Independent review of the National Registration and Accreditation Scheme for health Professions

September 2014

Responses to review questions

Written submissions to be provided by email to: nras.review@health.vic.gov.au by close of business on 10 October 2014.

Stakeholder Details

<table>
<thead>
<tr>
<th>Organisation name</th>
<th>SA Dental Service</th>
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<tbody>
<tr>
<td>Contact information</td>
<td>Dr Geoff Franklin</td>
</tr>
<tr>
<td>(please include contact person’s name and email address)</td>
<td>Executive Director SA Dental Service</td>
</tr>
<tr>
<td></td>
<td>GPO Box 864</td>
</tr>
<tr>
<td></td>
<td>ADELAIDE SA 5001</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:Geoff.Franklin@health.sa.gov.au">Geoff.Franklin@health.sa.gov.au</a></td>
</tr>
<tr>
<td></td>
<td>Phone 08 8222 9070</td>
</tr>
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SA Dental Service responses to review questions

**Accountability**

*Please provide your responses to any or all questions in the blank cells below*

1. Should the Australian Health Workforce Advisory Council be reconstituted to provide independent reporting on the operation of the National Scheme?

SA Dental Service has no definitive position on whether the Australian Health Workforce Advisory Council be reconstituted to provide independent reporting on the operation of the National Scheme, however, agree an advisory service to the Ministerial Council on health workforce reform is beneficial.

2. Should the Health Workforce Advisory Council be the vehicle through which any unresolved cross professional issues are addressed?

SA Dental Service has no definitive position on whether the Health Workforce Advisory Council be the vehicle through which any unresolved cross professional issues are addressed, but agree this suggestion is reasonable.

**The future for regulation of health practitioners in Australia**

*Please provide your responses to any or all questions in the blank cells below*

3. Should a single Health Professions Australia Board be established to manage the regulatory functions that oversee the nine low regulatory workload professions? Estimated cost saving $11m per annum
SA Dental Service would support either of the options proposed in Qu 3 or 4
“a single Health Professions Australia Board be established to manage the regulatory functions that oversee the nine low regulatory workload professions”
Or ‘nine National Boards overseeing the low regulatory workload professions be required to share regulatory functions of notifications and registration through a single service’
As both options would deliver considerable savings and ensure improvements for the management of the low regulatory workload professions.
Given the diversity of the smaller professional groups and the potential for the larger professional groups to monopolise a single board Option 2 is possibly a better option with a review in 3-5 years to see whether option 1 is viable.

4. Alternatively, should the nine National Boards overseeing the low regulatory workload professions be required to share regulatory functions of notifications and registration through a single service? Estimated cost saving $7.4m pa.?

See Qu 3 response

5. Should the savings achieved through shared regulation under options 1 or 2 be returned to registrants through lower fees?

SA Dental Service would support a reduction in registrants fees as a result of any savings achieved on the principle that registration fees should reflect the true reasonable costs of registration.

6. Should future proposals for professions to be included in the National Scheme continue to require achievement of a threshold based on risk to the public and an associated cost benefit analysis?

SA Dental Service agrees it is reasonable that a balance between the risks to public safety and the costs of administering professional regulation is appropriate when considering future proposals for professions to be included in the National Scheme.

7. Should the National Law be amended to recognise those professions that provide adequate public protection through other regulatory means?

SA Dental Service has no definitive position on whether the National Law be amended to recognise those professions that provide adequate public protection through other regulatory means.

8. Should a reconstituted Australian Health Workforce Advisory Council be the vehicle to provide expert advice on threshold measures for entry to the National Scheme to the Health Workforce Ministerial Council?

If the Australian Health Advisory Council is reconstituted then it would be the appropriate vehicle to provide expert advice on threshold measures for entry to the National Scheme to the Health Workforce Ministerial Council.

Complaints and notifications

9. What changes are required to improve the existing complaints and notifications system under the National Scheme?

It can be challenging for National Boards to tread a fine line between public safety and support and regulation of the profession/s for which they are responsible. Reviewing our experience to date in
## Complaints and notifications

*Please provide your responses to any or all questions in the blank cells below*

relation to Board/AHPRA investigation of notifications reveals a tendency at times to respond in a manner disproportionate to the alleged incident/risk. In addition, application of the principles of natural justice and appropriate administrative decision making appear to be somewhat in their infancy. Instead of the desirable balanced assessment of a situation, at times there appears to be an assumption of accuracy on the part of the notifier and wrongdoing on the part of the practitioner, reflected in somewhat unfortunate tone and language in communication with practitioners. The impact of a notification upon any practitioner can be devastating, and a balanced approach to assessing risk to public safety and the principles of administrative fairness are crucial to perceptions about some of the more difficult responsibilities with which the Board is tasked.

