

# **Dental Board of New South Wales**

## **Health Practitioner Regulation National Law (exposure draft)**

The Dental Board of New South Wales makes the following submission for the public consultation of the draft (Bill B) released by the Australian Health Workforce Ministerial Council on the 12 June 2008.

### **1. The National Board:**

The new board dental practitioner membership should be expanded to include two more dentists, increasing the number of dentists to five. Small participating jurisdictions should each have at least one representative on the National Board.

### **2. State or Territory Boards**

There appears to be no clear specification as to the composition of State or Territory Boards/committees. In dentistry all practitioners should be fairly represented.

### **3. Registration**

#### **Specialist Registration**

The qualifications for specialist registration will need to be specified in the registration standard. If the candidate meets the requirements they will probably have no need to be registered as a dentist, only as a specialist. This may create ambiguity for removal of specialist registration with the outcome of disciplinary hearings if the registrant cannot qualify as a general practitioner.

#### **Limited Registration**

The qualifications and experience should be both relevant and sufficient.

It has been noted in New South Wales that limited registration has been applied for in the case of teachers who have limited clinical experience.

Further, the period of registration is also important for the Public Sector Workforce Scheme currently operating around Australia to permit assessment of overseas trained practitioners in the public employment sector.

Limited registration for 'area of need' and 'in the public interest' do not have adequate provision for appropriate standards to ensure safe practice and protection of the public.

The Board would recommend that the registration period should be renewable.

## **Student Registration**

The Bill does not give a time frame for education institutions to give details to the Board. The National Board will be totally reliant on the universities and agencies for details and changes to the register. As there is no application form from students the process will have no checks.

The complaint/disciplinary process for students only relates to the student being charged for indictable offence etc or impairment. It would seem reasonable to consider issues of unprofessional conduct in the same way as other registrants.

Further there needs to be provision in the bill that training institutions are required to notify Board's relating to any complaint or disciplinary process otherwise due to privacy this information may not be disseminated.

## **Criminal History**

The Board believes that the criminal record checks should be appropriate for all registrants including students.

### **4. Mandatory Reporting**

There should be an exemption for those health professionals (representatives of professional associations or indemnity insurance providers) who are assisting a practitioner to answer a complaint, not to have to report to the Board concerning the practitioner. Great benefit is obtained by the public and the profession in the current role of health practitioners providing advice to patients and dental practitioners in relation to complaints and incidents as a service of the Board and professional associations and entities.

### **5. Impairment**

The Board would support the ability to refer practitioners to health advisory services.

### **6. Complaints handling.**

The scheme should aim to have a complaints handling process that integrates with the broader based State and Territory health complaints programs, and that is at "arms length" peer reviewed, independent and subject to judicial review.

### **7. Review v Appeal**

The health practitioner should have a right of appeal to the judicial system (such as the Supreme Court).

## **8. Disclosure at Renewal**

The requirement to notify withdrawal or restriction of billing privileges of health practitioners by private health insurers should be withdrawn from the annual statement and relevant event. There are numerous instances where health fund complaints and actions have had no success through lack of substantive evidence over minor issues. In NSW complaints by health funds without a court conviction are usually declined to be dealt with by registration boards and the HCCC.

## **9. Restricted Practice.**

The Board supports the definition in the Public Health Act 1991 (NSW) section 10AF.

## **10. Endorsements, Clinical Privileges and Areas of Need, Accreditation.**

The NSW Board is concerned regarding the great variations in current practice areas and descriptions involving all dental practitioners amongst the jurisdictions. Duties for auxiliaries are not uniform and are not based on accredited training courses in some instances, nor in the interests of safety or for public understanding. The current Administrative Appeals Tribunal case in WA concerning an Orthodontist's registration is a case in point regarding the complexity of Ministerial decisions, legislation and variable state government proposals. The ongoing accreditation systems and standards of practice are in need of review. It is not certain that the current bill allows for addressing these issues adequately.