



Australian
Dental
Council

SUBMISSION

on

NATIONAL REGISTRATION AND ACCREDITATION SCHEME FOR THE HEALTH PROFESSIONS

Consultation on Proposed Arrangements for Specialists

11 February 2009

Tel: +61(0)3 9657 1777
Fax: +61(0)3 9657 1766
e-mail: ceo@adc.org.au
Web: www.adc.org.au

ABN 70 072 269 900
Ground Floor
120 Jolimont Road
East Melbourne Vic 3002

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 matters that are set out in the consultation paper (dated 21 January 2009) to clarify proposed arrangements for specialists 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. The Australian Dental Association Inc (ADA Inc) is forwarding a separate submission.

For ease of reference this Submission is set out using the headings with summary in the main part of the Consultation Paper, followed by the related section of Attachment A of the Paper. Comments by the ADC are in ***bold italics*** following the relevant extract from the Consultation Paper. In general, absence of comment recorded against a proposal indicates agreement.

2. Specialist Endorsement

- a. Specialist endorsement should only be available for a profession where a profession-specific accreditation standard for specialist training in that profession has been approved by the Ministerial Council following recommendation by the relevant board and at least one training program has been approved by the board's accreditation body or committee in accordance with those standards. The development of these standards will be undertaken by the accrediting body or committee.
- b. For the purposes of transition, from 1 July 2010, initial registration of specialists in any profession will be by an endorsement on the public register subject to (a) above. In the absence of such a standard being in existence at the time of transition to the scheme, the registrant will only be granted general registration without specialist endorsement.

Submission of the ADC:

The ADC supports proposal (a). As indicated in earlier (separate) submissions by the ADC and the Australian Dental Association, and as acknowledged later in the present Consultation Paper, there are well established and internationally recognised specialties in dentistry, as there are in medicine. Legislation in all jurisdictions provides for Dental Boards to regulate dental specialists via either specialist registration or specialist endorsement/description of general registration for appropriately qualified dentists. All such forms of specialist recognition should be regarded as equivalent for specialist endorsement in the particular specialty under the NRAS.

The ADC has defined accreditation standards for specialist training programs in dentistry. These standards are utilised by the ADC in well established processes it has developed for assessment for accreditation purposes of specialist education and training programs in dentistry. The standards and processes are based on the principles outlined in the ADC submission on the Consultation Paper on Accreditation Arrangements for the NRAS. Specifically, they align with the World Health Organisation/World Federation of Medical Education Guidelines for Accreditation of Basic Medical Education, 2005 (the WHO-WFME guidelines) and the document Standards for Professional Accreditation Processes (Professions Australia, June 2008), which has been endorsed by the health professions involved in the national scheme. Both documents are promoted in the earlier Consultation Paper on Accreditation Arrangements as the appropriate reference points for accreditation systems for the health professions under the NRAS.

Currently, postgraduate education and training programs in the following specialties in dentistry have accreditation by the ADC in accordance with these standards:

- ***Dento Maxillo Radiology***
- ***Endodontics***
- ***Oral and Maxillofacial Surgery***
- ***Oral Medicine***
- ***Oral Pathology***
- ***Oral Pathology and Oral Medicine***
- ***Orthodontics***

- **Paediatric Dentistry (Paedodontics)**
- **Periodontics**
- **Prosthodontics**
- **Public Health Dentistry (Community Oral Health and Epidemiology)**
- **Special Needs Dentistry (Special Care Dentistry)**

All accredited programs, apart from Oral and Maxillofacial Surgery (OMS), are University based programs offered at Masters or Doctor of Clinical Dentistry level in one or more Dental Schools/Faculties in Australia. The currently accredited specialty training program in OMS is conducted as a Fellowship program by the Royal Australasian College of Dental Surgeons.

The ADC supports proposal (b). However, the ADC notes that there are some jurisdictions with 'legacy' specialist recognition of some practitioners for specialties for which there is no currently accredited program. Transition arrangements for these practitioners will need to be considered so that the practitioners are not unreasonably disadvantaged under the NRAS.

c. The Ministerial Council may issue guidance to boards in relation to criteria for the recognition of specialties under the scheme, including those specialties to apply from 1 July 2010. The national board will propose to the Ministerial Council for approval, the types of specialist endorsement that will be available from 1 July 2010 in accordance with any guidance provided by the Ministerial Council. The national board will also determine how the current registration status of registrants should translate to specialties that are recognised under the national scheme, either with or without specialist endorsement.

