

DENTAL COUNCIL

Te Kaunihera Tiaki Niho

2012 ANNUAL REPORT



CONTENTS

Governance

From the Chair	4
From the Chief Executive	5
The Dental Council	6
Corporate Governance	7

Registration

Registration Statistics	14
Additions to the Register	17
Removals from the Register	20

Examinations, Accreditation and Recertification

Examinations	22
Accreditation	24
Recertification	26

Professional Standards

Competence	28
Health	33
Complaints and Discipline	34

Financials

Financial Overview	38
Audit Report	40
Financial Statements	42



GOVERNANCE

The Dental Council's vision is to provide oral health practitioners with a framework to deliver best practice oral health care for the public of New Zealand. Under the Health Practitioners Competence Assurance Act, the Dental Council is responsible for the regulation of all registered oral health practitioners – dentists, dental therapists, dental hygienists, clinical dental technicians and dental technicians.

FROM THE CHAIR



The 2011/12 year has delivered significant changes for both the governance and operational matters of the Dental Council. I am pleased to provide a brief overview of Council's governance activities for the period in this introduction.

From August 2011, Council moved to monthly meetings, after making substantial changes to its governance structure by disestablishing the previous separate professional boards. The professional boards had originally been set up by Council as committees of Council when Council was established under the Health Practitioners Competence Assurance Act 2003 (the Act). This change was implemented to improve both the governance and operational processes of the Dental Council. Costs have been reduced, processes have been streamlined, individual practitioners should have noticed an improvement in turnaround times for issues that affect them directly and Council is now able to take a more coherent approach to strategic development. Council is grateful to all who contributed over the years to these committees.

The previous Chair Professor Robert Love and Deputy Chair Dr Erin Collins were both farewelled during this period after many years of service. I thank them for their contributions and dedication. New councillors Drs Lyndie Foster Page and Robin Whyman were welcomed.

The reorganisation of Council's governance structure has been particularly important in light of the Health Workforce New Zealand proposal, issued on behalf of the Minister of Health, to move to a consolidated secretariat for all of the health regulatory authorities. The Dental Council has spent considerable time responding to this proposal and I believe has taken a responsible, constructive and measured approach. Council takes the view that a combined secretariat, which covers the full spectrum of regulatory activities of the Act, offers some significant advantages for members of the public, individual oral health practitioners, the Ministry of Health and other stakeholders. These advantages over the current model include opportunities for quality improvement in the regulatory sector, improvements in the capture of workforce data, consistency in the application of the Act and material cost savings. I anticipate further progress in this area for the forthcoming reporting period. A fundamental review of the Act has also been signalled for 2012, and Council looks forward to the opportunity to make positive contributions to this process.

As a consequence of these changes, and the substantial volume of competence and professional conduct issues, the workload on Council staff has been heavy, so I thank them for their considerable efforts this year. Council is also anticipating a physical move to new premises, in a co-location arrangement with some other regulatory authorities, during 2012.

A significant area of focus during the period was the ongoing management of the relationships Council has with representative professional bodies and other stakeholders. Several face-to-face meetings were held to discuss and resolve some potentially contentious codes and scopes of practice, that were gazetted after considerable consultation. Council is aware of the need to maintain positive but robust working relationships with stakeholders, for the ultimate benefit of the oral health and safety of the New Zealand public.

Council has successfully instigated a reciprocal recognition arrangement with Canadian authorities for accreditation of the respective dental undergraduate programmes in each country. Effectively, this means that Canadian and New Zealand dental graduates, from 2010 and later, are eligible to be registered in each country after meeting all other jurisdiction-specific registration requirements. Council is actively seeking to extend this arrangement to dental specialists and dental hygienists in the near future.

The Dental Council continues to maintain strong relationships with the Dental Board of Australia and the Australian Dental Council, and has remained an active member of the joint Australasian accreditation committee. During this period, the University of Otago dental postgraduate accreditation review was undertaken.

I wish to record my thanks to Council members, in particular, the Deputy Chair Dr Michael Bain for their considerable dedication and expertise during this period.

A handwritten signature in black ink, appearing to read 'Mark Goodhew', with a horizontal line underneath.

Mark Goodhew
Chair

FROM THE CHIEF EXECUTIVE



During the 2011/12 year the Dental Council experienced a number of governance changes. Mark Goodhew and Michael Bain were elected Chair and Deputy Chair of Council respectively, after the terms of Professor Robert Love and Erin Collins came to an end. Council's governance structure changed with the abolition of the previous professional boards in August 2011, namely the Dentist Board, Dental Hygienist – Dental Therapist Board and Dental Technician Board. The change to monthly Council meetings facilitated more efficient and timely decisions on practitioner-related matters, and streamlined associated administrative processes.

I express my thanks to Robert, Erin, Mark, Michael and all the members of Council for your commitment and hard work during the year. It has been a privilege working with each of you. Also thank you to all the members of the professional boards who I had the opportunity to work with over the years, for your valuable contributions and the passion you have displayed for your professions.

The Dental Council issued numerous consultations over the 2011/12 year. Most substantial were the changes to the dental hygiene, orthodontic auxiliary, dental technology and clinical dental technology scopes of practice and prescribed qualifications. Consequential changes were also approved to the dental hygiene and dental technology/clinical dental technology working relationships. A consultation on the future of the specialty of oral surgery in New Zealand was issued in early 2012, and further consultation will continue later this year.

Three policy and code of practice reviews were initiated during the reporting period. A working group was established to review the recertification framework for dentists and dental specialists. This work is continuing. Council issued a draft Code of Practice on Advertising during 2011 that facilitated healthy discussion and assisted Council's preparation of a further draft code for consultation. Council also initiated a review of the Medical Emergencies in Dental Practice Code of Practice. A working group has been established to carry out the review and will continue its work into the next year.

The Fellowship of the Royal Australasian College of Dental Surgery Oral and Maxillofacial Surgery programme was accredited and approved as a new prescribed qualification for the oral and maxillofacial surgery scope of practice. The introduction of the orthodontic procedures module into the Auckland University of Technology oral health programme was approved by Council early in 2012. The Council also approved two courses for the removal of exclusions from the scopes of practise of dental therapists and dental hygienists respectively: the University of Otago's Pulpotomies and Stainless Steel Crowns and the Local Anaesthesia courses. The Royal College of Pathologists of Australasia applied for accreditation of its programme

for the oral pathology specialist scope of practice, and the review will proceed during the next reporting period.

During 2011, the Dental Council received an application for a dental specialist examination, the first application of this type received since 2005, and an examination in orthodontics was offered by Council through the University of Otago. In addition to the ongoing dentist examinations held, a dental hygiene examination was offered by Council through Auckland University of Technology.

The Dental Register increased by 3.7 percent over the 2011/12 period. There was also an increase in the number of complaints and notifications received and initial inquiries conducted by Council, offset by a decrease in the volume of new professional standards and discipline cases. However, there was an increase in the number of professional conduct committee cases referred to the Health Practitioners Disciplinary Tribunal with the Tribunal's decisions publicised widely.

A significant project in the Secretariat during the year was the ongoing response to the 2011 Health Workforce New Zealand consultation, proposing a shared secretariat for all health regulatory authorities. The Dental Council joined forces with, initially, three regulatory authorities, that later evolved to a group of 10 authorities, to work on how best to achieve the reform. The project required the group to determine an appropriate model, recognising that each profession is autonomous and ensuring profession specific expertise is maintained. The model needed to embrace the advantages that on-line, real-time system technologies can offer to streamline back-office regulatory and administrative processing functions. The Dental Council played a key role in the development of the model proposed and the indicative business case developed, which required significant contributions from secretariat staff. I am proud to say that this was achieved whilst maintaining business as usual operations.

