Public consultation

8 September 2021

Review of Guidelines on infection control

Summary

The Dental Board of Australia (the Board) develops policies, codes and guidelines to provide guidance to the profession and has published *Guidelines on infection control* (the guidelines). The guidelines describe how dental practitioners can prevent or minimise the risk of the spread of infectious diseases in the dental setting.

The guidelines set out obligations for all dental practitioners to keep certain documents at their place of practice, to practise in way that minimises or prevents the spread of infection and to make declarations upon their initial registration and when renewing their registration.

Under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), regulatory guidelines have a special status. They can be used as evidence of appropriate professional practice or conduct. To update or amend guidelines, wide ranging consultation is required. Consultation and review processes are lengthy. As a result, guidelines tend to be in force for long periods of time and are not easily updated in response to changes in practice or advances in knowledge.

Since the guidelines were first developed, the way the Board uses regulatory guidelines has matured. The Board uses guidelines to explain its registration standards, the National Law and the way it regulates. It does not use guidelines to tell practitioners what to do in a specific area of practice.

The Board believes its existing regulatory instruments (such as the *Code of Conduct* and *Guidelines - Registered health practitioners and students in relation to blood-borne viruses*) are enough to fulfil the disciplinary or ‘enforcement’ role that achieves public protection.

The Board is proposing to replace the guidelines with resources that support practitioners to practise professionally.

The main changes proposed are for the Board to:

* formally retire the *Guidelines on infection control*
* provide guidance to practitioners in the form of a fact sheet, a more adaptable and flexible document, and

release a self-reflective tool for infection prevention and control that prompts practitioners to think about their practice and identify areas for improvement.

As part of the Board’s review of its related infection prevention and control content, it also proposes to revise its resources for consumers. However, these resources are not the subject of this consultation.

More information about the proposed changes is included in this consultation paper. The consultation is open until close of business on **Monday, 15 November 2021**.

Public consultation

The Board is releasing this public consultation paper for feedback on its proposal to replace the guidelines with other supporting resources to help practitioners practise safely and professionally.

You are invited to give feedback on the Board’s proposal, the draft fact sheet and the self-reflective tool at UAttachments D and EU.

Providing feedback

Feedback can be provided by completing the online survey available on the Board’s [39TUwebsiteU39T](https://www.dentalboard.gov.au/News/Current-Consultations.aspx).

If you cannot complete the online survey, please contact us at [dentalboardconsultation@ahpra.gov.au](mailto:dentalboardconsultation@ahpra.gov.au) and we can provide you with a Word document template to complete. [39TU](mailto:dentalboardconsultation@ahpra.gov.au)U39T.

Feedback is required by the close of business on **Monday, 15 November 2021**.

Publication of submissions

The Board and the Australian Health Practitioner Regulation Agency (Ahpra) publish submissions at their discretion. We generally publish submissions on our websites to encourage discussion and inform the community and stakeholders. Please advise us if you do not want your submission published.

We will not place on our websites, or make available to the public, submissions that contain offensive or defamatory comments or are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

The Board and Ahpra can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is requested.

Next steps

After the public consultation closes, the Board will review and consider all feedback from this consultation before making decisions about implementation and the supporting documents.

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Consultation paper

Background

The role of the Dental Board of Australia (the Board) is to work with the [39TAustralian Health Practitioner Regulation Agency](https://www.ahpra.gov.au/about-ahpra/who-we-are.aspx)39T (Ahpra) and other National Boards to achieve the objectives of the National Registration and Accreditation Scheme (the National Scheme), which has public safety at its heart.

The Board develops registration standards, codes and guidelines under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). These documents:

* set out the requirements for registration
* establish obligations for professional practice, and
* can be used as evidence in disciplinary proceedings of what constitutes appropriate professional conduct or practice for the profession.

The Board regularly reviews its standards, codes and guidelines to make sure they remain relevant, contemporary and effective.

Overview

What are guidelines?

When we refer to guidelines in this paper, we mean guidelines developed under the National Law in the context of practitioner regulation. The National Law says that guidelines have two purposes. They:

* can be used to guide the profession, and

are evidence of appropriate professional practice or conduct in a disciplinary proceeding against a practitioner.

Since 2010, the Board’s approach to guidelines has evolved. The Board typically uses guidelines to explain its registration standards, the National Law and the way it regulates. Guidelines are generally high-level prescriptive documents, but not usually about specific areas of clinical practice.

Guidelines under the National Law are distinct from practice guidelines developed by professional associations or other entities that provide detailed advice on a specific area of clinical practice.