Submission of the ADC:

The ADC supports this proposal. The criteria for the recognition of specialties should be profession-specific. All practitioners who currently have specialist registration or specialist endorsement should be recognised with specialist endorsement under the NRAS. As noted above, there are some jurisdictions with 'legacy' specialist recognition of some practitioners for specialties for which there is no currently accredited program. Transition arrangements for these practitioners will need to be considered so that the practitioners are not unreasonably disadvantaged under the NRAS. It would be appropriate for the Dental Board of Australia to consult with the ADC and existing Dental Boards, and the profession (ADA), to determine which specialties have current registration status but do not have current accreditation of their specialist training program, and to determine how best to transition practitioners with such specialist endorsements to appropriate registration under the NRAS.

d. Clarification that endorsements provided under the scheme will be approved or granted for registration purposes only. Registration decisions under the scheme are separate to any decision made outside of the scheme in relation to endorsements for the purposes of funding (eg Medicare) or employment (eg terms and conditions of employment by governments or hospitals). It is not intended to remove existing authorities conferred by States or Territories.

Submission of the ADC:

The ADC supports this proposal.

- e. Clarification that the power for boards to recommend (and the Ministerial Council to approve) qualifications for the purposes of specialist endorsement, relates to the standards of qualifications rather than specified qualifications.

Submission of the ADC:

The ADC supports this important differentiation between ‘standards of qualifications’ and ‘specified qualifications’. The term ‘qualifications standards’ as proposed in Attachment A (on page 5) is an appropriate term to identify this differentiation since it allows for depth and flexibility in association with minimum standards that a specialist qualification must meet. It is focused on expected outcomes of specialist training programs rather than on mandatory curriculum requirements and structure and educational methods. Importantly, the proposal means that the Ministerial powers do not potentially compromise the National Board’s ability to determine particular qualifications that meet the criteria for specialist endorsement of registration in the recognised specialty.

Specialist endorsement		
<p>Registration arrangements consultation paper – proposal 10.1.1</p>	<p>Given the framework set out in the IGA, it is proposed that the legislation include the following provisions:</p> <p>a. A general power (in the part of the legislation which sets out the broad powers and functions of the national boards) for the national boards to recommend to the Ministerial Council specialties that should be recognised for their profession, and the qualifications that the responsible board considers should apply for the purposes of endorsement of registration in each recognised specialty. This would be in addition to the role of the national boards in recommending to the Ministerial Council approved qualifications for registration purposes.</p> <p>b. Powers for the Ministerial Council, following recommendation from a national board to:</p> <p>i. approve those professions for which specialist recognition will operate under the national scheme</p> <p>ii. approve the list of specialties against which those boards referred to above will approve suitably qualified registrants for endorsement of their registration</p> <p>iii. approve the qualifications required for endorsement in each approved specialty, and</p> <p>iv. approve changes, from time to time, to the list of recognised specialties for a regulated profession and the qualification requirements for specialist endorsement within an approved specialty.</p> <p>c. For those boards with a specialist endorsement function, the same powers as when dealing with an application for registration or renewal of registration, that is, powers to receive an application for endorsement of registration, require further information, require attendance at the board, refuse an endorsement or attach conditions to an endorsement, etc. Review rights would also apply.</p> <p>d. Offences for registered or unregistered persons who:</p> <p>i. use restricted titles listed in the legislation (for example, the titles of ‘medical specialist’, ‘surgeon’ or ‘dental specialist’) when they are not entitled to, or</p> <p>ii. hold themselves out as being registered and endorsed as a specialist under the legislation when they are not.</p>	<p>AMEND ‘qualifications’ to read ‘qualifications standards’ to clarify that the power for boards to recommend (and the Ministerial Council to approve) qualifications for the purposes of specialist endorsement, relates to the standards of qualifications rather than specified qualifications.</p> <p><u>Submission of the ADC:</u> <i>The ADC supports this proposal.</i></p> <p>ADD: ‘It is further proposed that the Ministerial Council may issue guidance to boards in relation to criteria for the recognition of specialties, including those specialties to apply from 1 July 2010.’</p> <p><u>Submission of the ADC:</u> <i>See comments under (c) in the main text above.</i></p> <p>It is further proposed that from 1 July 2010, specialist endorsement under the scheme should only be available where a profession specific accreditation standard for specialist training in that profession has been approved by the Ministerial Council following recommendation by the relevant board, and at least one training program is approved by the responsible board against those standards.’</p> <p><u>Submission of the ADC:</u> <i>The ADC supports this proposal.</i></p> <p><i>NOTE: the last paragraph in section 10.3 of the Registration</i></p>

