

**REVIEW OF DPBV
CODE OF PRACTICE C005
CONTINUING PROFESSIONAL
DEVELOPMENT**



**Submission to Dental Practice Board of Victoria by
Australian Dental Association Victorian Branch Inc**

May 2007

ADAVB Submission to DPBV Code of Practice Review: Continuing Professional Development

KEY POINTS

The Australian Dental Association Victorian Branch Inc. (ADAVB) welcomes the opportunity to comment on the CPD Code. The Branch reiterates its opposition to mandatory CPD but given the existence of this Code, supports:

- the Code remaining in its present form because of the significant changes over the next 14 months when new regulatory structures will be introduced.
- practitioners being responsible for their own records
- consultations being held with academics about the flexibility of the Code to recognise academic activities equivalent to formal CPD

The ADAVB does not favour

- increasing the number of non-scientific hours allowable with the 40 hour minimum each cycle
- a pro rata reduction of minimum CPD hours for part-time workers

In our view, there is a perception of Board endorsement when a course or activity is recognised under the Board's CPD policy and it contributes credit towards obligations under the Code, and so this situation does justify introduction of some clarifying measure..

RECOMMENDATIONS

- **That the Board renew the current Code in its present form to stabilize practitioners' compliance because of the two major regulatory changes which will occur between now and July 2008**
- **That the Board consult with higher education institutions regarding the requirements and provisions for academics before reporting back to all stakeholders**
- **That course providers are provided with a new format for inclusion of a credit statement on their registration forms and event promotions e.g. "This course contributes XX hours of scientific CPD credit. Please note that the DPBV does not endorse any CPD activities." A similar disclaimer could be added to the Board's website.**
- **That regular meetings similar to the recent informal discussion between the Board's CPD Advisory Committee and representatives of various EAPs are held.**
- **The Board states that EAPs must undertake "reasonable measures" to ensure they issue accurate certificates. The Board provides some detailed examples of how this can be achieved, to ensure that all EAPs are maintaining a similar standard.**
- **That the Board increase the speaker allowance to three hours credit for one hour of presentation time, and set a maximum number of times that the same lecture can be given credit.**
- **The Board exercise greater flexibility in backdating the "not practicing" condition on registration, particularly in cases of ill health.**



This submission first addresses the areas on which the Board has invited specific comment, and then makes some additional remarks on other matters. Member feedback was sought on the Code review, and comments received from a number of members have assisted in the preparation of this submission.

1. Mandatory components

- The ADAVB supports specific requirements for both CPR and Infection Control.
- The ADAVB supports the requirement of 2 hours of CPR activity within each two year cycle as presently required.
- Currently CPR can only contribute a maximum of four hours credit per two year cycle, yet CPR activities are typically provided in 3 hour blocks. For a CPR certificate to remain current, it must be undertaken every year (therefore 6 hours every two years). We understand that the Board is aware of this inconsistency. While these discrepancies appear to have caused some confusion with members, this now seems to be easing somewhat.
- As regards the requirements for infection control, the ADAVB believes this area could still be effectively addressed using either a three or four year cycle. In our view, completing a minimum number of hours within two 2-year cycles (i.e. four years) would be sufficient.

2. Is the operation of the Code of Practice consistent with the purpose of the code?

- The ADAVB finds it difficult to comment on this matter as there is no evidence of the effect of the code on patient safety. Publication of the results of the Board's recent audit may have been helpful in this regard. Though there is a lack of evidence to support mandatory CPD having a positive impact on patient safety, the ADAVB strongly believes that CPD is about professional commitment to education and improvement.
- As part of a dentist's ethical commitment to first do no harm and to provide the best possible care in the interests of patient welfare, we recognise the importance of practitioners remaining up to date with emerging dental science, techniques and technologies.

3. Should CPD requirements be different for academics, and if so, what should be the central components of both streams?

- The ADAVB supports all registered persons having equitable CPD requirements as the Code should be about patient safety.
- We recognise that there are complex issues with ways that academics are eligible to earn CPD and suggest that the DPBV liaise directly with higher education institutions to explore more flexibly, seeking comment from other stakeholders.



- Members expressed a range of views on this matter e.g.:

“Different for academics? NO WAY. It would potentially be sending a very wrong message. The object of the exercise is to ensure clinical competency-- patients need to believe that their dentists are keeping up with developments in the fields relevant to their treatment. Competency in pure academia is not something the dental board needs to look into or reward.”

