

REGULATING DENTAL
PRACTITIONERS - MANAGING
RISK TO THE PUBLIC

DENTAL REGULATION
AT WORK IN AUSTRALIA,
2013/14

Regulating dental practitioners in the National
Registration and Accreditation Scheme



Dental
Board of Australia | AHPRA

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About this report

For the first time this year, the Dental Board of Australia is publishing this profile of its work in regulating dental practitioners in the National Registration and Accreditation Scheme during 2013/14.

The report aims to provide a profession-specific view of the Board's work to manage risk to the public and regulate the profession in the public interest.

As ever, this year the National Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Scheme for all Australians.

The data in this report are drawn from data published in the 2013/14 annual report of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme.

This report looks at these national data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories. In future years, we will provide more detailed analysis to deepen our understanding of trends.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with 2013/14 annual report of AHPRA and the National Boards.

Message from the Chair, Dental Board of Australia

The main focus for the Dental Board of Australia has been a wide review of its registration standards, codes and guidelines; work that will continue into 2014/15.

The most significant of these was the revised scope of practice registration standard and associated guidelines. The Board undertook a multi-stage review of the standard and developed guidelines over the course of 18 months. The profession was fully engaged during this review and the standard and guidelines came into effect on 30 June 2014.

The scope of practice standard and guidelines are part of the broad regulatory framework that the Dental Board has developed to set out the requirements it reasonably expects of registered dental practitioners in the practice of their profession. The Board does not seek to restrict practice, but to allow all dental practitioners to practise within their competence, education and training.

At times, the conduct of dental practitioners is brought into question by peers or members of the public through the notification processes. The Board works in partnership with AHPRA in the management of these notifications, with the Board's state and territory registration and notification committees making decisions on the matters. A practitioner audit of the profession has also been undertaken, with satisfactory results.

The last year has seen consultation with the Chairs of the four other National Boards most represented in notification numbers – medical, nursing and midwifery, pharmacy, and psychology – and work with AHPRA on refining and improving the management of notifications. Cross-professional work in this area and broader policy development is one of the overwhelming benefits of the National Scheme.

The priorities for the Board for the year ahead are to ensure the views of the Board are captured in the independent three-year review of the National Scheme, and to further develop the Board's committee structure, enabling the delegation and decisions to maintain profession-specific outcomes.



Dr John Lockwood, Chair, Dental Board of Australia

Message from the AHPRA Chair and CEO

Patient safety lies at the heart of our health system. Maintaining standards and ensuring we have a safe, competent and patient-centred health workforce is a vital part of our work as a regulator. We can be proud of the quality and dedication of the health practitioners who provide our health services on a daily basis, and we have good systems in place to address the occasional few who do not meet expected standards. This is the work of the National Boards, with the support of AHPRA.

It has been a year of consolidation and improvement across the National Scheme. We have had three main areas of focus during the year: improving the experience of all involved in the notifications process; measuring and improving our performance; and participating in and preparing for the review of the National Registration and Accreditation Scheme.

Over the past four years there has been a consistent increase in the number of notifications we receive. This trend appears well established and consistent across Australia, and in line with the experience of overseas regulators. Managing this increase in volume poses considerable challenges for the National Boards and AHPRA. We need to make sure our people and our systems are well equipped to deal with current challenges while we plan for future demands.

We now set international benchmarks for online registration renewals, matched by high (96%) rates for submission of the workforce survey. The results of this survey, which is completed voluntarily at renewal by registered practitioners, provide invaluable health workforce data that can be used for planning purposes. Such data reflect the importance of the workforce objectives of our work.

After four years, AHPRA is continuing to mature rapidly, but on any international and national regulatory comparison, it is still a relatively young organisation. We are not complacent and continue to identify and act on opportunities to improve the performance of the National Scheme in partnership with National Boards.



Michael Gorton AM, AHPRA Chair



Martin Fletcher, AHPRA CEO

Major outcomes/achievements in 2013/14

The Board has continued its work in developing and strengthening nationally consistent decisions in the core regulatory functions of registration, notifications and compliance, particularly in the following areas:

- scope of practice
- publication of shared codes and guidelines
- review of profession-specific registration standards
- dental specialty qualification framework and competencies, and
- collaboration with international dental regulators.

Scope of practice

After extensive consultation with the profession, government and other stakeholders, the Board published the revised scope of practice registration standard and guidelines in May 2014, and they came into effect on 30 June 2014.