		<p><i>Arrangements Consultation Paper proposes the endorsement process as a potential means of identifying practitioners with particular qualifications for the purposes of providing certain kinds of services that are otherwise restricted under the national legislation or under other legislative or administrative schemes, such as Medicare or PBS. This does not accurately represent the intent of this proposal. That is, endorsements provided under the scheme will be approved or granted for registration purposes only. Registration decisions under the scheme are separate to any decision made outside of the scheme in relation to endorsements for the purposes of funding (eg Medicare) or employment (eg salaries payable by State or Territory governments or hospitals).</i></p>
<p>Registration arrangements consultation paper – proposal 12.1</p>	<p>With respect to transition arrangements, it is proposed that transitional provisions provide for:</p> <ol style="list-style-type: none"> all persons who are registered on 30 June 2010 in one or more of the ten regulated health professions be automatically deemed to be registered under the new national scheme on 1 July 2010, on the register or division of the register specified in the transition provisions, and for the term specified in their registration renewal all persons who have endorsements on their registration of a type available under the national scheme on 30 June 2010 be deemed to have endorsement of that type under the national scheme from 1 July 2010 all persons who have conditions imposed on their registration or endorsement of registration on 30 June 2010 in one jurisdiction be automatically deemed to have the same conditions imposed on their registration or endorsement of registration from 1 July 2010 where there are disparities between the types of registration or endorsements available under the national scheme and those conferred by existing State and Territory legislation, wherever possible registrants be migrated across to the national scheme with the widest possible scope of practice that is consistent with public safety. They would then be expected to practice within their competence, with conditions imposed only if it is considered necessary to limit their practice in order to protect the public where a practitioner is registered in more than one jurisdiction and these registrations expire at different dates, then they be automatically deemed to be registered through until the latest date of registration that applies, unless they have conditions placed on their registration, in which case, they will be deemed to be registered through until the first expiration date that applies, and if a practitioner holds or has held multiple registrations and has been either deregistered in one jurisdiction, or has not renewed in a jurisdiction where an investigation or disciplinary process was not finalised, then they not be automatically 'deemed' to be registered from 1 July 2010 and will be required to make a fresh application for registration with an expeditious process required. 	<p>ADD: It is further proposed that for the purposes of transition, from 1 July 2010, initial registration of specialists in any profession will be by an endorsement on the public register and subject to the practitioner having met the requirements of a training program of the kind outlined in proposal 10.1.1. In the absence of such a standard (or recognised specialty) being in existence at the time of transition to the scheme, the registrant will only be granted general registration without specialist endorsement.</p> <p><u>Submission of the ADC:</u> <i>See comments under (b) in the main text above.</i></p> <p><i>re 12.1(d): if this clause is to apply to registrants who have conditions imposed on their registration that potentially relate to public safety, then there is a risk if the clause were to be liberally applied. It needs consideration of situations where one Board might have a lower threshold for imposition of a condition, and the lower threshold might not be in the best interest of public safety when considered for registration under a national scheme.</i></p>
<p>Accreditation arrangements</p>	<p>It is proposed that in preparation for commencement of the national scheme, national boards will consider whether there is a need for specialist endorsements in their profession.</p>	<p>NONE</p>