Under the National Law, wide-ranging consultation is required before guidelines are updated or amended. Consultation and review processes take considerable time. As a result, guidelines tend to be in force for long periods and are not easily updated in response to changes in practice or advances in knowledge.

Review of the Guidelines on infection control

The Board is currently reviewing its *Guidelines on infection control* (the guidelines). The Board developed the guidelines when the National Scheme started in 2010 to set out the obligations of dental practitioners for maintaining good infection prevention and control and minimising the spread of infectious diseases.

The guidelines set out the minimum requirements expected for infection prevention and control for all dental practitioners and are divided into three domains:

* Documentation
* Behaviours
* Declaration.

The *Documentation* section requires guaranteed access to the following documents at every place where dental care is provided:

* a manual setting out the infection control protocols and procedures used in that practice
* the *Australian guidelines for the prevention and control of infection in healthcare* published by the National Health and Medical Research Council (the NHMRC guidelines)
* the Australian and New Zealand Standards AS/NZS 4815: Office-based healthcare facilities –Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment and/or AS/NZS 4187: Cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in healthcare facilities (the Australian and New Zealand Standards)
* the current Australian Dental Association *Guidelines for infection control* (the ADA guidelines).

The *Behaviours* section requires practitioners to ensure premises are kept clean and hygienic and that steps are taken to minimise the spread of infectious disease in both the place of practice and with patients. Practitioners must also be aware of their infection status for blood-borne viruses, seek appropriate expert advice and cease performing exposure-prone procedures if viraemic.

The *Declaration* section requires students and practitioners applying or renewing their registration to declare that they are aware of their infection status for blood-borne viruses and that they will comply with the Communicable Diseases Network Australia’s (CDNA) *Australian national guidelines for the management of healthcare workers known to be infected with blood borne viruses* (now known as *Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses*)andwith the guidelines.

The Board has developed and published other material to support practitioner and patient awareness of infection prevention and control issues. These resources have a 39T[40Tdedicated webpage](https://www.dentalboard.gov.au/Codes-Guidelines/Infection-control-obligations-of-dental-practitioners.aspx)40T39T on the Board’s website and include a self-audit checklist, fact sheet and video for patients (the video has been withdrawn as it is currently under review).

Broader regulatory framework of the profession

Accreditation and professional competencies

Under the National Law, the Board approves accreditation standards developed by the Australian Dental Council (ADC). The standards are used to assess whether programs of study leading to registration as a dental practitioner provide individuals with the knowledge, skills and professional attributes needed to practise the profession in Australia.

The ADC has developed professional competencies for dental practitioners in each of the five divisions and accredits all programs in accordance with these competencies and the approved accreditation standards.

An individual who graduates from an accredited and Board-approved program of study is deemed qualified for registration and to have the required professional entry-level competencies to practise. Overseas-trained dental practitioners are currently assessed through the examination process set up by the ADC. This process is based on the same professional competencies used for Australian programs of study.

Under the professional competencies, it is expected that all dental practitioners have knowledge and understanding of the scientific principles and application of infection prevention and control on entry to practice. Accreditation and professional competencies are important mechanisms to ensure that practitioners practise safely and the public is protected.

Registration standards

The Board has developed [39Tregistration standards](https://www.dentalboard.gov.au/Registration-Standards.aspx)39T that are relevant to aspects of infection prevention and control, such as:

* *Professional indemnity insurance registration standard* which requires dental practitioners to have the necessary level of insurance cover for all areas of their practice, and
* *Registration standard: continuing professional development* (CPD) and the associated guidelines which require dental practitioners to complete a specific amount of CPD activities.

Code of conduct

The Board’s 39T[Code of conduct](https://www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines/Code-of-conduct.aspx) (currently under review) 39Tdescribes professional standards for practitioners’ behaviour, including the importance of maintaining a high level of professional competence to provide the best dental care to patients. The code also requires practitioners to:

* be aware of their legal obligations and act in accordance with the law
* maintain adequate knowledge and skills to provide safe and effective care
* practise in accordance with the current and accepted evidence base of the health profession
* retain personal accountability for professional conduct and the care provided even when working in a team
* promote the health of the community through disease prevention and control, education and, where relevant, screening
* understand and apply the key principles of risk minimisation and management in practice,
* understand the principles of immunisation against communicable diseases, and

be aware of any health condition that could affect the health of patients and take adequate steps to address this.P24F

The *Code of conduct* is another important tool the Board uses to ensure the public is protected and that practitioners behave ethically and practise safely. It has broad application to all areas of practice, and clear relevance to infection prevention and control, as outlined in the examples above. As with guidelines, the code can be used as evidence of appropriate professional conduct or practice in disciplinary proceedings.

