



Australian
Dental
Council

SUBMISSION

on

NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR THE HEALTH PROFESSIONS

Consultation on Proposed Arrangements for Information Sharing and Privacy

15 December 2008

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1. Introduction

1.1 The Australian Dental Council appreciates the invitation of the Practitioner Regulation Subcommittee of the AHMAC Health Workforce Principal Committee to comment on policy matters that are set out in the consultation paper (issued 03 November 2008) on proposed arrangements for information sharing and privacy matters that are to be incorporated in the second stage of legislation to establish a National Registration and Accreditation Scheme for the Health Professions.

1.2 The Australian Dental Council (ADC) was formed in 1993. Membership of the ADC comprises the following bodies associated with the standards of education and training and regulation of professional practice for dentists, dental specialists, dental therapists and oral health therapists, and dental hygienists in Australia:

- (a) the Dental Boards of the States and Territories of Australia
- (b) the Australasian Council of Dental Schools
- (c) the Australian Dental Association Inc
- (d) the Royal Australasian College of Dental Surgeons
- (e) the Australian Dental and Oral Health Therapists Association
- (f) the Dental Hygienists Association of Australia

In addition, the Dental Council of New Zealand and the Council of Regulatory Authorities for Dental Technicians and Dental Prosthetists Australia and New Zealand Inc (CORA) have Observer status on the ADC Board. The ADC is governed by a Board of Directors comprising nominees of the above member bodies, together with the officebearers and Chairs of standing committees.

1.3 The principal functions of the ADC are:

- (a) to advise and make recommendations to Australian State and Territory Dental Boards in relation to:
 - the accreditation of education courses leading to a registrable dental or oral health qualification, conducted by Australian dental schools and other recognised institutions
 - the assessment of the suitability for practice in Australia of persons with overseas dental qualifications, and
 - uniform criteria for recognition of qualifications for registration and standards of practice
- (b) to provide advice on matters concerning the occupational regulation of dentists, including general and specialist registration, and of professions allied to dentistry
- (c) to undertake certification of other education courses that do not lead to a registrable dental or oral health qualification, conducted by Australian dental schools and other appropriate institutions.

1.4 The ADC has consulted with the following stakeholder groups in the compilation of this submission:

- State/Territory Dental Boards.
- Australasian Council of Dental Schools
- Australian Dental Association Inc
- Australian Dental and Oral Health Therapists' Association Inc
- Australian Dental Prosthetists' Association
- College of Dental Technicians of the Oral Health Professionals Association
- Council of Regulating Authorities for Dental Technicians and Dental Prosthetists Australia and New Zealand Inc
- Dental Hygienists' Association of Australia Inc

Not all groups have been able to respond to the issues canvassed in the consultation paper.

For ease of reference this Submission uses numbering which follows the numbering of the Consultation Paper. Only paragraphs on which comments are made have been reproduced in this Submission (hence the numbering is incomplete). Comments are in ***bold italics*** following the relevant extract from the Consultation Paper. In general, absence of comment recorded against a proposal indicates agreement.

3.1 Information collected for initial registration purposes

Proposal 3.1.2: It is proposed that the national scheme legislation provide for the following key categories of information for the registration of individuals.

Submission of the ADC:

The ADC agrees with the categories proposed. It is assumed that the specifics detailed in the second column are not to be part of the legislation as they are too detailed and may need to be varied, eg certificate of qualification rather than transcript; it is often difficult to obtain a certificate of good standing from a number of countries, and more difficult when the person is no longer registered.

3.2 Employer details

Proposal 3.2.1: It is proposed that the national scheme legislation provide the boards with the power to collect employer details and other similar details in order to enable notification by the relevant board to employers when a practitioner's registration status changes or conditions are placed on practice.

There are two options to give effect to this arrangement:

Option 1: Require name and address of employer, public health organisations, private hospitals, day procedure centres or nursing homes at which the practitioner is accredited to be recorded on registration and updated on renewal.

Option 2: Provide the boards with a power to require the practitioner to provide these details to the board, as necessary.

Submission of the ADC:

The ADC submits that these are not necessarily mutually exclusive options since a registrant's employment arrangements might change since the previous registration renewal. Consideration should be given to an appropriate combination of these options.

3.4 Identity checking on initial registration

Proposal 3.4.1: It is proposed that the national scheme legislation provide a power for boards to require identity checking, through photo identification and a "100 point check" system.

There are three options to give effect to this arrangement:

Option 1: All boards to require identity checking on initial registration post 1 July 2010, but not for existing registrants.

Option 2: Boards to decide whether identity checking along the lines of Option 1 will be required in their profession.