<p>consultation paper – proposal 3.4.1</p>		<p><u>Submission of the ADC:</u> <i>As noted under (a) in the main text above, there are well established and internationally recognised specialties in dentistry, with either specialist registration or specialist endorsement/description of general registration for appropriately qualified dentists currently in all jurisdictions in Australia. This provision and specialist endorsement should be continuous with the introduction of the NRAS.</i></p>
<p>Accreditation arrangements consultation paper – proposal 3.4.2</p>	<p>In the case of the medical profession, it is proposed that the national board take advice from the Australian Medical Council on the list of specialties and associated specialist qualifications, against which the board could endorse individual registrants as specialists.</p>	<p>NONE</p> <p><u>Submission of the ADC:</u> <i>As previously submitted in response to the Consultation Paper on Accreditation Arrangements, the Australian Dental Council is the relevant body to provide advice to the new national board for the dental professions on the list of specialties and associated specialist qualifications in dentistry that meet accreditation standards defined and implemented by the ADC.</i></p>
<p>Accreditation arrangements consultation paper – proposal 3.4.3</p>	<p>It is proposed that in line with the IGA the national scheme legislation will provide that while boards may approve the initial list of specialties, any new specialties or specialty areas of practice will require Ministerial Council approval.</p>	<p>DELETE 3.4.3</p> <p>INSERT: 'It is proposed that the national boards will recommend to the Ministerial Council for approval the types of specialist endorsement that will be available from 1 July 2010 drawing on any guidance issued by the Ministerial Council. The national board will also determine how the current registration status of individual registrants should translate to registration under the new scheme, including to specialties that are recognised under the national scheme.</p> <p>It is further proposed that in line with the IGA the national scheme legislation will provide that any new specialties or specialty areas of practice will require Ministerial Council approval. Where a board is proposing to recommend to the Ministerial Council, a change to scope of practice or a new endorsement for a regulated profession, the board should be required to consult with all other boards. Where other boards hold contrary views, these must be drawn to the attention of the Ministerial Council.'</p>

Submission of the ADC:
See comments under (c) in the main text above.

3. Continuing Competence Requirements

- f. Any continuing competence standards for specialists in existence at 30 June 2010 will continue to apply with any proposed changes to these standards (or any new standards) to be developed by the board for approval by the Ministerial Council.
- g. Minimum standards for continuing competence requirements for specialist endorsement must not be discipline specific (eg the minimum standards to apply in respect of medical practitioners with specialist endorsement would be the same standard across all disciplines or specialist medical colleges).
- h. Boards may request that accreditation bodies or committees develop these minimum standards and assess continuing competence programs against these standards.

CONTINUING COMPETENCE AND/OR CONTINUING PROFESSIONAL DEVELOPMENT REQUIREMENTS

Registration arrangements consultation paper – proposal 9.2.1	With respect to ensuring continuing practitioner competence, it is proposed that the legislation require the boards to establish requirements within each profession for registrants to demonstrate continuing competence at the time of annual renewal, with the scheme to be implemented for each profession on 1 July 2010. Since continuing competence would be a condition of registration renewal, requirements would apply to all registered health professionals, regardless of whether they work in public or private settings, and are employees or self-employed.	ADD: It is further proposed that boards may determine that current continuing competence or continuing professional development requirements be the requirement to be met by registrants from 1 July 2010 in order to demonstrate continuing competence at the time of annual renewal, if these requirements are in place at the national level in a profession at 30 June 2010. These arrangements should provide boards with the discretion to accept different continuing competence arrangements for different sub-groups within a profession.
Registration arrangements consultation paper – proposal 9.2.2	It is proposed that the legislation enable the national boards to: <ul style="list-style-type: none"> a. develop and publish minimum standards (approved by the Ministerial Council) for: <ul style="list-style-type: none"> i. the continuing competence requirements that registrants must meet in order to renew their registration in a regulated profession, and ii. the requirements that any accreditation/certification/performance appraisal scheme must meet in order for registrants who participate to be able to satisfy the board's continuing competence requirements b. oversee a system of approval of various accreditation/certification/performance appraisal providers or schemes, or approve an external body or bodies to ensure these schemes meet the board's standards c. refuse to renew the registration of a practitioner on any ground on which the board might refuse to grant registration (see section 6.4 of this paper), and on grounds that the registrant has not met the responsible 	ADD: It is further proposed that from 1 July 2010 renewal of registration will, as for all other practitioners covered by the scheme, depend on a practitioner with a specialist endorsement meeting the requirements for continuing competence approved by the relevant board. Under these arrangements: <ul style="list-style-type: none"> a. any continuing competence standards for specialists in existence at 30 June 2010 will continue to apply with any proposed changes to these standards (or any new standards) to be developed by the board for approval by the Ministerial Council b. minimum standards for continuing competence requirements for specialist endorsement must be profession (but not discipline) specific (eg the minimum standards to apply in respect of medical practitioners with specialist endorsement would be the same standard across all disciplines or specialist medical colleges, with the actual programs assessed against those standards), and c. boards may request that accreditation bodies or committees develop these minimum standards and assess continuing competence programs against these standards.