Guidelines

As described above, guidelines help explain regulatory matters relevant to dental practitioners. They are not intended to be prescriptive about clinical practice. Guidelines can also be used as evidence in disciplinary proceedings.

The Board publishes guidelines (other than the *Guidelines on infection control*) that relate to the conduct of practitioners related to infection prevention and control. The Board’s [39TGuidelines: registered health practitioners and students in relation to blood-borne viruses](https://www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines.aspx)39T (the BBV guidelines) were published in 2020. The BBV guidelines:

* inform all practitioners and students that they must comply with the Communicable Diseases Network Australia (CDNA) *Australian national guidelines for the management of healthcare workers living with blood borne viruses* *and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses*
* explain when a practitioner treating a registered health practitioner or student who performs exposure prone procedures may have a responsibility to notify Ahpra, and
* provide information on the range of actions the Board may take if it receives a notification about a registered health practitioner or student with a blood-borne virus who performs exposure prone procedures and does not comply with the CDNA guidelines and may pose a risk to the public.

Other legislative obligations

There are other state and territory legislative requirements to protect the public around infection prevention and control including (but not limited to):

* work health and safety laws
* public health laws or directives
* environmental laws

any other relevant legislation and/or regulatory requirements relating to infection prevention and control.

For example, dental practices in the Australian Capital Territory are required to be licenced and comply with the ACT Health *Infection Control for office practices and other community-based services Code of Practice* 2005. Owner/operators of dental practices in Queensland are required to have Infection Control Management Plans under the *Public Health Act* 2005(Queensland).

Other risk controls

Public and private employers (e.g. health services and/or individuals) often have in place workplace requirements, policies and procedures about infection prevention and control.

The development of resources and guidance by other entities, including professional associations, quality and safety organisations and standard-setting organisations also play an important role in educating and guiding dental practitioners to achieve good infection prevention and control. Examples of these resources include (but are not limited to) documents referenced in the Boards current guidelines, such as the NHMRC guidelines, the Australian and New Zealand Standards and the ADA guidelines.

Development of options for the review

Principles for review of the guidelines

The Board developed a set of principles to underpin its review of the guidelines and to embody the Board’s risk-based approach to regulation.

Using the principles to guide the review means that the Board is proposing an outcome that:

* is not prescriptive
* promotes professionalism and supports practitioners
* reduces unnecessary duplication of regulation
* can be complied with by individual practitioners
* is proportionate to the risks posed, not excessive
* does not duplicate existing obligations, and

was reached through an open, transparent and consultative process.

As well as the principles, research, data and regulatory experience have informed the Board’s preferred option for the review to replace the guidelines with other resources.

The options for review were informed by:

* research and local and international benchmarking
* input from National Boards
* feedback from the Board’s committees
* input from major stakeholders
* operational input, and
* tribunal decisions involving the guidelines.

Changes proposed by the Board

As described above, the two functions of a guideline described in the National Law are to provide regulatory guidance and to serve as evidence in disciplinary proceedings. As the Board’s approach to guidelines has evolved over time, it tends not to use them to be prescriptive about matters relating to clinical practice.

In the context of infection prevention and control, the Board considers guidance can be provided to practitioners with upstream, supportive and educative resources, rather than by additional regulation. The Board believes its existing regulatory instruments (such as the *Code of conduct* and BBV guidelines) are enough to fulfil the disciplinary or ‘enforcement’ role that protects the public and, together with elements of the broader regulatory framework, the risk of harm is effectively managed. Therefore, the Board is proposing to replace the guidelines with resources designed to support practitioners to practise professionally.

This involves retiring the guidelines, updating the existing fact sheet and publishing a self-reflective tool for infection prevention and control, which are readily updated to ensure relevance and accuracy.

Retirement of guidelines

Retiring the guidelines means the Board would set a date after which the guidelines will no longer be in force. The guidelines would still be available on the Board’s policies, codes and guidelines [39Twebpage](https://www.dentalboard.gov.au/Codes-Guidelines/Policies-Codes-Guidelines.aspx)39T under ‘Retired versions’. Like the Board’s retirement of its former *Guidelines on dental records*, practitioners and other stakeholders would be supported to become aware of this in advance of the retirement date.

