

**DENTISTS AND DENTAL SPECIALISTS**

(01 October 2017 – 30 September 2018)

Name

Registration No:

Address

Qualifications:

Scope(s) of Practice:

Conditions on Practice:

**This APC application form only relates to the scope(s) of practice you are already registered in, as recorded above.**

**Please complete all questions and refer to the guidance notes before completing this form.**

You are required to return your completed APC application form and Workforce Survey questionnaire to reach the Dental Council office by 30 September 2017. It is highly recommended that you submit your form by 20 September 2017 to allow for delivery to us and processing time before the expiry of your current certificate. All incomplete or incorrect forms will be returned and will not be processed. Forms can also be submitted electronically via email or fax if payment is made by credit card—contact details as below.

*The Health Practitioners Competence Assurance Act 2003 requires every health practitioner practising in New Zealand to hold a current APC.*

### 1. Intentions for 2017/18 Please tick the appropriate box

- I intend to practise in New Zealand during the period commencing 01 October 2017 and ending 30 September 2018 and wish to apply for an APC
- I do **NOT** intend to practise in New Zealand during the period commencing 01 October 2017 and ending 30 September 2018 but wish to be retained on the register as a non-practising registrant. Do not complete this application form  
[Go to \*\*www.dcnz.org.nz/i-practise-in-new-zealand/retain-your-registration\*\* and download, complete and return the retention application form](http://www.dcnz.org.nz/i-practise-in-new-zealand/retain-your-registration)
- I do **NOT** intend to practise in New Zealand and wish to have my name removed from the register  
[Answer question 5\(d\) and complete the Declaration at section 11](#)

Telephone  
+64 4 499 4820

Fax  
+64 4 499 1668

Email  
inquiries@dcnz.org.nz

Courier address  
Level 11, Kordia House  
109 Willis Street  
Wellington 6011, New Zealand

Postal address  
PO Box 10-448  
Wellington 6143, New Zealand

## 2. Payment section

If you are renewing<sup>1</sup> your APC, and fail to get your completed and correct application accompanied by the correct amount to the Dental Council by 30 September 2017, you will be charged an additional processing APC fee of \$45 (GST inclusive) in addition to your APC fee and the disciplinary levy.

Please be aware that if as a result of your application being returned to you, you do not, or cannot get your completed application and the correct fee to us by the deadline of 30 September 2017, you will be charged the additional processing APC fee. **There will be no exceptions with respect to the additional processing APC fee.**

The additional processing APC fee will not apply for first time APC applications, or for a practitioner who is on the register as a non-practising registrant and is applying for an APC.

### The total amount payable consists of an APC fee and a disciplinary levy

#### The amount payable until 30 September 2017

	APC fee (GST excl)	Disciplinary levy (GST excl)	Total fee (GST excl)	Total amount payable (GST incl)
Dentists and dental specialists <sup>2</sup>	\$884.58	\$159.90	\$1044.48	NZ\$1201.15

#### The amount payable from 01 October 2017, including additional APC fee of \$45.00 (GST incl.)

Dentists and dental specialists <sup>2</sup>	\$923.71	\$159.90	\$1083.61	NZ\$1246.15
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1 You are renewing your APC if you hold an APC for the period ending 30 September 2017, and you are now applying for an APC for the practising period commencing 1 October 2017 and ending 30 September 2018.

2 Practitioners registered in more than one scope of practice pay only **one** APC fee and disciplinary levy.

- My employer / DHB is paying for me. Name of employer / DHB:
- I enclose a cheque payable to the Dental Council (*please attach your cheque to this section*)
- I wish to pay by credit card (*Visa or MasterCard only*)

### Credit card authorisation

Registration no:

"I authorise the Dental Council to charge the credit card account below with the sum of **\$1201.15** (GST incl.); or, in the event that my complete and correct application is not received by the Dental Council until after 30 September 2017; **and** I held an APC for the annual practising cycle ending 30 September 2017, the sum of **\$1246.15** (GST incl.)"

Credit card payment:  Visa  MasterCard

Card number	Expiry date	Total amount payable until 30 September 2017	Total amount payable from 01 October 2017
<input type="text"/>	<input type="text"/>	NZ\$1201.15	NZ\$1246.15
Cardholder's signature	Date	Cardholder's name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## 3. Contact details

A) Below are your current listed contact details on the Dental Council register, please review these and make any necessary changes in section B p3. Note that section 140 of the Health Practitioners Competence Assurance Act 2003 requires that all registered practitioners keep the Dental Council informed of their current postal, residential and, if applicable, practice addresses.

If you have changed your name, or your name is incorrectly reflected on the front page of the application form – please refer to the APC guidance notes on page 10 on how to update or correct this.

The Council has made a decision to move to electronic communication. To ensure that you are kept up to date with the relevant information, please ensure that your email details are correct. If you have not provided us with an email address before, please do so. If you do not have an email, the information will also be available on our website – [www.dcnz.org.nz](http://www.dcnz.org.nz)

Postal address: (Can be a street address or PO Box)	Practice address: (MUST be a street address, and NOT a PO Box)	Residential address: (if different from postal address)
Phone: Mobile: Fax: Email:	Phone: Mobile: Fax: Email:	Phone: Mobile: Fax: Email:

**B) If any of the contact details in section A are incorrect, please provide your new contact details below.**

Postal address: (Can be a street address or PO Box)	Practice address: (MUST be a street address, and NOT a PO Box)	Residential address: (if different from postal address)
Street	Street	Street
Suburb	Suburb	Suburb
City	City	City
Country	Country	Country
Postcode	Postcode	Postcode
Phone:	Phone:	Phone:
Mobile:	Mobile:	Mobile:
Fax:	Fax:	Fax:
Email:	Email:	Email:

#### 4. Dental register information

Your address, phone, fax and email details can only be included in the public register (published on our website) if you agree.