### 10. Should the co-regulatory approach in Queensland, where complaints are managed by an independent commissioner, be adopted across all States and Territories?

| SA Dental Service acknowledges the co regulatory approach adopted in Queensland is in it’s infancy and has not to date been appropriately assessed to determine it’s level of success. |

### 11. Should there be a single entry point for complaints and notifications in each State and Territory?

| SA Dental Service would support a single entry point for complaints and notifications in each State and Territory. This would provide local contacts and reference points for registrants and employers. It is imperative that any system be as simple as possible and navigable for the public. |

### 12. Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?

| SA Dental Service would support performance measures and prescribed timeframes for dealing with complaints and notifications being nationally adopted, but these timeframes need to be appropriate. Our recent experience indicates unreasonable timeline expectations are placed upon registrants to reply to or provide information before actions / conditions have been put in place. In one circumstance conditions were applied prior to the completion of an investigation. The principles of fairness according to recognised human resource practices do not appear to be consistently applied. Any timeframes introduced need to reasonably accommodate issue for registrants in locations where it is not possible to have ready access to services which allow them to provide relevant information. |

### 13. Is there sufficient transparency for the public and for notifiers about the process and outcomes of disciplinary processes? If not, how can this be improved?

| As key stakeholders in the notification and disciplinary processes, there also needs to be sufficient transparency for, and consideration given to, registered practitioners. In addition to that transparency for individuals directly involved in notifications, de-identified advice from the Board to the broader population of practitioners on trends & specific issues could assist to improved understanding & conduct of practitioner roles and boundaries. At present practitioners not involved in a notification are largely unaware that any matters have been considered by the Board to the areas in which transgressions are either perceived or found to have occurred and to which it might be advisable to pay additional regard in their daily conduct. |

### 14. Should there be more flexible powers for National Boards to adopt alternative dispute resolution, for instance to settle matters by consent between the Board, the practitioner and the notifier?

| SA Dental Service would support the opportunity to adopt alternative dispute resolution processes. This would increase flexibility for both the Board, practitioner and the notifier, has the potential to reduce the stressful nature of the process and potentially increase communication and outcomes for all parties involved. |

### 15. At what point should an adverse finding and the associated intervention recorded against a practitioner be removed?

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### Complaints and notifications

**Please provide your responses to any or all questions in the blank cells below**

If the purpose of an intervention is to ensure public safety and high public regard for the profession, the removal of imposed interventions should occur at the point at which it can reasonably be concluded that the practitioner in question has demonstrated that those objectives have been achieved. While this will require assessment and careful deliberation on a case by case basis, it is vital that adequate consideration also be given to the practitioner, their livelihood and self esteem. Transparent guidelines need to be established to inform case by case assessments in order to provide a common understanding and clarity for the public, professionals and regulators alike.

### Public Protection

**protected practice, advertising, cosmetic procedures and nation code of conduct**

**Please provide your responses to any or all questions in the blank cells below**

16. Are the legislative provisions on advertising working effectively or do they require change?

SA Dental has not experienced any difficulties with the current legislative provisions on advertising.

17. How should the National Scheme respond to differences in States and Territories in protected practices?

SA Dental Service would support national consistency being applied when changes are considered for protected practices. If States and Territories are wanting to make a change, there should be wider consultation with the National Scheme and other states, as it may be in the best interests of the public that proposed changes are implemented nationally.

18. In the context of the expected introduction of a National Code of Conduct for unregistered health practitioners, are other mechanisms or provisions in the National Law required to effectively protect the public from demonstrated harm?

No Comment

### Mandatory notifications

**Please provide your responses to any or all questions in the blank cells below**

19. Should the mandatory notification provisions be revised to reflect the exemptions included in the Western Australian and Queensland legislation covering health practitioners under active treatment?

SA Dental Service has had no experience with this issue and therefore is not in a position to comment.