The revised standard and guidelines provide clarity on the requirements first published in 2010. The Board expects all dental practitioners to practise within the scope of their education, training and competence. The standard also sets out the expectation of the Board for dental practitioners to practise in a team approach, respectful of the training and competence of their colleagues.

The Board will spend the first quarter of the 2014/15 financial year conducting a series of forums for dental practitioners to help them understand the requirements and practitioner obligations under the revised standard and guidelines.

Publication of shared codes and guidelines

The Dental Board and the majority of other National Boards published a revised code of conduct. This document is the foundation of professional practice as a dental practitioner.

The Board and all other National Boards also published revised guidelines on advertising regulated health services.

All National Boards published a policy on social media to provide additional guidance to practitioners on how the evolving world of social media may affect their professional practice, including in advertising.

Review of profession-specific registration standards

The Board reviewed and consulted on registration standards specific to the profession. These include the standard for specialist registration and endorsement for conscious sedation. The Board will consider the outcome of the consultation and recommend final drafts of the revised standards to Health Ministers, for approval in the coming year.

The Board, along with the other National Boards, also consulted on revised registration standards for English language skills and criminal history. These will also be submitted to Health Ministers for approval.

Dental specialty qualification framework and competencies

The Board has started a major piece of work on developing a qualification framework and competencies for each of the 13 approved dental specialties. This work is being done in conjunction with the Dental Council of New Zealand.

The project will produce a framework that describes the threshold level of competence expected of all applicants for specialist registration in both Australia and New Zealand. This includes graduates from approved programs in both countries and overseas-trained dental specialists. The framework will result in increased transparency and consistency in the assessment of these applications.

The Board has been working closely with the specialist academies and colleges in preparing the draft documents for consultation. The Board will consult widely on these documents over the coming year.

Collaboration with international dental regulators

In August 2013, representatives of the Board and AHPRA attended the inaugural International Dental Regulators Conference. This conference led to the founding of the International Society of Dental Regulators. The Dental Board, AHPRA and the Australian Dental Council are founding members of this society.

The society and associated conferences provide opportunities to collaborate with our international colleagues, to learn from one another as we regulate in an increasingly globalised health workforce. The ongoing collaboration will help identify opportunities for consistency in education and competence standards with international peers.

Registration standards, policies and guidelines developed/published

- Scope of practice registration standard
- Guidelines for scope of practice.

Stakeholder engagement, professional standards

The Dental Board has had ongoing engagement with the profession, government and other stakeholders, primarily through consultation on revised and new regulatory policies.

The Board continues to work closely with the Australian Dental Council as the assigned accreditation authority for the profession. Work started, and due for completion in the coming year, includes the development of entry-level attributes and competency standards for dental prosthetists, and a review of the accreditation standards for the profession.

Priorities for the coming year

The Board's main priorities for the coming year are to:

- **Finalise review of standards, guidelines and policies.** The Board will continue its review of existing guidelines and policies. The Board is committed to supporting the implementation of these documents once finalised so that dental practitioners understand their obligations under the National Law and the Board's requirements.
- **Finalise and implement the specialist qualification and competency standards.** This significant piece of work will be completed in the coming year. The Board will work closely with education providers, specialist academies and colleges, as well as AHPRA and the Australian Dental Council, in the implementation of the standards.

Dental Board registration and notifications data 2013/14

At 30 June 2014, there were 20,707 dental practitioners across Australia, an increase of 3.99% since the previous year. NSW (6,361) has the highest number of registered practitioners, followed by Victoria with 4,768 registered practitioners. Almost one third of registrants (32%) are 35 years old or younger.

Of the 20,707 registrants, 506 hold registration in more than one division: over three quarters (76%) of the registrants hold registration as a dentist, 9% hold dental hygienist registration, 8% hold dental therapist registration, 6% hold dental prosthetist registration and 5% hold oral health therapist registration.

In 2013/14, 951 notifications were received about dental practitioners across Australia, a decrease from the 1,052 notifications received in 2012/13. Nationally this represents notifications about 4% of the registrant base, down from 4.4% in 2012/13.

For the first time this year, details are published that include a divisional breakdown of notifications received and closed outside NSW. Of the 582 notifications received outside NSW, 518 (89%) were notifications about dentists, with a further 41 notifications (7%) about dental prosthetists.

Nationally, there were 1,015 notifications closed in 2013/14; 636 of these were managed outside NSW. Of these notifications, 563 (89%) were about dentists, consistent with the proportion of matters received that relate to dentists.

