

Policy Statement 5.21 – Regulatory Authorities

Position Summary

To ensure the health and safety of the community, it is essential to regulate dental practice as it includes irreversible and invasive procedures with potentially fatal risks.

1. Background

- 1.1. Regulatory authorities became involved in the practice of dentistry when it was first regulated by legislation in Britain in 1878 and two years later in New Zealand. In Australia, the first Dental Act received Royal Assent in the colony of Victoria on December 16, 1887. Since then, the practice of dentistry has been regulated by the States and Territories to provide protection and safety for the public.
- 1.2. Following the passing of legislation by State and Territory governments under the National Registration and Accreditation Scheme, the Dental Board of Australia was appointed in 2009 and commenced on 1 July 2010 replacing all State and Territory boards.

Definitions

- 1.3. BOARD is the Dental Board of Australia.
- 1.4. DENTAL ACT is any Federal, State or Territory Act that has a primary purpose to regulate the practice of dentistry.
- 1.5. DENTAL PRACTITIONER is a person registered by the Board to provide dental care.
- 1.6. DENTISTRY is defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical, or reversible and irreversible procedures) of diseases, disorders, irregularities or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body.
- 1.7. STANDARD SETTING ORGANISATIONS are independent bodies which set standards that may apply to dental practice, e.g. Standards Australia.

2. Position

The regulation of dental practice should have the following elements and features.

Board

- 2.1. The Board should regulate via:
 - 2.1.1. Dental Acts, which should include:
 - eligibility and procedures for registration;
 - definition of dentistry;
 - administration of the Board;
 - administration of the Dental Register;
 - restriction of practice to registered persons;
 - specification of penalties for unprofessional conduct; and
 - obligations on registrants and other associated persons.

2.1.2. Regulations, which should include:

- structured professional relationship with the dentist as team leader and scope of practice of registered allied dental practitioners; and
- recognised specialities.

2.1.3. Codes of Practice and Guidelines, which must only be an elaboration of the Act and should include:

- advertising;
- infection control standards;
- record keeping standards; and
- indemnity cover requirements.

Dental Education Accrediting Authorities

2.2. Dental Education Accrediting Authorities should:

2.2.1. Accredit programs leading to registration as a:

- dentist;
- specialist dentist;
- dental hygienist;
- dental or oral health therapist; and
- dental prosthetist.

2.2.2. Assess the suitability for practice in Australia of overseas qualified dental practitioners.

Health Complaints Authorities

2.3. Health Complaints Authorities should mediate and conciliate between patients and dental practitioners, where patients have complaints about health care treatment.

Standard Setting Organisations

2.4. It is essential that any external body that sets standards for dental practice, which may be adopted by Boards, should consult widely and ensure that its standards are practical, cost effective and able to be incorporated into everyday dental practice.

Uniformity

2.5. There should be uniformity across Australia and New Zealand in the following areas :

- legislation regulating dentistry;
- recognition of specialist dentists;
- scope of practice and training requirements of allied dental personnel; and
- recognition of qualifications.

Related Legislation

2.6. Specific legislation for dental practice:

- should complement other Acts, e.g., Competition and Consumer Act;

- should not duplicate other Acts and regulations, e.g., Privacy Act and Discrimination Acts; and
- should be consistent with legislation of other areas of health care.

Procedural Fairness

2.7. All Regulatory Authorities should conduct inquiries in a manner that ensures procedural fairness to all parties.

Policy Statement 5.21

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Appendix to Policy Statement 5.21 – Legislation Affecting Dentistry

1. Commonwealth Legislation

Competition and Consumer Act 2010
Corporations Law 1990
Health Insurance Act 1973
Health Insurance Commission Act 1973
Mutual Recognition Act 1991
National Health Act 1953
National Health and Medical Research Council Act 1972
Privacy Act 1998
Superannuation Guarantee Act 1992
Therapeutic Goods Act 1989
Veterans' Affairs Entitlement Act 1986
Various Taxation Acts
Health Practitioner Regulation National Law Act 2009

2. State Legislation

Accident Compensation Acts
Business Names Acts
Criminal Injury Compensation Acts
Dangerous Goods Acts
Drugs, Poisons and Controlled Substances Acts
Environmental Protection Acts
Equal Opportunity Services Acts
Evidence Acts
Freedom of Information Acts
Health Acts
Health Services [Conciliation and Review] Acts
Industrial Relations Acts
Medical Practice Acts
Occupational Health and Safety Acts
Partnership Acts
Privacy or Health Records Acts
Therapeutic Goods Acts
Transport Accident Acts
Workers' Compensation Acts

Related ADA Guidelines for Good Practice

Consent in Dentistry

Emergencies in Dental Practice
Patient Information and Records
Sedation for Dental Procedures