

2017/18

Dental Board of Australia

Annual report summary

Our National Scheme: For safer healthcare



Dental
Board of Australia | AHPRA

Contents

At a glance: The dental profession	3
Message from the Chair	4
Dental Board of Australia	4
About us	5
About this report	5
Our regulatory principles	5
Dental Board of Australia: Year in review	6
Scope of practice review	6
Professional assurance for practitioners	6
Outcome-based assessment model for overseas-trained dental specialists	6
Communication and engagement	6
Third biennial national conference	7
Stakeholder relations	7
Future work	7
Registering the dental workforce	8
In brief	8
Requirements	8
Registration	8
Applications for registration	9
Renewals	9
<i>Register of practitioners</i>	9
Practitioner audits	10
Regulating the dental workforce	12
In brief: Notifications, monitoring, complaints	12
An important note about our data	12
What is a notification?	12
Notifications received	13
Notifications closed	13
Mandatory notifications	14
Taking immediate action	14
Tribunals, panels and appeals	14
Compliance	15
Statutory offences	15
Appendix: Committee and panel members	19

Tables

Table 1: Number of registered dental practitioners as at 30 June 2018	11
Table 2: Registered dental practitioners, by age	11
Table 3: Registered dental practitioners, by principal place of practice and gender	11
Table 4: Registered dental practitioners, by division and state or territory	11
Table 5: Notifications received about dental practitioners, by state or territory	16
Table 6: Notifications received, by division and state or territory (excluding HPCA)	16
Table 7: Percentage of the profession with notifications received, by state or territory (including HPCA)	16
Table 8: Immediate action cases by division and state or territory (excluding HPCA)	16
Table 9: Outcomes of immediate actions (excluding HPCA)	16
Table 10: Notifications closed, by state or territory (including HPCA)	17
Table 11: Notifications closed, by division and state or territory (excluding HPCA)	17
Table 12: Notifications closed, by division and stage at closure (excluding HPCA)	17
Table 13: Notifications closed, by division and outcome at closure (excluding HPCA)	17
Table 14: Active monitoring cases at 30 June 2018, by stream (excluding HPCA)	18
Table 15: Statutory offence complaints about dental practitioners, received and closed, by type of offence and jurisdiction	18

Figures

Figure 1: Registration numbers for dental practitioners, year by year, since the National Scheme began	8
Figure 2: Number and percentage of dental practitioners with a principal place of practice in each state and territory	9
Figure 3: Audit outcomes for the dental profession	10
Figure 4: Total notifications received by AHPRA about dental practitioners, year by year, since the National Scheme began	13
Figure 5: How AHPRA and the Board manage notifications	13
Figure 6: The most common sources of notifications lodged with AHPRA about dental practitioners	13
Figure 7: The most common types of complaint lodged with AHPRA about dental practitioners	14

At a glance: The dental profession



23,093 dental practitioners;
up **3.2%** from 2016/17

That's **3.3%** of all registered health practitioners

Female: **51.2%**

Male: **48.8%**



539 notifications
lodged with AHPRA about dental practitioners

3.7% of all registered dental practitioners had notifications made about them

1 notification was made about a student



554 notifications closed this year:

- **15.3%** resulted in accepting an undertaking or conditions being imposed on a dental practitioner's registration
- **14.3%** resulted in a dental practitioner receiving a caution or reprimand by the Board
- **0.2%** resulted in suspension or cancellation of registration
- **66.4%** resulted in no further action being taken
- The remaining **3.8%** were referred to another body or retained by a health complaints entity



Immediate action was considered **17** times and taken **10** times¹



31 mandatory notifications were made:

- **27** about standards
- **3** about impairment
- **1** about sexual misconduct



173 dental practitioners were monitored by AHPRA for health, performance and/or conduct during the year



123 cases were being monitored for compliance with restrictions on their registration² by AHPRA as at 30 June 2018:

- **12** on the grounds of conduct
- **17** for health reasons
- **66** for performance
- **6** prohibited practitioners/students
- **22** for suitability/eligibility for registration



55 statutory offence complaints were made;
56 were closed

- **33** of new matters related to title and practice protection
- **14** of the remaining matters related to advertising breaches

¹ Immediate action is an interim step the Board can take to suspend or cancel a dental practitioner's registration while a complaint is being considered. Refer to the [2017/18 annual report](#) by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

² See Table 14 for data about monitoring cases relating to compliance with restrictions on registration for dental practitioners.

Message from the Chair

This report summarises data relating to the dental profession in Australia, which have been drawn from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2017/18 annual report. It offers a unique insight into the regulatory landscape.

Setting standards that all registered dental practitioners must meet and managing risk to patients is an ongoing priority for the Board. The Board sets policy and standards that define acceptable practice and makes decisions that shape the requirements of dental practitioners in Australia.

State and territory committees make decisions that affect the lives of individual dental practitioners and patients in Australia.

Most dental practitioners in Australia provide high-quality care to their patients and practise at a level well above the minimum safe standards required by the Board. In most cases, patients can be confident that the trust they place in their dental practitioners is well founded.

It is when a registered dental practitioner does not meet accepted standards that regulation matters most. At these times, the Board and AHPRA work together to assess and decide what, if anything, needs to be done to manage risk and keep patients safe.

Read more about the works of the Board in 2017/18 in our 'Year in Review'. In the following pages, you will also find data relating to the regulation of dental practitioners during the year. We hope you find it informative.

I would like to take this opportunity to thank all Board and committee members and AHPRA staff for their ongoing commitment, passion and hard work this year to keep the public safe.

I particularly acknowledge my colleagues who are also retiring from the Board, Ms Susan Aldenhoven AM, Mrs Jennifer Bishop and Mr Paul House.



Dr John Lockwood AM

Chair, Dental Board of Australia

Dental Board of Australia

Members of the Board

Dr John Lockwood AM (Chair)

Winthrop Professor Paul Abbott AO

Ms Susan Aldenhoven AM

Ms Alison von Bibra

Mrs Jennifer Bishop

Mr Robin Brown

Ms Alison Faigniez

Mr Paul House

Mrs Kim Jones

Dr Sajeev Koshy OAM

Dr Kate Raymond

Dr Murray Thomas

Committees

The following committees, groups and panels support the Board:

- Accreditation Committee
- Conscious Sedation Advisory Panel
- Equivalence assessment panel for Overseas-trained Dental Specialists
- Expert Reference Group – Specialist
- Recency of Practice Advisory Panel
- Review Panel for Refresher Programs for Endorsement for Conscious Sedation
- Registration Committee (NSW only)
- State and Territory Registration and Notifications Committees (excluding NSW)
- State and Territory Immediate Actions Committees (excluding NSW)



Ms Alessandra Peck

Executive Officer, Dental

Ms Peck supports the Dental Board of Australia. She works in AHPRA's National Office in Melbourne. Executive Officers provide a vital link between the National Boards and AHPRA.

For more information about the Board, visit the [Board's website](#).

About us

The Dental Board of Australia (the Board) has worked in partnership with AHPRA to protect the public since the inception of the National Registration and Accreditation Scheme (the National Scheme) in July 2010. Together, we regulate the profession by ensuring that only those dental practitioners who are suitably trained and qualified can practise in Australia.

Protecting the public by ensuring access to a safe, competent and qualified healthcare workforce is always our priority. Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory, and by the regulatory principles (see right).

Visit the [Board's website](#).

For more information about the National Scheme and AHPRA, visit the [AHPRA website](#).

About this report

This annual report summary provides a profession-specific view of AHPRA and the Board's work to manage risk to the public in 2017/18. Information provided in this report is drawn from data published in the 2017/18 annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2018.