Which **address** details would you like published on the public register? (select only one)

- None
  Postal *or*
 Practice *or*
 Residential

Which **contact** details, pertaining to the address chosen above, would you like published on the public register?

- None
  All
  Email *and/or*
 Phone *and/or*
 Fax

#### 5. Fitness to practise

Answer ALL of these questions by ticking either "Yes" or "No". If you answer "Yes" please attach details, or if you are unsure of any aspect of this question, please contact the Dental Council via email at [inquiries@dcnz.org.nz](mailto:inquiries@dcnz.org.nz) or by telephone at (04) 499 4820.

Since you were last issued an APC in New Zealand, or while you have been on retention, have you been subject to any of the following (whether in New Zealand or overseas):

a) Any investigations or proceedings relating to any matter that may be the subject of professional disciplinary proceedings? If yes, please provide evidence relating to the investigations or proceedings.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) A formal competence inquiry or a restriction or withdrawal of your credentials based on your clinical performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) An adverse finding in any disciplinary action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) A police investigation, pending court proceedings, and/or a conviction in any criminal proceedings, punishable by imprisonment for a term of three months or longer by any court (including traffic offences involving alcohol and/or drugs)? If yes, please provide evidence relating to the investigations, proceedings or convictions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Any personal condition with the potential to affect your fitness to practise in the scopes of practice in which you are registered, such as:		
i) Any addictive condition including, but not limited to, a drug and/or alcohol dependency and/or a gambling addiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii) Any mental health condition including, but not limited to, depression, anorexia and/or bipolar disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii) Any physical condition including, but not limited to, transmissible major viral infections, injuries as a result of an accident, memory loss and/or any degenerative condition such as Multiple Sclerosis or Motor Neurone Disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) Any other personal condition that might affect your fitness to practise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered "Yes" to any of the above, please enclose a report from your doctor or specialist updating the Dental Council on your condition.

## 6. Recency of Practice

Have you held an APC in New Zealand at anytime within the last three years?

- a)  **Yes**
- b)  **No**, I have been retained on the register as a non-practising registrant for  years  
*If you have been retained on the register for more than three years please contact the Dental Council before you complete and return this application*
- c)  **No** *(If none of the above apply please contact the Dental Council before you complete and return this application form)*

## 7. Competence – scopes of practice

I confirm that I have maintained competence in all the scopes of practice in which I am currently registered (as listed on the front of this form) and in which I am now applying for an APC.

- Yes**
- OR
- No** *(If no, please list the scope(s) in which you do **not** want to apply for an APC)*

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## 8. Overseas practice

Have you practised overseas since you were last issued with an APC, or while you have been on retention?

- No**
- Yes** Please list below all countries you have practised in since you were last issued with a Dental Council APC, or while you have been on retention, and;
- Please arrange for an **original** certificate of good standing (COGS) from **each** jurisdiction in which you practised since you were last issued with a Dental Council APC (or if you have never held an APC since the date of registration with the Dental Council), to be sent **directly** to the Dental Council. The certificates must be no more than three months old at the time they are received.

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Please be aware that without a COGS your application will be treated as **incomplete and an APC will not be issued.**

- Where you are renewing a current APC and you are required by the Dental Council to provide a COGS from the overseas jurisdiction(s) in which you have worked, such certificate(s) must be received by the Council by 30 September 2017, or your application will be deemed to be incomplete and you will be required to stop practising from and including 01 October 2017 until such time as the required certificate(s) are provided to the Council and an APC issued to you.
- If you do not hold a current APC at the time of your application and you are required by the Dental Council to provide a COGS from the overseas jurisdiction(s) in which you have worked, your application will be deemed to be incomplete and an APC will not be issued to you until such time as the Council receives the required certificate(s). You are reminded that the Health Practitioners Competence Assurance Act 2003 requires every health practitioner practising in New Zealand to hold a current APC, and it is accordingly unlawful to practise without one.

The updated sedation practice standard came into effect on 1 April 2017, with the exception of two provisions which come into effect on 1 October 2019. Please familiarise yourself with the updated practice standard and the new requirements. You can find the practice standard on the Dental Council website at [www.dcnz.org.nz/standards-framework](http://www.dcnz.org.nz/standards-framework).

## 9. Compliance with practice standards

Before answering the questions below, please refer to question 9 in the APC guidance notes on p11.

Please answer all the questions

Yes – I comply with this practice standard

No – I am not complying with this practice standard

N/A – This practice standard is not applicable to my scope of practice

If your answer is "No" please attach an explanation and provide details of the steps being taken to ensure compliance, including timeframes.

I declare that I comply with the following practice standards:

a) Informed consent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b) Patient information and records	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c) Infection prevention and control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d) Sedation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e) Working relationships associated with other oral health practitioners	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) Transmissible major viral infections (TMVI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
g) Advertising	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
h) Sexual boundaries in the dentist/patient relationship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
i) Medical emergencies in dental practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

j) I confirm that I hold a valid resuscitation training certificate, completed within the past two years:

Yes Date course completed 

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	0	<input type="text"/>	<input type="text"/>
Day		Month		Year			

Please refer to question 9(i) of the guidance notes on p15

No (Please provide a copy of your confirmation of enrolment into a resuscitation training course).

Note that an APC will not be issued without evidence of your confirmation of enrolment into a resuscitation training course.

The current continuing professional development (CPD) cycle runs from 01/01/2017 to 31/12/2019. Within this cycle dentists and dental specialists are required to complete 50 hours of verifiable CPD hours and seven peer contact activities. Please ensure that you are keeping up to date with your CPD to ensure you meet the requirements at the end of the cycle. For more information go to our website at [www.dcnz.org.nz/i-practise-in-new-zealand/continuing-professional-development/](http://www.dcnz.org.nz/i-practise-in-new-zealand/continuing-professional-development/).

