-off' cover for retirement or death• two automatic reinstatements during the period of cover.2. Practitioners who are in an employee relationship need to be covered by the employer's indemnity insurance or maintain their own insurance. Cover provided to employees by a public health facility (such as a public hospital, a denominational hospital or a community health service) or by a friendly society, a health fund or a university must satisfy the Board's 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.
Definitions
Run-off cover means insurance that protects a dental 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: <i>Guidelines for Registration Standards — Professional Indemnity Insurance</i> (to be developed).
Review
This standard will commence on 1 July 2010. The Board will review this standard within three years of operation.

2.4 Continuing professional development

The following draft continuing professional development registration standard puts forward the proposed requirements of the Dental Board of Australia.

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 registrants except those who have one of the following types of registration: (a) nonpractising registration (b) limited registration to undertake supervised training (c) limited registration for post-graduate training or supervised practice. The standard does not apply to students.
Requirements
<ol style="list-style-type: none">1. Practitioners must:<ol style="list-style-type: none">(a) complete a minimum of 60 hours of approved CPD activities over three years<ul style="list-style-type: none">• This must include three hours of infection control and two hours of cardiopulmonary resuscitation (CPR) activities.• 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. (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.)2. CPD activities must be delivered by providers approved by the Board.3. 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
Approved CPD activities are those delivered by providers approved by the Board.
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 within three years of operation.

2.5 Recency of practice

Recency of practice requirements ensure that registrants maintain an involvement with practice. The standard may also cover practitioners returning to practice after a period of not practising.

The following draft recency of practice registration standard puts forward the proposed requirements of the Dental Board of Australia.

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 registrants except for recent graduates
Requirements
<ol style="list-style-type: none">1. Practitioners who have not practised dentistry in the previous five years need to satisfy the Board's recency of practice requirements. These requirements affect those applying for initial registration, renewal of registration or when changing the type of registration from nonpractising to practising, or specialist to general registration, or between divisions of the register.2. Applications will be assessed on their own merits; the following matters will be considered:<ol style="list-style-type: none">(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:<ol style="list-style-type: none">(a) approved course of study or re-training(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

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

Practised dentistry means working in clinical, administrative, research or education fields using the knowledge, skills and attitudes of the dental profession.

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 within three years of operation.

2.6 Assessment against the Procedures for Development of Registration Standards

The Dental Board of Australia has used a process to develop these proposed standards consistent with the requirements set out by the Australian Health Practitioner Regulation Agency in the document *Procedures for the Development of Registration Standards* (see www.ahpra.gov.au). The Board has made the following assessments, against the three elements outlined in the procedures.

The proposal takes into account the objectives and guiding principles in the legislation

Board comment

The Board considers that its proposal on mandatory standards meets the objectives and guiding principles within the framework of the legislation. The Board notes in particular that it is required to develop registration standards on these subjects under the proposed national law and that it is not proposing any addition to the number of generally applicable registration standards set down in the legislation.

The proposal meets the consultation requirements in the legislation

Board comment

Through the current consultation process, including the publication of this paper on its website, the Board is ensuring that there is public exposure for the proposal and the opportunity for public comment. The Board has specifically drawn this paper to the attention of the other nine national boards, State and Territory Dental boards, professional associations and governments. The Board will take into account the comments it receives when finalising its draft standards.

The development of the proposal takes into account the COAG principles for best practice regulation

Board comment

In developing the draft standards, the Board has taken into account the Council of Australian Governments (COAG) principles. The Board has been careful not to impose unnecessary regulatory burdens that would create unjustified costs for the sector or the community. In particular, the Board draws attention to the following factors:

- The criminal history standard indicates and explains the factors that the Board will take into account when reviewing criminal history. It is largely consistent with current and general practice in relation to board assessments of criminal history of health practitioners in relation to registration matters.
- The English language standard refers to standards that are used by the Department of Immigration and Citizenship for applicants of skilled migration. The standard provides for some exemptions from the standard to ensure that applicants have adequate English language skills, to protect the public.
- In the PII arrangements standard, the Board has avoided imposing onerous documentation requirements on employed practitioners that would add to employer and practitioner costs.
- The CPD standard imposes a requirement on registrants to undertake professional development activities to ensure their skills and knowledge remain current. It provides a choice for registrants about how to undertake their CPD activities and how to demonstrate compliance with the standard.
- The Board understands that the availability of accredited courses will be adequate to allow registrants to meet their CPD requirements, but would welcome feedback on this issue.
- The recency of practice standard does not impose costs on registrants or the public but may involve some costs for boards in monitoring compliance with the standard in line with their role to protect the public. It ensures that practitioners have sufficient recent practice experience to maintain their competence, to protect the public.

