

Policy Statement 6.4 – Management of Impaired Dental Practitioners

Position Summary

“Impaired” in this statement refers to physical or mental impairments, disabilities or conditions, including substance abuse and dependence, which detrimentally affects, or is likely to detrimentally affect, a dentist’s physical or mental capacity to practise. Impaired dental practitioners can continue to provide valuable and safe dental health services, as long as their conditions are carefully managed by regulatory authorities. The ADA believes there should be zero tolerance to substance abuse by dental practitioners.

1. Background

- 1.1. Dental Practitioners may become impaired during the course of their working lives, deleteriously affecting their ability to practise safely and competently. Frequently these practitioners recover to continue their professional careers.
- 1.2. Practitioners, while recovering from impairment, and if carefully managed by regulatory authorities, can continue to provide valuable and safe dental health services.
- 1.3. The prospect of continuing to practise is a powerful motivation for impaired practitioners.
- 1.4. The mandatory notification provisions of the National Law, which in some jurisdictions require treating health practitioners to notify the Board of any impairment, discourage health practitioners from seeking treatment for impairment.

Definitions

- 1.5. BOARD is the Dental Board of Australia.
- 1.6. IMPAIRMENT is a physical or mental impairment, disability, condition or disorder that detrimentally affects, or is likely to detrimentally affect, the practitioner’s physical or mental capacity to practise, and includes substance abuse and dependence.
- 1.7. NATIONAL LAW is the Health Practitioner Regulation National Law Acts 2009 as in force in each state and territory.
- 1.8. SUBSTANCE ABUSE is the harmful or hazardous use of psychoactive substances, including alcohol, prescription drugs, and illicit drugs.

2. Position

- 2.1. The Board is responsible for the safety of the public and therefore has the primary role of ensuring that professional standards of impaired dental practitioners are maintained.
- 2.2. The provisions in the National Law applying to impaired dental practitioners should be separate from, but complementary to, those provisions dealing with complaints, notifications and disciplinary proceedings.
- 2.3. Traditional disciplinary processes are inappropriate for managing impaired practitioners.
- 2.4. If the Board believes that a dental practitioner is impaired, the matter should be dealt with under the impairment provisions of the National Law in the first instance, even if the matter may lead to eventual suspension or cancellation of registration.
- 2.5. Dental practice by practitioners recovering from impairment, and the maintenance of professional standards, are not mutually exclusive goals.
- 2.6. The primary aim in the management of impaired dental practitioners should be to guide and support them to recover from their impairment to enable them to return to practice.

- 2.7. Treating health practitioners should be excluded from any mandatory notification requirements under the National Law.
- 2.8. Registered dentists working for the Australian Dental Association and its Branches in a confidential advisory capacity should also be excluded from any mandatory notification requirements under the National Law.
- 2.9. Impaired practitioners should be encouraged to seek assistance at an early stage, and report their condition to the Board.
- 2.10. The impairment provisions of the National Law should provide for both informal and formal processes:
 - 2.10.1. Informal management of impaired practitioners allows the Board to collect information about, assess and manage an impaired practitioner with the practitioner's full cooperation. There is no need for the identity of an impaired practitioner who is fully cooperating with the Board to be disclosed publicly.
 - 2.10.2. Formal management is appropriate where an impaired practitioner does not fully cooperate with the Board. Impairment provisions of the National Law must empower the Board to suspend registration, impose conditions and publicly identify on the Register any impaired practitioner dealt with under the formal management processes.
- 2.11. There should be zero tolerance towards substance abuse by dental practitioners.
- 2.12. The duration of drug screening of any practitioner whom the Board believes is misusing drugs should be dependent on medical advice and the frequency scaled to reward compliance while preserving protection of the public.
- 2.13. Formal supervision of impaired practitioners with medical conditions that cause unpredictable or intermittent impairment may be appropriate.
- 2.14. Practitioners recovering from impairment should be monitored at regular intervals by appropriately qualified medical practitioners nominated by the Board. Any restriction of practice hours or workload should be based on such medical advice.

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Adopted by ADA Federal Council, April 12/13, 2007.

Amended by ADA Federal Council, November 17/18, 2011.

Amended by ADA Federal Council, April 16/17, 2015.

Amended by ADA Federal Council, November 22/23, 2018