Retiring the guidelines would *not* change practitioners’ overarching professional obligations to practise safely and achieve good infection prevention and control.

Revision of fact sheet

The Board has published a fact sheet for practitioners about infection prevention and control. The fact sheet would be revised and redesigned to provide information about how practitioners can comply with their obligations to practise safely. The fact sheet would point practitioners towards relevant sources of information about infection prevention and control.

The fact sheet would be drafted in plain English to set out the most important information simply and concisely.

Publication of self-reflective tool

Similarly to the Board’s existing [39Tself-reflective tool for dental records](https://www.dentalboard.gov.au/Codes-Guidelines/Dental-records.aspx)39T, the retirement of the guidelines would be supported with a self-reflective tool for infection prevention and control. The tool covers key components of infection prevention and control and prompts practitioners to reflect on their own practice.

The tool does not mandate specific standards or measurement against fixed indicators, however it does prompt practitioners to think about what sources of information guide their practice and how they monitor safety and quality.

The current self-audit checklist would be retired, consistent with the Board’s approach of encouraging self-reflection.

Following public consultation, the self-reflective tool would be further refined through user testing with practitioners.

Rationale for changes proposed by the Board

The guidelines are no longer fit for purpose

The guidelines were originally published in July 2010, at the start of the National Scheme. The guidelines are based on policies of state and territory dental boards that existed before the National Scheme came into effect. P They have not been substantively amended since their initial publication.

Given the length of time the guidelines have been in effect, and the increasing maturity of the Board’s approach to regulation since their initial publication, the Board believes the guidelines are no longer fit for purpose.

The proposal is consistent with how we use guidelines and guidance

As outlined above, the Board usually uses guidelines under the National Law to provide further information to practitioners about regulatory matters. Guidelines are not intended to be prescriptive about clinical matters.

The Board has recently taken a similar approach by implementing the retirement of its former Guidelines on dental records and the development of a fact sheet and self-reflective tool for dental records.

The Board considers that guidelines are not necessary for it to provide guidance to the profession. For example, guidance can be delivered to practitioners using resources such as fact sheets, FAQs, self-reflective tools or web-based resources.

Replacing the guidelines with other resources is consistent with the Board’s approach towards the use of guidelines under the National Law, and the provision of other guidance material.

The proposal better aligns with the role of the Board

The Board’s role and remit are to protect the public by regulating individual dental practitioners. The Board regulates to ensure that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

The National Law does not give authority or power to the Board to regulate dental practices as entities. The Board does not have oversight or monitoring over systemic infection prevention and control matters.

The *Documentation* section of the guidelines applies to ‘every place where dental care is provided’ and extends not only to dental practitioners but to ‘all staff’. This broad application to the practice setting and to all staff (including non-registered staff), does not align with the Board’s role and exceeds its regulatory remit, which is only to regulate individual practitioners.

32FP The Board does not restrict practice nor prescribe in detail how practitioners should practice. Instead, the Board takes a responsive, risk-based approach to regulation. The current guidelines are inflexible and apply regardless of practice nuances or individual circumstances.

Replacing the guidelines with other resources better aligns with the Board’s role, purpose and regulatory approach. It also aligns with the [39TNational Scheme Strategy](https://www.ahpra.gov.au/About-Ahpra/National-Scheme-Strategy.aspx)39T. The strategy seeks to achieve regulatory effectiveness and trust and confidence by strengthening risk-based regulatory practices and supporting professional learning and practice.

The withdrawal of the self-audit tool in favour of a self-reflective tool also aligns with the Board’s approach to promote professionalism and encourage reflection, rather than tell practitioners how to practise.

Practitioners practise safely

The Board is confident that dental practitioners generally practise safely. Understanding the scientific principles and application of infection prevention and control is embedded in our accreditation system through the professional competencies, making it a core entry-level expectation of all registered dental practitioners.

The Board and co-regulatory entities do receive notifications about infection prevention and control, however the proportion of concerns raised about these issues is lower than the concerns raised about other performance matters.

When practitioners are not practising safely, there can be several factors that contribute to this, such as:

* personal attitudes
* years in practice
* whether recent continuing professional development (CPD) in infection prevention and control was completed, and

workplace culture.

The Board considers it should focus on addressing all factors that influence departure from safe practice. Instead of issuing prescriptive guidelines, this can better be achieved by preventative and supportive strategies, including data analysis to support targeted communications, increased engagement with practitioners and other stakeholders and providing self-reflective tools and fact sheets that encourage the exercise of professional judgement, explain how practitioners can meet their obligations and access the right information.

