Public consultation Q&As

22 September 2021

Review of Guidelines on infection control

What is the format of the consultation and how long will it go for?

In line with the Dental Board of Australia's (the Board) usual public consultation process, the consultation paper and questions are available for review on the Board's consultation webpage.

On the webpage, you will find the consultation paper and attachments in both PDF and Microsoft Word format. There is also a link to an online submission form that you can use to answer the consultation questions. If you would prefer to make a submission using a Microsoft word template, please let us know by emailing dentalboardconsultation@ahpra.gov.au.

The consultation started on 8 September 2021 and will be open until 15 November 2021.

Does the Australian Dental Association's Guidelines for infection prevention and control have any role in the regulations?

The Board's preferred option is to support practitioners through resources like a fact sheet and self-reflective tool, moving away from regulatory guidelines on infection prevention and control. The Australian Dental Association's (ADA) Guidelines for infection prevention and control are a resource that can help practitioners - that's why professional association resources are referenced in the draft fact sheet out for consultation.

The Board's preferred option gives greater scope to guide practitioners to a range of helpful material that may not be included in regulatory guidelines.

All practitioners need to use professional judgement and follow guidance that is relevant to their practice context. For example, this could include professional association guidelines or advice, information from government health departments, and the relevant Australian Standards.

What happens if there is a notification about infection control? Which standards will practitioners be held to?

If a practitioner's infection control practices were under investigation by the Board, a practitioner would be asked about their practices and the standards they followed and why. A practitioner's professional performance is assessed against the standard reasonably expected of a health practitioner. These expectations are set by the profession itself. The Board, as a regulator, doesn't represent the profession. Bodies like professional associations better reflect this role, in the development of practice guidance to help their members and the profession more broadly.

Why doesn't the Board develop specific protocols rather than 'reflective tools' for practice?

As outlined in the consultation paper, the Board does not generally restrict practice or prescribe in detail how practitioners should practice. The exception to this may be in circumstances where individual restrictions are required to mitigate risk to the public. It is not the Board's role to develop specific protocols for practice. Instead, we take a responsive, risk-based approach to regulation.

Replacing the guidelines with resources like self-reflective tools better aligns with the Board's role, purpose and regulatory approach. This is to be an effective regulator and achieve trust and confidence by strengthening risk-based regulation and supporting professional learning and practice.

It is also consistent with some of the Board's other recent policies, for example, in relation to dental records and the use of a reflective practice tool to support consideration of scope of practice.

Please clarify the reference to the identification of reusable equipment, instruments and devices in the self-reflective tool. How does this relate to batch control procedures?

The self-reflective tool asks practitioners to reflect on processes for reusable equipment, instruments and medical devices that allow identification of:

- the patient
- the procedure
- the reusable equipment, instruments and medical devices that were used for the procedure

The Board understands that batch control is the main way dental practitioners link a sterilised batch of instruments with a patient. The wording in this section of the self-reflective tool is designed to align with wording in the Australian Commission on Safety and Quality in Healthcare (ACSQHC) Primary and Community Healthcare Standards. It isn't intended to suggest that tracking and tracing of individual instruments is required.

However, part of the consultation process is to help us make sure the wording we use in tools and resources is relevant, clear and effective. Any feedback about the clarity of wording can be provided as part of a consultation submission.

How does the Board ensure the public is consistently protected under its preferred option? Is safe care now only dependent on practitioner levels of engagement?

As outlined in the consultation paper, a range of regulatory mechanisms work together to ensure that dental practitioners provide safe care. This includes a robust accreditation system, the Board's other registration standards, codes and guidelines, the Board and co-regulators notifications processes, existing jurisdictional or legal obligations and organisational risk controls. These elements all play a part in protecting the public.

For example, an understanding of the scientific principles and application of infection prevention and control is embedded in our accreditation system through the Australian Dental Council's (ADC) professional competencies of a newly qualified dental practitioner, making it a core entry-level expectation of all registered dental practitioners.

The expectations of safe practice are also embedded in other regulatory instruments such as the Code of conduct. The Board and co-regulatory entities have statutory powers to manage notifications about infection prevention and control, to identify potential risk and harm, and to take action if required to ensure public safety. For disciplinary matters, the Board could use the code of conduct for findings against practitioners in infection prevention and control notifications.

Public safety always benefits from increased practitioner engagement. To support a professional, capable and adaptable dental profession the Board encourages engagement by promoting information, guidance and practitioner self-reflection.

Can the Board provide instruction or advice to the profession on specific matters such as the use of masks during the COVID-19 pandemic, clutter in the surgery and cleaning surfaces?

Other than in circumstances where individual restrictions are needed, the Board does not provide detailed instruction to practitioners about how to practice. This is not the role of a regulator – it is the role of associations and expert groups and organisations. Practitioners should be aware of the best sources of information for infection prevention and control, as outlined in the draft fact sheet that is out for consultation. This can include information from government health departments, professional associations or other independent entities such as the Australian Commission on Safety and Quality in Healthcare.