The Board has considered whether the draft standards results in an unnecessary restriction of competition among health practitioners. The Board considers that the draft standards do not restrict competition among health practitioners. The Board believes that the draft standards promote the public interest by ensuring that the public receive safe, high-quality health care from practitioners who:

- are suitable to practise
- maintain their skills and competence
- are appropriately insured
- have adequate English language skills.

The Board has considered whether the draft standards results in an unnecessary restriction of consumer choice. The Board believes that the draft standards support consumer choice by ensuring that practitioners have the necessary skills, qualities and competence to practise safely.

The Board considers that the overall costs of the draft standards to members of the public, registrants and governments are reasonable in relation to the benefits to be achieved. Whilst there are a number of requirements that a practitioner must satisfy to qualify for registration, these requirements are envisaged by the national registration scheme and are appropriate to ensure that practitioners have the necessary knowledge and skills to protect the public.

The Board has procedures in place to ensure that, over time, the standards remain relevant and in the public interest. The standards will be reviewed within three years of their commencement, including assessment against the objectives and guiding principles in the proposed national law and the COAG principles for best practice regulation.

3 Proposals for board-specific standards

3.1 Scope of practice standard

The following draft standard specifies the proposed requirements of the Dental Board of Australia in relation to 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 dental applicants and registrants.
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 Board; and(b) in which they are competent.3. Dentists work as independent practitioners and are the clinical team leaders.4. Dentists are the only dental practitioners who 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 may 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. In terms of training dental therapists, oral health therapists and dental hygienists are not independent practitioners.
Definitions
Independent practitioner means a practitioner who may practise without supervision.
Reference
Dental Board of Australia: <i>Guidelines for Registration Standards — Scope of Practice Standard</i> (may be developed).
Review
This standard will commence on 1 July 2010. The Board will review this standard within three years of operation.

3.2 Assessment against the Procedures for Development of Registration Standards

The Dental Board has used a process to develop this proposed standard consistent with the requirements set out by the Australian Health Practitioner Agency in the document *Procedures for the Development of Registration Standards* (the procedures) (see www.ahpra.gov.au). Against the three elements outlined in the procedures the Board has made the following assessments:

The proposal takes into account the objectives and guiding principles in the legislation

Board comment

The Board considers that its proposal on Board specific standards meets the objectives and guiding principles within the framework of the legislation.

The proposal meets the consultation requirements in the legislation

Board comment

Through the current consultation process, including the publication of this paper on its website, the Board is ensuring that there is public exposure for the proposal and the opportunity for public comment. The Board has specifically drawn this paper to the attention of the other nine national boards, State and Territory Dental boards, professional associations and governments. The Board will take into account the comments it receives when finalising its draft standards.

The development of the proposal takes into account the COAG principles for best practice regulation

Board comment

In developing this draft standard the Board has taken into account the Council of Australian Governments (COAG) principles. The Board has been careful not to impose unnecessary regulatory burdens which would create unjustified costs for the sector or the community.

The Board has considered whether the draft standards results in an unnecessary restriction of competition among health practitioners. The Board considers that the draft standards do not restrict competition among health practitioners.

In some jurisdictions dental hygienists, dental therapists and oral therapists are required to practise with greater supervision than the proposed standard. In such cases, this supervision could result in less service availability for patients. However, the Board believes that the draft standards promote the public interest by ensuring that the public receive safe, high-quality health care from practitioners who are operating according to their education, skills and knowledge.

The Board considers that the overall costs of the draft standard to members of the public, registrants and governments are reasonable in relation to the benefits to be achieved.