The Board has adequate regulatory tools to protect the public

When the Board needs to take regulatory action to ensure the public is safe, several options are available under the National Law. For example, the Board can restrict how or where a practitioner practises, impose conditions to attend education and training or suspend registration on an interim basis in cases of serious and immediate risk.

The Board does not need guidelines on infection control to take necessary action. The Board can use its other regulatory instruments, like registration standards, the *Code of conduct* or the BBV guidelines to support regulatory action. The Board can have regard to other evidence of acceptable practice in the profession, like practice guidelines accepted by the profession or expert opinions, to establish whether a practitioner is practising below the expected standard. The Board can refer a practitioner to a performance or health assessment to help it decide whether to take further action.

Dental practitioners practise in broad and varied ways. The Board does not issue guidelines about specific areas of clinical practice. This does not stop the Board from taking action where necessary when concerns are raised about a practitioner. Therefore, the Board could still take action to protect the public if the guidelines were replaced by supporting resources.

Flexibility is essential for providing guidance

In 2020 the COVID-19 pandemic affected dental practitioners both personally and professionally. The pandemic highlighted concerns about infection prevention and control among dental practitioners and the community.

National Boards’ and Ahpra’s regulatory response to the pandemic recognised there may be a need for practitioners to adjust established procedures to provide appropriate care to patients in these circumstances. The response emphasised the importance of professional judgement when resources are limited and demand is intense. Flexible arrangements were adopted, while maintaining patient safety. A wide range of resources, information and policies were published on Ahpra’s dedicated 39T[40TCOVID-19 webpage](https://www.ahpra.gov.au/News/COVID-19.aspx)40T39T.

The Board played an important role in informing registered dental practitioners about governments’ changing public health orders and restrictions and guiding them to the most authoritative sources of information and government requirements. The Board’s news items directed practitioners towards relevant and topical resources for infection prevention and control.

The pandemic has shown us the need for resources that support practitioners’ self-reflection and exercising professional judgement. This helps them to better respond to emerging infection prevention and control issues in a range of contexts. Resources such as the fact sheet and self-reflective tool are dynamic and readily adaptable to changing contexts and advances in knowledge. They can be updated more easily than guidelines, which require wide-ranging consultation under the National Law.

Replacing the guidelines with supporting material allows the Board to maintain information for practitioners and the public that is current, relevant and contextual.

The proposal aligns with the principles for review

The preferred option aligns with the principles of the review. The proposal:

* promotes a supportive rather than prescriptive approach which, together with other entities’ guidance on infection control, supports practitioners to comply with their obligations under the National Law
* is reasonably practicable for individual practitioners, because it is no longer aimed at regulating aspects of practice that are beyond their control, such as every place where dental care is provided and to all staff
* is risk-based, as it does not impose additional regulation beyond that which is necessary to achieve protection of the public
* reduces unnecessary regulatory duplication, for example duplication with the requirements under the BBV guidelines and overlap with the *Code of conduct*, and
* is developed through an open, transparent and consultative process.

Options

There are two proposed options as an outcome of the Board’s review of the guidelines.

Maintaining the status quo by keeping the guidelines without any revisions is not a feasible option. This is due to the length of time the guidelines have been in effect without any substantive revision and the misalignment with the principles of the review.

Option 1: Keep the guidelines with revisions to better align with the principles of the review

Option one is to keep the guidelines with the following revisions:

* 0T0Tbetter alignment with the principles of the review by:
* 0T0T0Tstreamlining the 0T0Tdocument0T0T to omit duplication and inconsistency with the BBV guidelines
* 0T0Trewording to apply to individual practitioners rather than dental practices
* 0Tremoving material that is not subject to extensive public consultation, and

updates to web links and style.

A draft revised version of the guidelines is available at **Attachment C**.

Option 2: Replace theguidelines with other supporting resources

This option involves:

* the retirement of the *Guidelines on infection control*
* revising the Board’s fact sheet on infection prevention and control, and

publishing a self-reflective tool to replace the Board’s self-audit checklist.

A draft revised fact sheet is available at **Attachment D**. A draft self-reflective tool is available at **Attachment E**. Following public consultation, the self-reflective tool would also go through a user testing phase, to refine the tool and ensure it is fit for purpose.

Preferred option

The Board’s preferred option is **option 2**, to replace the guidelines with other supporting resources.