Two thirds (66%) of closed cases were closed at the assessment stage. Thirty-one cases were closed after a panel or tribunal hearing. The remaining cases (186) were closed after an investigation (158) or a health or performance assessment (28).

In 475 of these closed cases (75%) the Board determined that there would be no further action, or the case was to be handled by the relevant health complaints entity who initially received the notification or referred to another body for action. In 79 cases the practitioner was cautioned or reprimanded; in 81 cases conditions were imposed or an undertaking accepted, and in one case the practitioner surrendered registration.

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported from page 119 of the 2013/14 annual report of AHPRA and the National Boards.

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect

the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- the practitioner's registration was improperly obtained, or
- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

The data in Table 6 show immediate action taken by the Board during the year by division and state or territory. Of the 18 cases where immediate action was considered in 2013/14, 17 cases related to dentists and the remaining case involved a dental hygienist. Integrated data for all professions including outcomes of immediate actions are published from page 138 in the 2013/14 annual report of AHPRA and the National Boards. More information about immediate action is published on AHPRA's website under [Notifications](#).

Table 1: Registrant numbers at 30 June 2014

Dental Practitioner	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total	% change from prior year
2013/14	386	6,361	147	4,056	1,708	349	4,768	2,422	510	20,707	3.99%
2012/13	372	6,204	138	3,890	1,681	331	4,633	2,340	323	19,912	4.32%
2011/12	350	5,989	134	3,728	1,615	336	4,358	2,254	323	19,087	4.19%
% change 2012/13 to 2013/14	3.76%	2.53%	6.52%	4.27%	1.61%	5.44%	2.91%	3.50%	57.89%		

*Principal place of practice

Table 2: Registrant numbers by division and state or territory

Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
Dental Hygienist	42	375	6	135	230	19	189	283	19	1,298
Dental Hygienist and Dental Prosthetist		2		1						3
Dental Hygienist and Dental Prosthetist and Dental Therapist		1					1			2
Dental Hygienist and Dental Therapist	10	54	7	163	67	2	131	54	5	493
Dental Hygienist and Dentist	1	3		1			1			6
Dental Hygienist and Oral Health Therapist		1								1
Dental Prosthetist	15	418	3	238	53	48	343	86	5	1,209
Dental Prosthetist and Dental Therapist							1			1
Dental Therapist	17	226	17	198	94	51	170	315	5	1,093
Dentist	285	5,029	106	3,014	1,146	219	3,727	1,639	473	15,638
Oral Health Therapist	16	252	8	306	118	10	205	45	3	963
Total	386	6,361	147	4,056	1,708	349	4,768	2,422	510	20,707

*Principal place of practice

Table 3: Registered practitioners by age

Dental Practitioner	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Not available	Total
2013/14	693	2,788	3,166	2,602	2,314	2,028	2,180	2,130	1,396	872	327	141	70		20,707
2012/13	639	2,584	3,072	2,432	2,216	2,031	2,228	2,045	1,329	823	300	120	79	14	19,912
2011/12	618	2,416	2,848	2,279	2,176	2,004	2,270	1,931	1,259	768	287	130	52	49	19,087

Table 4: Notifications received by state and territory

Dental Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	24	14	207	45	23	218	51	582	369	951
2012/13	16	16	212	71	11	223	37	586	466	1,052
2011/12	15	8	162	32	15	195	49	476	516	992

Table 5: Notifications received by division and state or territory (excluding NSW)

Division	ACT	NT	QLD	SA	TAS	VIC	WA	Total
Dental Hygienist			1				4	5
Dental Hygienist and Dental Therapist				1				1
Dental Prosthetist		1	18	1	2	12	7	41
Dental Therapist			2					2
Dentist	23	11	184	39	20	201	40	518
Oral Health Therapist				2	1			3
Unknown practitioner ¹	1	2	2	2		5		12
Total	24	14	207	45	23	218	51	582

1. Practitioners are not always identified in the early stages of a notification.

Table 6: Immediate action cases by state or territory (excluding NSW)

Division	ACT	QLD	VIC	WA	Total
Dental Hygienist				1	1
Dentist	2	7	6	2	17
Total	2	7	6	3	18

Table 7: Per cent of registrant base with notifications received by state or territory

Dental Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	5.4%	8.8%	4.3%	2.4%	6.0%	4.1%	1.9%	3.6%	5.0%	4.0%
2012/13	4.3%	8.0%	4.6%	3.1%	3.3%	4.1%	1.4%	3.7%	6.4%	4.4%
2011/12	3.7%	2.2%	3.7%	1.9%	3.6%	4.0%	1.9%	3.3%	6.0%	4.1%