## 10. Health Practitioner Index

Your date of birth and/or gender can only be supplied to the Ministry of Health if you agree.

Answer this question by ticking either "Yes" or "No".

I agree that the Dental Council may inform the Ministry of Health of my date of birth and/or gender if this is required to verify my identity for the purposes of the Health Practitioner Index.

Yes

No

## 11. Declaration

You are cautioned to take significant care when completing this form. It is an offence under section 172 of the Health Practitioners Competence Assurance Act 2003 to knowingly make a false or misleading declaration or representation and the penalty for committing such an offence is a fine of up to \$10,000.

I hereby declare that:

- The information I have given in this application is true and correct.
- I will promptly provide the Dental Council with any further information it may require.
- I am aware of, and will act in accordance with, my legal obligation to notify the Dental Council of any name and/or address changes.
- I understand that extracts of the public register, in accordance with what I have agreed to, may be provided by the Dental Council to appropriate organisations from time to time.
- I comply with my obligations under the Standards Framework for Oral Health Practitioners

**In signing this declaration, I also consent** to the Dental Council seeking information from the Health and Disability Commissioner (HDC) pertaining to any investigations that the HDC may have about me.

Signed:   
[Signature of applicant]

[Full name of applicant]

Date:    20    
Day Month Year

## 12. Checklist

All incomplete or incorrect forms will be returned to practitioners and will not be processed by the Dental Council until completed and/or corrected.

Please check that you have enclosed all relevant documentation to ensure efficient and timely processing of your APC.

Have you:

- Read, understood and signed the Declaration section (refer to section 11)
- Attached details of medical conditions, if applicable (refer to section 5)
- Attached details of investigations, convictions or proceedings, if applicable (refer to section 5)
- Attached any other information relevant to your fitness to practise, if applicable (refer to section 5)
- Arranged for an original certificate of good standing, if applicable, to be forwarded to the Dental Council (refer to section 8)
- Attached confirmation of your enrolment in a resuscitation training course, if applicable (refer to section 9)
- Included payment (cheque attached, employer details provided, if applicable, or credit card details completed and authorisation signed).

**That completes the APC application form. Please complete the Workforce Survey on the next page.**

NB: If you require the hard copy of your APC on 01 October 2017, it is recommended that you submit your form in time to reach the Dental Council office by 20 September 2017. If you are renewing a current APC and your completed and correct application together with the correct fee is received prior to 30 September 2017 you are deemed to hold an APC for the 2017/18 practising year, unless you have been notified otherwise.

The public register on the Dental Council website is updated daily, and practitioners (or members of the public) can view their APC status at the following link: [www.dcnz.org.nz](http://www.dcnz.org.nz)

Please note that:

- to produce statistically meaningful data, we need to get back as many survey forms as possible
- the Dental Council will only use the information collected to monitor workforce trends, and will not publish information in a form that could identify individuals
- the data collected may be shared with the Ministry of Health (MOH) for the purpose of workforce planning. Similarly, the MOH will not publish the information in a form that could identify individuals
- the analysis of previous workforce surveys may be made available on the Dental Council website at [www.dcnz.org.nz/resources-and-publications/publications/workforce-analysis](http://www.dcnz.org.nz/resources-and-publications/publications/workforce-analysis).

Please return the Workforce Survey, along with the APC application form – do not detach this section from the application form

Name: \_\_\_\_\_ Registration number: \_\_\_\_\_

I give my permission to the Dental Council to provide the data collected from my workforce survey to the Ministry of Health for the purpose of workforce planning.

Yes

No

## Section A

1. How would you describe your practising status during the period 01 October 2016 to 30 September 2017?

- Practising in New Zealand
- Practising overseas
- Overseas but not practising
- In New Zealand but not practising

2. Which ethnic group(s) do you identify with? See workforce survey guidance notes for further information.

You may choose up to three options.

- New Zealand European
- Maori
- Samoan
- Cook Island Maori
- Chinese
- Indian
- British
- South African
- South Korean
- Iraqi
- Egyptian
- Fijian
- Tokelauan
- Tongan
- Niuean
- Other European (*please specify*) \_\_\_\_\_
- Other Pacific peoples (*please specify*) \_\_\_\_\_
- Other East Asian (*please specify*) \_\_\_\_\_
- Other Asian (*please specify*) \_\_\_\_\_
- Other (*please specify*) \_\_\_\_\_
- I do not wish to answer this question

3. Do you intend to practise in New Zealand over the next five years?

- Yes
- No

4. During the period 01 October 2016 to 30 September 2017 did you undertake any postgraduate training that could lead to registration in a scope of practice with the Dental Council?

Yes

(a) Name of qualification

(b) Date of completion, or anticipated completion:

No

## Section B

Only complete Section B if you have been **practising** during the period 01 October 2016 to 30 September 2017

5. Please enter the address where you **mostly** practised in the period 01 October 2016 to 30 September 2017. See Workforce Survey guidance notes for further information.

Street/Road name

Suburb or rural locality

City, town or district

Postal code

Country (if not New Zealand)

6. On average, how many hours **per week** did you work during the period 01 October 2016 to 30 September 2017?

hrs/week

7. If you were **practising in New Zealand**, how would you break down the average number of hours worked **per week**, as listed in question 6, across your scope of practice and type of employment? If you have more than two jobs, show the two in which you have worked most hours (see workforce survey guidance notes for further information).

Answer only A or B

- **Dentists answer A only**

- **Dental specialist** registered with the Dental Council, or a specialist trainee, answer **B** only.