Whenever possible, historical data are provided to show trends over time.

For information about our data please read 'An important note about our data' in *Regulating the workforce*.

Profession-specific summaries for 14 National Boards are available to download from the [AHPRA website](#).

Our regulatory principles

Eight [regulatory principles](#) underpin our work, and guide our decision-making in the public interest. These principles foster a responsive, risk-based approach to regulation. In brief, they are to:

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

For more information, download AHPRA's [2017/18 annual report](#).

Dental Board of Australia: Year in review

The Board undertook a number of major initiatives in 2017/18. Here are some highlights:

Scope of practice review

In 2017, the Dental Board (the Board) began its scheduled review of the registration standard and the guidelines that establish the requirements for scope of practice for all registered dental practitioners.

As part of this review and in line with its obligations, the Board has consulted widely with stakeholders. On 22 March 2018, the Board released a public consultation paper on a proposed revised Scope of practice registration standard, a proposed revised *Guidelines for scope of practice*, and a new *Reflective practice tool for scope of practice*.

Public consultation concluded in May 2018, with an overwhelming response. More than 1,100 submissions were received with a variety of views expressed. The key themes of the submissions centred on the:

- proposed removal of the requirement for a structured professional relationship between a dentist and dental therapists, dental hygienists or oral health therapists
- proposed removal of the bar on independent practice for dental therapists, dental hygienists and oral health therapists, and
- reduction in unnecessary regulation in light of well-established accreditation functions which have shaped practitioner training and competencies.

Submissions can be viewed on the Board's website under [Past consultations](#).

Professional assurance for practitioners

In October 2017, the Board hosted a roundtable with stakeholders from the dental profession and community that started a conversation about revalidation for dental practitioners in Australia. The focus was on how revalidation for dental practitioners could enhance public safety.

The Board was joined by all the dental professional associations, regulatory colleagues from the Dental Council of New South Wales and the Dental Council of New Zealand, representatives from state health departments and public dental services, those involved in educating and training dental practitioners, consumer representatives and insurers for professional indemnity and private health insurance.

The roundtable provided an opportunity to exchange views and ideas about revalidation for dental practitioners. It also provided the Board with insights from its main stakeholders about the opportunities and challenges of adopting revalidation for dental practitioners in Australia.

Participants at the roundtable heard from Professor Liz Farmer who shared her learning as Chair of the Medical Board of Australia's Expert Advisory Group on revalidation. Professor Farmer also showcased initiatives being considered by other registered health professions internationally, along with the benefits revalidation has for public safety.

While different aspects of revalidation for dental practitioners were discussed, the Board has not yet decided to adopt any specific approach to revalidation.

Outcome-based assessment model for overseas-trained dental specialists

Last year, as part of the Board's work program on specialist registration pathways for overseas-trained dental specialists, the Board and AHPRA engaged the Australian Dental Council (ADC) to develop an outcome-based assessment model for overseas-trained dental specialists applying for specialist registration in Australia.

The ADC recommended an assessment model based on the entry-level competencies for the dental specialties, applicable for all the recognised dental specialties in Australia. The ADC has also developed a framework to support the implementation of the assessment model.

Communication and engagement

In 2017/18, the Board held productive dialogue with interested and engaged individuals and organisations, which has enabled it to be responsive in fulfilling its regulatory functions. During this period, the Board distributed its newsletter to over 23,000 registrants (in October 2017 and May 2018) and published 11 communiqués (following each National Board meeting).

You can read past newsletters, communiqués, media releases and more on the News page of the Board's website.

This year, the Board launched two information videos aimed at dental students. The first was designed to help students graduating and applying for registration for the first time. The second was a vodcast for students on what they need to know about dental practitioner regulation.

The videos can be viewed on AHPRA's [Youtube channel](#).

Third biennial national conference

The Board hosted its third biennial national conference. The conference brought together National Board members, state and territory committee members, AHPRA staff and key regulatory colleagues, the Dental Council in New South Wales, and also the New Zealand Dental Council.

This year's conference encouraged cross-professional learning across those regulating the dental profession through shared ideas, innovations and networking to better understand and respond to our wider regulatory environment. The Board welcomed two keynote speakers – Commissioner Karen Cusack the inaugural Victorian Health Complaints Commissioner who shared her insights on her new role and Dr Ian Freckelton QC who presented on regulation of unorthodox practice.

Working together over these two days deepened everyone's understanding of their roles and responsibilities in the regulation of dental practitioners and their contribution to the National Scheme.



Engaged and attentive participants at the national conference.

Stakeholder relations

This year, the Board continued working with its partners to meet the objectives of the National Scheme.

Of note was the workshop on notifications with senior leaders from the Board, AHPRA, Dental Hygienists Association of Australia (DHAA), Australian Dental Prosthetists Association (ADPA) and Australian Dental and Oral Health Therapists Association (ADOHTA) on 16 February 2018.

The workshop focused on building a joint understanding of how notifications (complaints) are managed in the National Scheme. A joint communiqué of the meeting is published on the [Board's website](#).

Future work

The Board recently completed its Scope of practice review. It heard from the profession and community about the proposed changes, and this will inform the Board on the final version of the proposed revised registration standard it will submit to Ministerial Council for approval. The Board will work with registered dental practitioners and stakeholders to implement the changes once a decision has been made by Ministers.

The Board will also commence scheduled reviews of several of its standards, codes and guidelines. The Board has already begun planning for the review of the Infection control and Dental record guidelines and is considering how it can maximise opportunities for input when the public consultation stage of the review begins next year. Another important highlight is the review of the Board's specialist registration standard and how it will consider the ADC's recommendations and any other requirements needed to support future registration pathways for overseas-trained dental specialists.

Over the next three years, the Board will explore ways to support practitioners to maintain and enhance their professional skills and knowledge, and remain fit to practise. The first stage will be to commission research to identify the characteristics of 'at risk' and poorly performing practitioners. This research will help inform the Board's future direction and decision-making about dental practitioner professional assurance, ensuring it is effective, evidence-based and practical.

Registering the dental workforce

In brief

23,093 registered dental practitioners in 2017/18; up from 22,383 in 2016/17.

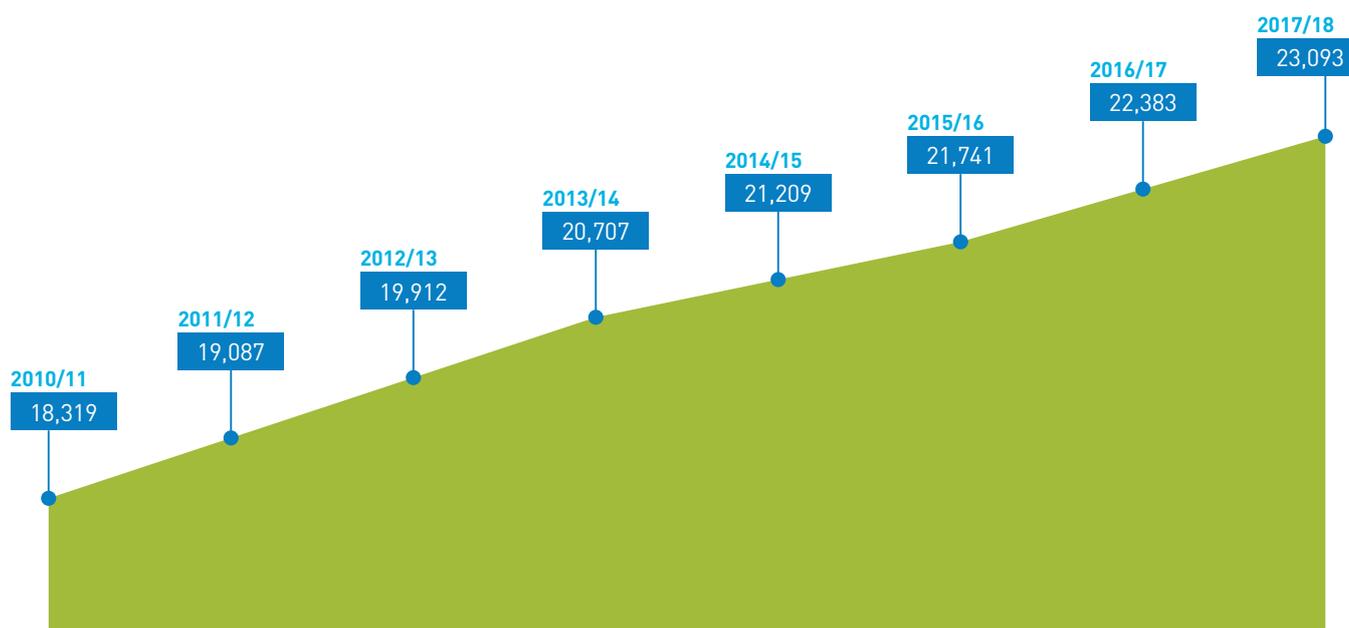
Dental practitioners comprise 3.3% of the total registrant base.