Table 8: Notifications closed by state or territory

Dental Practitioner	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	2014 Total	2013 Total	2012 Total
Closed 2013/14	12	13	243	55	23	250	40	636	379	1,015	1,075	865

Table 9: Notifications closed by division and state or territory (excluding NSW)

Division	ACT	NT	QLD	SA	TAS	VIC	WA	Total
Dental Hygienist			2			1	1	5
Dental Hygienist and Dental Therapist						3		3
Dental Prosthetist		1	25	3	4	14	7	54
Dentist	12	11	209	49	18	232	32	563
Oral Health Therapist			1	1	1			3
Unknown practitioner ¹				1	3	1	3	8
Total	12	13	243	55	23	250	40	636

1. Practitioners are not always identified in notifications closed at an early stage.

Table 10: Notifications closed by division and stage at closure (excluding NSW)

Division	Health or performance assessment					Tribunal hearing	Total
	Assessment	Investigation	Panel hearing	Investigation	Panel hearing		
Dental Hygienist	3		2				5
Dental Hygienist and Dental Therapist			2	1			3
Dental Prosthetist	34	4	15	1			54
Dentist	373	24	137	21	8		563
Oral Health Therapist	1		2				3
Unknown practitioner ¹	8						8
Total	419	28	158	23	8		636

1. Practitioners are not always identified in notifications closed at an early stage.

Table 11: Notifications closed by division and outcomes at closure (excluding NSW)

Division	Outcomes								Total
	No further action	Health complaints entity to retain	Refer all of the notification to another body	Caution	Reprimand	Accept undertaking	Impose conditions	Practitioner surrendered registration	
Dental Hygienist	2	1				1	1		5
Dental Hygienist and Dental Therapist	2			1					3
Dental Prosthetist	22	17		7			7	1	54
Dentist	258	159	3	65	6	38	34		563
Oral Health Therapist	3								3
Unknown practitioner ¹	5	3							8
Total	292	180	3	73	6	39	42	1	636

1. Practitioners are not always identified in notifications closed at an early stage.

Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration.

Types of restrictions being monitored include:

Drug and alcohol screening – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

Health – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

Supervision – restrictions that require a health practitioner to practise only if they are being supervised by another health practitioner (usually registered in the same profession). The restrictions detail the form of supervision.

Mentoring – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

Chaperoning – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

Audit – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

Assessment – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

Practice and employment – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

Education and upskilling – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

Character – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

More detail about our approach to managing statutory offences is reported from page 119 of the 2013/14 annual report of AHPRA and the National Boards.

Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 115 of the 2013/14 annual report of AHPRA and the National Boards.

Working across the professions

A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards,

including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development (CPD)) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum *national* standards they expect of practitioners, regardless of where they practise in Australia.

Five core registration standards for all 14 health professions regulated under the National Scheme

- Continuing professional development
- Criminal history
- English language skills
- Professional indemnity insurance arrangements
- Recency of practice.

The standards bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. National Boards hold practitioners to account against these standards in disciplinary processes.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

Our work on professional standards in 2013/14

In 2013/14, the National Boards (supported by AHPRA) reviewed, finalised and implemented common guidelines (advertising and mandatory notifications), the common social media policy and the shared code of conduct. Revised documents came into effect in March 2014 and updates to the guidelines for advertising were published in May 2014.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

These changes aimed to support clear communication and understanding of National Board requirements by practitioners, the public and other stakeholders. The common guidelines explain the requirements of the National Law. The wording was refined and

clarified to assist practitioners to understand their obligations and to communicate more clearly with other stakeholders. A scheduled four-week lead-time in 2014 gave practitioners and stakeholders time to become familiar with the new content and structure before the revised standards took effect in March 2014.

The National Boards' codes of conduct set out the Boards' expectations of each registered health practitioner. Revisions published in 2014 to the shared code clarify to practitioners what is expected of them.

During the year, the National Boards coordinated the review of the common criminal history registration standard and the largely common English language skills registration standards. To prepare, AHPRA commissioned research about English language skills in the regulatory context to inform the review.¹

The research was combined with National Boards' experience in administering their English language skills registration standards and was supplemented with further information, including discussions with other regulators and language test providers. National Boards consulted stakeholders through a single consultation paper and proposals for largely common standards. This work ensured that final recommendations to National Boards would be based on the best available evidence and address the objectives and guiding principles of the National Law.

