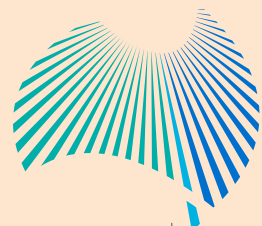


Your National Scheme:
For safer healthcare

Dental Board of Australia

Annual report summary
2016/17



Dental
Board of Australia | AHPRA

At a glance: The dental profession in 2016/17



4,736 registered dental students, down **1.5%** from last year



22,383 dental practitioners, up **3%** from 2015/16

That's **3.3%** of the total health practitioner registrant base



526 notifications lodged with AHPRA about dental practitioners

3.8% of dental practitioners had notifications lodged about them

One notification was lodged about a dental student



Male: 49.8%

Female: 50.2%



126 dental practitioners were being actively monitored for compliance with restrictions on their registration¹

485 notifications closed this year

14.6% resulted in accepting an undertaking or conditions being imposed on a dental practitioner's registration

20% resulted in a dental practitioner receiving a caution or reprimand by the Board

0.8% resulted in suspension or cancellation of registration

62.1% resulted in no further action being taken



239 statutory offence complaints were made; **295** were closed

Most of the new matters related to advertising breaches

Immediate action was considered **15** times and taken **9** times²

21 mandatory notifications were made (**19** about standards, **one** about impairment and **one** about alcohol or drugs)

¹ Data at 30 June 2017. See page 18 for data about monitoring cases relating to compliance with restrictions on registration for dental practitioners.

² 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 [2016/17 annual report](#) by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

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Message from the Chair, Dental Board of Australia

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' 2016/17 annual report. It offers a unique insight into the regulatory landscape.

The role of the Dental Board of Australia (the Board) is to make sure that only those practitioners who are suitably trained and qualified are registered to practise dentistry. Part of this work is to take timely and necessary regulatory action when needed, to ensure that the profession remains a trustworthy and respected source of oral healthcare for the community.

This year, a major initiative for the Board was continuing work on a program for dental specialist registration pathways for overseas-trained dental specialists. When it comes to regulatory policy and procedures, we do not make decisions in isolation. We work in partnership with AHPRA, to ensure that the regulation of registered health practitioners remains consistent across professions Australia-wide, and we also engage stakeholders from the profession to make sure the unique considerations of our varied profession are taken into account in any regulatory decision-making. The dental specialist registration pathways project is supported by the Australian Dental Council (ADC), and we also called out to registered specialists to share their insights and expertise by serving on advisory panels.

Read more about the works of the Board in 2016/17 in our 'Year in Review', from page six. 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.



Dr John Lockwood AM

Chair of the Dental Board of Australia

The Dental Board of Australia

Members of the Board in 2016/17:

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
- ▶ Oral Surgery Advisory Panel
- ▶ Recency of Practice Advisory Panel, and
- ▶ Review panel for endorsement for conscious sedation refresher programs.

Executive and policy support



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.

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 at www.dentalboard.gov.au.

For more information about the National Scheme and AHPRA, visit www.ahpra.gov.au/About-AHPRA.

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 2016/17. Information provided in this report is drawn from data published in the 2016/17 annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2017.

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

Please see page 12 for information about our data.

Profession-specific summaries for all 14 National Boards in the National Scheme are available to download from www.ahpra.gov.au/annual-report/2017.

Annual report summaries that segment the registrant base by state and territory are also published online.

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 2016/17 annual report from www.ahpra.gov.au/annual-report/2017

The Dental Board of Australia: Year in review

The Board undertook a number of major initiatives in 2016/17. Here are the highlights:

Spotlight on: Dental specialist registration pathways

At the start of this year, the Board commenced the assessment of all applications from overseas-specialist qualifications for substantial equivalence to Australian specialist programs.

In support of these arrangements and in partnership with AHPRA, the Board has implemented a new process to assess overseas-specialist qualifications for substantial equivalence to Australian specialist programs. This process includes the assessment of these qualifications against specific criteria to be carried out by equivalence assessment panels.

The Board sought applications from suitably qualified and experienced dentists, who hold specialist registration with the Board, to be appointed to the list of approved members for equivalence assessment panels. The panels have been convened as needed to help the Board in assessing qualifications for specialist registration from overseas-trained dental specialists in a particular specialty.

As part of its work program on specialist registration pathways for overseas-trained dental specialists, the Board and AHPRA have engaged the Australian Dental Council (ADC) to develop an outcome-based assessment model for overseas-trained dental specialists applying for specialist registration in Australia. This project includes the development of an implementation framework but does not include the implementation of the model. The Board will utilise its Expert Reference Group – Specialists to act as liaison with the ADC to help advance the work.

