

**NATIONAL REGISTRATION AND
ACCREDITATION SCHEME FOR
THE HEALTH PROFESSIONS –
REGISTRATION ARRANGEMENTS
SUBMISSION**

**COMMENTS ON NATIONAL REGISTRATION
AND ACCREDITATION SCHEME
FOR THE HEALTH PROFESSIONS SUBMISSION
FROM ADA NSW BRANCH**

PRESENTED – 29TH OCTOBER 2008

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The Australian Dental Association (NSW Branch) Ltd (ADA NSW) welcomes the opportunity to comment on the Proposed Registration Arrangements. ADA NSW is the professional association representing dentists, whether practising in the public or private sector, in New South Wales and the Australian Capital Territory. The Branch has over 3700 members which represent approximately 90% of practising dentists in NSW and the ACT.

EXECUTIVE SUMMARY

ADA NSW supports the guiding principles underpinning the development of the legislation and the scheme that ensures

- the safety of the public is paramount,
- high quality health care must be protected and advanced and
- that governments should be accountable and processes transparent

Dentistry in Australia is a well regulated and safely practices profession; any changes to regulation needs to ensure that this is not affected nor does the cost of administering a scheme lead to an increased cost (either directly or indirectly) to the public. In a previous submission to NSW Health on health care liability, the Branch contended that given a conservative estimate of dental services delivered on any given day in NSW is at least 30,000 people, leading to a conservative estimate of at least 6 million occasions (48 million services in the reporting period since 1999) of service each year, the reported error rate is less than 1% and events of any significant public health nature are negligible.

ADA NSW will only provide comment on highlighted points; otherwise it can be read that we are in agreement with the proposed arrangements.

SPECIFIC COMMENT

Point 3: Regulated Professions – it is proposed that the Dental Care Practitioners Board of Australia be renamed to the Dental Board of Australia and Register of Dental Care Practitioners to Register of Dental Care Providers

Point 4.2.1: Information required on initial application – qualified support particularly dot point e which needs to be defined; and dot point f which requires the information-sharing paper to be reviewed. Additionally, include the requirements for evidence of the applicant's identity and the applicant's good standing or equivalent

Point 4.3.1: Criminal history checks - option 3 supported

Point 5.2: Qualifications for registration - qualified support - will the national board be able to do this or be reliant on a body such as the existing Australian Dental Council? The training and experience of practitioners ought to be deemed equivalent

by an accreditation assessment body recognised by the appropriate Professional Board. The Branch acknowledges the interim arrangements in the IGA.

Point 6.2.1: Who makes registration decisions - given that the dental professions are more than one professional grouping and have significant differences in numbers and competencies, this will need to be clarified as there may be the need for more locally based action for dentists versus the requirement for auxiliaries.

Point 6.3.1: Professional Indemnity Insurance (PI): Currently PI insurance is generally mandatory across the various jurisdictions, with reliance that PI insurance is in place to enable registration. The Branch is of the view that this should continue and that ensuring adequate and appropriate PI insurance is in place is in the public interest. Point 6.3.1 generally states that it is proposed that the legislation require registrants (except for non-practicing registrants) be covered by PI arrangements at all times during registration period, as a condition of registration, and to require registrants to demonstrate coverage to the satisfaction of the responsible board, at the time of registration and annually on renewal of registration. Legislation must allow registrants to meet requirements if they are covered by an employer's PI, university's PI or PI of a health facility where they are a student as well as when a registrant purchases their own PI cover. Where practitioners are registered as non-practicing (if this envisaged), they should be exempt from the requirement for PI (due consideration will be required to ensure appropriate cover to ensure that there are not gaps in the protection of a health professional even though they have ceased to practice); the guidelines regarding what constitutes acceptable arrangements for PI for registrants may need to allow for differential treatment of different specialties within dentistry based on risk (for example Oral and Maxillofacial Surgeons); arrangements should not impose a (hospital) benchmark which is then applied to office based practice where the average claim cost is significantly lower; and 'self insurance' for PI by an individual or other business entity providing health services should be expressly forbidden.

Point 6.4.1: Powers to refuse to grant registration – the model in NSW used to support impaired practitioners should be used as a basis here; and recency of practice needs better definition and to clarify time requirement.

Point 7.3.2: Non-practicing registration – it needs to be recognized that if implemented, this may rule out pro bono / volunteerism of retired dentists who may act in an advisory capacity.

Point 7.4.1: Student registration - option 3 supported

Point 8.3.1: Dentistry practice restrictions - supported

Point 9.2.1: Continuing competence requirements – qualified support dependent on further definition of process and linking of systems.

Point 9.3.1: Annual reporting obligations on registrants – qualified support as it appears appropriate and consistent with 4.3.1, however, greater definition and clarity of the intention of the matters in regard to medical negligence claims and clinical privileges and credentials is required

Point 9.4.1: Monitoring the professional competence of registrants - qualified support as again ADA NSW wishes to emphasise impairment process and benefits in place in NSW.

Point 9.4.3b: Reporting obligations on registrants - this needs to be better defined as it cannot distinguish between a notification and settlement.

Point 10.3.1: Other endorsements on registration - not supported as registered professionals scope of practice and competencies should adequately cover this matter. The register should reflect only registerable qualifications which may include provisions for overseas dentists seeking registration.

Point 11.2.4 and 11.2.5: Registration certificates - appears adequate as proposed, not the alternative options.

Point 11.4.1: Reinstatement to the register: qualified support as it depends on continuing competence definition.

Summary

The Australian Dental Association (NSW Branch) Ltd is broadly supportive of the proposed arrangements as described in the consultation paper and has provided specific comment above. The Branch reiterates its position that scheme ensures

- the safety of the public is paramount,
- high quality health care must be protected and advanced and
- that governments should be accountable and processes transparent; and
- does not lead to increased costs or administrative burden