A – DENTISTS

Hours of work per week

Scope of practice activities	Main type of employment (Employment type in which you work the greatest number of hours)	Second type of employment – if applicable (Employment type in which you work the next greatest number of hours)
General dentistry	Hrs	Hrs
Dental therapy work	Hrs	Hrs
Dental hygiene work	Hrs	Hrs
Orthodontic auxiliary work	Hrs	Hrs
Dental technician work	Hrs	Hrs
Clinical dental technician work	Hrs	Hrs
Teaching (use only if you were employed to teach)	Hrs	Hrs
Administration / management (use only if you were employed in administration/management)	Hrs	Hrs
<b>TOTAL</b>	Hrs/week	Hrs/week

**GRAND TOTAL\***

\*Grand total hrs/week should align with your response to question 6



B – DENTAL SPECIALISTS OR SPECIALIST TRAINEES		Hours of work per week	
Scope of practice activities	Main type of employment (Employment type in which you work the greatest number of hours)	Second type of employment – if applicable (Employment type in which you work the next greatest number of hours)	
Endodontic	Hrs		Hrs
Special needs ( <i>hospital dentistry</i> )	Hrs		Hrs
Oral medicine & oral pathology	Hrs		Hrs
Oral surgery	Hrs		Hrs
Oral & maxillofacial surgery	Hrs		Hrs
Orthodontic	Hrs		Hrs
Paediatric dentistry	Hrs		Hrs
Periodontic	Hrs		Hrs
Public health dentistry ( <i>community dentistry</i> )	Hrs		Hrs
Research	Hrs		Hrs
Restorative dentistry	Hrs		Hrs
Prosthodontic	Hrs		Hrs
Teaching (use <u>only</u> if you were employed to teach)	Hrs		Hrs
Administration / management (use <u>only</u> if you were employed in administration / management)	Hrs		Hrs
General dentistry	Hrs		Hrs
Other ( <i>Please specify</i> )	Hrs		Hrs
<b>TOTAL</b>	Hrs/week		Hrs/week

**GRAND TOTAL\***

\*Grand total hrs/week should align with your response to question 6

**8. If you were practising in New Zealand, please tick to show your type(s) of employment.**

Type of employment	Main type of employment	Second type of employment
<b>Self-employed:-</b>		
In sole practice		
In a group practice		
<b>Employee:-</b>		
Of a private practice <i>Please specify type of practice (e.g. orthodontic specialist)</i>		
Of a DHB <i>Please specify name of DHB</i>		
Of a university		
Of a government department or ministry ( <i>not Ministry of Health</i> )		
Of the Ministry of Health		
Of an iwi organisation		
Other ( <i>Please specify</i> )		

**9. If you were practising less than a total of 35 hours per week, what was the main reason for doing so? Please choose ONE (see workforce survey guidance notes for further information).**

- Studying
- Health issues
- Doing non-dental work
- Not enough dental work available
- Seeking dental employment
- Semi-retired from practice
- Parental responsibilities, including maternity and paternity leave
- Personal choice
- Other (*please specify*)

## Section C

Only complete Section C if you have **not** been practising during the period 01 October 2016 to 30 September 2017

### 10. While not practising, which of these best describes your employment status during this period?

- Working in another health profession
- Working in a non-health profession
- Full-time student
- Parental duties
- Other unpaid work
- Seeking work
- Retired

**Thank you for your time and co-operation. Please return this form with your APC application.**

## Annual practising certificate GUIDANCE NOTES

**Dental Council**  
Te Kaunihera Tiaki Niho

01 October 2017 to 30 September 2018

If you are a registered oral health practitioner, and you want to practise in New Zealand, you must hold a current annual practising certificate (APC). It is unlawful to practise without an APC. By doing so practitioners risk prosecution, removal from the register and non-payment of Accident Compensation Corporation and dental benefit claims. We ask all practitioners to complete the APC application form carefully and honestly. It is an offence to make a false declaration or misleading statements. This could lead to a fine not exceeding \$10,000, disciplinary action and being removed from the dental register. All sensitive information disclosed will be dealt with very carefully, observing confidentiality and privacy principles.

In accordance with sections 16, 26, 27 and 131 of the Health Practitioners Competence Assurance Act 2003 (the 'Act') you will be granted an APC if the Dental Council (the Council) is satisfied that you:

- are fit to practise;
- have maintained the standard of competence required for your scope of practice;
- have held an APC within the three years immediately preceding your application;
- have lawfully practised your profession within the three years immediately preceding the date of application;

- have complied with any condition included on your scope of practice;
- have completed the requirements of any competence or recertification programme that the Council may have directed you to undertake; and,
- the application was accompanied by the correct fee (including the disciplinary levy) set by the Council.

If you are the holder of a 2016/17 APC and your completed and correct application for a 2017/18 APC accompanied by the correct fee is received by the Council by 30 September 2017 you will be deemed to hold a new APC from the date your application is received by the Council unless you are notified otherwise.

Please note: if you have practised overseas since you were last issued with an APC, or have practised overseas whilst on retention, your application for an APC will not be considered complete until such time as the Council has received a certificate of good standing.

If the Council is proposing to place a condition(s) on your APC or decline your application you will be notified by letter. Your application may be declined until any outstanding fines, fees, expenses, or costs (arising from any Council or Disciplinary Tribunal orders) are paid. The Council also has the right to decline your application if satisfied that it contains false and misleading information.