In conclusion, thank you to all the Secretariat staff for their tremendous efforts during this challenging year, especially in an environment of uncertainty and change. Your loyalty, commitment and support, both to the organisation and me, are commendable.

Marie Warner
Chief Executive

THE DENTAL COUNCIL

Our Mission

To provide public assurance that oral health practitioners are competent and fit to practise.

Our Vision

To provide oral health practitioners with a framework to deliver best practice oral health care for the public of New Zealand.

Our Goals

- Administer the Health Practitioners Competence Assurance Act 2003 (the Act) consistently, fairly and effectively.
- Maintain an organisation that is efficient, responsive and sustainable.
- Promote and communicate Council's functions to stakeholders and the public of New Zealand.
- Promote best practice and well respected standards of oral health care.

Our Duties and Functions

The functions of the Dental Council under section 118 of the Act are:

- to prescribe the qualifications required for scopes of practice within the profession and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies or programmes
- to authorise the registration of health practitioners under the Act and to maintain registers
- to consider applications for annual practising certificates
- to review and promote the competence of health practitioners
- to recognise, accredit and set programmes to ensure the ongoing competence of health practitioners
- to receive and act on information from health practitioners, employers and the Health and Disability Commissioner about the competence of health practitioners
- to notify employers, the Accident Compensation Corporation, the Director-General of Health and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public
- to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession
- to set standards of clinical competence, cultural competence and ethical conduct to be observed by health practitioners of the profession
- to liaise with other authorities appointed under the Act about matters of common interest
- to promote education and training in the profession
- to promote public awareness of the responsibilities of the authority
- to exercise and perform any other functions, powers and duties that are conferred or imposed on it by or under the Act or any other enactment.

CORPORATE GOVERNANCE

The role of Council is to set the strategic direction of the organisation, monitor management performance and ensure Council meets the requirements of the Health Practitioners Competence Assurance Act 2003. Council members are appointed by the Minister of Health.

COUNCIL MEMBERS

Members of the Dental Council as at 31 March 2012 were as follows.

	Profession	Appointment date	Reappointment date	Expiry date
Mark Goodhew (Chair)	Dentist	April 2010		April 2013
Michael Bain (Deputy Chair)	Dentist	July 2009		July 2012
Bede Carran	Layperson	April 2010		April 2013
Leslea Eilenberg	Dental Hygienist	July 2009		July 2012
Lyndie Foster Page	Dentist/Dental Specialist	June 2011		June 2014
Kate Hazlett	Layperson	April 2010		April 2013
Minnie McGibbon	Dental Therapist	July 2009		July 2012
Wendy Tozer	Layperson	July 2009		July 2012
Neil Waddell	Dental Technician/ Clinical Dental Technician	April 2005	April 2008 June 2011	November 2012
Robin Whyman	Dentist/Dental Specialist	June 2011		June 2014



Back row (from left): Lyndie Foster Page, Minnie McGibbon, Bede Carran, Neil Waddell, Robin Whyman, Wendy Tozer, Leslea Eilenberg.

Front row (from left): Michael Bain (Deputy Chair), Mark Goodhew (Chair), Kate Hazlett.

COUNCIL MEETINGS

Meetings	23 May 11	8 Aug 11	5 Sep 11	3 Oct 11	7 Nov 11	5 Dec 11	13 Feb 12	5-6 Mar 12
Location	Wellington	Wellington	Wellington	Wellington	Wellington	Wellington	Wellington	Wellington
Mark Goodhew (Chair effective 8 August 2011)	✓ (Deputy Chair)	✓	✓	✓	✓	✓	✓	✓
Michael Bain (Deputy Chair effective 8 August 2011)	✓	✓	✓	✓	✓	✓	✓	✓
Bede Carran	✓	✓	✓	✓	✓	✓	✓	✓
Leslea Eilenberg	✓	✓	✓	✓	✓	✓	✓	✓
Lyndie Foster Page	Appointed to Council in June 2011	✓	✓	✓	✓	✓	✓	Apology for meeting on 6th
Kate Hazlett	✓	✓	✓	✓	✓	✓	✓	✓
Minnie McGibbon	✓	✓	✓	✓	Apology	✓	✓	✓
Wendy Tozer	✓	✓	✓	✓	✓	✓	✓	Apology
Neil Waddell	✓	✓	✓	✓	Apology	✓	✓	✓
Robin Whyman	Appointed to Council in June 2011	✓	✓	✓	✓	✓	✓	✓
Erin Collins	✓ (end of appointment term)							
Robert Love (Chair for 23 May 2011 meeting)	✓ (end of appointment term)							

PROFESSIONAL BOARDS

In April and May of 2011, Council reviewed its governance structure with the objectives of streamlining operations and reducing costs. It investigated alternative options and the costs of each before adopting a pan-professional governance model. This would require Council to meet monthly and assume responsibility for all the governance tasks it then undertook, together with those that had been undertaken by the professional boards that had been set up as committees of Council when Council was first established.

As a consequence of this decision, the professional boards of Council, namely the Dentist Board, the Dental Technician Board and the Dental Hygienist – Dental Therapist Board were disestablished with effect from 5 August 2011.

The abolition of the professional boards means that all practitioner-related considerations regarding registration, recertification, professional standards and examinations are now considered by Council at its monthly meetings.

Council's three standing committees, the Audit and Risk Management Committee, CEO Remuneration and Performance Management Committee and Continuing Professional Development Advisory Committee, remain.

DENTIST BOARD

	Profession	Appointment date	Reappointment date	Abolition date
Erin Collins (Chair)	Dentist	December 2003	May 2007 April 2010	5 August 2011
Michael Bain (Deputy Chair)	Dentist	February 2010		5 August 2011
Peter Dysart	Dental Specialist – Orthodontics	February 2008		5 August 2011
Mark Goodhew	Dentist	May 2010		5 August 2011
John Hale	Dentist	March 2008		5 August 2011
Kate Hazlett	Layperson	May 2010		5 August 2011
Robert Love	Dental Specialist – Endodontics	December 2003	May 2007 April 2010	5 August 2011

DENTIST BOARD MEETINGS

Meetings	4 April 11	13 Jun 11	20 Jul 11
Location	Teleconference	Wellington	Teleconference
Erin Collins (Chair)	✓	✓	✓
Michael Bain (Deputy Chair)	✓	✓	✓
Peter Dysart	✓	✓	✓
Mark Goodhew	✓	✓	✓
John Hale	Apology	✓	✓
Kate Hazlett	✓	✓	✓
Robert Love	✓	✓	✓

DENTAL HYGIENIST – DENTAL THERAPIST BOARD

	Profession	Appointment date	Reappointment date	Abolition date
Sharmyn Turner (Chair)	Hygienist	May 2009	May 2010	5 August 2011
Susan Moffat (Deputy Chair)	Therapist	May 2009		5 August 2011
Leslea Eilenberg	Hygienist	February 2010		5 August 2011
Minnie McGibbon	Therapist	February 2010		5 August 2011
Wendy Tozer	Layperson	February 2010		5 August 2011

DENTAL HYGIENIST – DENTAL THERAPIST BOARD MEETINGS

Meetings	12 May 11	27 June 11
Location	Teleconference	Wellington
Sharmyn Turner (Chair)	✓	✓
Susan Moffat (Deputy Chair)	✓	✓
Leslea Eilenberg	✓	✓
Minnie McGibbon	✓	✓
Wendy Tozer	✓	✓

DENTAL TECHNICIAN BOARD

	Profession	Appointment date	Reappointment date	Abolition date
Neil Waddell (Chair)	Dental Technician/ Clinical Dental Technician	April 2005	April 2008	5 August 2011
John Batchelor (Deputy Chair)	Dental Technician/ Clinical Dental Technician	August 2010		5 August 2011
Karl Lyons	Dental Specialist – Prosthodontics	January 2006	January 2009	5 August 2011
Bede Carran	Layperson	August 2010		5 August 2011
Byron Lord	Dental Technician	April 2006	August 2010	5 August 2011
Ian Mercer	Dental Technician	August 2010		5 August 2011