The Board has procedures in place to ensure that, over time, the standard remains relevant and in the public interest.

The standards will be reviewed within three years of their commencement, including assessment against the objectives and guiding principles in the proposed national law and the COAG principles for best practice regulation.

4 Proposals for specialist registration

The proposed national law provides for boards to establish specialist registration with Ministerial Council approval. This involves two steps:

- Ministerial Council approval of a profession as a profession for which specialist recognition operates under the law (except for medicine and dentistry, which will be specified in the legislation)
- Ministerial Council approval of a list of specialties for the profession.

These two steps could occur simultaneously. Boards should engage in wide-ranging consultation about any proposals for specialist registration.

4.1 Approval as a health profession for which specialist recognition operates

The proposed national law specifies dentistry as a profession for which specialist recognition will operate.

4.2 Proposed list of specialties

Specialty	Definition
1. Dento-maxillofacial radiology	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	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	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	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	The branch of pathology that deals with the nature of diseases affecting the oral, maxillofacial and adjacent regions.
6. Oral surgery	The branch of dentistry concerned with the diagnosis and surgical management of conditions affecting the oral and dento-alveolar tissues.
7. Orthodontics	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	The branch of dentistry that is concerned with preventive and therapeutic oral health care for children from birth through to adolescence. It includes management of orofacial problems related to medical, behavioural, physical or developmental disabilities.
9. Periodontics	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	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)	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	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	<p>The proper handling, examination and evaluation of dental evidence, which is then presented in the interest of justice. Teeth may provide evidence of age (in children) or may identify the person to whom the teeth belong. This is done using dental records or photographs taken before the person died.</p> <p>Bite marks, left on either the victim (by the attacker), the perpetrator (from the victim of an attack), or on an object found at the crime scene may also be a source of evidence.</p> <p>Forensic odontologists are responsible for six main areas of practice:</p> <ul style="list-style-type: none"> • identification of found human remains • identification in mass fatalities • assessment of bite mark injuries • assessment of cases of abuse (child, spousal, elder) • civil cases involving malpractice • age estimation.

4.3 Specialist registration standard

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.	
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 within three years of operation.	

4.4 Qualifications for specialist registration

Australian-trained graduates

To qualify for specialist registration, Australian-trained graduates must have a minimum three-year postgraduate specialist qualification appropriate to the specialty, accredited by the accreditation authority and clinical or surgical training approved by the peak body of the specialty, or an equivalent combination of qualifications and experience.

For the specialty of **oral pathology**, an additional requirement is eligibility for the award of Fellowship of the Faculty of Oral Pathology of the Royal College of Pathologists of Australasia.

For the specialty of **oral and maxillofacial surgery**, qualifications required are: Master of Dental Surgery/Bachelor of Medicine and Bachelor of Surgery (MDS/MBChB) University of Otago, New Zealand, or eligibility for the award of Fellowship of the Royal Australasian College of Dental Surgeons in oral and maxillofacial surgery (FRACDS(OMS)).

A number of state jurisdictions currently have dentists listed as specialists in oral surgery and forensic odontology. Some of these registrants have gained qualifications from courses outside of Australia. Whilst there is currently no accredited Australian program for oral surgery or forensic odontology, it is anticipated that such a program will be in place in the future.

Graduates trained outside Australia

Graduates trained outside Australia will require certification by the Australian Dental Council as having equivalence to Australian specialist requirements.

4.5 Assessment against the Procedures for Development of Registration Standards

The Dental Board of Australia has used a process to develop this proposal consistent with the requirements set out by the Australian Health Practitioner Regulation Agency in the document *Procedures for the Development of Registration Standards* (see www.ahpra.gov.au). The Board has made the following assessments, against the three elements outlined in the procedures.

The proposal takes into account the objectives and guiding principles in the legislation

Board comment

The Board considers that its proposal for specialties meets the objectives and guiding principles within the framework of the legislation.

The proposal meets the consultation requirements in the legislation

Board comment

Through the current consultation process, including the publication of this paper on its website, the Board is ensuring that there is public exposure for the proposal and opportunity for public comment. The Board has specifically drawn this paper to the attention of the other nine national boards, State and Territory Dental boards, professional associations and governments. The Board will take into account the comments it receives when finalising its draft proposal.