Option 3: Boards to decide whether identity checking along the lines of Option 1 will be required for only some applicants for registration.

Submission of the ADC:

The ADC is not aware of circumstances in dentistry in which option 1 would not be satisfactory (ie where option 2 would be necessary).

3.8 Information to be collected for workforce planning purposes

Proposal 3.8.1: It is proposed that the national scheme legislation provide for the Ministerial Council to specify from time to time, certain data items that must be collected as part of registration and renewal of registration processes where these data items are needed for workforce planning purposes as long as there is a clear need for the data and it is not too burdensome. Note that provision will also be made for additional data to be collected on a voluntary basis.

Submission of the ADC:

The proviso here is important. This must not become a burdensome requirement, and it should occur only when there is prior agreement from the relevant Board. The ADC submits, too, that failure on the part of a registrant to provide this additional information should not prevent them from being registered.

Proposal 3.8.2: It is further proposed that the current voluntary paper-based labour force surveys conducted by current boards on behalf of jurisdictions be discontinued.

Proposal 3.8.3: It is further proposed that information collected purely for workforce planning purposes will not be made available for board/agency purposes.

Submission of the ADC:

It is essential that such information in de-identified form be available to Boards to whom it might provide useful analysis and guidance. This is consistent with the proposal at 3.8.5 to make workforce planning information publicly available.

4.1 Information on the public register

Proposal 4.1.1: It is proposed that the national scheme legislation specify that the following categories of information in relation to each registrant are available on the public register:

- (a) Current name
- (b) Sex
- (c) Postcode of contact address and name of postcode area
- (d) Registration identifier
- (e) Date of first registration
- (f) Renewal date
- (g) Class of registration (where relevant)
- (h) Division (where relevant)
- (i) Conditions on practice (where relevant)
- (j) Date of suspension and date suspension is to end (where relevant)
- (k) Endorsed specialities (where relevant), and
- (l) Other endorsements (where relevant).

Submission of the ADC:

While this proposal is supported the ADC stresses that in relation to (c) no private contact information for registrants should appear on the publicly available register. In addition to postcode information, the ADC submits that a registrant's practice address(es) should appear as this facilitates consumer access to care, and professional referrals. For this reason there is merit also in considering the inclusion of additional items such as qualifications, languages spoken (and, as later, details of adverse findings against the individual).

Clarification may be needed as to whether students are to be included on the public register. If so, it could be useful to include the course which the student is undertaking.

4.2 De-registered practitioners

Proposal 4.2.1: It is proposed that the national scheme legislation provide that Option 4 be adopted and that the names of practitioners de-registered for conduct reasons appear on the public register with an indication that they have been de-registered for conduct reasons.

Submission of the ADC:

If this option were to be adopted the registrant's practice details would need to be removed and the registration status made explicit, ie that the practitioner could no longer practice. It would be helpful also to include a link to the decision on deregistration.

4.3 Recording of conditions on practice

Proposal 4.3.1: If conditions on practice relate to practitioner health or impairment issues, it is proposed that the national scheme legislation provide that the public register record that a health condition applies, with no further details appearing on the register. However, if specific restrictions on professional practice apply, they would appear on the register.

The agency could release information about health conditions in particular circumstances if it was judged to be in the public interest but the test would be a high one.

Submission of the ADC:

This is a highly problematic proposal. There is a significant risk that if details of specific restrictions on professional practice are included on the public register these could identify the registrant's health condition, which itself could be an unreasonable invasion of privacy, discourage reporting of health issues and be an impediment to management of the condition. The ADC proposes that the only information that ought be considered is a statement that a condition applies.

4.6 Public access to the findings of formal proceedings

Proposal 4.6.1: It is proposed that the national scheme legislation provide for the publication of tribunal decisions relating to registrants where it is in the public interest to do so.

Submission of the ADC:

The ADC submits that all tribunal decisions should be published where there is an adverse finding. If proposal 4.6.1 were to be adopted in its current form the question arises: who makes the decision about what is in the public interest? A consistent test of what is in the public interest would need to be applied across all Boards/Tribunals.

Proposal 4.6.2: There is a public interest in making board or committee decisions in relation to conduct matters public. It is proposed that decisions be published on the register of decisions on the agency's website.

There are two options to give effect to this arrangement:

Option 1: All conduct decisions of boards or committees are published (with patient details de-identified).

Option 2: Boards may order that certain decisions are confidential and order that the decision register contain a confidential information notice.

Submission of the ADC:

The ADC does not fully support either of these options. The ADC submits that all decisions where there has been an adverse finding made against a practitioner should be published. Patient details should always be de-identified. On the understanding that matters heard in these forums are not serious