DENTAL TECHNICIAN BOARD MEETINGS

Meetings	28 April 11	24 June 11
Location	Teleconference	Wellington
Neil Waddell (Chair)	✓	Apology
John Batchelor (Deputy Chair)	✓	✓ (Chair)
Karl Lyons	✓	Apology
Bede Carran	✓	✓
Byron Lord	✓	✓
Ian Mercer	✓	✓

PROFESSIONAL COMMITTEES

AUDIT AND RISK MANAGEMENT COMMITTEE

Brent Kennerley (Chair – Independent member, Grant Thornton Chartered Accountants)

Bede Carran (Deputy Chair)

Mark Goodhew

Neil Waddell

CEO REMUNERATION AND PERFORMANCE MANAGEMENT COMMITTEE

Mark Goodhew (Chair)

Michael Bain (Deputy Chair)

Brent Kennerley (Chair Audit and Risk Management Committee)

CONTINUING PROFESSIONAL DEVELOPMENT ADVISORY COMMITTEE

Lyndie Foster Page (Chair and dental academic)

Michael Bain (Dentist representative)

Leslea Eilenberg (Hygiene representative)

Minnie McGibbon (Therapy representative)

Neil Waddell (Dental Technology representative)

HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL

The Ministry of Health maintains a panel of practitioners from which members of the Tribunal are drawn. As at 31 March 2012, membership of the panel, which is appointed by the Minister of Health, was as follows.

Dentists	Dental therapists	Dental hygienists	Dental technicians
Dr Robert East	Mrs Pamela Brennan	Mrs Elsie-May Denne	Mr John Batchelor
Dr Marion Joyce	Ms Claire Caddie	Mrs Susan Morriss	Mr Gerald Byrne
Dr Cathrine Lloyd	Ms Heather Krutz	Ms Mary Mowbray	Ms Tracy Burke
Dr Paopio Luteru	Ms Josephine Lowry	Ms Kirsten Wade	Mr Kenneth Lock
Dr Warwick Ross	Ms Lynette Nicholas		Mr Kenneth Scott
Dr Sergio Salis			
Dr Brent Stanley			
Dr Hugh Trengrove			

JOINT AUSTRALIAN DENTAL COUNCIL/DENTAL COUNCIL (NEW ZEALAND) ACCREDITATION COMMITTEE

Members of the joint Australian Dental Council/Dental Council (New Zealand) Accreditation Committee, as at 31 March 2012, were as follows.

Professor Paul Abbott	Ms Neda Nikolovski
Dr Michael Bain*	Professor Ward Massey
Dr Deborah Cockrell (Coordinator, Dental Specialist Programmes)	Ms Jenny Miller
Ms Jan Connolly	Ms Clare McNally (Coordinator, Hygienist and Therapist Programmes)
Dr Ralph Neller – ex officio (President Australian Dental Council)	Professor Michael Morgan (Chair and Coordinator, Dentist programmes)
Dr Mark Goodhew* – ex officio (Chair Dental Council – New Zealand)	Dr Bruce Simmons
Dr Neil Hewson	Ms Neroli Stayt
Professor Robert Love*	

* Dental Council representatives.

SECRETARIAT

Staff members of the Dental Council, as at 31 March 2012, were as follows.

Chief Executive	Marie Warner
Registrar	Mark Rodgers
Senior Business Development Advisor	Suzanne Bornman
Legal Advisor	Valentina Vassiliadis
Executive Assistant/Board Secretary	Lily Li

REGISTRATION TEAM

Deputy Registrar	Carolyn Young
Registration and Recertification Officers	Alicia Clark Kelly Douglas Trina Liu Sarah Harding Scott Macandrew

CORPORATE SERVICE TEAM

Corporate Services Manager	Kevin Simmonds
Finance Officer	Kim Hopkinson
Administration Officer	Karen Zhu

Appointed professional advisors were as follows.

PROFESSIONAL ADVISORS

Dentists	Dexter Bambery
Dental hygienists	Kirsty Jennings
Dental therapists	Marijke Conway
Dental technicians	Barry Williams



REGISTRATION

Council in meeting its primary objective of protecting the health and safety of the public, prescribes qualifications and sets standards of fitness for registration, that all prospective practitioners must first achieve. For a candidate to obtain registration, he or she must first demonstrate to Council that those standards have been met.

Image courtesy of Hutt Valley District Health Board

REGISTRATION

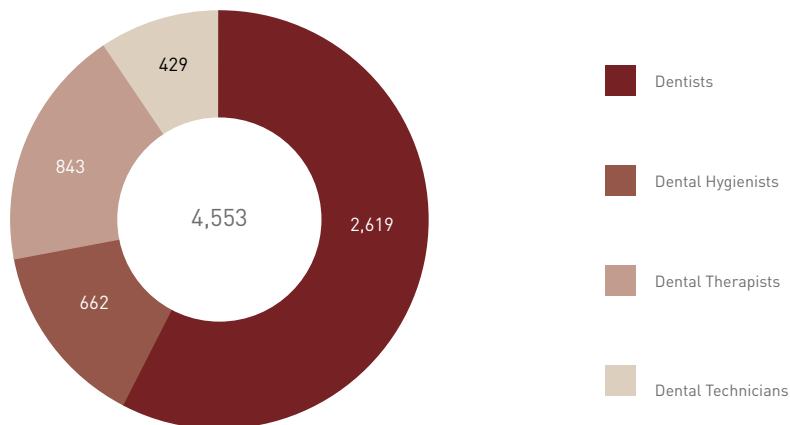
Registration of oral health practitioners is a primary function of the Dental Council. By ensuring that all oral health practitioners who are registered meet the standard required for safe and competent practise, Council is meeting its role of protecting the public.

A practitioner may be registered in more than one scope of practice and more than one profession. In the Registration section of this report, dentists' totals include dental specialists (330 registered); dental hygienists' totals include orthodontic auxiliaries (123 registered); and dental technicians' totals include clinical dental technicians (193 registered).

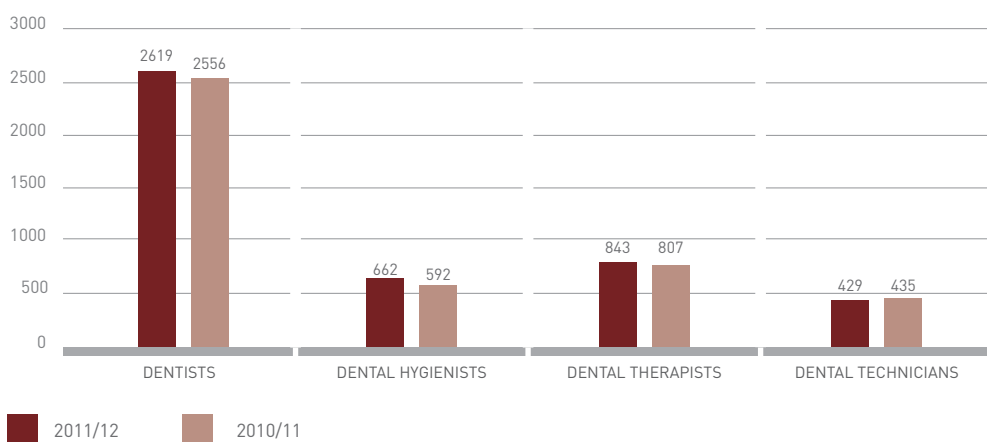
REGISTRATION STATISTICS

A total of 4,553 oral health practitioners were registered with the Dental Council as at 31 March 2012, with 3,771 holding Annual Practising Certificates (APCs). These are increases of 3.7 percent and 2.2 percent respectively from the 2010/11 practising year.

