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Dental Board of the Northern Territory

Supervisor's Report

Public Sector Dental Workforce Scheme Conditionally Registered Dentist

December 2004

1 Introduction

Dentists, who are exempt from completing the Australian Dental Council preliminary examination are eligible to apply to the Dental Board of the Northern Territory for conditional registration.

By accepting the conditional registration, the dentist has agreed to only practise under certain conditions. One of those conditions is that reports will be completed by the Supervisor and the reports will be forwarded to the Board, in line with the conditions attached to registration. The Reports will be assessed by a nominated member of the Board. Feedback will be provided directly to the conditionally registered dentist in writing.

The *Health Practitioners Act 2004*, the legislation that regulates the practise of dentistry in the Northern Territory, defines supervision to "include oversight, direction, guidance and support." The Board expects that for the first 2 weeks of employment the dentist/dentists providing the supervision will actually be on the premises and be present to observe, work with and direct the conditionally registered dentist. After the initial period of on premises supervision the supervision may be provided when the supervising dentist/s are not on the same premises as the conditionally registered dentist, however, the supervising dentist/s must be available via the telephone to provide assistance and advise as necessary. The Board expects the supervising dentist/s to meet regularly with the conditionally registered dentist. See Explanatory Note 1.

Any registered dentist may act as the primary or secondary Supervisor. It is incumbent on the Supervisor to make an objective assessment in the interests of public safety and protecting the registrant's best interests. The Board requests that the Supervisor assess the registrant in the following areas:

- Communication skills;
- Ability to provide safe clinical practise;
- Participation in professional development programs and activities; and
- Strengths and areas for improvement.

2 Details of the dentist who will act as primary Supervisor

Name:		
Northern Territory Registration Number:		
Postal address:		
Telephone number:	(bh)..... (ah).....	Mobile.....

9 Other comments

Name of person completing Supervisors Report _____

Signature _____

Date _____

I have read the Supervisor Report and the contents have been discussed with me.

Signature of the conditionally registered dentist _____

Signature _____

Date _____

Please feel free to provide additional comments or documents.

Explanatory Notes

1 Meaning of "meet regularly"

The Board expects that meetings between the supervising dentist/s would occur at regular intervals to coincide with the completion of the Supervisors Reports. The Board acknowledges that due to the great distances between centres in the Northern Territory it is not always possible for the meetings to occur face to face, however it is expected that at least every other meeting is a face to face meeting with telephone link up being utilised for the other meetings.

At the meetings discussion should occur on at least case notes, referral processes, case studies, pertinent policies and procedures and other issues of concern or those that require clarification.