“The level of credit given to academic staff, whose careers are intimately involved in Continued Professional Development for both themselves and others through teaching, learning and research does seem somewhat derisory.”

4. Type of hours – is the mix of scientific and non-scientific reasonable?

- The Branch strongly supports the current split between scientific and non-scientific, and we consider that these areas are appropriately balanced.
- We do not favour increasing the amount of non-scientific CPD allowed.
- ADAVB supports the current Code in which certain topics are not eligible for CPD (such as practitioners’ financial well being).

5. Is there a perception that courses approved for CPD credit are endorsed by the Board?

- The ADAVB agrees that there is a perception in some quarters that being approved for CPD is an endorsement by the Board.
- Many dentists are unaware of the different process of approval for EAPs compared with other course providers.
- We recognize that the Board does not directly control what EAPs approve, however we do not know how many practitioners would actually be aware of this.
- The ADAVB felt that this issue was particularly pertinent to activities being run by suppliers. Regrettably, many dentists still think that the ADAVB approves all courses, although perhaps that perception is changing.
- We recognise that this issue may be difficult to overcome. One way might be to include a disclaimer on the CPD calendar on Board’s website. Another might involve more communication from the Board to the profession about the EAP delegations and the treatment of non-EAP organisations, in a range of media. The ADAVB would be pleased to publish articles if provided by the Board, and we believe other professional associations would support similar communication strategies.
- Course providers could be given a new format for inclusion in a credit statement on their registration forms and event promotions e.g. “This course contributes XX hours of scientific CPD credit. Please note that the DPBV does not endorse any CPD activities.”



- The issue of implied endorsement also raises the question for some people, whether having completed certain CPD activities that this affects their scope of duties. The Board has stated that it does not and we strongly support that position.

6. Verification/certification of attendance.

- The Board will be aware that the ADAVB's use of bar code scanners to record delegate attendance times met with both technical and operational problems, as well as considerable backlash from the profession. While the ADAVB took literally the Board's requirement that the time delegates attended recognised events needed to be logged, all other providers kept a simple attendance sheets. As a result we modified our system and used a more conventional attendance register approach and so receive less negative delegate responses.
- A number of members consider it insulting that any documentary method of roll check be undertaken, asserting that the Board should simply accept their receipt for registration as an adequate confirmation of their participation.
- ADAVB has changed its approach to verification for large events and relies, in part, on the integrity of members. The options to monitor attendance at large events are limited and all carry their own problems. Scanners create an environment of "Big Brother" overseeing delegates' every move and members did not like them. A session number system like that used at the ADA Congress in Adelaide was also fraught with difficulty. Problems included incorrect numbers being read, people mis-hearing or not hearing the code and the rumoured trade of session codes. The system used for the Sydney Congress was very much better.
- The Board states that EAPs must undertake "reasonable measures" to ensure they issue accurate certificates. It would be useful if the Board provided some detailed examples of how this can be achieved.
- Verification is an issue for all providers and a number of different approaches are taken. There are still providers giving certificates for full attendance irrespective of people's actual attendance time. Some even provide the certificates at registration!
- The ADAVB strongly supports practitioners being responsible for the maintenance of their own records and opposes a return to a system where the Branch or some other body became a central repository.
- Member feedback on this matter included the following:

"Some of the verification procedures I have sadly had to endure are demeaning to mature professionals. We are not schoolboys and should not be treated as such. If it has got to the stage that the Dental Board does not treat its members as trustworthy then the profession is in a sad state."

"I'm happy with the 'honesty' or 'self-managed' means of keeping record of courses attended and hours accrued."



7. Other Matters

7.1 Access problems

- There is a recognised difficulty for some practitioners in gaining access to appropriate courses. Those affected include mothers with young children working part time, semi-retired practitioners working part time, and regional practitioners suffering problems of distance and travel and accommodation costs.
- Many part time practitioners feel that they should be allowed to do less CPD hours. However the Branch does not support pro-rata hours for part time workers.
- Practitioners that are not practicing can have a condition put on their registration that essentially puts a freeze on their CPD. However this cannot be done retrospectively. We believe that it would be helpful for some flexibility to be available in these circumstances, particularly where it involves cases of serious health issues or maternity leave.