TOTAL NUMBER OF REGISTERED ORAL HEALTH PRACTITIONERS AS AT 31 MARCH 2012



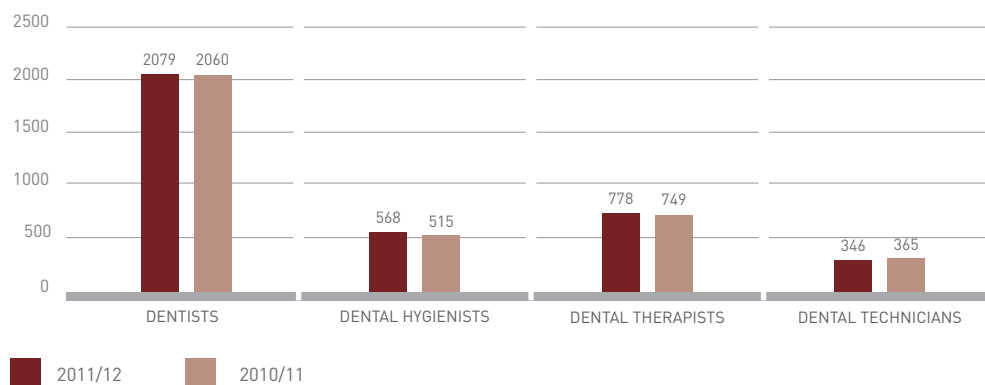
TOTAL NUMBER OF ORAL HEALTH PRACTITIONERS REGISTERED BY PROFESSION AS AT 31 MARCH 2012



Overall, there has been a 3.7 percent increase in the total number of registered oral health practitioners for the 2011/12 year. Dentists have seen an increase of 63 (2.5%), while the trend for increases in the dental hygiene and dental therapy registration numbers continued from the previous year. Dental hygiene increased by 70 (11.8%) and dental therapy increased by 36 (4.5%) during the 2011/12 period.

There has been a continued reduction in the number of registered dental technicians with a further decrease by six from the Dental Register during the 2011/12 period.

TOTAL NUMBER OF ORAL HEALTH PRACTITIONERS HOLDING AN ANNUAL PRACTISING CERTIFICATE BY PROFESSION AS AT 31 MARCH 2012



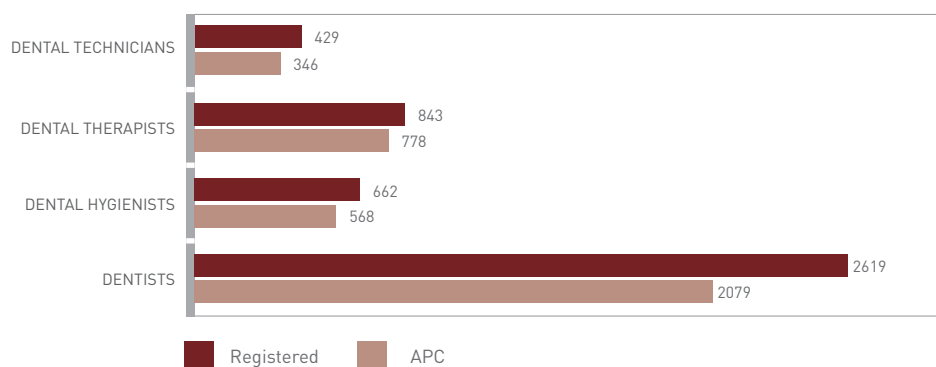
Overall, there was a 2.2 percent increase in the number of oral health practitioners holding APCs for the 2011/12 period. Similar to the previous year, there was a 1 percent increase in the number of dentists holding APCs. In line with the increase in the number of registrations for dental hygienists and dental therapists, similar increases of 10 percent and 4 percent respectively, were reported in the number of practitioners holding APCs. The number of dental technicians holding APCs reduced by 19 (5%), compared with a reduction in the total number registered, by six.

APPLICATIONS FOR AN ANNUAL PRACTISING CERTIFICATE

	Health Practitioners Competence Assurance Act 2003 section	Number	Outcomes			
			Annual Practising Certificate	Annual Practising Certificate with conditions	Interim Annual Practising Certificate	No Annual Practising Certificate
Total		3771	3690	81	0	0
Reasons for non-issue						
Competence	27(1)(a)	-				
Failed to comply with a condition	27(1)(b)	-				
Not completed required competence programme satisfactorily	27(1)(c)	-				
Recency of practice	27(1)(d)	-				
Mental or physical condition	27(1)(e)	-				
Not lawfully practising within three years	27(1)(f)	-				
False or misleading application	27(3)	-				

For the 2011/12 period, high percentages of registered oral health practitioners, ranging from 92 percent for dental therapists to 80 percent for dentists, held APCs.

COMPARISON OF TOTAL NUMBER OF REGISTERED ORAL HEALTH PRACTITIONERS TO THOSE HOLDING AN ANNUAL PRACTISING CERTIFICATE BY PROFESSION AS AT 31 MARCH 2012



TOTAL NUMBER OF REGISTERED PRACTITIONERS BY SCOPES OF PRACTICE AS AT 31 MARCH 2012

	2011/12	2010/11
General Dental Practice	2,516	2,454
Orthodontic Specialist	109	104
Endodontic Specialist	36	32
Oral and Maxillofacial Surgery Specialist	48	47
Oral Medicine Specialist	3	5
Oral Pathology Specialist	7	6
Oral Surgery Specialist	6	6
Paediatric Specialist	15	12
Periodontic Specialist	37	36
Prosthodontic Specialist	28	26
Restorative Dentistry Specialist	12	12
Public Health Dentistry Specialist	19	19
Special Needs Dentistry Specialist	10	8
Dental Hygiene Practice	553	488
Orthodontic Auxiliary Practice	123	115
General Dental Therapy Practice	843	807
Adult Care in Dental Therapy Practice	14	14
Dental Technology Practice	429	435
Clinical Dental Technology Practice	193	183
Implant Overdentures in Clinical Dental Technology	17	18

ADDITIONS TO THE REGISTER

APPLICATIONS: ELIGIBILITY FOR REGISTRATION AND REGISTRATION

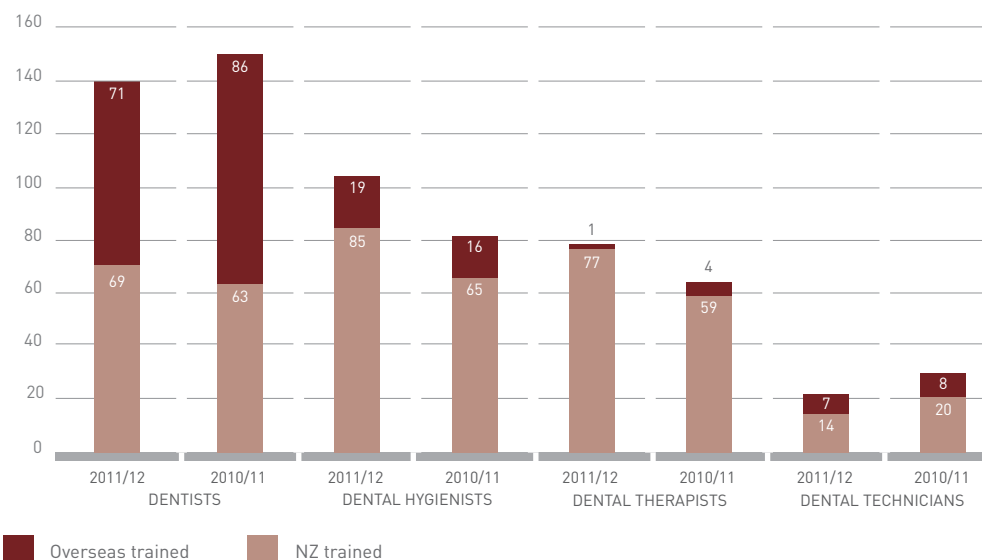
	Health Practitioners Competence Assurance Act 2003 section	Total	Outcomes		
			Registered	Registered with conditions	Not registered
Total		350	337	6	7*