Given the associated work on specialist registration pathways for overseas-trained dental specialists, the Board has decided to continue to put the review of the [specialist registration standard](#) on hold to accommodate any other requirements that may be needed to support future registration pathways.

To keep up to date with information about the Dental Board of Australia, visit www.dentalboard.gov.au.

List of recognised dental specialties, related specialist titles and definitions

The Board submitted a proposed revised *List of recognised dental specialties*, related specialist titles and definitions for approval to the Australian Health Workforce Ministerial Council (AHWMC).

The proposed changes do not add or delete any specialties or titles on the list. Rather, the changes are of a minor technical nature to align the specialist titles and/or definitions with international nomenclature and/or better reflect the nature of work undertaken by dentists within the existing specialty.

There was support for these revisions from all stakeholders, including governments and the relevant dental specialist colleges.

Entry-level competencies for conscious sedation

The Board published entry-level competencies expected of applicants for endorsement of registration in the conscious sedation area of practice.

The Board developed these competencies to clearly establish the minimum standards expected of applicants for endorsement of registration for conscious sedation. The competencies are used to support a number of regulatory functions of the Board, including accreditation, registration and notification.

Visit the [Board website](#) to download these competencies.

Programs to extend scope

The ADC reviewed the list of *Programs to extend scope* on behalf of the Board. As an outcome of this review process, the Board has re-approved seven programs to extend scope until 31 December 2018.

The Board also reviewed the approval process of these programs and has agreed to phase out the approval of these programs.

Taking a multi-profession approach to regulation

The Board has started a scheduled review of the *Code of conduct* (the Code), and as part of the review is working with 10 other National Boards who also use the Code for their professions. The review is still at an early research phase, however the Board is already considering how it can maximise opportunities for input when the consultation stage of the review starts.

Communication and engagement

In 2016/17, 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 22,000 registrants (in October 2016 and May 2017) 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.

A particular highlight this year was that the Board launched two information videos. The first, *Tips for dental patients*, gives patients seven easy-to-remember tips to consider whether their dental practitioner is following the correct infection-control protocols. The second, *An overview of your obligations as a registered dental practitioner*, highlights some of the key requirements for dental practitioners to maintain registration and provides guidance to dental practitioners on expected behaviours. The Board is finalising a third video to provide registration information for graduates of dental study.

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

Stakeholder relations

This year, the Board continued working with its partners to meet the objectives of the National Scheme. Partners include AHPRA, the other National Boards, the ADC and health complaint entities. The Board has continued to develop strong links with the Dental Council of New South Wales, and held a joint meeting to discuss the common issues in regulating the dental profession under the National Scheme and the NSW co-regulatory model.

Future works

In the coming year, the Board will support an initiative to explore approaches to 'continuing competence' that support dental practitioners in maintaining and enhancing their professional skills and knowledge. As part of this initiative the Board will host a stakeholder roundtable to engage the profession in the initiative.

The Board will also commence scheduled reviews on a number of its standards, codes and guidelines. The Board has already begun planning for the review of the *Scope of practice registration standard* and *Guidelines for scope of practice*, 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 joint review by all National Boards and AHPRA of the *Guidelines for advertising regulated health services*.

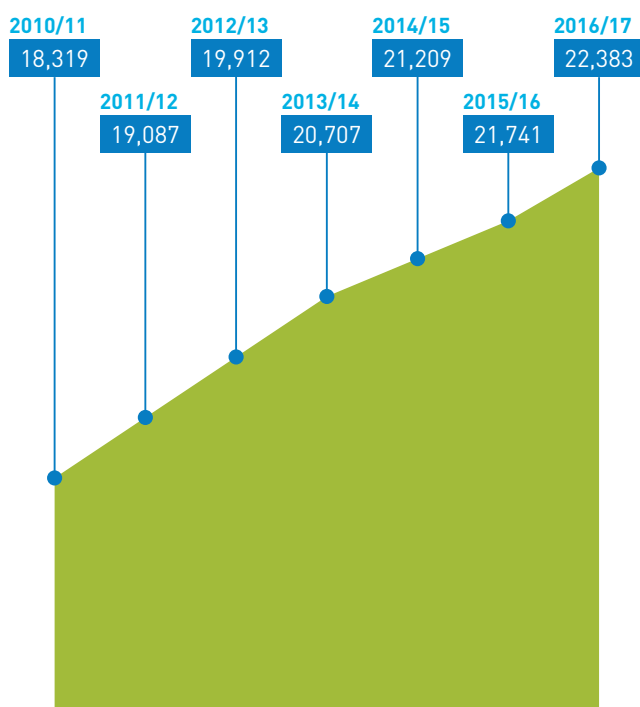
In 2017/18, the Board will host its third biennial National Conference. The conference brings together National Board members, state and territory committee members, AHPRA senior staff and key stakeholders in the National Scheme, such as representatives of the accreditation agency and the Health Professional Councils Authority (HPCA) in NSW. This year's conference aims to encourage cross-professional learning across those regulating the dental profession through shared ideas, innovations and networking, and to better understand and respond to the wider regulatory environment.