NSW has the most dental practitioners of any state or territory – 6,981 – and NT the fewest – 168.

0.4% of the profession identified as being Aboriginal and/or Torres Strait Islander (98 dental practitioners nationally).

Women comprised 51.2% of the profession.

Figure 1: Registration numbers for dental practitioners, year by year, since the National Scheme began



Requirements

Under the National Law, as in force in each state and territory, there is a range of categories under which a practitioner can be registered as a dental practitioner in Australia:

- General registration
- Limited registration
- Specialist registration
- Non-practising registration, and
- Student registration (students undertaking an approved program of study).

The divisions of registration with the Board include:

- Dentists
- Dental hygienists
- Dental prosthetists
- Dental therapists, and
- Oral health therapists.

Before a practitioner can practise and use a title protected under the National Law, applicants must provide evidence that they are eligible to hold registration, and registration must be granted.

Find out more about [registration](#) with the Dental Board of Australia.

Registration

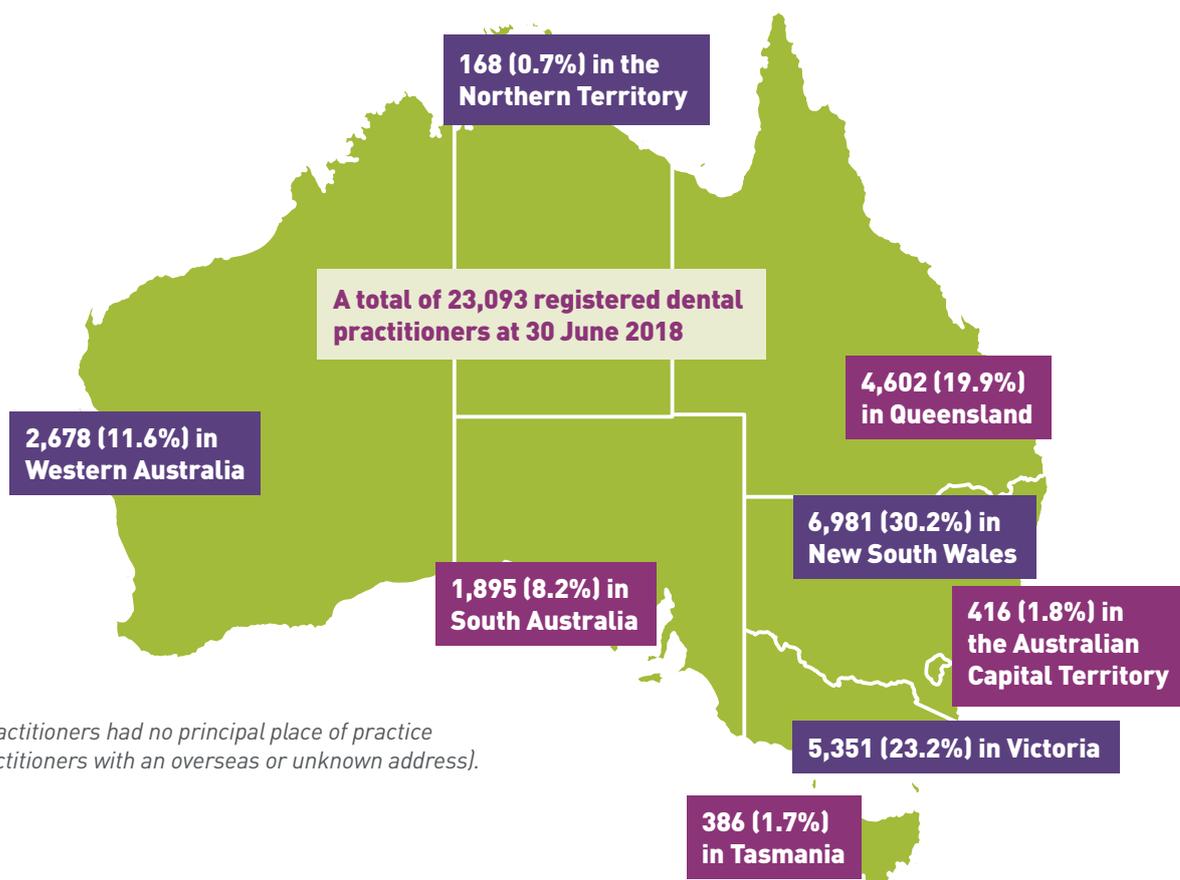
As at 30 June 2018, there were 23,093 dental practitioners registered under the National Scheme. This represents a 3.2% increase from 2016/17, which is consistent with previous years. All jurisdictions saw an increase in registrations, with NSW, Victoria and Queensland being the principal place of practice for over 73.3% of all registered dental practitioners.

Of the 702,741 registered health practitioners across the 15 professions, 3.3% were dental practitioners.

Of the dental registrant base, 97.4% held some form of practising registration and 7.5% held a specialty. A small number of dentists (98) also held an endorsement for conscious sedation. There was a 4.5% increase from the previous year in the number of dental practitioners moving to non-practising registration.

Tables 1–4 show data relating to the registration of dental practitioners in 2017/18.

Figure 2: Number and percentage of dental practitioners with a principal place of practice in each state and territory



616 (2.7%) practitioners had no principal place of practice (includes practitioners with an overseas or unknown address).

Applications for registration

AHPRA received 1,660 applications for registration as a dental practitioner in 2017/18. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including English-language proficiency and checking whether the applicant has a criminal history.

Only those dental practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. Where appropriate to protect the public, and in accordance with the [regulatory principles](#) of the National Scheme, the Board may decide to impose conditions on a practitioner's registration or to refuse an application.

Of the 1,662 applications finalised, 1.6% resulted in conditions being imposed on registration or the refusal of registration, in order to protect the public.

For more information, see AHPRA and the National Boards' [annual report](#).

Renewals

Once on the *Register of practitioners* dental practitioners must apply to renew their registration(s) each year and make declarations on the relevant registration requirements. As with new applications for registration, the Board may impose conditions on registration or refuse renewal.

A total of 21,761 dental practitioners renewed registration in 2017/18, with the proportion of dental practitioners renewing online increasing to 98.8%; up 0.8% from the previous year.