	<p>board's continuing competence requirements and therefore has not demonstrated, to the satisfaction of the board, that they are competent to practise in the regulated profession, and</p> <p>d. impose conditions on registration at renewal in the same way conditions may be imposed at first registration, including with respect to those registrants who have not met the continuing competence requirements of the board.</p>	<p><i>Note: This proposal aims to make a clear distinction between the standards for accreditation of specialist programs for registration purposes (such as training programs or continuing competence programs applicable to all specialists in a profession), to which this proposal relates, and the accreditation of particular programs (such as those provided by the specialist medical colleges or individual education providers). That is, the accreditation of individual education providers against the accreditation standard is part of the accreditation function.</i></p>
--	--	---

Submission of the ADC:

The ADC supports these proposals. In doing so the ADC notes that dental specialties have a different structure from medical specialties. At present, all accredited specialist education and training programs in dentistry are University-based postgraduate programs, rather than fellowship programs of specialist Colleges, as in medicine. While there is a general expectation that all dental specialists will participate in continuing competency activities (such as CPD involvement) maintenance of specialist competency is not a specific requirement of the relevant specialist Academy or Society for the particular specialty. Where it is a requirement for specialist registration (such as in Victoria and the ACT) it is a requirement in common for all registered dental practitioners, ie it is profession specific, not discipline specific, as envisaged in the proposed additional clause (b). The only dental specialty that is an exception is Oral and Maxillofacial Surgery where the specialist training programs, as described above, is a fellowship program of the Royal Australasian College of Dental Surgeons, which has continuing competence requirements similar to those of the medical specialist colleges.

The ADC requests that these differences for the dental profession be taken into account to ensure that the current arrangements for continuing competence are able to continue under the NRAS and/or in any new requirements developed by the national board.

4. Registration of Specialists (including area of needs specialists)

- i. Boards must consider applications for registration from practitioners seeking to work in an area of need identified by a State or Territory government, where the applicant is not eligible for registration in any other category of registration. This provision will apply to all regulated professions. It is further proposed that boards may develop professional standards in respect of the registration requirements to apply to area of need registration to support a nationally-consistent approach.

Submission of the ADC:

To the knowledge of the ADC there is no designated 'area of need' registration category that is currently in use in dentistry. However, in at least a number of jurisdictions there is provision for Dental Boards to consider special needs and circumstances and to apply particular conditions on the registration of a practitioner who might not meet requirements for general registration. An example is the limited registration of overseas trained dentists who are recruited by health authorities to help alleviate workforce shortages in the public sector, particularly in rural and remote areas, and who work within the structure and restrictions of the Public Sector Dental Workforce Scheme. It is highly desirable that there be a nationally consistent approach to these situations and the ADC sees merit in the proposal for boards to develop professional standards for registration requirements for such categories of registration, which should be profession-specific.

REGISTRATION OF SPECIALISTS (INCLUDING AREA OF NEED SPECIALISTS)		
Registration arrangements consultation paper – proposal 7.1	<p>It is proposed that the legislation enable a national board to grant any one of a number of different types of registration, depending on the circumstances of the applicant, and to impose conditions on a grant of registration. The proposed types and sub-types of registration are set out in APPENDIX 1.</p> <p>While the labels vary, most jurisdictions provide in some legislative form for the sub-types of registration listed under specific registration.</p>	<p>AMEND: See <u>Appendix 1</u> to this paper</p>
Reg 1	<p><i>Proposal Reg 1 is a new proposal relating to Area of Need arrangements</i></p>	<p>ADD: 'It is proposed that boards must consider applications for registration from practitioners seeking to work in an area of need identified by a State or Territory government, where the applicant is not eligible for registration in any other category of registration. This provision will apply to all regulated professions. It is further proposed that boards may develop professional standards in respect of the registration requirements to apply to area of need registration to support a nationally consistent approach.'</p>