Registering the dental workforce in 2016/17

In brief: Registration of dental practitioners

- ▶ 22,383 registered dental practitioners in 2016/17; up from 21,741 in 2015/16.
- ▶ Dental practitioners comprise 3.3% of the total registrant base.
- ▶ 4,736 registered dental students; down from 4,810 in 2015/16.
- ▶ 0.4% of the profession identified as being Aboriginal and/or Torres Strait Islander (79 dental practitioners nationally), and
- ▶ Women comprised 50.2% of the profession.

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



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 at www.dentalboard.gov.au/Registration.

Registration in 2016/17

As at 30 June 2017, there were 22,383 dental practitioners registered under the National Scheme. This represents a 3% increase from 2015/16, which is consistent with previous years. Most jurisdictions saw an increase in registrant numbers, with NSW, Victoria and Queensland being the principal place of practice for over 73.2% of all registered dental practitioners.

Of the 678,938 registered health practitioners across the 14 professions, 3.3% were dental practitioners.

Of the dental registrant base, 97.4% held some form of practising registration and 7.6% held a specialty. A small number of dentists (96) also held an endorsement for conscious sedation. There was a 5.5% 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 2016/17.

Applications for registration

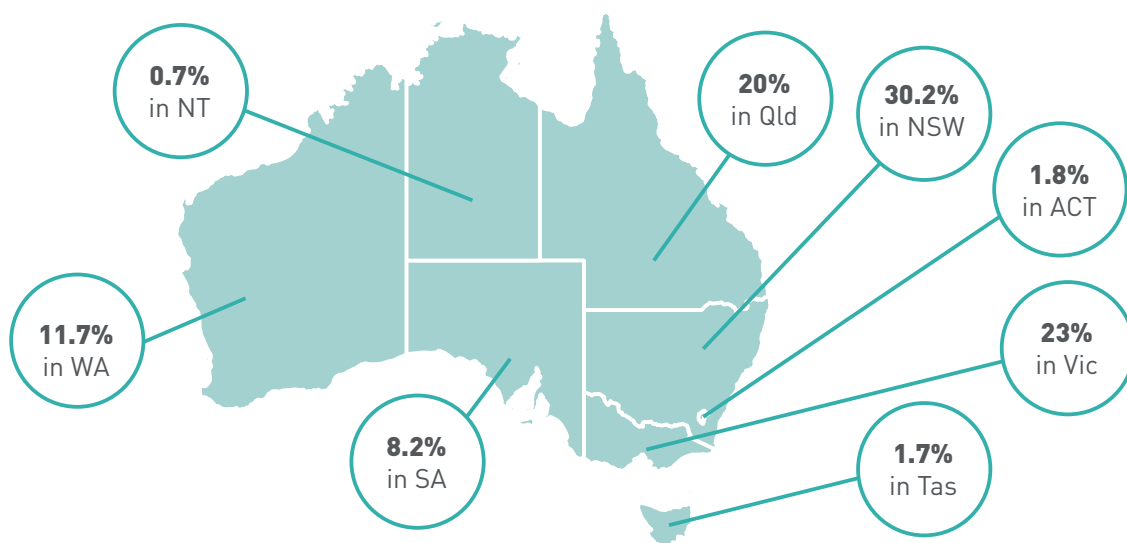
AHPRA received 1,652 applications for registration as a dental practitioner in 2016/17. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including English-language proficiency and checking whether the 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 1,630 applications finalised, 1.7% 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, which is available for download at www.ahpra.gov.au/annualreport/2017.

Figure 2: Percentage of dental practitioners with a principal place of practice in each state and territory¹



Renewals

Once on the *Register of practitioners* (see box to right), 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 21,009 dental practitioners renewed registration in 2016/17, with the proportion of dental practitioners renewing online increasing to 98%; up 0.6% from the previous year.

