

The Dental Board of Western Australia

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SUBMISSION TO THE NATIONAL REGISTRATION AND ACCREDITATION IMPLEMENTATION PROJECT TEAM

Exposure Draft of The Health Practitioner Regulation National Law 2009 – “Bill B”

Dear Sir,

It is my duty as President of the Dental Board of Western Australia, to advise of the Board's continuing concerns and view that it is not in the interest of the profession of dentistry or the interests of the public of Western Australia for Western Australia to participate in the proposal to nationalise Registration Boards under the model that is developing.

With regards the Exposure Draft, areas of very significant concern include,

1. Proposed Dentist representation on the National Board

With no disrespect to the other three practitioner groups, they do not have the all encompassing knowledge of and training in dentistry. Their educational curriculum and training is based on the precept that they will provide specific clinical services having developed specific skills in limited areas of dental care. Dental hygienists, dental therapists and dental prosthetists, are a valuable asset to the public and the profession, but the contribution they can make to a National Board is overrepresented under the proposed structure. The “work” of the Board is further limited to very few if the Board is also required to have three community representatives. A reduction to two community representatives would also be a practical consideration, presuming one of the remainder has legal experience to assist the Board's deliberations and decisions.

The Dental Board of Western Australia requests that the Ministerial Council recognize the uniqueness of the dental profession in having four practitioner groups and in doing so increase the Board membership to twelve. This would reflect the prime practitioner balance achieved in the other Australian Boards (except nursing and midwifery), and simply expands by three to accommodate the other three practitioner groups. The exposure draft, clause 45(3) offers this flexibility, “the Ministerial Council may decide the size and composition of a National Board”.

It is simply not practical to have a Dental Board of Australia with only three dentists, to develop or approve standards, codes and guidelines for the profession, including the approval of accreditation standards submitted to it by the accreditation authority (Australian Dental Council), the development of registration standards for approval by the Ministerial Council, develop and approve codes and guidelines that provide guidance to the practitioners, as well as the other functions detailed in clause 49 of the

The proposed increase in members and modified composition, could be reviewed after two years once many if not all of the codes of practice, are in place.

2. Complaints Procedure

The Board notes and provides comment on the following features of the proposed complaints system.

- Assistance will be provided to members of the public who need help to make a complaint. The Board sees this as desirable, but no different to the current system.
- A complaint will be made to the National Agency although it does not intend to affect the services provided by health complaints commissions across the country. Is this therefore just and alternate complaint avenue to State Boards or the Office of Health Review?
- The new scheme states, it “will provide a single point of contact through the national agency (including a dedicated telephone line) for members of the public wishing to make a complaint and then passed to the relevant national board”. Having non professional / secretarial personnel advising and assisting on a complaint is not only impractical, it can be very misdirecting even with a degree of pre-judgement, especially if the name of the practitioner is familiar to the assistant.
- Complaints simply cannot be verbal as proposed in clause 153, 1(a).
- A new position of Public Interest Assessor (PIA) will be created. The role of the Public Interest Assessor will be to make an independent assessment of complaints received by the national boards. Within 60 days after receipt of a complaint, a National Board will conduct a preliminary assessment of the complaint and decide on which grounds to proceed. Within this period the Board must also reach agreement with an independent assessor for the participating jurisdiction about how the complaint will be handled. The independent assessor may be seen to be of value but this entirely new tier of administration will add great complexity to the handling of complaints and multiple handling of matters, making the complaints process unwieldy and will be functionally impractical. One of the Charters of the introduction of the NRAS was to reduce tape. This alone will treble at the very least the amount of red tape involved in the complaints process.

If the PIA is to be retained it should be specified as being funded by governments on behalf of the public.

3. Limited Registration

Limited registration needs clarification of both length of period of renewal (clause 90) and that it can be 'continued' (i.e. not prevented from being registered in this category for more than one period of x years) (clause 91). The Dental Board of WA has found that in its current category of Temporary Registration, the system of annual renewals, but for not more than three years, has worked well for a long time.

4. Oral Health Therapist

Clarification of the inclusion of 'oral health therapist' is required as this is both a profession and a title that does not have recognition in all jurisdictions at present (clauses 44, 129 and 269).

5. Irreversible Procedure

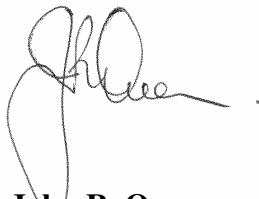
Preference is expressed for inclusion of 'irreversible procedure' instead of or additional to 'permanent procedure' in definition of restricted dental act (clause 135)

It is also important that I advise that the above points have been developed without the Board having had sufficient time to consider the Exposure Draft. The views expressed are largely my personal views. The Board has not had the opportunity to meet to discuss the Exposure Draft prior to the deadline for the submission of this response of 17 July 2009. It is likely, in my opinion, that if the Board had been afforded adequate time to fully consider the 203 page document, then a significant number of additional issues would have been raised.

The contents of this letter will be tabled at our meeting of the 20 July for ratification. It is hoped that additional material can be forwarded as it arises. The Board looks forward to ongoing dialogue

In appreciation of your recognition of our concerns.

Yours sincerely

A handwritten signature in black ink, appearing to read 'John R. Owen', with a large loop at the start and a horizontal line extending to the right.

Dr John R. Owen
President
Dental Board of Western Australia

16 July 2009