## Completing your APC application

### Your name

#### What do I do if I have changed my name?

Submit a *Change of name* form with the necessary certified documentary evidence of your change of name (e.g. marriage certificate, deed poll). Officers of the Court, a Notary Public or a Justice of the Peace are authorised to certify photocopies of original documents. The form is available on our website at [www.dcnz.org.nz/i-practise-in-new-zealand/change-your-details/](http://www.dcnz.org.nz/i-practise-in-new-zealand/change-your-details/)

#### Having your correct name registered

If you have settled in New Zealand from overseas, please take care with the order in which you place your names as confusion arises if a practitioner practises under a family name (surname) which is not the same as the name published in the register. Any changes in the designated family name made to the register following initial registration are cross-referenced to both names on the register.

### Other names

If you practise under a common use name, instead of your legal name, this name can be included in your name details on the register as an "other name". Having common use names listed on the register helps to avoid confusion when members of the public attempt to verify a practitioner's registration status using the public register. If you would like a common use name added to the register please forward a written request to our office.

### Question 1: Intentions for 2017/18

If you are not intending to practise in New Zealand during the year 01 October 2017 to 30 September 2018, but would like your name to be retained on the register you are required to complete the Application to be retained on the register as a non-practising registrant 2017/18 available on the Council website: [www.dcnz.org.nz/i-practise-in-new-zealand/retain-your-registration](http://www.dcnz.org.nz/i-practise-in-new-zealand/retain-your-registration) and pay the required fee.

If you are not practising you can elect to have your name removed from the register. If this is your intention you are required to notify the Council in writing. You can do this by completing Questions 1, 5(d) and 11 of the application.

### Question 5: Fitness to practise

You are required to disclose any investigations which could lead to disciplinary action, or any disciplinary actions taken by an employer, licensing body or professional body in New Zealand or overseas. If you answer "Yes" to any of these questions you must provide a written explanation of the situation.

Any correspondence with you concerning responses to the fitness to practise section will be sent to your postal address in envelopes marked "Private and Confidential – for addressee

only". If you wish to nominate an alternative address for correspondence on any fitness to practise issues please clearly note this on any correspondence you enter into with the Council.

### Question 9: Compliance with practice standards

The Standards Framework describes the minimum standards of ethical conduct, and clinical and cultural competence that patients and the wider public can expect from oral health practitioners. These standards are defined in ethical principles, professional standards and practice standards.

All registered oral health practitioners are required to meet the Council's professional standards and practice standards, and adhere to the ethical principles. The recertification framework requires an annual declaration of compliance with these standards.

The Standards Framework for Oral Health Practitioners can be found on the Council website: [www.dcnz.org.nz/i-practise-in-new-zealand/standards-framework](http://www.dcnz.org.nz/i-practise-in-new-zealand/standards-framework).

Some practice standards might not be relevant to your scope(s) of practice. You must however answer all questions. Select the "Not applicable" option only for any statements that do not apply to your scope(s) of practice. Do not select the "No" option unless you are not complying with the relevant standard. If you are not complying with one or more of the practice standards relevant to your scope(s) of practice you must submit a written explanation outlining the reason(s) for non-compliance and estimated timeframes to reach compliance.

The Council will take action under the Act, when practitioners do not satisfy recertification requirements. This may result in the practitioner's registration being suspended.

The following table highlights the applicability of the practice standards to dentists and dental specialists:

Practice standards	Dentists & dental specialists
Patient information & records	Yes
Infection prevention and control	Yes
Transmissible major viral infections	Yes
Informed consent	Yes
Medical emergencies in dental practice	Yes
Advertising	Yes
Sexual boundaries in the dentist/patient relationship	Yes
Sedation	If you perform sedation
Working relationships between dental hygienists and dentists	If you work with a dental hygienist
Professional relationships associated with the practice of dental therapy	If you work with a dental therapist
Working relationships associated with the practice of dental technology or clinical dental technology	If you source work from a dental technician or clinical dental technician
Working relationships between orthodontic auxiliaries and dentists	If you work with an orthodontic auxiliary

To assist you in determining whether you are complying with the relevant practice standards, the questions from the annual practice standards compliance questionnaire are included as a checklist to assist with a self-review of compliance. These questions do not replace the content of the practice standards. Practitioners should refer to the practice standards for any clarification or detailed information, at the link provided on page 11.

Please note you are not required to submit your answers to these questions; they are included for your guidance only.

### **Question 9(a): Informed consent practice standard**

**Do you comply with, or have the following in place in relation to informed consent?**

1. Systems in place for oral and written consent, as required?
2. Systems in place for language /communication difficulties?
3. Do you understand and are you conversant with patient rights under the Health and Disability Commissioner Act 1994?
4. Do you inform patients about, and record appropriate details in patient records regarding:
  - explanation of their existing condition?
  - results of tests or procedures?
  - treatment options available, including possible consequences/side effects?
  - estimated costs of the options available?
  - research or teaching that will be involved?
  - any treatment refused by the patient, and the potential consequences of their decision?
  - options for referral, if appropriate?
5. Do you obtain consent:
  - in writing, where appropriate?
  - from a representative, where appropriate, including the details of the patient's age and their comprehension?

### **Question 9(b): Patient information and records practice standard**

**Do you have the following in place in relation to patient information and records?**

1. Legible, indelible, understandable and time-bound notes for all patients?
2. Accurate, complete, relevant and up-to-date records for all patients?
3. Privacy and confidentiality provisions?
4. Adequate storage and retention of records?
5. Adequate protection of computerised records?
6. Provisions for patient's access to records?
7. Is the following essential patient information up-to-date:
  - name, date of birth, gender?
  - address?
  - for patients under 16, the contact details of their parent or guardian?
  - medical history signed by the patient or guardian?
8. Are all treatment and services provided by you or your colleague(s) recorded?

9. Do the patient records contain appropriate details, including, but not limited to:
  - all visits, failures and cancellations?
  - presenting a complaint?
  - history?
  - clinical findings?
  - diagnosis?
  - options and treatment plan with the appropriate explanations?
  - treatment carried out?
  - treatment patient declined?
  - consent obtained?
  - medication recommended, prescribed or dispensed?
  - details of professional advice given/sought?
  - estimate of costs?