Register of practitioners

According to the National Law, AHPRA is required to maintain and publish a publicly accessible *Register of practitioners* (Register) so that information about the registration of any health practitioner is easy to find.

The online [Register](#) has accurate, up-to-date information about the registration status of all registered health practitioners in Australia. When decisions are made in relation to a practitioner's registration/renewal or disciplinary proceedings, the [Register](#) is updated to inform the public about the current status of individual health practitioners and any restrictions placed upon their practice.

Tribunal decisions that result in the cancellation of a practitioner's registration due to health, performance or conduct issues result in the individual appearing on a [Register of cancelled practitioners](#).

Practitioner audits

AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence in support of the declarations they made in their previous year's registration renewal application.

In 2017/18, AHPRA audited 7,193 practitioners across all 15 regulated health professions. For all audits initiated and completed this year, 97.3% of dental practitioners were found to be in compliance with the registration standards being audited.

See AHPRA's [2017/18 annual report](#) for more information about the audit process.

Find out more about practitioner audits and other registration information on the [Board's website](#).

Figure 3: Audit outcomes for the dental profession

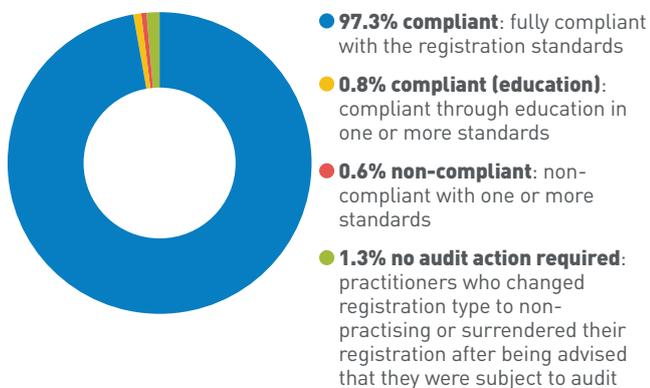


Table 1: Number of registered dental practitioners as at 30 June 2018

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
2017/18 total registered dental practitioners	416	6,981	168	4,602	1,895	386	5,351	2,678	616	23,093
2016/17 total registered dental practitioners	411	6,765	156	4,478	1,840	371	5,139	2,608	615	22,383
% change 2016/17 to 2017/18	1.2%	3.2%	7.7%	2.8%	3.0%	4.0%	4.1%	2.7%	0.2%	3.2%
All registered health practitioners in 2017/18	12,297	202,033	7,419	139,056	55,060	15,188	182,674	70,859	18,155	702,741

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 2: Registered dental practitioners, by age

Dental practitioners	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	Total
2017/18	556	3,147	3,598	3,361	2,588	2,263	1,990	2,107	1,761	989	525	141	67	23,093
2016/17	619	3,103	3,358	3,177	2,464	2,237	1,970	2,171	1,666	947	478	130	63	22,383

Table 3: Registered dental practitioners, by principal place of practice and gender

Dental practitioners	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
Total 2017/18	416	6,981	168	4,602	1,895	386	5,351	2,678	616	23,093
Female	246	3,327	92	2,286	1,084	184	2,778	1,545	275	11,817
Male	170	3,654	76	2,316	811	202	2,573	1,133	341	11,276
Total 2016/17	411	6,765	156	4,478	1,840	371	5,139	2,608	615	22,383
Female	238	3,134	85	2,197	1,029	169	2,621	1,501	270	11,244
Male	173	3,631	71	2,281	811	202	2,518	1,107	345	11,139

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 4: Registered dental practitioners, by division and state or territory

Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total 2016/17	Total 2017/18
Dental hygienist	43	421	11	151	283	19	240	267	28	1,463	1,439
Dental hygienist and dental prosthetist	0	2	0	1	0	0	0	0	0	3	3
Dental hygienist, dental prosthetist and dental therapist	0	1	0	0	0	0	1	0	0	2	2
Dental hygienist and dental therapist	8	64	6	136	62	2	130	57	4	469	472
Dental hygienist, dental therapist and dentist	0	0	0	1	0	0	0	0	0	1	2
Dental hygienist, dental therapist and oral health therapist	0	5	0	3	5	0	0	0	0	13	3
Dental hygienist and dentist	0	2	0	1	0	0	1	0	0	4	4
Dental hygienist and oral health therapist	0	9	0	2	1	0	0	5	0	17	8
Dental prosthetist	14	404	5	269	71	47	353	89	3	1,255	1,271
Dental prosthetist and dental therapist	0	0	0	0	0	0	1	0	0	1	1
Dental prosthetist and dentist	0	0	0	0	0	0	4	0	0	4	2
Dental prosthetist and oral health therapist	0	0	1	0	0	0	0	0	0	1	0
Dental therapist	15	191	16	168	77	47	138	275	7	934	965
Dental therapist and dentist	0	0	0	0	0	0	1	0	0	1	1
Dental therapist and oral health therapist	0	0	0	0	0	0	0	5	0	5	6
Dentist	312	5,431	113	3,477	1,199	252	4,074	1,818	564	17,240	16,732
Dentist and oral health therapist	0	2	0	1	0	1	1	0	0	5	2
Oral health therapist	24	449	16	392	197	18	407	162	10	1,675	1,470
Total 2017/18	416	6,981	168	4,602	1,895	386	5,351	2,678	616	23,093	
Total 2016/17	411	6,765	156	4,478	1,840	371	5,139	2,608	615		22,383

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Regulating the dental workforce

In brief: Notifications, monitoring and offences

539 notifications (complaints or concerns) were lodged with AHPRA about dental practitioners in 2017/18.¹

3.7% of all registered dental practitioners were the subject of a notification (compared with 1.6% of all registered health practitioners).²

Immediate action was taken 10 times; 4 resulted in suspension of a dental practitioner's registration while a notification was investigated.

31 mandatory notifications were lodged with AHPRA about dental practitioners.

554 notifications were closed.

123 cases were being monitored by AHPRA for compliance with restrictions on their registration as at 30 June 2018.

55 statutory offence complaints were made about the profession – three-quarters related to title and practice protection.

An important note about our data

AHPRA and the National Boards do not manage all complaints made about health practitioners in Australia and the data reflect this. In the pages that follow, we are reporting mainly on matters received and managed by AHPRA and the Dental Board of Australia, unless otherwise stated.

The notification process is different in New South Wales and Queensland:

- ➔ In NSW, AHPRA does not manage notifications. They are managed by 14 professional councils (supported by the Health Professional Councils Authority, or HPCA) and the Health Care Complaints Commission (HCCC).
- ➔ In Queensland, the Office of the Health Ombudsman (OHO) receives all complaints about health practitioners and determines which of those complaints are referred to the Board/AHPRA to manage.

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by the HPCA (correct as at time of publication). Please refer to the HPCA's 2017/18 annual report on their [website](#), as data may have been subsequently reconciled.

Queensland became a co-regulatory jurisdiction on 1 July 2014 with the commencement of the Health Ombudsman Act. OHO receives all health complaints in Queensland, including those about registered dental practitioners, and decides whether the complaint:

- ➔ is serious, in which case it must be retained by OHO for investigation
- ➔ should be referred to AHPRA and the relevant National Board for management, or
- ➔ can be closed, or managed by way of conciliation or local resolution.

This means that we only have access to the data relating to matters referred to us by OHO. AHPRA does not report on all complaints about registered health practitioners in Queensland.

What is a notification?

In the National Scheme, a complaint or concern about a registered health practitioner or student is called a notification. They are called notifications because AHPRA is notified of a concern or complaint about a practitioner, which AHPRA then manages in partnership with the relevant National Board. Most of the notifications received about individual dental practitioners are managed through Part 8 of the National Law, which can lead to decisions that affect a practitioner's registration.