Similarly, the National Boards for the first 10 professions to be regulated under the National Scheme and the Medical Radiation Practice Board of Australia reviewed their registration standards for recency of practice, CPD and professional indemnity insurance arrangements. AHPRA coordinated these reviews across professions. This enabled multi-profession research to be commissioned, and facilitated National Boards considering issues of consistency and examples of good practice across the professions in the National Scheme.

Several Boards have developed, and the Ministerial Council has approved, additional registration standards beyond the five essential standards required by the National Law. See Appendix 3 of the 2013/14 annual report of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2013/14.

Common standards, codes and guidelines issued in 2013/14

- Revised Guidelines for advertising (March 2014, updated in May 2014)
- Revised Guidelines for mandatory notifications (March 2014)

- Revised Code of conduct shared by the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Dental, Occupational Therapy, Osteopathy, Physiotherapy and Podiatry Boards of Australia, with profession-specific changes for the Chiropractic, Medical Radiation Practice and Pharmacy Boards of Australia.

Common National Board consultations completed

- International criminal history checks (released 1 October 2013; closed 31 October 2013)
- Common registration standards (English language skills registration standards [except Aboriginal and Torres Strait Islander Health Practice Board] and criminal history) (released 25 October 2013; closed 23 December 2013).

Stakeholder engagement

AHPRA and the National Boards engage daily with a large number and variety of stakeholders across the professions, community, government and statutory agencies, education providers and employers. The needs and interests of these groups sometimes overlap and sometimes are profession- or jurisdiction-specific.

National Boards and AHPRA continue to work closely with all our many stakeholders. AHPRA's state and territory managers play an important role in fostering relationships with local stakeholders.

Individually, each National Board works with the stakeholders specific to their profession, including practitioners, in a range of ways.

Across the scheme, we have developed a stakeholder engagement framework to help us engage more effectively with our stakeholders and members of the community, to build confidence in the National Scheme and make it more accessible. We want to make it easier to interact with and to understand. The framework maps the network of relationships and stakeholders in the National Scheme and identifies how these should take effect and who is responsible for making them work.

Our approach to stakeholder engagement is shaped by a commitment to being proactive, transparent, accessible and accountable.

¹ 2013 Dental Board of Australia public consultation: Review of criminal history registration standard and English language skills registration standard. Available at: www.dentalboard.gov.au/news/past-consultations.aspx

continued overleaf

Proactive

- Actively engage, inform and educate stakeholders
- Encourage stakeholders to provide feedback
- Listen to how we can engage more effectively with our stakeholders
- Support greater awareness of the scheme and its benefits

Transparent

- Be clear about what we do
- Look for ways to improve
- Take a 'no surprises' approach to how we engage

Accessible

- Actively develop a public voice and face of the scheme
- Make it easy to engage with us
- Speak and write plainly
- Be clear

Accountable

- Report on what we do
- Be transparent and up front

Stakeholder engagement across the National Scheme

AHPRA's Community Reference Group (CRG) continues to advise AHPRA and the National Boards on ways in which community understanding and involvement in our work can be strengthened. The Professions Reference Group (PRG) is made up of members of professional associations for practitioners registered in the National Scheme. It provides feedback, information and advice on strategies for building better knowledge from within the professions about health practitioner regulation, and advising AHPRA on operational issues affecting the professions. The group includes national professional associations. It does not discuss individual registration or notifications matters.

We continue to work closely with governments, education providers and other agencies interested in or involved with health practitioner regulation. We have established partnerships, consistent with privacy law and confidentiality requirements, with a range of data partners such as Medicare Australia, the National eHealth Transition Authority (NEHTA) and Health Workforce Australia

We have established services for employers who employ registered health practitioners so they have access to our online services for bulk registration checks, and can check the registration status of their employees in real time. We work with education providers on student enrolments and, in most cases, through accreditation authorities or committees, to ensure high-quality education.

Routinely, AHPRA keeps governments informed about the National Scheme, seeks feedback and provides briefs on jurisdiction-specific issues.

National Registration and Accreditation Scheme Review

In May 2014, Health Ministers published the terms of reference for the independent review of the National Registration and Accreditation Scheme. Mandated initially by the inter-government agreement that underpins the scheme, the review is focused on:

- identifying the achievements of the National Scheme against its objectives and guiding principles
- assessing the extent to which National Scheme meets its aims and objectives
- the operational performance of the National Scheme
- the National Law, including the impact of mandatory reporting provisions; the role of the Australian Health Workforce Advisory Council, advertising, and mechanisms for new professions entering the scheme; and
- the future sustainability of the National Scheme, with a specific focus on the addition of other professions in the scheme and funding arrangements for smaller regulated professions.