Practitioner audits

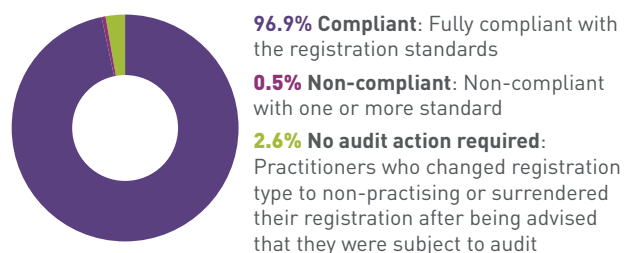
AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence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

In 2016/17, AHPRA audited 6,314 practitioners across all 14 regulated health professions. For all audits initiated and completed this year, 96.9% of dental practitioners were found to be in compliance with the registration standards being audited.

See AHPRA's [2016/17 annual report](#) for more information about the audit process.

Find out more about practitioner audits and other registration information on the Board's website: www.dentalboard.gov.au/Registration.

Figure 3: Audit outcomes for the dental profession in 2016/17



The 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*.

¹ Dental practitioners with no principal place of practice (includes overseas registrants): 2.7% of total practitioners or 615 registrants.

Table 1: Registrant numbers as at 30 June 2017

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
2016/17 total registered dental practitioners	411	6,765	156	4,478	1,840	371	5,139	2,608	615	22,383
2015/16 total registered dental practitioners	402	6,580	153	4,326	1,800	356	4,972	2,548	604	21,741
% change from 2015/16	2.2%	2.8%	2.0%	3.5%	2.2%	4.2%	3.4%	2.4%	1.8%	3.0%
All registered health practitioners in 2016/17	11,845	196,605	7,083	133,103	53,823	14,522	175,354	69,012	17,591	678,938

Table 2: Registered dental practitioners by age

Year	U-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
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
2015/16	827	3,059	3,321	2,920	2,372	2,078	2,044	2,220	1,474	875	363	129	59	21,741

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 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
Total 2015/16	402	6,580	153	4,326	1,800	356	4,972	2,548	604	21,741
Female	229	2,989	80	2,071	1,001	161	2,499	1,449	258	10,737
Male	173	3,591	73	2,255	799	195	2,473	1,099	346	11,004

¹ No principal place of practice (No PPP) will include practitioners with an overseas address.

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

Division	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	2016/17	2015/16
Dental Hygienist	42	443	11	143	266	19	218	268	29	1,439	1,414
Dental Hygienist and Dental Prosthetist	0	2	0	1	0	0	0	0	0	3	3
Dental Hygienist and Dental Prosthetist and Dental Therapist	0	1	0	0	0	0	1	0	0	2	2
Dental Hygienist and Dental Therapist	9	66	7	139	62	2	127	56	4	472	480
Dental Hygienist and Dental Therapist and Dentist	0	0	0	2	0	0	0	0	0	2	2
Dental Hygienist and Dental Therapist and Oral Health Therapist	0	0	0	3	0	0	0	0	0	3	1
Dental Hygienist and Dentist	0	2	0	1	0	0	1	0	0	4	3
Dental Hygienist and Oral Health Therapist	0	2	0	0	1	0	0	5	0	8	6
Dental Prosthetist	14	411	6	270	72	49	354	90	5	1,271	1,250
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	2	0	0	2	1
Dental Therapist	18	199	16	173	81	47	149	277	5	965	1,016
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	6	0	6	4
Dentist	309	5,260	102	3,360	1,178	243	3,936	1,777	567	16,732	16,264
Dentist and Oral Health Therapist	0	1	0	1	0	0	0	0	0	2	2
Oral Health Therapist	19	378	14	385	180	11	349	129	5	1,470	1,291
Total 2016/17	411	6,765	156	4,478	1,840	371	5,139	2,608	615	22,383	
Total 2015/16	402	6,580	153	4,326	1,800	356	4,972	2,548	604		21,741

¹ No principal place of practice (No PPP) will include practitioners with an overseas address.

Regulating the workforce: Complaints about dental practitioners in 2016/17

In brief: Notifications about dental practitioners

- ▶ 526 notifications (complaints or concerns) were lodged with AHPRA about dental practitioners in 2016/17.
- ▶ 3.8% of the dental registrant base were the subject of a notification (compared with 1.6% of all registered health practitioners).
- ▶ Immediate action was taken 12 times; one resulted in suspension of a dental practitioner's registration while a notification was investigated.
- ▶ 21 mandatory notifications were lodged with AHPRA about dental practitioners.
- ▶ 485 notifications were closed.
- ▶ 126 dental practitioners were being monitored for compliance with restrictions on their registration as at 30 June 2017.
- ▶ 239 statutory offence complaints were made about the profession – almost all related to advertising dental services.