REASONS FOR NON-REGISTRATION

Qualification not deemed equivalent to a prescribed qualification	15(2)	4		4
Communication, including English-language requirements	16(a) and 16(b)			
Conviction of any offence punishable by imprisonment for three months or longer	16(c)	1		1
Mental or physical condition	16(d)			
Professional disciplinary procedure in New Zealand or overseas, otherwise under investigation	16(e), 16(f), 16(g)			
Other – danger to health and safety	16(h)			
Subject to preliminary investigations, disciplinary proceedings	TTMR Act – section 19 & 22	1		1
Occupation in which registration is sought is not an equivalent occupation and equivalence cannot be achieved by imposition of conditions	TTMR Act – 22(1)(d)	1		1

* Applicants not granted registration, by profession: Dentists (2); Dental Hygiene (3); Dental technician (2).

SUMMARY OF REGISTRATIONS GRANTED DURING 2011/12



There has been an overall increase of 7 percent in the number of new registrations granted during the 2011/12 period, with a significant increase in the number of dental hygienist (28%) and dental therapist (24%) new registrations granted. There has been a slight reduction (6%) in the number of dentist registrations, and seven less new dental technicians registered during 2011/12 compared with the previous reporting period.

Sixteen less overseas-trained professionals were registered during the 2011/12 period, the most significant being the reduction in the number of overseas dentist registrants.

SUMMARY OF REGISTRATIONS GRANTED DURING 2011/12
– COUNTRY OF PRIMARY QUALIFICATION

	Dentists		Dental hygienists		Dental therapists		Dental technicians	
	2011/12	2010/11	2011/12	2010/11	2011/12	2010/11	2011/12	2010/11
Australia	5	5	1			1	2	3
Brazil	2	3						
Canada	2	2	8	7			1	
China	1							
Egypt		1						
Fiji	3	1				2	1	1
Germany								1
India	14	23	1					
Iraq	1	1						
Israel		1						
Italy		1					1	
Jordan		1						
Macedonia		1						
Malaysia	1							
Mexico	1							
Philippines	2	1		1				
Russia	2							
Singapore	2	3						
South Africa	11	14	2	1	1	1		2
South Korea							1	
Sri Lanka	1							
Thailand		1						
Ukraine		1						
UK	14	20	4	3			1	1
USA	9	6	3	4				
Total Overseas	71	86	19	16	1	4	7	8
Total New Zealand	69	63	85	65	77	59	14	20
TOTAL	140	149	104	81	78	63	21	28

Note: Five overseas dentists were registered at no charge for a short period, expiring 23 May 2011, to perform forensic identification work after the February 2011 Christchurch earthquake.

REGISTRATION THROUGH TRANS-TASMAN MUTUAL RECOGNITION ACT 1997

The Trans-Tasman Mutual Recognition Act 1997 (TTMRA) recognises Australian and New Zealand registration standards as equivalent and enhances the freedom of registered professionals to work in either country. The TTMRA takes precedence over the Health Practitioners Competence Assurance Act 2003 (the Act). Under TTMRA, if a practitioner is registered as an oral health practitioner in Australia they are, upon application to the Dental Council, entitled (subject to a limited right of refusal), to be registered in the same occupation in New Zealand. In 2011/12, 18 practitioners registered in New Zealand under TTMRA.

REGISTRATIONS IN NEW ZEALAND UNDER THE TRANS-TASMAN MUTUAL RECOGNITION ACT 1997

	2011/12				2010/11	
	Applications brought forward from 2010/11	Applications received	Applications approved	Applications declined	Applications received	Applications approved
Dentistry	0	13	11	2	9	9
Dental hygiene	0	2	2	0	1	1
Dental therapy	0	0	0	0	1	1
Dental technology	1	4	5	0	3	2 (1 pending)
TOTAL	1	19	18	2	14	13

INDIVIDUAL ASSESSMENT APPLICATIONS

Applicants with non-prescribed qualifications who consider their qualifications, training and experience to be equivalent to, or as satisfactory as, a prescribed qualification may, pursuant to section 15(2) of the Act, apply to the Dental Council for individual consideration of their eligibility for registration.

In the 2011/12 period, the Dental Council received a total of eleven individual assessment applications. Eleven applications, some of which had been received during the previous reporting period, were approved and five applications were declined.

INDIVIDUAL ASSESSMENT APPLICATIONS

	2011/12					2010/11				
	Brought forward from 2010/11	Received	Approved	Declined	Pending	Brought forward from 2009/10	Received	Approved	Declined	Pending
Dentists	2	3	5	0	0	3	5	3	3	2
Dental hygiene	2	4	3	3	0	2	2	1	1	2
Dental therapy	0	1	1	0	0	2	4	1	5	0
Dental technology	1*	3	2	2*	0	5	1	5	0	1
TOTAL	5	11	11	5	0	12	12	10	9	5

* 1 application has not been progressed due to the practitioner not meeting other requirements. New application will be required if practitioner wants to progress

REMOVAL OF EXCLUSIONS FOR DENTAL HYGIENE, DENTAL THERAPY AND ORTHODONTIC AUXILIARY

The additional scopes of practice for dental hygiene, dental therapy and orthodontic auxiliary were merged into the respective general scopes of practice in March 2011. Practitioners not registered in these additional scopes of practice, at the time of the change, had exclusions for these additional scopes of practice activities placed on their respective scopes of practice.

Since the merge of the additional scopes of practice into the general scopes of practice practitioners have been required to apply for removal of exclusions from their scopes of practice, by providing evidence that they have completed a Dental Council approved training course.

During 2011/12 the following number of removal of exclusions were approved:

DENTAL HYGIENE AND ORTHODONTIC AUXILIARY SCOPES OF PRACTICE

Orthodontic Procedures	32
Local Anaesthetic	4
Extra-oral Radiography	37
Intra-oral Radiography	37

DENTAL THERAPY SCOPE OF PRACTICE

Pulpotomies	11
Stainless Steel Crowns	40
Radiography	16
Diagnostic Radiography	21
TOTAL	198

In addition, Council approved the successful introduction of the orthodontic procedures module into the Auckland University of Technology Bachelor of Health Science in Oral Health programme in March 2012. This meant that all practitioners registered from the 2011 AUT BHSc(Oral Health) cohort had their orthodontic procedures exclusions removed from their registration status during this period.

REGISTRATION RELATED SUPERVISION

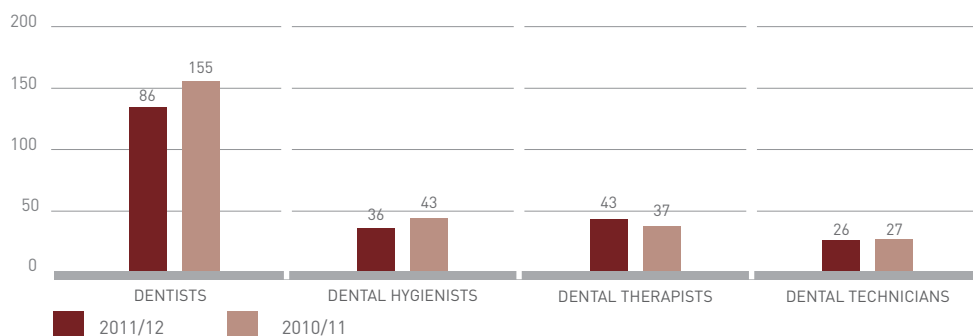
Supervision is defined by the Act to be the monitoring of, and reporting on, the performance of a practitioner by a professional peer. It is used to ensure a practitioner is fit and competent to practise and to protect the public safety in a variety of situations, such as when a practitioner is returning to practice after more than three years out of practice.