Some complaints are treated differently under the National Law, as they are considered 'statutory offences'. AHPRA and the Board can prosecute individuals who commit these offences. For information about statutory offences concerning dental practitioners in 2017/18, see *Statutory offences*.

Keeping the public safe is the primary focus when the Board makes decisions about notifications.

Anyone can notify AHPRA about a dental practitioner's health, performance or conduct. While registered dental practitioners and employers have mandatory reporting obligations under the National Law, most of the complaints or concerns we receive are made voluntarily by patients or their families (see Figure 6).

Standards of clinical care continue to be the primary reason people make a notification.

We also receive notifications about students who are studying to become dental practitioners. Usually, such complaints or concerns are made by education providers or places where students are undertaking clinical training. In 2017/18 one notification was made about a student. See the [2017/18 annual report](#) for data relating to notifications about students across all regulated health professions.

For more information about the notifications process, visit the [AHPRA website](#).

¹ Note that 851 complaints were received about dental practitioners in 2017/18, when data from the HPCA are included. This total does not include complaints retained by OHO in Queensland. In this report, we mainly report on matters managed by AHPRA.

² Includes complaints managed by the HPCA in NSW and the OHO in Queensland.

Notifications received

This year, AHPRA received the highest number of notifications (7,276) about health practitioners in any single reporting year since the National Scheme began: 7.4% (539) of those related to dental practitioners. This is a slight increase from 2016/17, when we received 526 notifications about dental practitioners.

More than 68% of all notifications relating to dental practitioners received in 2017/18 were about registrants with a principal place of practice in Victoria (171) and Queensland (199).

Of all registered dental practitioners, 3.7% had notifications made about them during the year, a slight increase from the previous year.

Figure 4: Total notifications received by AHPRA about dental practitioners, year by year, since the National Scheme began

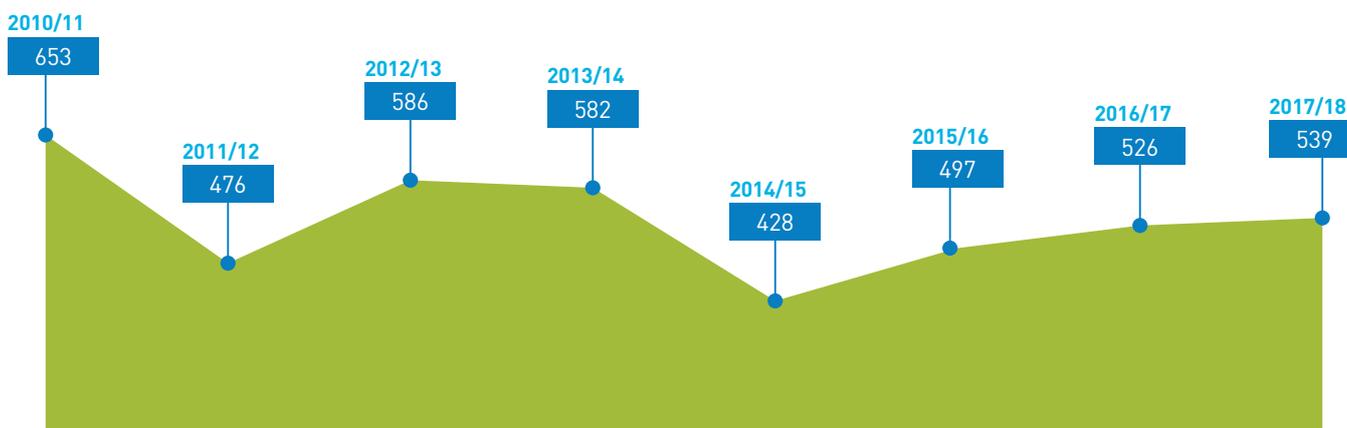
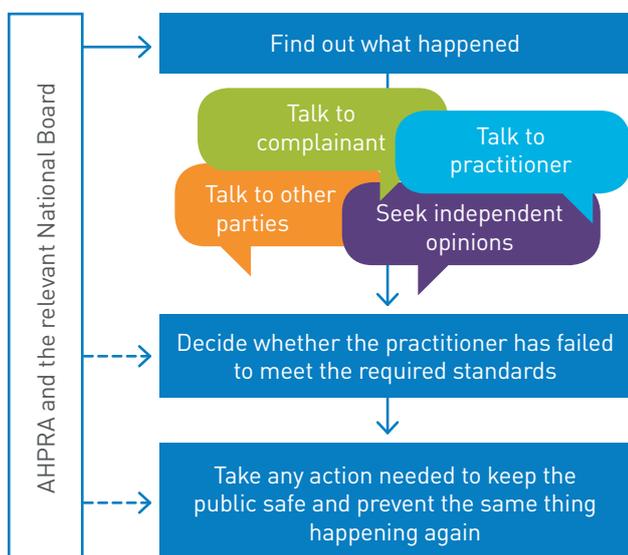


Figure 5: How AHPRA and the Board manage notifications



Notifications closed

The Board assessed and completed 554 notifications about dental practitioners during the year; 14.2% more than in 2016/17. These closures accounted for 7.8% of all closed notifications nationally across all professions. Of the notifications that were closed about dental practitioners, 33.6% resulted in some form of regulatory action being taken by the Board.

As at 30 June 2018, there were 350 open notifications about dental practitioners being managed by AHPRA and the Board.

Tables 5–13 show data about notifications in 2017/18.

Figure 6: The most common sources of notifications lodged with AHPRA about dental practitioners

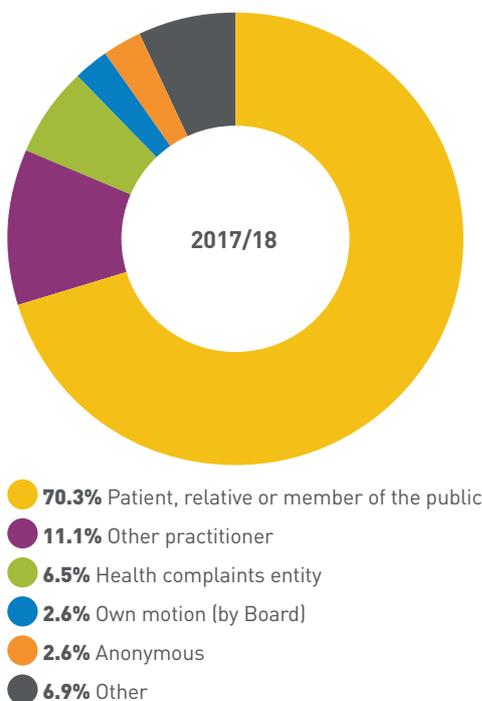
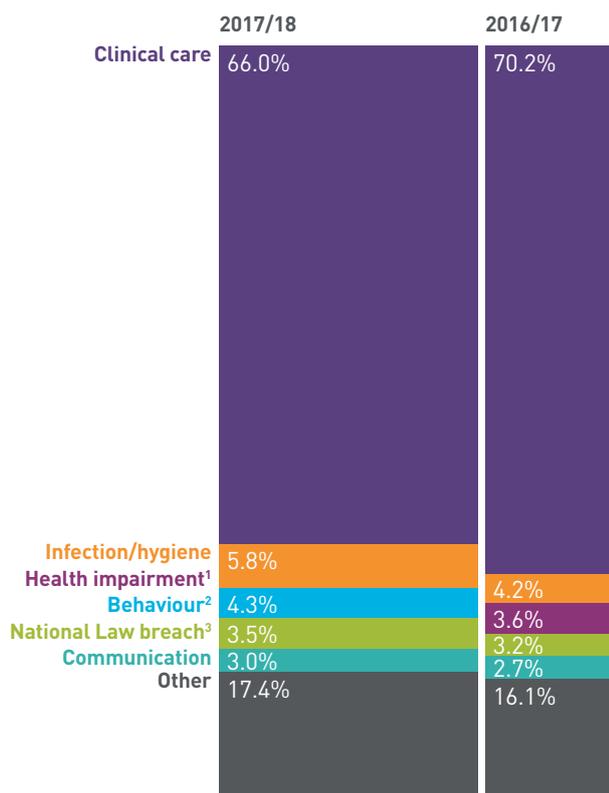


Figure 7: The most common types of complaint lodged with AHPRA about dental practitioners



¹ 2.0% in 2017/18, included in Other.