APPENDIX 1

Registration arrangements consultation paper – proposals 7.1 & 7.2	<p>General registration Applicants who hold approved qualifications (and have met any other requirements set by the responsible board). This category would include practitioners who hold approved specialist qualifications in addition to their approved general qualifications, and therefore hold a specialist endorsement on their general registration.</p> <p>Specific registration Applicants who do not qualify for general registration. This type of registration would entitle a registrant to practice, subject to a specified form of restriction. The following sub-types of specific registration would apply:</p> <p>a. Provisional – to allow an applicant to undertake an internship or other period of supervised clinical practice, following graduation from an approved course of study.</p> <p>b. Area of need – to allow an applicant to work in an area of unmet need.</p> <p>c. Post-graduate supervised practice or</p>	<p>DELETE: Proposal 7.1</p> <p>INSERT: 'It is proposed that the legislation make provision for a board to grant registration under separate heads of power, reflecting the following schema:</p> <ul style="list-style-type: none"> • General registration • Provisional registration • Limited registration <ul style="list-style-type: none"> - Post-graduate training - Teaching or research - Area of need - Specialist practice - Public interest • Student registration • Non-practising registration <p>General registration: It is proposed that the legislation provide powers for a board to grant general registration to an applicant who holds approved qualifications (and has met any other requirements set by the responsible board). This type of registration would be available to practitioners who hold approved specialist qualifications in addition to their approved primary qualifications, and therefore are granted a specialist endorsement on their general registration.</p> <p><u>Submission of the ADC:</u> <i>It is important to clarify and distinguish any differences in requirements, such as for continuing competence, between general registrants and those with specialist endorsement, if both are under the 'General registration' category.</i></p>
--	---	--

	<p>training – to allow an applicant to be registered on a temporary basis to undertake a period of post-graduate training approved by the responsible board.</p> <p>d. Examination candidates – to allow an applicant to undertake training in preparation for an examination approved by the responsible board.</p> <p>e. Teaching or research – to allow an applicant to fill a teaching or research position approved by the responsible board.</p> <p>f. Recognised specialist qualifications and experience – to allow an applicant with approved specialist qualifications to practise in the specialty.</p> <p>g. Internationally trained specialists – to allow an applicant with “specialist” qualifications that are not approved to undergo further training in that specialty.</p> <p>h. Temporary registration in the public interest – to allow an applicant without approved qualifications to be registered for a limited period if the responsible board considers it is in the public interest.</p>	<p>Provisional registration: It is proposed that the legislation provide powers for a board to grant provisional registration to a person who holds approved qualifications, to undertake an approved period of internship or supervised practice that qualifies the applicant for general registration.</p> <p>Limited registration: It is proposed that the legislation provide powers for a board to grant limited registration to a person who holds relevant qualifications in the regulated health profession but those qualifications are not approved by the responsible board for general registration purposes. The legislation would empower boards to grant limited registration, subject to a condition or conditions (for example, time limits, limits on geographic location of practice, employment position or supervision arrangements, limits on scope of practice). The legislation would provide for heads of power to grant limited registration as set out below:</p> <ul style="list-style-type: none"> • Specialist practice – a grant of registration to enable the person to practise independently in a specialty, if the responsible board is satisfied that the person has approved specialist qualifications and training in an approved specialty. <p><u>Submission of the ADC:</u></p> <p><i>The ADC reiterates its considerable concern that this subcategory of registration should <u>not</u> enable (as in the current Victorian legislation) a grant of registration for specific specialist practice when the applicant does not qualify for general registration. In practice, a dental specialist will often encounter a clinical situation that requires general dental treatment which, for a specialist who has general registration, the specialist is competent to perform and which, with patient consent, is more conveniently undertaken during the treatment session by the specialist rather than referral back to the general dental practitioner. The structure and locus of dental practice in Australia often means that it is not possible or practical for a registering authority to put in place adequate safeguards or monitoring to protect the public when a particular specialist practitioner has limitations on his/her practice that proscribe general dental treatment. In the clinical situation described earlier the public can be put at risk because of this provision of specific registration to practise only in a particular specialty.</i></p> <ul style="list-style-type: none"> • Post-graduate training – a grant of registration on a temporary basis to enable the person to undertake a period of postgraduate training or practice approved by the responsible board, or in order to prepare to sit a board approved assessment or examination. • Area of need – a grant of registration to enable the person to work in a designated area of unmet need, if the responsible board is satisfied that the person has suitable qualifications and experience to practise in the regulated health profession in that area of need. • Teaching or research – a grant of registration to enable the person to fill a teaching or research position related to the regulated health profession, if the responsible board is satisfied the person has the qualifications necessary. • Public interest – a grant of registration to enable the person to practise for a limited period or with a limited scope of practice if the responsible board is satisfied that it is in the public interest for a person to practise with those qualifications and training. <p><u>It is proposed that ‘area of need’ registration be available as a type of registration that may be granted by any of the registration boards. However, it is intended that the legislation make provision for the responsible Minister in each</u></p>
--	---	--