Council managed 11 practitioners with supervision orders to address registration issues during the 2011/12 period, of which four practitioners fulfilled their supervision requirements, and were signed-off by their supervisors.

REMOVALS FROM THE REGISTER

A total of 191 oral health practitioners were removed from the Dental Register during the 2011/12 period, 17 of whom were voluntarily removed under section 142 of the Act; 5 were removed on notification of death; and the remaining 169 (88%) were removed under section 144 of the Act.

REMOVALS FROM THE DENTAL REGISTER



Note: Five overseas dentists were registered at no charge for a short period during 2011 to perform forensic identification work after the February 2011 Christchurch earthquake. They were removed during the 2011/12 period.



EXAMINATIONS, ACCREDITATION AND RECERTIFICATION

The Dental Council provides examinations for those registration candidates who have qualifications that are not recognised by Council to enable them to practice in New Zealand.

The Dental Council is required by the Health Practitioners Competence Assurance Act, to prescribe qualifications for each of its Scopes of Practice, and to monitor, through accreditation, every New Zealand educational institution providing a prescribed qualification.

When the Dental Council issues an Annual Practising Certificate to a practitioner, that Certificate is Council's declaration to the public of New Zealand, that the practitioner is fit and competent to practise. The objective of Council's recertification process is to provide assurance that each practitioner is fit and competent to practise in their chosen scope.

Image courtesy of Neil Waddell

EXAMINATIONS

The Dental Council offers examinations for overseas-qualified practitioners who do not hold prescribed dental qualifications. A pass in the New Zealand Dental Registration Examinations is a prescribed qualification for registration within New Zealand.

The following examinations are available:

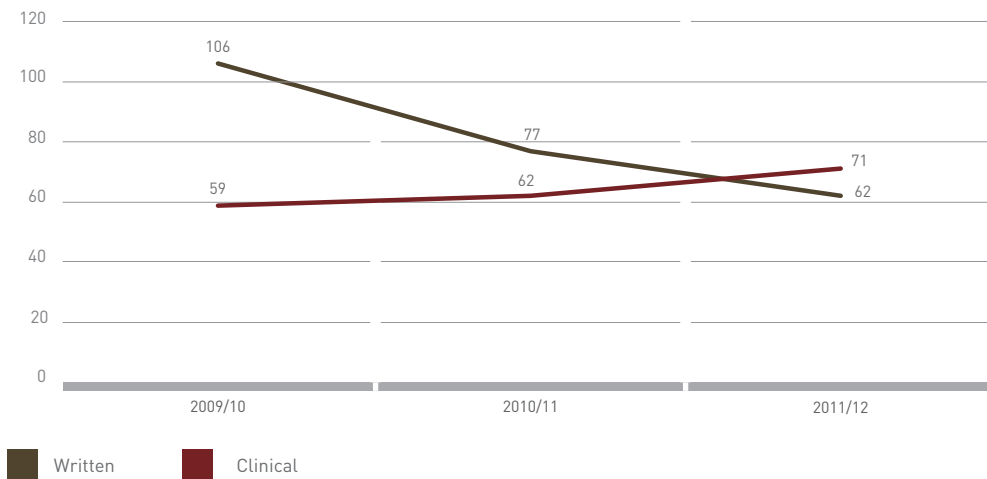
- New Zealand Dentist Registration Examination (NZDREX)
- New Zealand Dental Specialist Registration Examination (NZDSREX)
- New Zealand Dental Hygiene Registration Examination (NZDHREX)
- New Zealand Dental Therapy Registration Examination (NZDTREX)
- New Zealand Dental Technology Registration Examination (NZDTechREX).

During the 2011/12 year, the written component of the dentist registration examination continued to be held in conjunction with the Australian Dental Council, whilst the clinical component was staged at the University of Otago. The clinical component entailed employing the expertise of an examination director and 44 clinical examiners over the course of the three clinical examinations held.

The University of Otago also staged one dental specialist examination in the specialist scope of orthodontics.

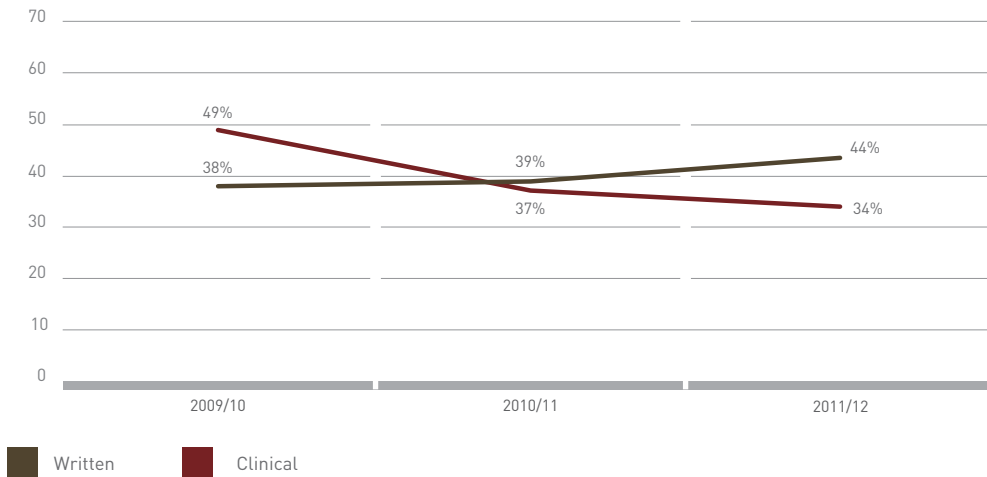
The dental hygiene examination was held at the Auckland University of Technology. Registration examinations in dental therapy and dental technology were not held, as no applications were received.

DENTIST REGISTRATION EXAMINATION CANDIDATES SITTING THE EXAMINATION



During the 2011/12 period, there was a 19 percent decrease in the number of candidates sitting the written component of the dentist registration examinations, and a 15 percent increase in those sitting the clinical component, compared with the previous reporting year.

DENTIST REGISTRATION EXAMINATION PASS RATES



During the 2011/12 period, there was a slight increase of 5 percent in the pass rate for the written component of the dentist registration examination and, similar to last year, a further 3 percent decrease in the pass rate for the clinical component, which reduced the overall pass rate to 34 percent – the lowest level achieved over the past six years.

DENTAL SPECIALIST REGISTRATION EXAMINATION

During the 2011/12 period, there was one candidate who sat and passed the orthodontic specialist examination.

DENTAL HYGIENE REGISTRATION EXAMINATION

During the 2011/12 period, there were two candidates who sat and passed only the written component of the Dental Hygiene Registration Examination.

ACCREDITATION

Accreditation is the status granted by the Dental Council to oral health training programmes that meet prescribed educational quality criteria. The purpose of accreditation is both to assure the quality of education and training and to promote continuous improvement of the programmes.

The Dental Council and the Australian Dental Council (ADC)¹ have established a joint accreditation committee for the purpose of accrediting and monitoring educational programmes to enable the maintenance of common standards across both countries. The role of the Accreditation Committee is to advise the regulatory authorities (Dental Council and the Dental Board of Australia) on accreditation matters. These include criteria for the accreditation of educational programmes leading to registration in dentistry, dental specialities, dental hygiene, dental therapy, oral health therapy (in Australia only) and dental prosthetics (in Australia only).