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 NSW 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 2016/17 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. The 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 the 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 the OHO. We do 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 2016/17, see page 15.

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. See [the 2016/17 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](#).

Notifications received in 2016/17

This year, AHPRA received the highest number of notifications (6,898) about health practitioners across all professions than in any single financial year since the National Scheme began: 7.6% (526) of those related to dental practitioners. This is a slight increase from 2015/16, when we received 497 notifications about dental practitioners.

More than 66% of all notifications relating to dental practitioners received in 2016/17 were about registrants with a principal place of practice in Victoria (166) and Queensland (185).

Of the total registrant base, 3.8% of the dental profession had notifications made about them during the year, a slight decrease from the previous year.

Notifications closed in 2016/17

The Board assessed and completed 485 notifications about dental practitioners during the year; 23.4% more than in 2015/16. These closures accounted for 7.3% of all closed notifications nationally across all professions. Of the notifications that were closed about dental practitioners, 35.5% resulted in some form of regulatory action being taken by the Board against the practitioner.

As at 30 June 2017, there were 362 open notifications about dental practitioners being managed by AHPRA and the Board.

Tables 5–13 show data about notifications in 2016/17.

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

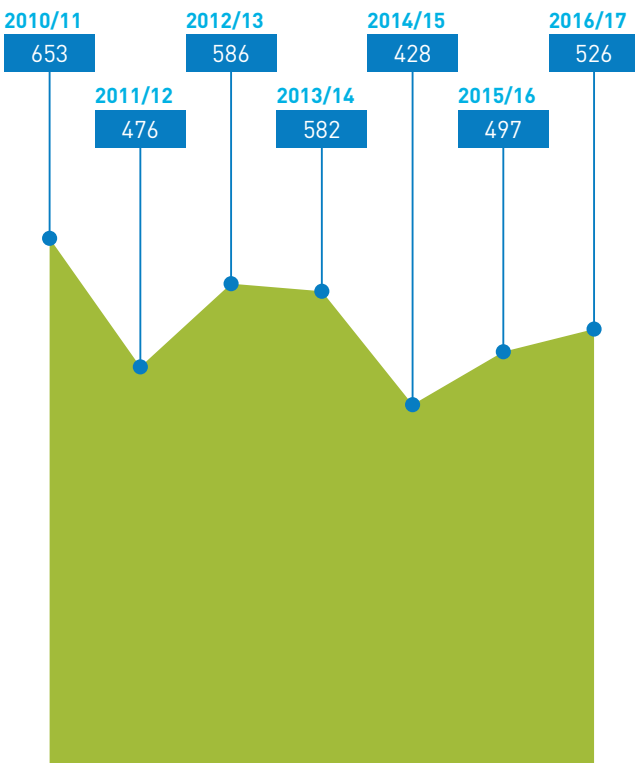


Figure 5: How AHPRA and the Board manage notifications

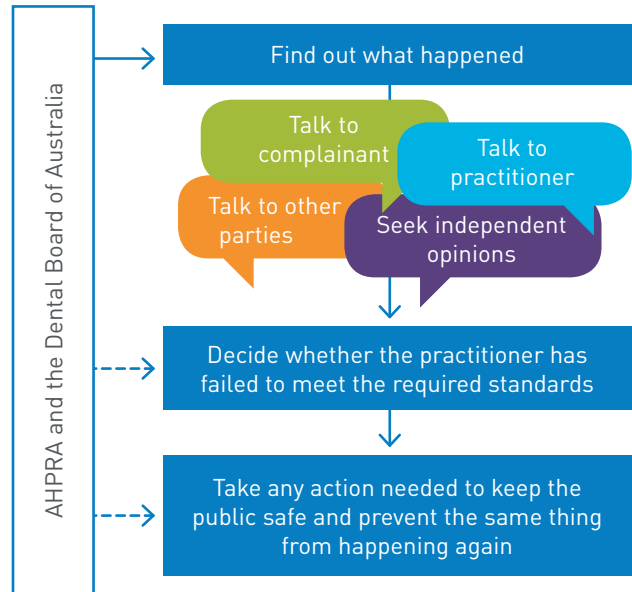


Figure 6: Five most common sources of notifications lodged with AHPRA about dental practitioners