Estimated impacts of replacing the guidelines with other resources

The Board estimates that the impact of replacing the guidelines with additional resources is likely to be minimal. The Board carefully considered the possible consequences of replacing the guidelines with other resources, including the effect on:

* knowledge and awareness
* patient safety
* regulatory effectiveness
* practice, and
* cost.

There are no identified impacts on the labour market or on competition within the dental healthcare sector.

If the Board’s preferred option is adopted as the outcome of the review, it will be monitored and evaluated by measuring practitioner levels of engagement with and reach of supporting resources as well as continued regular oversight of notifications about infection prevention and control issues. We will monitor whether there are changes in how the Board investigates and responds to concerns about infection prevention and control. This will help us measure the effectiveness of the Board’s changes to ensure there are no unintended consequences.

Knowledge and awareness

Dental practitioners, other stakeholders, Ahpra and National Boards will need to become familiar with the new and revised supporting resources. Practitioners will need to understand their overarching obligations to practise safely. Importantly, there are no new obligations being imposed and the need to practise safely, in a way that minimises the risk of spread of infection, is not changing.

If the guidelines are replaced with supporting resources, the Board and Ahpra will ensure that practitioners and other stakeholders are advised of the changes before they take effect. However, as the substantive requirements to practise safely do not change, the impact is negligible.

The Board’s use of guided self-reflective documents has increased over the past 12 months. There is scope for the Board to provide further instructions during implementation to ensure practitioners are aware of how to use these tools to reflect on their practice.

Patient safety

The Board believes the proposed changes would not adversely affect patient or consumer safety, or the safety of vulnerable groups. On the contrary, removing the guidelines affords practitioners a degree of flexibility to provide appropriate care regarding the individual patient’s circumstances.

The overarching need to practise safely remains and is embedded in the Board’s standards, codes and guidelines, particularly the *Code of conduct*. The requirements of the BBV guidelines also support patient safety by ensuring that the risk of blood-borne virus transmission between practitioners and patients is reduced. Patient safety is also maintained through the broader legislative and regulatory obligations that apply to dental practice and the existence of information and guidance produced by other authoritative entities.

Regulatory effectiveness

It is not anticipated that the Board’s regulatory effectiveness will be affected by the proposed changes. As described earlier in this paper, the Board and co-regulators have several options open to them to ensure that practitioners are practising safely. The Board does not need to rely on regulatory guidelines to support a decision about taking regulatory action.

Effect on practice

The Board believes the changes proposed would not have an adverse effect at the practice level. While dental practitioners would no longer be subject to the prescriptive requirements of the guidelines, in practice, it would be open to practitioners to maintain their existing systems and processes, so long as they are safe, consistent with the Board’s standards, codes and guidelines and comply with any other state, territory or federal legislative requirements.

Cost implications

Any changes would not affect application or registration fees, so there are negligible cost implications for dental practitioners.

The changes would not be expected to significantly affect practice costs, such as increased instrument reprocessing or other existing infection prevention and control procedures.

As the proposal involves retiring the guidelines, the cost of ‘strict’ compliance is potentially reduced. However, the Board anticipates that as practitioners will need to continue maintaining good infection prevention and control, associated costs will be similar to those incurred before the change. Practitioners may allocate more time to professional development to complete the self-reflective tool, however this is not a mandated tool but rather an optional resource to help them comply.

It is not expected that any costs would be passed on to dental patients or consumers.

Questions for consideration

|  |
| --- |
| 1. Which of the options proposed do you prefer and why? |
| 1. If you prefer option 1, to keep and revise the guidelines, do you have any suggestions about the language, structure or content of the draft revised guidelines (**Attachment C**)? |
| 1. Would replacing the guidelines with other supporting resources result in any unintended consequences or costs for: 2. dental practitioners 3. dental practices 4. patients or consumers 5. vulnerable members of the community, or 6. Aboriginal and Torres Strait Islander Peoples?   If so, please describe or quantify them. |
| 1. Do you have any suggestions about the language, structure or content of the draft revised fact sheet (**Attachment D**)? |
| 1. Do you have any suggestions about the language, structure or content of the draft self-reflective tool (**Attachment E**)? |
| 1. Do you have any other feedback about the Board’s proposal? |

Relevant sections of the National Law

The relevant sections of the National Law are Sections 39, 40 and 41.