### Workforce reform and access

**Please provide your responses to any or all questions in the blank cells below**

20. To what extent are National Boards and Accrediting Authorities meeting the statutory objectives and guiding principles of the National Law, particularly with respect to facilitating access to services, the development of a flexible, responsive and sustainable health workforce, and innovation in education and service delivery?

The Dental Board of Australia appears to exhibit a degree of reluctance to respond positively to innovation or enhancement in this aspect of responsibilities. For example, there is a range of
Workforce reform and access

Please provide your responses to any or all questions in the blank cells below

professional streams within the dental team and vertical role integration at the intersections of these current boundaries is not only not being actively considered, but initiatives to allow practitioners to work to the maximum scope of their trained scope of practice are discouraged. For example, efforts to allow Dental Therapists in South Australia to provide treatment in which they are both trained and experienced in relation to children and young adults have been met with a requirement that those practitioners must undertake additional University coursework and competency assessments. That requirement appears to place a great deal of weight on differences in the pharmacological experiences of children and adults without regard to the existing scope of practice constraints on therapists.

It is noted that the Board revised the scope of practice registration standard from 30 June 2014 to remove ambiguity around the relative independence of dental therapists, but that their status as not being independent practitioners was not affected by this clarification.

In addition, there has been an incremental but perceptible tightening of arrangements for overseas trained dentists – see Question 24.

21. Should the proposed reconstituted AHWAC carry responsibility for informing regulators about health workforce reform priorities and key health service access gaps?

It is critical that direction, and expectations that action will be taken, are provided to regulators to address reform priorities and access gaps. A tendency to largely look inwards and maintain the status quo is a common phenomenon in groups and in industry settings, and in the absence of evidence to the contrary it can be supposed that this is also the case for National Boards.

22. To what extent are Accrediting Authorities accommodating multidisciplinary education and training environments with coordinated accreditation processes or considering future health practitioner skills and competencies to address changes in technology, models of care and changing health needs?

No Comment

23. What relationship, if any, is required between regulators and educational institutions to ensure the minimum qualification for entry to professions remains available?

There should be a relationship between educational institutions & regulators – if regulator are providing accreditation standards, they could also include minimum standards for entry to a course.

Assessment of overseas trained practitioners

Please provide your responses to any or all questions in the blank cells below

24. How effective are the current processes with respect to assessment and supervision of overseas trained practitioners?

Over several years, SA Dental Service has employed a significant number of overseas trained dentists under the Public Sector Dental Workforce Scheme which was introduced to assist with workforce shortages and maldistribution. The Scheme has provided work options for dentists trained at specified universities and who operate under limited registration with quite stringent supervision requirements. The Scheme has been and continues to be essential to the delivery of dentistry to some of the most vulnerable adults and children in South Australia, in particular in regional and remote areas. Despite many of these practitioners being superior in competencies and experience to many Australian trained graduates, it has been the experience of this organisation that
Assessment of overseas trained practitioners

Please provide your responses to any or all questions in the blank cells below

The Dental Board and AHPRA has gradually and somewhat unnecessarily tightened arrangements for these practitioners. For example, additional limitations are now in place including the need for supervisors of these dentists to have at least 4 years’ experience in Australia (or receive specified training in supervision) and on the number of limited registrants able to be supervised by a general registrant without regard to the individual circumstances.

This is contrasted with the situation where many of these practitioners could (and some do choose this path) achieve full registration in Australia under the Trans Tasman Mutual Recognition arrangements. If practitioners can achieve that full registration by simply using another entry point, there seems little value in tightening PSDWS requirements that work against the fundamental premise of the Scheme by adding to the degree of difficulty associated with employing these clinicians. Alternatively it may be the case that the board has introduced these restrictions due to genuine concerns around competence, however if that is the case, the communication of those reasons would appear to have been somewhat unsuccessful.

Governance of the National Scheme

Please provide your responses to any or all questions in the blank cells below

25. Should the appointment of Chairperson of a National Board be on the basis of merit?

SA Dental Service would support the appointment of Chairperson of a National Board be on the basis of merit.

26. Is there an effective division of roles and functions between National Boards and accrediting authorities to meet the objectives of the National Law? If not, what changes are required?

No Comment

27. Is there sufficient oversight for decisions made by accrediting authorities? If not, what changes are required?

No Comment

Proposed changes to the National Law

Please provide your responses to any or all questions in the blank cells below

28. The Review seeks comment on the proposed amendments to the National Law.

No Comment