² 1.3% in 2016/17, included in Other.

³ Breach of a non-offence provision in the National Law, which could result in regulatory action but not be prosecuted through a local or Magistrate's court. For example, a breach of conditions placed on a practitioner's registration or breach of registration standards.

Mandatory notifications

All health practitioners, their employers and education providers have mandatory reporting obligations under the National Law. This means that they must tell AHPRA if they have formed a reasonable belief that a registered dental practitioner or student has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered health practitioners is defined as:

- ➔ practised while intoxicated by alcohol or drugs
- ➔ sexual misconduct in the practice of the profession
- ➔ placed the public at risk of substantial harm because of an impairment (health issue), or
- ➔ placed the public at risk because of a significant departure from accepted professional standards.

AHPRA received 908 mandatory notifications in 2017/18. Of those, 31 mandatory notifications were about dental practitioners. Most mandatory notifications related to a significant departure from accepted professional standards.

For the *Guidelines for mandatory notifications*, visit the [AHPRA website](#).

For data about mandatory notifications lodged with AHPRA across all regulated health professions during the year, please refer to AHPRA and the National Boards' [2017/18 annual report](#).

Taking immediate action

Immediate action is a serious step that the Board can take when it believes it is necessary to limit a dental practitioner's registration in some way to keep the public safe. It is an interim measure that a Board takes only in high-risk cases while it seeks further information.

In 2017/18, the Board considered taking immediate action on 17 occasions and took it 10 times, either imposing conditions, accepting an undertaking or in four cases suspending a dental practitioner's registration while an investigation was carried out. Six matters resulted in no action after consideration of risk by the Board.

See Table 9 for immediate action cases about dental practitioners by state and territory. See [AHPRA's annual report](#) for more information about immediate actions considered and taken across all professions in 2017/18.

Tribunals, panels and appeals

Tribunals

The Board can refer a matter to a tribunal for hearing. Usually, this happens when the allegations involve the most serious of matters, such as when the Board believes a dental practitioner has behaved in a way that constitutes professional misconduct.

Tribunals in each state and territory:

- ➔ **Australian Capital Territory** Civil and Administrative Tribunal
- ➔ **New South Wales** Civil and Administrative Tribunal
- ➔ **Northern Territory** Civil and Administrative Tribunal
- ➔ **Queensland** Civil and Administrative Tribunal
- ➔ **South Australia** Health Practitioners Tribunal
- ➔ **Tasmania** Health Practitioners Tribunal
- ➔ **Victorian** Civil and Administrative Tribunal
- ➔ **Western Australia** State Administrative Tribunal

In 2017/18, six matters relating to dental practitioners were decided by a tribunal.

Panels

The Board has the power to establish two types of panel depending on the type of notification:

- ➔ **Health panels**, for issues relating to a practitioner's health and performance, or
- ➔ **Professional standard panels**, for conduct and performance issues.

Under the National Law, panels must include members from the relevant health profession as well as community members. All health panels about dental practitioners must include a dental practitioner. Each National Board has a list of approved people who may be called upon to sit on a panel.

In 2017/18, two matters about a dental practitioner were decided by a panel.

Appeals

All regulatory decisions are evidence-based and guided by the regulatory principles of the National Scheme. The National Law provides a mechanism of appeal against a decision by a National Board in certain circumstances, including decisions to:

- refuse an application for registration or endorsement of registration, or to refuse renewal of registration or renewal of an endorsement of registration
- impose or change a condition placed on registration, or to refuse to change or remove a condition imposed on registration or an undertaking given by a registrant, or
- suspend registration or to reprimand a practitioner.

There is also a mechanism of appeal by judicial review if the appeal relates to a perceived flaw in the administrative decision-making process, as opposed to the merits of the individual decision itself.

Three decisions by the Board relating to dental practitioners were the subject of an appeal during 2017/18. Five appeals were finalised.

Please refer to [AHPRA's annual report](#) for data relating to appeals in 2017/18.

Compliance

On behalf of the Board, AHPRA monitors dental practitioners and students who have restrictions (conditions or undertakings) placed on their registration, and those with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports the Board to manage risk to public safety.

As at 30 June 2018, there were 118 individual dental practitioners being monitored for compliance (comprising 123 monitoring cases).¹

Monitoring can be for one or more of the following reasons:

- suitability/eligibility to be registered to practise
- compliance with restrictions on their registration – health, conduct, performance, and/or
- to make sure that any practitioner who was cancelled from the register did not practise.

The 123 monitoring cases about dental practitioners represent 2.4% of all monitoring cases managed by AHPRA across the 15 regulated health professions. The majority of cases about dental practitioners related to performance.

For more information on monitoring and compliance, visit the [AHPRA website](#).

See Table 14 for active monitoring cases by stream.

Statutory offences

The National Law sets out four types of statutory offences:

- Unlawful use of protected titles
- Unlawful claims by individuals or organisations as to registration
- Performing a restricted act, and
- Unlawful advertising.

Breaches of the National Law that constitute a statutory offence can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or corporate entities and are covered under Part 7 of the National Law. For more information on monitoring and compliance, visit the [AHPRA website](#).

AHPRA received 55 new statutory offence complaints about dental practitioners in 2017/18. This is a decrease of 77% when compared with those received in 2016/17 (239), over 85% of which related to alleged advertising breaches. In 2015/16, 157 complaints were received.

Concerns about unlawful advertising are now managed in two ways: serious-risk advertising complaints, advertising complaints by corporate entities and unregistered persons are managed as statutory offences, and low- to moderate-risk advertising offences by registrants are managed under the Advertising compliance and enforcement strategy. Data for low- to moderate-risk advertising offences are not included here.

Statutory offence complaints about dental practitioners accounted for 9.5% of all statutory offence complaints received nationally across all professions. In 2016/17 it was 10.4%.

This year, 56 statutory offence complaints were closed (this is an 81% decrease, down from 295 in 2016/17). This reflects the relatively smaller number of complaints received in 2017/18 and managed as statutory offences.

See Table 15 for data about statutory offences relating to dental practitioners in 2017/18.

¹ A practitioner who has restrictions on their registration for more than one reason may be allocated more than one 'monitoring case'. For example, if a dental practitioner has conditions imposed as a result of health concerns and conduct, they may be allocated two monitoring cases.

Table 5: Notifications received about dental practitioners, by state or territory

Dental practitioners ¹	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Subtotal	HPCA ⁵	Total
2017/18	16	12	3	199	54	18	171	65	1	539	425	964
2016/17	24	13	7	185	51	11	166	66	3	526	403	929

¹ Data relating to notifications (complaints or concerns) are based on the state or territory of the practitioner's principal place of practice (PPP).

² Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

³ Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman (OHO) in Queensland.

⁴ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

⁵ Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

Table 6: Notifications received, by division and state or territory (excluding HPCA)

Division	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Total 2017/18	Total 2016/17
Dental hygienist	0	0	0	0	0	0	1	0	0	1	5
Dental prosthetist	2	0	0	9	3	3	3	5	0	25	25
Dental therapist	1	0	0	0	1	0	1	0	0	3	4
Dentist	13	11	3	188	50	15	160	60	1	501	474
Oral health therapist	0	1	0	2	0	0	0	0	0	3	14
Unknown practitioner ⁴	0	0	0	0	0	0	6	0	0	6	4
Total 2017/18	16	12	3	199	54	18	171	65	1	539	
Total 2016/17	24	13	7	185	51	11	166	66	3		526

¹ Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

² Matters referred to AHPRA and the National Board by OHO in Queensland.

³ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

⁴ Practitioners are not always identified in the early stages of a notification.

Table 7: Percentage of the profession with notifications received, by state or territory (including HPCA)

Registrants	ACT	NSW (including HPCA complaints)	NT	QLD (including OHO complaints)	SA	TAS	VIC	WA	No PPP ¹	Total ²
Dental practitioners 2017/18	4.3%	4.5%	1.8%	5.6%	2.3%	3.6%	2.7%	2.2%	0.2%	3.7%
Dental practitioners 2016/17	5.1%	4.7%	3.2%	5.6%	2.4%	3.0%	2.9%	2.1%	0.3%	3.8%
All registered practitioners 2017/18	1.6%	1.8%	1.8%	2.1%	1.6%	1.5%	1.1%	1.2%	0.3%	1.6%
All registered practitioners 2016/17	1.9%	1.7%	2.2%	2.2%	1.3%	1.9%	1.1%	1.2%	0.5%	1.6%

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

² Total includes matters managed by AHPRA, OHO in Queensland and the HPCA in NSW.

Table 8: Immediate action cases by division and state or territory (excluding HPCA)

Division	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Total 2017/18	Total 2016/17
Dentist	0	1	0	2	6	1	7	0	0	17	15
Total 2017/18	0	1	0	2	6	1	7	0	0	17	
Total 2016/17	1	1	0	0	1	0	10	2	0		15

¹ Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

² Matters referred to AHPRA and the National Board by OHO in Queensland.

³ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 9: Outcomes of immediate actions (excluding HPCA)

Outcome	2017/18		2016/17	
	Dental practitioners	All practitioners	Dental practitioners	All practitioners
Not take immediate action	6	173	3	76
Accept undertaking	4	113	1	69
Impose conditions	2	174	7	147
Accept surrender of registration	0	1	0	1
Suspend registration	4	126	1	103
Decision pending	1	22	3	23
Total	17	609	15	419

Table 10: Notifications closed, by state or territory (including HPCA)

Dental practitioners	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Subtotal	HPCA ⁴	Total
Total 2017/18	22	13	9	194	55	21	166	74	0	554	443	997
Total 2016/17	19	6	9	123	82	11	153	79	3	485	386	871

¹ Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

² Matters referred to AHPRA and the National Board by OHO in Queensland.

³ No principal place of practice (PPP) includes practitioners with an overseas or unknown address.

⁴ Matters managed by the HPCA in NSW.

Table 11: Notifications closed, by division and state or territory (excluding HPCA)

Division	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Total 2017/18	Total 2016/17
Dental hygienist	0	0	0	2	0	0	4	0	0	6	4
Dental hygienist and dental therapist	0	0	0	0	0	0	0	0	0	0	3
Dental prosthetist	3	0	0	6	3	3	6	2	0	23	31
Dental therapist	1	0	0	0	0	0	1	0	0	2	6
Dentist	17	13	9	184	52	18	149	72	0	514	426
Oral health therapist	1	0	0	2	0	0	1	0	0	4	12
Unknown practitioner ⁴	0	0	0	0	0	0	5	0	0	5	3
Total 2017/18	22	13	9	194	55	21	166	74	0	554	
Total 2016/17	19	6	9	123	82	11	153	79	3		485

¹ Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

² Matters referred to AHPRA and the National Board by OHO in Queensland.

³ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

⁴ Practitioners are not always identified in the early stages of a notification.

Table 12: Notifications closed, by division and stage at closure (excluding HPCA)

Division	Assessment ¹	Health or performance assessment ²	Investigation	Panel hearing	Tribunal hearing	Total 2017/18	Total 2016/17
Dental hygienist	4	0	2	0	0	6	4
Dental hygienist and dental therapist	0	0	0	0	0	0	3
Dental prosthetist	18	1	4	0	0	23	31
Dental therapist	1	1	0	0	0	2	6
Dentist	349	20	136	3	6	514	426
Oral health therapist	2	0	2	0	0	4	12
Unknown practitioner ³	5	0	0	0	0	5	3
Total 2017/18	379	22	144	3	6	554	
Total 2016/17	303	10	166	1	5		485

¹ Closed after initial assessment of the matter.

² Performance assessments are carried out by a Board-selected assessor whose scope of practice is similar to that of the practitioner being assessed (assessors are not Board members or AHPRA staff).

³ Practitioners are not always identified in the early stages of a notification.

Table 13: Notifications closed, by division and outcome at closure (excluding HPCA)

Outcome	No further action ¹	HCE to retain	Refer all or part of the notification to another body	Caution	Accept undertaking	Impose conditions	Suspend registration	Cancel registration	Total 2017/18	Total 2016/17
Dental hygienist	3	0	0	2	0	1	0	0	6	4
Dental hygienist and dental therapist	0	0	0	0	0	0	0	0	0	3
Dental prosthetist	10	5	2	3	0	3	0	0	23	31
Dental therapist	2	0	0	0	0	0	0	0	2	6
Dentist	346	10	4	72	13	68	1	0	514	426
Oral health therapist	2	0	0	2	0	0	0	0	4	12
Unknown practitioner ²	5	0	0	0	0	0	0	0	5	3
Total 2017/18	368	15	6	79	13	72	1	0	554	
Total 2016/17	301	6	6	97	7	64	1	3		485

¹ No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

² Practitioners are not always identified in notifications closed at an early stage.

Table 14: Active monitoring cases at 30 June 2018, by stream (excluding HPCA)

Stream ¹	Total 2017/18	Total 2016/17
Conduct	12	14
Health	17	16
Performance	66	64
Prohibited practitioner/student	6	5
Suitability/eligibility	22	35
Total²	123	134

¹ AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. As at 30 June 2018, there were 123 cases about dental practitioners, which relate to 118 individual registrants.

² These cases also may include cases that are to be transitioned from AHPRA to the HPCA for conduct, health and performance streams. They do not include HPCA-managed monitoring cases.

Table 15: Statutory offence complaints about dental practitioners, received and closed, by type of offence and jurisdiction

Type of offence ¹		ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Total 2017/18	Total 2016/17
Title protections (s. 113–120)	Received	0	9	0	1	0	0	9	5	9	33	30
	Closed	0	10	0	2	0	0	12	4	6	34	37
Practice protections (s. 121–123)	Received	0	1	0	0	1	0	0	4	2	8	3
	Closed	0	1	0	0	1	0	1	2	3	8	3
Advertising breach (s. 133)	Received	0	2	0	2	0	0	3	1	6	14	205
	Closed	0	3	0	3	0	0	1	1	6	14	251
Directing or inciting unprofessional conduct/professional misconduct (s. 136)	Received	0	0	0	0	0	0	0	0	0	0	0
	Closed	0	0	0	0	0	0	0	0	0	0	0
Other offence	Received	0	0	0	0	0	0	0	0	0	0	1
	Closed	0	0	0	0	0	0	0	0	0	0	4
Total 2017/18	Received	0	12	0	3	1	0	12	10	17	55	
	Closed	0	14	0	5	1	0	14	7	15	56	
Total 2016/17	Received	1	83	1	14	0	0	43	67	30		239
	Closed	2	88	2	30	0	0	77	44	52		295

¹ This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection.