Attachments

A: Patient and consumer health and safety impact statement

B: Statement of assessment against Ahpra’s Procedures for the development of registration standards, codes and guidelines, and principles for best practice regulation

C: Draft revised Guidelines on infection prevention and control (option 1)

D: Draft revised Fact sheet: Infection prevention and control for dental practitioners (option 2)

E: Draft Self-reflective tool: Infection prevention and control (option 2)

Patient and consumer health and safety impact statement – review of Guidelines on infection control

September 2021

Statement purpose

The National Boards’ Patient and consumer health and safety impact statement (the statement)[[1]](#footnote-2) explains the potential impacts of a proposed registration standard, code or guideline on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the statement are:

1. The potential impact of the proposal to replace the *Guidelines on infection control* with other resources on the health and safety of patients and consumers, particularly vulnerable members of the community, including approaches to mitigate any potential negative or unintended effects
2. The potential impact of the proposal to replace the *Guidelines on infection control* with other resources on the health and safety of Aboriginal and Torres Strait Islander Peoples including approaches to mitigate any potential negative or unintended effects
3. Engagement with patients and consumers, particularly vulnerable members of the community about the proposal
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards’ Patient and consumer health and safety impact statement aligns with the National Scheme’s[*Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025*](https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx)*,* the [*National Scheme Strategy 2020-25*](https://www.ahpra.gov.au/About-AHPRA/National-Scheme-Strategy.aspx) and reflects key aspects of the revised consultation process in the [AManC Procedures for developing registration standards, codes and guidelines and accreditation standard*s*](https://www.ahpra.gov.au/Publications/Procedures.aspx).

Below is the initial assessment of the potential impact of the proposed replacement of the Dental Board of Australia’s (the Board) *Guidelines on infection control* (the guidelines) with other supporting resources on the health and safety of patients and consumers, particularly vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples. This assessment will be updated after consultation feedback.

**1. How will this proposal impact on patient and consumer health and safety, particularly vulnerable members of the community? Will the impact be different for vulnerable members compared to the general public?**

The Board has carefully considered what possible outcomes replacing the guidelines could have on patient and consumer health and safety, particularly vulnerable members of the community, in order to put forward what we think is the best option for consultation. The proposed option is based on best available evidence and an assessment against the Board’s principles for the review of the guidelines. Our engagement through consultation will help us to better understand possible outcomes and meet our responsibilities to protect patient safety and healthcare quality. The Board does not believe the impact of its proposal will be different for vulnerable members of the community.

**2. How will the consultation engage with patients and consumers, particularly vulnerable members of the community?**

In line with our consultation processes, the Board is carrying out wide-ranging consultation. We will engage with patient and consumers, peak bodies, communities and other relevant organisations to get input and views from vulnerable members of the community.

**3. What might be the unintended impacts for patients and consumers, particularly vulnerable members of the community? How will these be addressed?**

The Board has carefully considered what possible unintended outcomes of replacing the guidelines with other supporting material might be, as the consultation paperexplains. Consulting with relevant organisations and vulnerable members of the community will help us to identify any other potential outcomes. We will fully consider and take actions to address any potential adverse outcome for patients and consumers that may be raised during consultation, particularly for vulnerable members of the community.

**4. How will this proposal effect Aboriginal and Torres Strait Islander Peoples? How will the effect be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?**

The Board has carefully considered any potential outcomes of replacing the guidelines with other supporting material on Aboriginal and Torres Strait Islander Peoples and how, when compared to non-Aboriginal and Torres Strait Islander Peoples they might be different, in order to put forward the proposed options for feedback as outlined in the consultation paper.Our engagement through consultation will help us to identify any other potential outcomes and meet our responsibilities to protect safety and healthcare quality for Aboriginal and Torres Strait Islander Peoples.

**5. How will consultation about this proposal engage Aboriginal and Torres Strait Islander Peoples?**

The Board is committed to the National Scheme’s [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Cultural-health-and-safety-strategy.aspx) which focuses on achieving patient safety for Aboriginal and Torres Islander Peoples as the norm, and the inextricably linked elements of clinical and cultural safety.

As part of our consultation process, we have tried to find the best way to meaningfully engage with Aboriginal and Torres Strait Islander Peoples.

**6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? How will these be addressed?**

The Board has carefully considered possible unintended outcomes of replacing the guidelines with other supporting resources, as identified in the consultation paper. Continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any other potential outcomes. We will consider and take actions to address any other potential adverse outcomes for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation.

**7 How will the impact of this proposal be actively monitored and evaluated?**

Part of the Board’s work in keeping the public safe is ensuring that all standards, codes and guidelines are regularly reviewed.

In keeping with this principle, the Board will conduct an evaluation of its review, implementation and outcomes and regularly review supporting material, to check it is working as intended.