### **Question 9(c): Infection prevention and control practice standard**

**Do you comply with, or have the following in place in relation to infection prevention and control?**

1. Are you aware of the correct techniques for use of alcohol based hand rub and hand washing, and apply them at the correct times?
2. Do you routinely practise other hand hygiene protective measures?
3. Do you use personal protective equipment properly during all procedures and activities when contact with blood or saliva is possible, and/or when aerosols, splashes or sprays are generated?
4. Do you follow safe practices for the handling and disposal of sharps?
5. Do you ensure the safe handling and disposal of hazardous and controlled waste?
6. Do you employ measures to minimise the degree and extent of contamination within a contaminated zone, and the spread of contamination to a clean zone?
7. Do you ensure all surfaces, equipment and instruments are cleaned and disinfected, as defined within the practice standard?
8. Are you assured that the water in your practice environment, including your waterlines, is safe to drink?
9. Are you aware of when transmission-based precautions are required in addition to standard precautions, and either follow them, or refer appropriately?
10. Do you ensure contaminated items for dispatch are decontaminated, packaged and labelled appropriately before dispatch?
11. Do you ensure equipment and materials used in the repair or modification of dental appliances, which have been in contact with the patient's mouth, are handled appropriately?
12. Do you discard single-use items after use on the patient?
13. Do you ensure that reusable items are reprocessed properly, as appropriate for their intended use?
14. Do you ensure an appropriate reprocessing area is designated with distinct areas for reprocessing procedures, which facilitates reprocessing flow from contaminated to clean?

15. Do you ensure all contaminated reusable items are properly cleaned and dried?
16. Do you ensure all critical items are packaged and labelled with batch control identification information before sterilisation?
17. Do you ensure all reusable critical and semi-critical items are sterilised using a steam steriliser with an appropriate cycle type?
18. Are all packaged items processed in a steam steriliser with drying capability?
19. Do you ensure each sterilisation cycle is appropriately monitored, and the steriliser used properly to ensure sterilisation is achieved?
20. Do you ensure appropriate storage and handling of: critical items to maintain their sterility until point of use, and semi-critical and non-critical items to protect from contamination before re-use?
21. Do you ensure the appropriate performance tests for each piece of reprocessing equipment are carried out at the correct times?
22. Do you ensure reprocessing equipment is appropriately cleaned, daily maintenance checks performed, and preventative maintenance carried out at least annually?
23. Do you ensure validation and annual performance re-qualification are properly performed for each steriliser and instrument washer-disinfector at the correct times, and by the appropriate personnel?
24. Are you aware of the procedures you must follow in the event of a sharps injury?
25. Do you comply with the documentation requirements of the practice standard?
26. Do you maintain and refresh your knowledge on infection prevention and control measures at least annually?
8. Before providing sedation, do you make sure that the treatment and recovery areas are appropriately sized, configured and equipped for the sedation technique you use, to facilitate safe sedation and recovery, including the management of sedation-related complications?
9. Do you meet the requirements specified in the practice standard for sedation team members, as applicable to the intended level of sedation?
10. Do you monitor the patient throughout the sedation and recovery periods, appropriately for the technique, drugs and level of sedation?
11. Do you use oxygen appropriately for patients during the sedation and recovery periods?
12. If you are the practitioner who performs the dental treatment, do you ensure:
  - The person monitoring the patient throughout the recovery period has, at minimum, NZRC CORE Immediate rescuer training or equivalent?
  - A practitioner with formal education and training in providing sedation remains on the premises throughout the recovery period?
  - The practitioner who sedated the patient assesses the patient's suitability for discharge?
13. Are you able to identify and manage sedation-related complications, fitting for your role in the sedation team?
14. Do you have written procedures for managing sedation-related complications?
15. Do you know your role in the event of a sedation-related complication?
16. Do you rehearse the management of sedation-related complications with the sedation team frequently?
18. Do you keep accurate and contemporaneous sedation records as part of the patient record when sedation is provided or considered?

### **Question 9(d): Sedation practice standard**

Are you aware of your requirements in relation to sedation as specified in the sedation practice standard, and do you comply with the following, as relevant to your role in the sedation team?

1. Do you perform a thorough patient assessment that enables you to determine whether you can provide safe sedation for patients that is the most suitable for them; and refer appropriately if you cannot?
2. Before providing sedation, do you provide patients with the information they need or request, in a way they can understand, to enable their informed consent for sedation and the planned dental treatment?
3. Do you provide patients with comprehensive and understandable pre-operative instructions, both verbal and written, before the sedation appointment?
4. Do you meet the current requirements for education and training to provide sedation, as stated in the *Conscious Sedation for Dental Practice* practice standard?
5. Do you use only sedation techniques in which you have been formally trained and are competent?
6. Do you administer only drugs for which you have gained an understanding of their pharmacokinetics and pharmacodynamics through formal education?
7. Do you use drugs for patient sedation in a manner that is unlikely to cause loss of consciousness, and/or impair ventilatory or cardiovascular function?

### **Question 9(e): Working relationship practice standards with other oral health practitioners within your practice, where relevant**

#### **Dental therapist**

Do you comply with, or have the following in place for your working relationship with your dental therapist, if relevant?

1. A signed professional agreement with the therapist in relation to the provision of clinical guidance, advice, radiography, access to prescription medicines, and referrals, as required by the scope of practice for a therapist?
2. Does the therapist practise within the appropriate scope(s) of practice and are you aware of the requirements of the scope, and any possible exclusions on their scope(s) of practice?
3. Does the therapist refer to you, where appropriate, with the correct documentation?
4. Do you provide advice on the same working day as it is sought?
5. Do you ensure access to timely advice in the event of your unavailability?
6. Do you keep accurate records of advice given?