² Excludes matters managed by the HPCA in NSW.

³ Matters referred to AHPRA and the National Board by OHO in Queensland.

⁴ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address. AHPRA also receives offence complaints about unregistered persons where a PPP is not recorded.

Appendix: Committee and panel members

The Dental Board of Australia values the contribution of its committee and panel members across Australia. Together, we make decisions to protect the public Australia-wide. In 2017/18, we held 13 National Board meetings, 22 national committee meetings and 116 state/territory committee meetings. Committee and panel members during the year were as follows:

Accreditation Committee

Dr Murray Thomas (Chair)

Winthrop Professor Paul Abbott AO

Mrs Jennifer Bishop

Ms Alison Faigniez

Mr Paul House

Dr John Lockwood AM

Conscious Sedation Advisory Panel

Professor Iven Klineberg (Chair)

Dr Carmelo Bonanno

Dr Kenneth Harrison

Dr Gregory Mahoney

Expert Reference Group – Specialist

Professor Richard Logan (Chair)

Dr Jocelyn Shand

Dr Neil Peppitt

Dr Werner Bischof

Professor Robert Love

Winthrop Professor Paul Abbott AO

Review Panel for Refresher Programs for Endorsement for Conscious Sedation

Professor Iven Klineberg (Chair)

Professor Alastair Goss

Associate Professor Peter Klineberg

Equivalence Assessment Panel for Overseas-trained Dental Specialists

Professor Richard Logan (Chair)

Dr Naser Albarbari

Dr Ramesh Balasubramaniam

Associate Professor Angus Cameron

Dr Wayne Chow

Dr Stephen Cox

Professor Ivan Darby

Professor Craig Dreyer

Adjunct Associate Professor Peter (Michael) Duckmanton

Dr Paul Fitz-Walter

Dr Mithran Goonewardene

Dr Christopher Ho

Dr Heather Kendall

Professor Iven Klineberg

Dr Bernard Koong

Dr Sharon Liberali

Dr Cosimo Maiolo

Professor David Manton

Dr Alain Middleton

Dr Vincent O'Rourke

Dr Ajith Polonowita

Dr Neeta Prabhu

Dr Archana Pradhan

Associate Professor John (Mike) Razza

Dr Ennio Rebellato

Dr Philippa Sawyer

Dr Warren Shnider

Dr Andrew Smith

Dr Jonathan Tversky

Dr Sue-Ching Yeoh

ACT Registration and Notifications Committee

Dr Peter Wong (Chair)

Ms Sarah Byrne

Dr Kerrie O'Rourke

ACT Immediate Actions Committee

Dr Peter Wong (Chair)

Ms Sarah Byrne

Dr Kerrie O'Rourke

NSW Registration Committee

Professor Iven Klineberg (Chair)

Dr Alexander Holden

Mr Michael Miceli

Dr Philippa Sawyer

NT Registration and Notifications Committee

Dr Erna Melton (Chair)

Mrs Megan Lawton (from 1 Jan 2018)

Dr Quentin Rahaus

Dr Michael Rees (from 1 Jan 2018)

NT Immediate Actions Committee

Dr Erna Melton (Chair)

Mrs Megan Lawton (from 1 Jan 2018)

Dr Quentin Rahaus

Dr Michael Rees (from 1 Jan 2018)

Qld Registration and Notifications Committee

Dr Robert McCray (Chair)

Mrs Brydget Barker-Hudson

Professor Robert Love

Dr Bruce Newman

Mrs Janice Okine

Mr Stuart Unwin

Qld Immediate Actions Committee

Dr Robert McCray (Chair)

Mrs Brydget Barker-Hudson

Professor Robert Love

Dr Bruce Newman

Mrs Janice Okine

Mr Stuart Unwin

SA Registration and Notifications Committee

Professor Richard Logan (Chair)

Ms Michelle Kuss

Dr Cosimo Maiolo

Dr Sophia Matiasz

Dr Heidi Munchenberg

Ms Joanna Richardson

SA Immediate Actions Committee

Prof Richard Logan (Chair)

Ms Michelle Kuss

Dr Cosimo Maiolo

Dr Sophia Matiasz

Dr Heidi Munchenberg

Ms Joanna Richardson

Tas Registration and Notifications Committee

Dr Ioan Jones (Chair)

Mr Leigh Gorringe

Dr Kylie McShane

Mr Nikolas Peacock (from 1 Jan 2018)

Tas Immediate Actions Committee

Dr Ioan Jones (Chair)

Mr Leigh Gorringe

Dr Kylie McShane

Mr Nikolas Peacock (from 1 Jan 2018)

Vic Registration and Notifications Committee

Dr Werner Bischof (Chair)

Dr Janice Davies

Professor Lesleyanne Hawthorne

Dr Melanie Hays (until 5 Oct 2017)

Dr Ioan Jones

Dr Rachel Martin

Mr Tan Nguyen (from 1 Jan 2018)

Vic Immediate Actions Committee

Dr Werner Bischof (Chair)

Dr Janice Davies

Professor Lesleyanne Hawthorne

Dr Melanie Hays (until 5 Oct 2017)

Dr Ioan Jones

Dr Rachel Martin

Mr Tan Nguyen (from 1 Jan 2018)

WA Registration and Notifications Committee

Dr Simon Shanahan (Chair)

Dr Susan Anderson

Dr Gerard Parkinson

Ms Yvonne Parnell

Dr Bernadette Pilkington

Professor Craig Zimitat

WA Immediate Actions Committee

Dr Simon Shanahan (Chair)

Dr Susan Anderson

Dr Gerard Parkinson

Ms Yvonne Parnell

Dr Bernadette Pilkington

Professor Craig Zimitat

Dental Board of Australia: www.dentalboard.gov.au

Phone

Within Australia, call **1300 419 495**

From outside Australia, call **+61 3 9275 9009**

Opening hours: Monday to Friday 9:00am–5:00pm (Australian Eastern Standard Time)

Published

Australian Health Practitioner Regulation Agency

Melbourne, January 2019

For more information about AHPRA and the National Boards' work in 2017/18, please see the [annual report](#).

Useful links

[Register of practitioners](#)

[Complaints portal](#)

[Court and tribunal outcomes](#)

[National restrictions library](#)

Follow us on social media

 [Twitter](#)

 [Facebook](#)

 [YouTube](#)

 [LinkedIn](#)

Australian Health Practitioner Regulation Agency

GPO Box 9958 in your capital city

www.dentalboard.gov.au

www.ahpra.gov.au

Australian Capital Territory

Ground floor
50 Blackall St
Barton ACT 2600

New South Wales

Level 51
680 George St
Sydney NSW 2000

Northern Territory

Level 5
22 Harry Chan Ave
Darwin NT 0800

Queensland

Level 4
192 Ann St
Brisbane QLD 4000

South Australia

Level 11
80 Grenfell St
Adelaide SA 5000

Tasmania

Level 5
99 Bathurst St
Hobart TAS 7000

Victoria

Level 8
111 Bourke St
Melbourne VIC 3000

Western Australia

Level 1
541 Hay St
Subiaco WA 6008

Connect with us



@ahpra



ahpra.gov.au



Search for AHPRA



Search for AHPRA