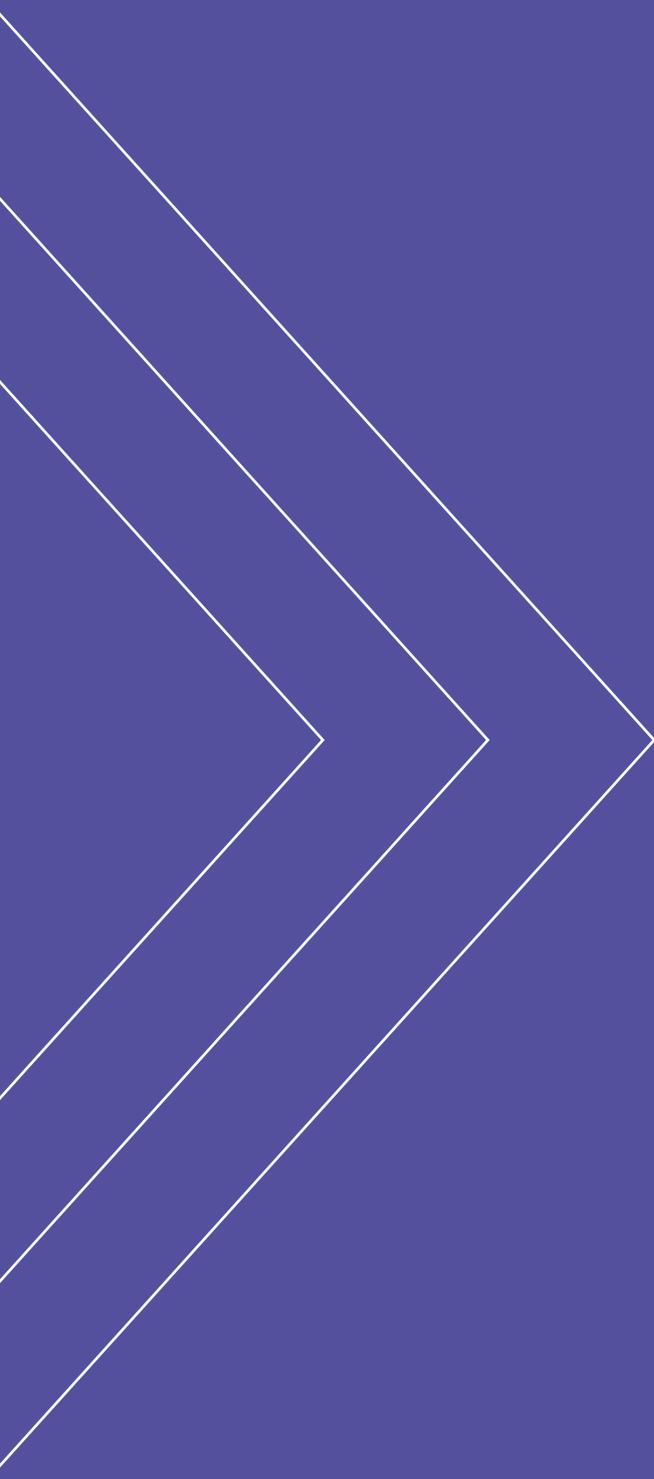
AHPRA and the National Boards have engaged thoughtfully with the review, which is being led by Mr Kim Snowball. It provides both an important opportunity to identify what is working well and opportunities to improve and strengthen our work to protect the public and facilitate access to health services.

Members of the Dental Board of Australia

- Dr John Lockwood AM (Chair)
- Ms Susan Aldenhoven AM
- Winthrop Professor Paul Abbott
- Mrs Jennifer Bishop
- Dr Gerard Condon
- Ms Alison Faigniez
- Mr Stephen Herrick
- Mr Paul House
- Dr Mark Leedham
- Mr Michael Miceli
- Dr Murray Thomas
- Ms Alison von Bibra

During 2013/14, the Board was supported by Executive Officer Ms Michelle Thomas, Project and Policy Officer Kirsten Hibberd and Board Support Officer Wendy Chappell.

More information about the work of the Board is available at: www.dentalboard.gov.au



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