## Dental hygienist

Do you comply with, or have the following in place for your working relationship with your dental hygienist, if relevant?

1. A signed professional agreement with the hygienist in relation to the provision of clinical guidance, direct supervision, radiography, and access to prescription medicines, as required by the scope of practice for a hygienist?
2. Does the hygienist practise within their appropriate scope of practice and are you aware of the requirements of the scope, and any possible limitations or exclusions on the scope?
3. Is the practising certificate of the hygienist displayed, for hygienists with a limited scope of practice?
4. Do you examine all new patients, assess their medical history, and develop their oral healthcare plan?
5. Do you provide timely advice and ensure the hygienist has access to advice and guidance when off-site?
6. Do you assess the medical history of patients who self-refer to the hygienist, and make recommendations for their oral health care plan?
7. Do you have protocols for off-site treatment (e.g. nursing homes)?
8. Are you onsite when dental hygiene services are provided to patients who self-refer to the hygienist, or for patients who have been referred by other dentists?
9. Does the dental hygienist, if allowed to provide local anaesthesia according to their scope of practice, do so only when you provide direct supervision?
10. Does the dental hygienist only treat patients under sedation in accordance with the Conscious Sedation Practice Standard?
11. Do you prepare a treatment plan prior to orthodontic procedures being commenced by the hygienist?
12. Are all activities by the hygienist with a limited scope of practice, performed under your direct clinical supervision onsite?

## Dental technician/clinical dental technician

Do you comply with, or have the following in place for your working relationship with the dental technician/clinical dental technician that you source work from, if relevant?

1. Is the dental technician/clinical dental technician practising within their scope of practice?
2. Are patients informed of all treatment options available and referrals made when appropriate?
3. Timely advice is provided to the technician undertaking, on prescription, your work?
4. Do you ensure that all products purchased and supplied by the laboratory are of an acceptable quality or standard and that a custom made appliance supplied to you or the patient can be traced in the event of a product recall or an adverse reaction or allergy complaint?
5. Oral health certificates are only provided when there are no diseased or unhealed hard or soft tissues or any other contraindicating abnormalities?
6. Accurate patient records are kept on advice given, prescriptions provided, and oral health certificates issued?
7. Are you aware of your responsibilities, in particular for the preparation of teeth and/or soft tissues for partial dentures, immediate dentures and over-dentures; the final fitting of the appliances; and the clinical care outcomes of immediate dentures, root and implant supported over-dentures?

## Orthodontic auxiliary

Do you comply with, or have the following in place for your working relationship with your orthodontic auxiliary, if relevant?

1. A signed professional agreement with the orthodontic auxiliary(s) in relation to the provision of direct supervision, radiography, and access to prescription medicines, as required by the scope of practice for a orthodontic auxiliary?
2. Does the orthodontic auxiliary practise within their appropriate scope of practice and are you aware of the requirements of the scope, and any possible limitations or exclusions on their scope?
3. Is the practising certificate displayed where appropriate?
4. Do you examine all new patients, assess their medical history, and develop their oral health care plan?
5. Do you ensure that the specific requirements are met in relation to orthodontic auxiliaries that can perform radiographic activities within their scope of practice?

## Question 9(f):

### Transmissible major viral infections practice standard

Are you aware of your obligations in relation to transmissible major viral infections (TMVI), and do you comply with the following, as relevant?

1. Testing requirements:
  - following exposure to HBV, HCV or HIV<sup>1</sup> (initial and follow-up testing)
  - subsequent to a positive test result for HBV, HCV and/or HIV
  - for ongoing monitoring of viral load levels, if infected?
2. Your requirements in the event of a positive test result:
  - immediately stop performing exposure-prone procedures
  - promptly advise the Registrar of the Council
  - comply with any other Council requirements?
3. Your requirement to seek medical advice:
  - for appropriate post-exposure prophylaxis if exposed to a TMVI
  - if you receive a positive test
  - for ongoing care if infected?
4. Your notification obligations to the Registrar of the Council, if you:
  - know or suspect you are TMVI infected
  - suspect that a known TMVI infected practitioner is not complying with their Council obligations
  - suspect that a practitioner is TMVI infected?
5. Your notification obligations to a patient if you sustain an injury resulting in exposure of the patient's tissues to your blood, if you are:
  - TMVI infected
  - known to be infected with a TMVI and subsequently you have a positive test result from the test taken at the time of injury?
6. The relevant procedures in the event you sustain an injury resulting in exposure of the patient's tissues to your blood, whether you are TMVI infected or not known to be TMVI infected?

<sup>1</sup> HBV = Hepatitis B, HCV = Hepatitis C, HIV = Human immunodeficiency virus

## Question 9(g): Advertising practice standard

Do you comply with, or have the following in place in relation to advertising?

1. Are you familiar with the relevant legislation and standards relating to advertising - such as the Health Practitioners Competence Assurance Act 2003, the Fair Trading Act 1986, Consumer Guarantees Act 1993, Code of Health and Disability Services Consumers' Rights, and the Advertising Standards Authority's Codes?
2. Do you always consider your professional, ethical and legal obligations when advertising services, and how members of the public will perceive your advertising?
3. Are you mindful of the principles of ethical conduct as set out in the Dental Council's Statement on Principles of Ethical Conduct for Oral Health Practitioners?
4. Do you advertise in a manner that excludes any attempt to profit from, or take advantage of, limited consumer understanding?
5. Does your advertising of services present information that is reasonably required by consumers to make decisions about the availability of services offered?
6. Are you competent by reason of education, training and/or experience to provide the service advertised; or to act in the manner or professional capacity advertised?
7. Are you certain that any claims made in your advertisement can be supported by best available evidence?
8. Do you advertise in a manner that avoids disparaging other practitioners and the services they offer in any way?
9. Do you maintain responsibility for the form and content, its accuracy and compliance with the practice standard requirements, of the advertising of health-related services and products associated with your practice?
10. If you choose to advertise honorary titles, civic and military honours, honorary qualifications or memberships of professional bodies, do you take care to ensure that there is no possibility that the public will be misled?