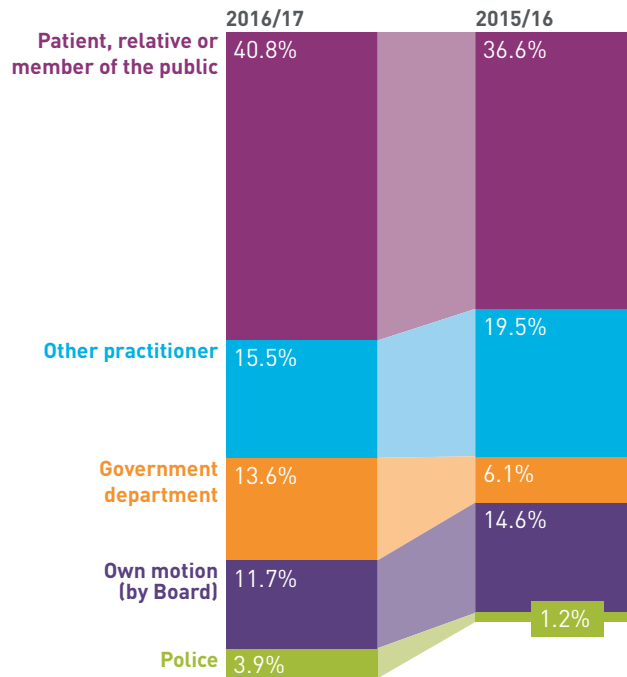
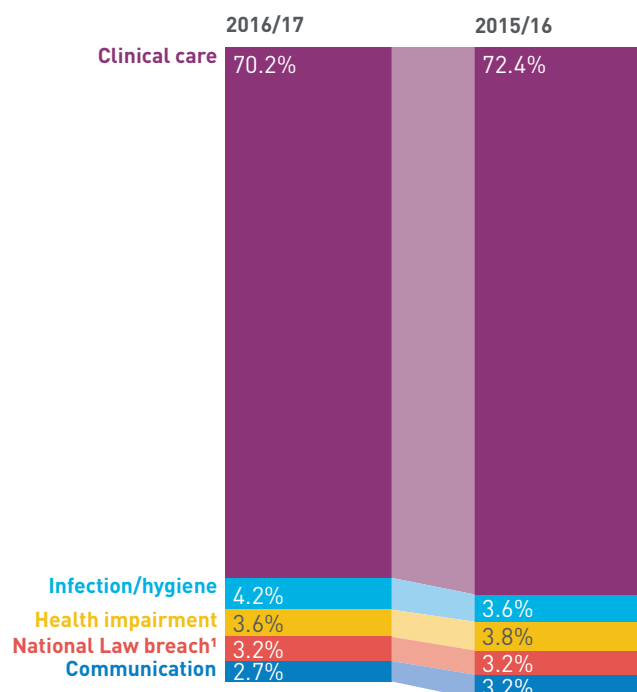


Figure 7: Five most common types of complaint lodged with AHPRA about dental practitioners



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:

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

AHPRA received 847 mandatory notifications in 2016/17. Of those, 21 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' [2016/17 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 2016/17, the Board considered taking immediate action on 15 occasions and took immediate action nine times, mostly imposing conditions or accepting an undertaking while an investigation was carried out. There was one suspension of a dental practitioner's registration, and three 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 2016/17.

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
- ▶ **Victoria** Civil and Administrative Tribunal
- ▶ **Western Australia** State Administrative Tribunal

In 2016/17, five 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 2016/17, one matter about a dental practitioner was decided by a panel.

¹ 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.

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.

Six decisions by the Board relating to dental practitioners were the subject of an appeal during 2016/17.

The National Scheme's [regulatory principles](#) apply to all regulatory decision-making. The principles are designed to encourage a responsive, risk-based approach to regulation across all professions to ensure the public is safe. The low proportion of successful appeals that resulted in an amended/substituted decision demonstrates that the regulatory principles continue to have a positive impact on regulatory decision-making.

Please refer to [AHPRA's annual report](#) for data relating to appeals in 2016/17.

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 2017, there were 126 individual dental practitioners being monitored for compliance (comprising 134 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 134 monitoring cases about dental practitioners represent 2.6% of all monitoring cases managed by AHPRA across the 14 regulated health professions. The majority of cases about dental practitioners related to performance.