Statement of assessment against Ahpra’s Procedures for the development of registration standards, codes and guidelines, and principles for best practice regulation

September 2021

Review of Guidelines on infection control

The Australian Health Practitioner Regulation Agency (Ahpra) has [Procedures for the development of registration standards, codes and guidelines](https://www.ahpra.gov.au/Publications/Procedures.aspx). These procedures have been developed by Ahpra in accordance with Section 25 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), which requires Ahpra to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

The Dental Board of Australia (the Board) is reviewing its *Guidelines on infection control* (the guidelines).

Below is the Board’s assessment of its proposal to replace the guidelines with other supporting resources against the elements outlined in the Ahpra procedures.

**1. The proposal takes into account the National Scheme’s objectives and guiding principles set out in Section 3 of the National Law.**

National Board assessment

The Board considers that the proposal to replace the guidelines with other supporting resources meets the objectives and guiding principles of the National Law.

The proposal to replace the guidelines with other supporting resources considers the National Scheme’s main objective of protecting the public by promoting practitioner self-reflection, the use of informative resources for practitioners, and emphasising the Board’s existing standards, codes and guidelines as the key sources of professional standards expected of dental practitioners.

By reducing administrative and regulatory duplication and prescriptive requirements under the existing guidelines, the replacement of the guidelines with other supporting resources contributes to the development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.

Likewise, the proposal aligns with the National Law’s guiding principle that restrictions on the practice of a health profession are to be imposed under the scheme only if it is necessary to ensure health services are provided safely and are of an appropriate quality.

**2. The consultation requirements of the National Law are met.**

National Board assessment

The National Law requires wide-ranging consultation on proposed codes and guidelines. The National Law also requires National Boards to consult each other on matters of shared interest.

The Board is ensuring that there is a wide-ranging consultation about its proposal in accordance with the consultation process of National Boards available on the [Ahpra website](http://www.ahpra.gov.au/Publications/Procedures.aspx). Public exposure to the proposal and the opportunity for public comment will occur via an eight-week public consultation. This will include publishing a consultation paper on the Board’s website and informing health practitioners and the community of the review via the Boards’ electronic newsletters and a social media campaign.

The Board will consider the feedback it receives when finalising the outcome.

**3. The proposal considers the following principles for best practice regulation.**

National Board assessment

In developing the proposal, the Board has considered principles for best practice regulation.

The Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The Boards make the following assessment specific to each of the principles expressed in the Ahpra procedures.

A. Whether the proposal is the best option for achieving the proposal’s stated purpose and protection of the public

National Board assessment

The proposal is the best option for achieving the stated purpose and protection of the public because it promotes a supportive, self-reflective approach to dental practice, while retaining the regulatory safeguards of the Board’s existing standards, codes and guidelines, to rely on for enforcement and compliance.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

National Board assessment

The proposal does not result in any unnecessary restriction of competition among health practitioners as it does not seek to limit or restrict practice.

C. Whether the proposal results in an unnecessary restriction of consumer choice

National Board assessment

The proposal does not result in any unnecessary restriction of consumer choice as it does not affect the labour market or workforce supply.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

National Board assessment

As the proposal reduces regulatory burden on practitioners, the costs to members of the public and practitioners and/or governments are likely to be minimal. While the proposal is a change from the status quo, in substance, the requirement for practitioners to practise safely remains the same. The proposal emphasises supporting practitioners to behave professionally. The benefits of the proposal outweigh any minimal costs related to health practitioners and other stakeholders needing to become familiar with the Board’s new resources.

E. Whether the proposal’s requirements are clearly stated using plain language to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

National Board assessment

The resources developed to support practitioners enable understanding and compliance by practitioners and members of the public. The focus on using a plain English style fact sheet as part of the supporting resources enhances understanding. The Board is committed to reviewing its consumer-facing resources and will develop a separate set of resources for consumers, following the outcome of the review.

F. Whether the Board has procedures in place to ensure the proposed registration standard, code or guideline remains relevant and effective over time

National Board assessment

The Board’s standards, codes and guidelines are subject to regular review, usually every three years. These reviews are incorporated as part of the Board’s regulatory workplan.

In keeping with this principle, the Board will conduct an evaluation of its review, implementation and outcomes and regularly review supporting material. The Board will have regard to emerging evidence relating to practice issues where required, to ensure that the Board’s regulatory approach remains relevant and effective over time.

1. This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). Section 25(c) requires Ahpra to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the Health Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code, or guideline. [↑](#footnote-ref-2)