## Question 9(h): Sexual boundaries in the dentist/patient relationship practice standard

Do you comply with, or have the following in place in relation to maintaining sexual boundaries in the dentist/patient relationship?

1. Create a practice environment that fosters mutual respect and trust in which the patient has confidence and feels safe?
2. Understand and respect sexual boundaries?
3. Presence of a third party during patient contact, particularly during sedation, after-hours consultations or when dealing with patients more likely to misinterpret any event?
4. Relevant history taking?

## Question 9(i): Medical emergencies practice standard

### Section A:

Do you comply with, or have the following in place in relation to medical emergencies?

1. Do you record and regularly update the medical history of all patients?
2. Does your practice have written protocols describing the staff members' roles in management of a medical emergency, and do you know your specific role in a medical emergency?
3. Do you have a current resuscitation training certificate to the required level:
  - If not providing sedation (or providing relative analgesia): CORE Immediate or equivalent?
  - If providing sedation (excluding relative analgesia): NZRC CORE Advanced?
4. Did your resuscitation training course (including any overseas courses) cover the following minimum modules:
  - Airway management*
    - Manual airway opening?
    - Airway suction?
    - Oropharyngeal airway insertion?
    - Mouth to mask ventilation?
    - One person bag-mask ventilation?
    - Two person bag-mask ventilation?
    - Oxygen delivery?
  - Adult collapse*
    - Adult collapse management plan?
    - Team scenario practice for adult collapse?
    - Use of Automatic External Defibrillation?
  - Childhood collapse*
    - Childhood collapse management plan?
    - Team scenario practice for childhood collapse?
    - Use of Automatic External Defibrillation?
5. Did you read the Medical Emergencies – Information and Specific responses section of the practice standard (Appendix A) before your resuscitation training?
6. Are you aware that your resuscitation training must be revalidated every two years – i.e your certificate is only valid for two years?
7. Do you have ready access to the following emergency equipment:
  - Oxygen cylinder, regulator and associated equipment suitable for delivering high flow oxygen?
  - Bag mask device with oxygen reservoir?
  - Basic airway adjuncts (oropharyngeal airways)?
  - Syringes and needles for drawing up and administering drugs?
  - Spacer device to deliver Salbutamol?
8. Is this equipment available in different age appropriate sizes, and checked monthly to ensure it is fully operational?
9. Do you have ready access to the following drugs:
  - Oxygen?
  - Glyceryl trinitrate?
  - Aspirin?
  - Adrenaline (1:1000)?
  - Salbutamol?
10. Are the emergency drugs within their expiry date at all times?

## Section B:

### Only complete section B if you are providing sedation (excluding relative analgesia)

11. Do you have ready access to the following additional emergency equipment:
  - Advanced airway adjuncts - oropharyngeal and supraglottic airway devices?
  - Associated equipment for gaining and securing IV access and administering IV fluids and medication?
  - Automated external defibrillator (AED)?
12. Is this equipment available in different age appropriate sizes, and checked monthly to ensure it is fully operational?
13. Do you have ready access to the following additional drugs:
  - Appropriate antagonists for sedative drugs being administered, where required?
  - Dextrose 10%?
  - Glucagon?
  - Normal saline 1000ml?
  - Hydrocortisone injection?
14. Are the emergency drugs within their expiry date at all times?

## The Workforce Survey

### GUIDANCE NOTES

The Workforce Survey seeks information about your practise in the year 01 October 2016 to 30 September 2017. You are asked to complete the survey as if you were completing it on 30 September 2017.

Section A: To be completed by all practitioners

Section B: To be completed if you **practised** during the year ending 30 September 2017

Section C: To be completed if you have **not practised** during the year ending 30 September 2017.

You must indicate whether you give the Dental Council permission, or not, to disclose the data collected from your workforce survey to the Ministry of Health, for the purpose of workforce planning.

### Question 2 – Ethnic group

You may tick up to three ethnic groups. The ethnic groups listed are a combination of the Statistics New Zealand Standard Classification and the current profile of oral health practitioners on the dental register.

### Question 5 – Practice address

#### More than one practice address

If you work in more than one practice, please record the address of the practice in which you worked the most number of hours in a typical week. If you spend your time evenly between two or more practices, please nominate one address as your main practice address and record that address.

#### Change of employer

If you had more than one practice address because you changed employers during the year, please record the address where you worked for the longest period.

### Questions 6 & 7 – Hours worked

If you work a variable number of hours per week, please record the average number of hours you worked in a typical week in Questions 6 & 7. For example 5 days/week on an average of 8 hours/day, a total of 40 hours/week.

Question 7 is a breakdown of that average number of hours worked per week across your scope of practice activities, by employment type.

### Questions 7 & 8 – Type of employment

Questions 7 and 8 relate to the type and extent of your employment during the period 01 October 2016 to 30 September 2017.

The main type of employment relates to the job in which you worked the greatest number of hours, and the second type of employment to the next greatest number of hours worked.

For question 7, if you have more than one type of employment, then allocate the average number of hours by scope of practice across two types of employments.

### Question 9 – Reason for part-time work

For the purpose of this survey, part time work is defined as a total of **less than 35 hours worked per week across all employments**. This should not include contract work as part of, or in addition to, your normal weekly employment arrangements.