The development of the proposal takes into account the COAG principles for best practice regulation

Board comment

In developing the draft standards, the Board has taken into account the Council of Australian Governments (COAG) principles. The Board has been careful not to impose unnecessary regulatory burdens that would create unjustified costs for the sector or the community.

The Board has considered whether the proposal results in unnecessary restriction of competition amongst health practitioners. The Board considers that the proposal represents a proper balance between public interests in ensuring that the public receives safe, high-quality health care and practitioners being able to practise within the scope of their education and skills.

The proposal does not increase the level of regulation beyond that set out in the proposed national law. The proposal adds detail to the proposed national law. In relation to qualifications and eligibility, the proposals reflect current practice across Australia.

5 Proposals for endorsements

The Board has the option of developing endorsements of a health practitioner's registration in the following areas:

- scheduled medicines
- area of practice
- acupuncture.

5.1 Proposed endorsement for conscious sedation

Ministerial Council approval is required for an area of practice to be the subject of an endorsement.

Summary of case for endorsement

In dentistry, the practice of conscious sedation does not require specialist training, but it is regarded as an area that is critical for ensuring public safety.

Sedation for dental procedures (with or without local anaesthesia) includes the administration of drugs that result in the depression of the central nervous system. The objective of these techniques is to produce a degree of sedation of the patient, without loss of consciousness, so that uncomfortable procedures may be facilitated.

To ensure maximum public safety, the Board considers that practitioners engaged in the practice of conscious sedation must be appropriately qualified to perform this type of procedure.

Draft endorsement

The following draft endorsement puts forward the proposed requirements of the Dental Board of Australia.

Dental Board of Australia Endorsement in relation to conscious sedation
Wording to appear on the register
Endorsed in the field conscious sedation.
Application
<ul style="list-style-type: none">• Only registered dentists may apply for this endorsement.• Dentist applicant would have a minimum of two years of general dental experience.
Requirements
<ul style="list-style-type: none">• Dentist applicant would have a minimum of two years of general dental experience.• The minimum standard for endorsement would be a Graduate Diploma in Conscious Sedation from the Westmead Hospital, University of Sydney or from an alternative institution acceptable to the Board.• 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 and including the Australian and New Zealand College of Anaesthetists.
References
Dental Board of Australia: <i>Guidelines for Conscious Sedation</i> (to be drafted)
Review
This endorsement will commence on 1 July 2010. The Board will review this endorsement within three years of operation.

5.2 Assessment against the Procedures for Development of Registration Standards

The Dental Board has used a process to develop these proposed endorsements consistent with the requirements set out by the Australian Health Practitioner Regulation Agency in the document *Procedures for the Development of Registration Standards* (see www.ahpra.gov.au). The Board has made the following assessments, against the three elements outlined in the procedures.

The proposal takes into account the objectives and guiding principles in the legislation

Board comment

The Board considers that its proposed endorsement for anaesthesia and conscious sedation meets the objectives and guiding principles within the framework of the legislation. The Board notes in particular that the endorsement would ensure public safety through promoting professional standards and patient safety in anaesthesia.

The proposal meets the consultation requirements in the legislation

Board comment

Through the current consultation process, including the publication of this paper on its website, the Board is ensuring that there is public exposure for the proposal and opportunity for public comment. The Board has specifically drawn this paper to the attention of the other nine national boards, State and Territory Dental boards, the Australian and New Zealand College of Anaesthetists, professional associations and governments. The Board will take into account the comments it receives when finalising its draft proposal.

The development of the proposal takes into account the COAG principles for best practice regulation

Board comment

In developing the draft standards, the Board has taken into account the Council of Australian Governments (COAG) principles. The Board has been careful not to impose unnecessary regulatory burdens that would create unjustified costs for the sector or the community.

The Board has considered whether the proposal results in unnecessary restriction of competition amongst health practitioners. The Board considers that the proposal represents a proper balance between public interests in ensuring that the public receive safe, high-quality health care and practitioners being able to practise within the scope of their education and skills.