		<p><u>participating jurisdiction to have the power to ‘designate’ a particular geographic area as an ‘area of need’ with respect to the services of a particular regulated profession. The legislation should provide that a grant of this type of registration carry a condition that the registrant work in only the identified employment position in the designated area of need.</u></p> <p><i>Submission of the ADC:</i> <i>See comments under (i) in the main text above.</i></p> <p>It is proposed that these types of registration be mutually exclusive, that is, an individual would not hold more than one type of registration at any one time, unless they were registered in more than one regulated profession, or in more than one division of a register, for example, as both a midwife and a nurse, or as a dental therapist and dental hygienist.</p> <p>In addition to conditions imposed at registration by virtue of the type of registration granted, it is proposed that the legislation make provision for other types of conditions to be imposed on a practitioner’s registration at first registration, or at renewal of registration, as well as at any time during the period of registration. Conditions also might be placed on registration following a process – such as performance, health or conduct management processes.’</p> <p>The categories of Student and Non-Practicing Registration may be included in addition to those categories presented above.</p>
--	--	--

5. Protection of Specialist Titles

<p>Registration arrangements consultation paper – proposal 10.1.3</p>	<p>With respect to protection of specialist titles, it is proposed that:</p> <ul style="list-style-type: none"> • for registered medical practitioners: <ul style="list-style-type: none"> - those with specialist endorsement from the Medical Board of Australia be authorised to use the title ‘medical specialist’, and - there be an offence for a person who is not a registered medical practitioner with endorsement as a specialist to hold themselves out as a medical specialist • for registered dentists: <ul style="list-style-type: none"> - those endorsed as dental specialists by the Dental Board of Australia be authorised to use the title ‘dental specialist’, and - there be an offence for a person who is not a registered dentist with endorsement as a specialist to hold themselves out as a dental specialist • for registered podiatrists: <ul style="list-style-type: none"> there be an offence for a person who is not a registered podiatrist with endorsement as a podiatric surgeon to hold themselves out as a podiatric specialist. 	<p>NONE</p> <p><i>Submission of the ADC:</i> <i>In addition, for the benefit of the public, the related specialist titles should also be authorised.</i></p>
<p>Registration arrangements consultation paper –</p>	<p>To give effect to this, it is proposed that the national legislation make provision for a prescribing endorsement for those boards that regulate the nursing and allied health professions. This will link to various authorities conferred on identified practitioners under State and Territory drugs and poisons legislation.</p>	<p>NONE</p>

proposal 10.2.1		
--------------------	--	--

6. Scope of Practice

<p>Registration arrangements consultation paper – proposal 10.3.1</p>	<p>It is proposed that the national legislation make provision for a mechanism through which a board may identify a sub-group of practitioners within the profession who have specific training and are considered qualified to deliver a particular type of service that they would otherwise be prevented by law from delivering.</p> <p>In order to give effect to this, it is proposed that the legislation include provisions that:</p> <ol style="list-style-type: none"> a. empower a responsible board to endorse a registrant whom it considers qualified to practice in an ‘approved area of practice’, and to impose any conditions on an endorsement b. empower the Ministerial Council, on application from a responsible board, to approve an ‘area of practice’ for the purposes of endorsement of registration and, at any time, to amend, vary or revoke a notice approving an area of practice c. require the responsible board to publish a list of ‘approved areas of practice’ on its website and in a publication circulated to registrants regulated by the board, and d. set out the powers of boards with respect to applications for endorsement qualifications required for endorsement and powers to refuse an endorsement (in a similar manner to those provisions relating to applications, qualifications for and refusal of registration). 	<p>ADD: Where a board is proposing to recommend to the Ministerial Council, on a matter in which another board might reasonably have an interest, then that board should be required to consult with all other boards and in submitting for Ministerial approval, draw to the attention of the Ministerial Council any contrary views.</p> <p style="text-align: center;"><i>Submission of the ADC: The concept of limited practice, ie an ‘approved area of practice’, might have implications for TTMRA equivalence and might need to be clarified with NZ regulatory bodies.</i></p>
---	--	--