It should be noted that despite increasing volumes of notifications received and high closure rates, this has not translated into a peak in active monitoring cases for the Board. 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, see [the AHPRA website](#).

AHPRA received 239 new statutory offence complaints about dental practitioners in 2016/17, which is an increase of 21.9% when compared with those received in 2015/16. The increase was largely due to an increase in complaints about alleged advertising breaches, which accounted for more than 85% of all complaints received during the year. Statutory offence complaints about dental practitioners accounted for 10.4% of all statutory offence complaints received nationally across all professions.

This year, there was a 87.9% increase in the number of statutory offence complaints closed (295, up from 157 in 2015/16).

See Table 15 for data about statutory offences relating to dental practitioners in 2016/17.

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 in 2016/17, by state or territory

Dental practitioners ¹	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Subtotal	HPCA ⁵	Total
Total 2016/17	24	13	7	185	51	11	166	66	3	526	403	929
Total 2015/16	16	12	6	167	55	14	138	86	3	497	528	1,025

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

Division	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Total 2016/17	Total 2015/16
Dental Hygienist	0	0	0	0	0	0	4	1	0	5	3
Dental Hygienist and Dental Therapist	0	0	0	0	0	0	0	0	0	0	7
Dental Prosthetist	2	0	0	8	5	0	8	2	0	25	23
Dental Therapist	0	0	1	1	0	0	2	0	0	4	2
Dentist	21	13	6	172	44	11	143	63	1	474	450
Oral Health Therapist	1	0	0	4	2	0	7	0	0	14	5
Unknown practitioner ⁷	0	0	0	0	0	0	2	0	2	4	7
Total 2016/17	24	13	7	185	51	11	166	66	3	526	
Total 2015/16	16	12	6	167	55	14	138	86	3		497

Table 7: Percentage of the profession with notifications received, by state or territory

Registrants	ACT	NSW (including HPCA complaints)	NT	QLD (including OHO complaints)	SA	TAS	VIC	WA	No PPP ⁴	Total ⁸
Dental practitioners 2016/17	5.1%	4.7%	3.2%	5.6%	2.4%	3.0%	2.9%	2.1%	0.3%	3.8%
Dental practitioners 2015/16	4.0%	8.2%	3.9%	3.9%	3.1%	3.9%	2.8%	3.4%	0.5%	4.7%
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%
All registered practitioners 2015/16	1.8%	2.2%	1.8%	1.5%	1.5%	1.7%	1.1%	1.1%	0.4%	1.5%

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

Division	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Total 2016/17	Total 2015/16
Dental Prosthetist	0	0	0	0	0	0	0	0	0	0	1
Dental Therapist	0	0	0	0	0	0	0	0	0	0	1
Dentist	1	1	0	0	1	0	10	2	0	15	42
Total 2016/17	1	1	0	0	1	0	10	2	0	15	
Total 2015/16	1	0	0	4	2	0	6	31	0		44

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 in Queensland (OHO).

4 No principal place of practice (No PPP) will include practitioners with an overseas address.

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

6 Excludes matters managed by the HPCA in NSW.

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

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

Table 9: Outcomes of immediate actions (excluding HPCA)¹

Outcome	2016/17		2015/16	
	Dental practitioners	All practitioners	Dental practitioners	All practitioners
Not take immediate action	3	76	2	66
Accept undertaking	1	69	3	67
Impose conditions	7	147	35	229
Accept surrender of registration	0	1	1	6
Suspend registration	1	103	3	74
Decision pending	3	23	0	22
Total	15	419	44	464

Table 10: Notifications closed in 2016/17, by state or territory

Dental practitioners	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Subtotal	HPCA ⁵	Total
Total 2016/17	19	6	9	123	82	11	153	79	3	485	386	871
Total 2015/16	24	12	12	98	38	15	125	64	5	393	401	794

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

Division	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Total 2016/17	Total 2015/16
Dental Hygienist	0	0	0	0	1	0	0	3	0	4	2
Dental Hygienist and Dental Therapist	0	0	0	1	2	0	0	0	0	3	4
Dental Prosthetist	1	0	0	7	10	0	10	3	0	31	16
Dental Therapist	0	0	1	2	0	0	2	1	0	6	1
Dentist	18	6	8	109	66	11	135	72	1	426	354
Oral Health Therapist	0	0	0	4	3	0	5	0	0	12	3
Unknown practitioner ⁶	0	0	0	0	0	0	1	0	2	3	13
Total 2016/17	19	6	9	123	82	11	153	79	3	485	
Total 2015/16	24	12	12	98	38	15	125	64	5		393