The joint accreditation process undergoes regular evaluation and modification based on previous experience, written feedback from participants (including review teams, faculties and schools) and periodic formal review with external assistance.

As part of the accreditation process, the regulatory authorities require an annual report from each faculty for each accredited programme. Details of any significant changes, planned or unplanned, must be provided at that time. It is the responsibility of each faculty to notify the Accreditation Committee in its annual reports of any planned significant changes to the programmes before they are implemented. It is expected that relevant conditions, recommendations and suggestions made at previous accreditation visits, and the progress, or otherwise, on these, will also be addressed and documented in the annual reports. Annual reports are formally reviewed by the Chair of the most recent Accreditation Review Team, the relevant coordinator on the Accreditation Committee and then the joint Accreditation Committee. Recommendations are then made to the relevant regulatory authority regarding the continuation of the accreditation status of the programme. This year, all the annual reports were received for the New Zealand programmes and were, in turn, accepted by the joint Accreditation Committee and Dental Council.

An accreditation review for the following University of Otago postgraduate programmes was completed during the 2011/12 period:

- Master of Community Dentistry (MComDent)
- MDS/MBChB Oral Medicine²
- Doctor of Clinical Dentistry (DClinDent) Endodontics
- Doctor of Clinical Dentistry (DClinDent) Oral Pathology
- Doctor of Clinical Dentistry (DClinDent) Orthodontics
- Doctor of Clinical Dentistry (DClinDent) Paediatric Dentistry
- Doctor of Clinical Dentistry (DClinDent) Periodontology
- Doctor of Clinical Dentistry (DClinDent) Prosthodontics
- Doctor of Clinical Dentistry (DClinDent) Special Needs Dentistry
- Doctor of Clinical Dentistry (DClinDent) Oral and Maxillofacial Surgery.³

Accreditation was granted to all of these programmes until 31 December 2016.

Accreditation to December 2012 was also granted to the Oral and Maxillofacial Surgery Education and Training Program of the Royal Australasian College of Dental Surgeons – FRACDS (OMS), subject to satisfactory annual reports and a comprehensive report in July 2012.

¹ The Dental Board of Australia, which is responsible for the accreditation of oral health programmes in Australia, has contracted the Australian Dental Council to undertake its accreditation functions.

² MDS/MBChB = Master of Dental Surgery/ Bachelor of Medicine and Bachelor of Surgery

³ The DClinDent (Oral and Maxillofacial Surgery) programme was granted accreditation in December 2011, and will replace the MDS/MBChB (Oral and Maxillofacial Surgery) programme once all enrolled students have completed the programme, with the transition period anticipated at four years.

**STATUS OF NEW ZEALAND ACCREDITED ORAL HEALTH PROGRAMMES
AS AT 31 MARCH 2012**

Title	Provider	Status	Expiry date
Bachelor of Dental Surgery (BDS)	University of Otago	Full accreditation for seven years (in 2010)	31/12/2017
Master of Community Dentistry (MComDent)	University of Otago	Full accreditation for five years (in 2011)	31/12/2016
Doctor of Clinical Dentistry (DClinDent)	University of Otago	Full accreditation for five years (in 2011)	31/12/2016
<ul style="list-style-type: none"> • Endodontics • Oral and Maxillofacial Surgery • Oral Pathology • Orthodontics • Paediatric Dentistry • Periodontology • Prosthodontics • Special Needs Dentistry 		Accreditation with conditions (in 2011)	
Master of Dental Surgery(MDS)/Bachelor of Medicine and Bachelor of Surgery (MBChB)	University of Otago	Full accreditation for six years (in 2006)	31/12/2012
<ul style="list-style-type: none"> • Oral and Maxillofacial Surgery • Oral Medicine 		Full accreditation for five years (in 2011)	31/12/2016
Fellowship of the Royal Australasian College of Dental Surgeons Oral and Maxillofacial Surgery	Royal Australasian College of Dental Surgeons	Full accreditation until 31/12/2012*	31/12/2012
Bachelor of Oral Health (BOH)	University of Otago	Full accreditation for five years (in 2010)	31/12/2014
Bachelor of Health Science in Oral Health BHSc (Oral Health)	Auckland University of Technology	Full programme accreditation for five years (in 2009)	31/12/2013
Bachelor of Dental Technology (BDentTech)	University of Otago	Full accreditation for five years (in 2010)	31/12/2015
Bachelor of Dental Technology (Honours) (BDentTech (Hons))	University of Otago	Full accreditation for five years (in 2010)	31/12/2015
Postgraduate Diploma in Clinical Dental Technology (PGDipCDTech)	University of Otago	Full accreditation with conditions for five years (in 2010)	31/12/2015
Certificate of Orthodontic Assisting, New Zealand Association of Orthodontists: Orthodontic Auxiliary Training Programme	New Zealand Association of Orthodontists	Full accreditation for two years (in 2011)	31/03/2013

* The programme was granted accreditation by the Australian Medical Council and Australian Dental Council in 2006. Council granted accreditation to the programme in December 2011 and aligned the accreditation period with the Australian Medical Council and Australian Dental Council to facilitate joint accreditation processes in the future.

RECERTIFICATION

The Dental Council must be satisfied that practitioners have maintained their competence and fitness to practise before they are recertified each year and issued with an Annual Practising Certificate (APC). This requires each practitioner to:

- declare their compliance with Council's codes of practice
- declare their competence to practise
- declare any health conditions, fitness, competence or discipline issues that may affect their competence or fitness to practise.

AUDIT PROCESS

Following receipt of the 2011/12 APC application forms and the issue of APCs, 10 percent of each practitioner group was randomly selected to complete a checklist questionnaire based on Council's codes of practice. Within this selection, New Zealand-based practitioners from each practitioner group were randomly selected for a practice visit to audit their compliance with Council's codes of practice. The practitioners that were audited worked in a variety of practice settings, including sole practice, small group dental practices and school dental clinics.

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Council has, pursuant to section 41 of the Act, set a formal, mandatory recertification programme for all practitioners. This requires practitioners to complete a prescribed number of CPD hours and peer contact activities over a 4 year cycle. Practitioners who do not satisfactorily complete the programme may, under section 43 of the Act have their scope of practice altered, by changing the health services they are permitted to perform; have conditions imposed on their scope of practice, or their registration suspended. At the end of each 4 year cycle, 10 percent of each practitioner group are randomly selected for an audit of their CPD activities.



PROFESSIONAL STANDARDS

The Dental Council receives, investigates and addresses concerns, complaints and notifications about the competency, fitness to practise and conduct of registered oral health practitioners.

PROFESSIONAL STANDARDS

COMPETENCE

The Dental Council is required to meet certain legal obligations under the Health Practitioners Competence Assurance Act 2003 (the Act), including overseeing a system enabling it to conduct competence reviews and competence programmes in a meaningful, fair and manageable way.

Under the Act, the Dental Council is responsible for the regulation of all registered oral health practitioners – dentists, dental therapists, dental hygienists, clinical dental technicians and dental technicians.

Sections 34 to 44 of the Act relate to competence and competence review. A competent practitioner is one who applies knowledge, skills, attitudes, communication and judgement to the delivery of appropriate oral health care in accordance with the scope of practice within which they are registered. Performance is the output, and its measurement assesses how well a practitioner is actually working.

Under section 36(4)(a) of the Act, the Dental Council has the authority at any time to review the competence of a practitioner who holds a current practising certificate.

Under sections 34, 79(b) and 80(2)(a) of the Act a registered health practitioner, the Health and Disability Commissioner, an employer or a Professional Conduct Committee may notify the Council that there is reason to believe a practitioner's practise falls below the required standard of competence. After receiving such a notice, the Council must make inquiries into and may review the competence of the practitioner who is registered and who holds a current practising certificate. In addition, the Council may have in its possession information from other sources, that raises concerns about a practitioner's performance.