7.2 Communication

- More frequent communication with EAPs and with practitioners on CPD matters would help to raise the profile of various requirements, and registered dentists realise that the Board is the organisation that will hold them accountable.
- The recent meeting of the Board's CPD Advisory Committee with representatives of various EAPs was a welcome initiative, and provided most beneficial feedback and information. Similar regular meetings would be helpful.
- Publication of clear advice regarding the consequences of non-compliance would also make for a better informed, and perhaps more cooperative profession. Over the last three years, the ADAVB has found itself having to explain at length to members the Board's requirements. We especially have to explain to members the distinction between Board requirements and the administrative or commercial arrangements we make for the conduct of an event.

7.3 Regulatory change

- The ADAVB recognises that the current Board ceases to exist as at 30 June this year and that a new Board is to be appointed under the Health Professions Registration Act (HPRA) effective 1 July 2007. That Board will only hold office for 12 months until 30 June 2008, and the new national registration and accreditation system is to commence on 1 July 2008. With these two prospective legislated changes over the coming year, the potential exists for much confusion.
- While there is a clear expectation that the Board appointed under the HPRA will seek to preserve continuity with the current Board's Policies and Codes, including CPD, we do not believe that the disposition of a Board (not yet appointed) can be assumed with complete confidence. Dental care providers are currently subject to a Code which obliges them to meet certain specified requirements during the two-year cycle January 2007 – December



2008. This period spans **three different regulatory regimes**, of which two are yet to have details determined.

- There is great potential for confusion during this time of multiple changes. Avoiding unnecessary change in the period leading up to the new national registration system when new national codes will be established, is therefore highly desirable in the interests of simplicity and predictability, and for the health and safety of all Victorians. Making changes to the Victorian Code now when the new national system is only 14 months away would have a destabilising effect, causing confusion amongst the dental profession and potentially leading to the oral health of the community being put at risk.

7.4 CPD credit for speakers.

- The current ruling allows two hours credit for one hour of presentation time for the first delivery, and then hour for hour for subsequent deliveries unless the presentation has been modified.
- Many speakers have submitted that the two for one credit is not even close to recognising the hours put into the preparation of a presentation.
- We suggest that the Board consider increasing the allowance to three hours credit for one hour of presentation time, and set a maximum number of times that the same lecture can be given credit (as there are quite a few speakers doing the same thing many times).

END.



INFORMATION SUMMARY 2006/07

ABOUT THE ADAVB

The ADAVB is the peak professional association of Victorian dentists and its aims are to

- improve the dental health of all Victorians;
- promote the art and science of dentistry; and
- promote the highest standards of professional dental care
- enhance the professional lives of members

MEMBERSHIP

- About 2480 dentists in private and public practice, as well as 4th & 5th year students and overseas trained candidates
- 95% of registered private practitioners
- 10 suburban and 7 country groups

MEMBER SERVICES & FUNCTIONS

- Continuing Professional Development Program
- Dental health education programs (eg. Dental Health Week)
- Community Relations – dispute resolution
- Code of Ethics (Conduct)
- Recent Graduate support
- Dental Assistant Training seminars
- Member Service Plans (eg Professional Insurances; preferred suppliers)
- Industrial relations advice and representation
- Defence and legal support
- Advice on Practice Management
- Quality Assurance (including Doctors Health Support Service)
- Benevolent Fund
- Library and resource collection
- Political representation
- Representation to Government bodies
- Superannuation (Professional Provident Fund)
- Sports and social functions
- Publications – Newsletter, Journal, Award details, Manuals etc.
- Home Page (find us at <http://www.adavb.com.au>)

DISPUTE RESOLUTION SERVICES

The Branch provides information to the public on dental matters, and offers a conciliation service to assist patients to resolve disputes with members. Information on treatments, facilities, dental issues and careers is available.



PRESIDENT

Dr Greg Morris
BDS, LDS

Greg is a general practitioner in Hawthorn. He has served on numerous ADA committees including Dental Health Education, Graduate Education and Infection Control

CHIEF EXECUTIVE OFFICER

Mr Garry Pearson
MEdSt, HDT (SAC)
AFAIM, MAICD

Garry commenced with the ADAVB in 1991 after senior executive roles in the Victorian Education Ministry



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