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

Division	Assessment ⁷	Health or performance assessment ⁸	Investigation	Panel hearing	Tribunal hearing	Total 2016/17	Total 2015/16
Dental Hygienist	2	0	1	0	1	4	2
Dental Hygienist and Dental Therapist	1	0	2	0	0	3	4
Dental Prosthetist	17	0	14	0	0	31	16
Dental Therapist	3	0	2	0	1	6	1
Dentist	267	10	145	1	3	426	354
Oral Health Therapist	10	0	2	0	0	12	3
Unknown practitioner ⁶	3	0	0	0	0	3	13
Total 2016/17	303	10	166	1	5	485	
Total 2015/16	246	10	112	8	17		393

1 Excludes matters managed by the Health Professional Councils Authority (HPCA) in NSW.

2 Matters managed by AHPRA about practitioners with a principal place of practice (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 in Queensland (OHO).

4 No principal place of practice (PPP) will include practitioners with an overseas address.

5 Matters managed by the HPCA in NSW.

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

7 Closed after initial assessment of the matter.

8 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).

Table 13: Notifications closed, by division and outcome at closure (excluding HPCA)¹

Outcome	Dental Hygienist	Dental Hygienist and Dental Therapist	Dental Prosthetist	Dental Therapist	Dentist	Oral Health Therapist	Unknown practitioner ³	Total 2016/17	Total 2015/16
No further action ²	2	1	20	3	266	8	1	301	236
Health complaints entity to retain	0	0	0	0	5	0	1	6	10
Refer all of the notification to another body	0	0	1	0	4	0	1	6	9
Caution	1	0	5	1	88	2	0	97	61
Reprimand	0	0	0	0	0	0	0	0	1
Accept undertaking	0	0	1	0	6	0	0	7	16
Impose conditions	0	2	4	1	55	2	0	64	45
Suspend registration	1	0	0	0	0	0	0	1	1
Accept surrender of registration	0	0	0	1	2	0	0	3	12
Cancel registration	0	0	0	0	0	0	0	0	2
Proceedings withdrawn	4	3	31	6	426	12	3	485	
Total	2	4	16	1	354	3	13		393

Table 14: Active monitoring cases at 30 June 2017, by stream (excluding HPCA)

Stream ⁴	Total 2016/17	Total 2015/16
Conduct	14	24
Health	16	23
Performance	64	64
Prohibited practitioner/student	5	6
Suitability/eligibility	35	24
Total⁵	134	141

1 Excludes matters managed by the Health Professional Councils Authority (HPCA) in NSW.

2 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.

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

4 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 2017, there were 134 cases about dental practitioners, which relate to 126 individual registrants.

5 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 in 2016/17, by type of offence and jurisdiction

Type of offence ¹		ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Total 2016/17	Total 2015/16
Title protections (s.113–120)	Received	0	11	1	3	0	0	6	4	5	30	27
	Closed	0	4	1	7	0	0	9	6	10	37	15
Practice protections (s.121–123)	Received	0	0	0	0	0	0	2	0	1	3	4
	Closed	0	0	0	0	0	0	2	0	1	3	3
Advertising breach (s.133)	Received	1	72	0	11	0	0	34	63	24	205	162
	Closed	2	84	1	20	0	0	65	38	41	251	136
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	2
Other offence	Received	0	0	0	0	0	0	1	0	0	1	3
	Closed	0	0	0	3	0	0	1	0	0	4	1
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	
Total 2015/16	Received	2	43	0	30	2	1	53	14	51		196
	Closed	2	48	1	29	6	3	29	16	23		157

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 Health Professional Councils Authority (HPCA) in NSW.

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

4 AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.

The 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)

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For more information about AHPRA and the National Boards' work in 2016/17, please see the annual report, available from the [AHPRA website](#).

Useful links

Register of practitioners: www.ahpra.gov.au/registration/registers-of-practitioners

Complaints portal: www.ahpra.gov.au/About-AHPRA/Complaints

Court and tribunal outcomes: www.ahpra.gov.au/Publications/Tribunal-Decisions

National restrictions library: www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library

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Australian Health Practitioner Regulation Agency

GPO Box 9958 in your capital city

www.ahpra.gov.au

Australian Capital Territory

Level 2
103-105 Northbourne Ave
Turner ACT 2612

New South Wales

Level 51
680 George Street
Sydney NSW 2000

Northern Territory

Level 5
22 Harry Chan Ave
Darwin NT 0800

Queensland

Level 18
179 Turbot 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

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