In accordance with section 36(3) of the Act, a competence review will not be carried out if the notification by a health practitioner is considered frivolous or vexatious.

COMPETENCE REFERRALS – 2011/12

Source	Health Practitioners Competence Assurance Act 2003 section	Number of cases – 2011/12	Number of cases – 2010/11
Health practitioner	34(1)	7	8
Health and Disability Commissioner	34(2)	12	7
Employer	34(3)	2	1
Other		2	3
TOTAL		23	19

OUTCOMES OF COMPETENCE REFERRALS

Outcomes	Health Practitioners Competence Assurance Act 2003 section	2011/12 Number			
		Existing	New	Closed	Still active
Initial inquiries (total number)	36	2	23	15	10
Outcomes of initial inquiries					
No further action		-	8	8	-
Notification of risk of harm to public	35	2	1	2	1
Orders concerning competence	38	7	4	3*	8
Interim suspension and/or conditions	39	2	1	2	1
Competence programme	40	6	3**	3	6
Individual recertification programme	41	6	1	1	6
Unsatisfactory results of competence or recertification programme	43				
Competency review outcome pending			1		1
Competence review pending		2		1	1***

* 1 registered practitioner without an APC; if APC is required, a competence review must be completed

** 1 practitioner was ordered to complete 2 competence programmes

*** 1 practitioner overseas, review will be initiated if the practitioner returns to NZ

COMPETENCE REVIEW PROCESS

In considering whether to undertake a competence review, Council considers that the following factors increase the probability of an underlying competence deficit and are likely, in combination or on their own, to lead to a competence review:

- a pattern of poor standards of care or competence – several instances over a sustained period or a significant event
- the magnitude of the mistakes, including the size of the suspected deficit and the possible degree of serious departure from normal safe and accepted standards of practice.

A competence review is undertaken to determine whether a practitioner is practising to the required standard of competence when concerns have been raised about their competence to practise. It is not a disciplinary process, rather it is a means of identifying and addressing shortcomings. It is undertaken by the practitioner's peers and a layperson and is designed to be supportive and educative.

This year, two new competence reviews were undertaken, compared with eight new reviews during 2010/11. This resulted in four competency reviews being managed during the year, a 60 percent decrease from the 2010/11 period.

COMPETENCE REVIEWS

	2011/12	2010/11	2009/10	2008/09	2007/08
New competence reviews	2	8	2	2	0
Existing practitioners in competence review	2*	2	1	0	0
Total reviews managed	4	10	3	2	0
Practitioners leaving competence review	2	8	1	1	0
Practitioners left in competence review	2*	2*	2	1	0

* One practitioner overseas, review will be initiated if they return to New Zealand.

COMPETENCE REVIEWS MANAGED, BY PROFESSION

	2011/12	2010/11	2009/10	2008/09	2007/08
Dentist	4	10	3	2	0
Dental hygienist	0	0	0	0	0
Dental therapist	0	0	0	0	0
Dental technician	0	0	0	0	0
TOTAL	4	10	3	2	0

OUTCOMES OF COMPETENCE REVIEWS

Where, as a consequence of undertaking a competence review, the Dental Council has reason to believe that the practitioner fails to meet the required standard of competence, it is required to make one or more of the following orders:

- that the practitioner undertake a competence programme
- that one or more conditions be placed on the practitioner's scope of practice
- that the practitioner undertake an examination or assessment
- that the practitioner be counselled or assisted by one or more nominated persons.

During the year, three new competency programmes were ordered. This resulted in a total of nine competence programmes entailing a course of learning being managed, many followed by an assessment and often in conjunction with an order that the practitioner practise under supervision. Three practitioners successfully completed their competence programmes.

COMPETENCE PROGRAMMES

	2011/12	2010/11	2009/10	2008/09	2007/08
New competence programmes	3*	6	0	0	0
Existing practitioners in competence programmes	6	0	0	2	2
Total programmes managed	9	6	0	2	2
Practitioners leaving competence programmes	3	0	0	2	0
Practitioners left in competence programmes	6	6	0	0	2

* One practitioner overseas, review will be initiated if they return to New Zealand.

COMPETENCE PROGRAMMES MANAGED, BY PROFESSION

	2011/12	2010/11	2009/10	2008/09	2007/08
Dentist	9	6	0	1	1
Dental hygienist	0	0	0	0	0
Dental therapist	0	0	0	0	0
Dental technician	0	0	0	1	1
TOTAL	9	6	0	2	2

INDIVIDUAL RECERTIFICATION PROGRAMMES

Individual recertification programmes (IRPs) are specifically designed to ensure practitioners are competent to practise within their scope of practice. Similar in nature to competence programmes, they have a narrower focus on training and instruction and are typically employed where a practitioner has a specific identified competence issue to be addressed. During the reporting period, one new IRP was ordered, with six programmes continuing from 2010/11. One practitioner completed their programme.

INDIVIDUAL RECERTIFICATION

	2011/12	2010/11	2009/10	2008/09	2007/08
New individual programmes	1	4	7	5	0
Existing programmes	6*	5	5	1	5
Total managed	7	9	12	6	5
Practitioners leaving programme	1	3	7	1	4
Practitioners in programme	6*	6	5	5	1

* One practitioner has been removed from the Register but will be required to complete their IRP if they come back on the Register.

INDIVIDUAL RECERTIFICATION PROGRAMMES MANAGED, BY PROFESSION

	2011/12	2010/11	2009/10	2008/09	2007/08
Dentists	6	8	12	6	5
Dental hygienists	0	0	0	0	0
Dental therapists	1	1	0	0	0
Dental technicians	0	0	0	0	0
TOTAL	7	9	12	6	5

SUPERVISION AND OVERSIGHT

Supervision and oversight are statutory tools provided to Council to assist in ensuring that practitioners are fit and competent to practise and do not pose a risk of harm to members of the public.

Supervision is defined by the Act to be the monitoring of, and reporting on, the performance of a practitioner by a professional peer. It is used to ensure a practitioner is fit and competent to practise and to protect the public's safety in a variety of situations. Supervision can be used as an interim measure whilst a competence review is being conducted or where a practitioner fails to satisfy the requirements of a competence programme.

Two orders of competence related supervision were made by Council during the reporting period, which resulted in five practitioners practising under competence related supervision. The nature of the supervision varies according to the needs of the practitioner but is focused at all times on maintaining public safety.

One practitioner was released from supervision after fulfilling their supervision requirements and was signed-off by their supervisor.

COMPETENCE RELATED SUPERVISION

	2011/12	2010/11	2009/10	2008/09	2007/08
New supervision cases	2	2*	3	1	2
Existing supervision	3	2	1	5	3
Total managed	5	4	4	6	5
Practitioners leaving supervision	1	1	2	5	0
Practitioners in supervision	4	3	2	1	5

* Correction of order date for 2010/11

COMPETENCE RELATED SUPERVISION, BY PROFESSION

	2011/12	2010/11	2009/10	2008/09	2007/08
Dentist	5	4	4	5	4
Dental hygienist	0	0	0	0	0
Dental therapist	0	0	0	0	0
Dental technician	0	0	0	1	1
TOTAL	5	4	4	6	5

Oversight is defined by the Act to mean professional support and assistance provided to a practitioner by a professional peer for the purposes of professional development.

Oversight was ordered for two practitioners during 2011/12, which resulted in five practitioners being subject to oversight orders. One practitioner was released from the oversight after the peer practitioner confirmed the objectives of the order had been attained. As with supervision, the nature of oversight varies according to the needs of the practitioner but is focused at all times on maintaining public safety.

OVERSIGHT

	2011/12
New oversight cases	2
Existing oversight cases	3
Total managed	5
Practitioners leaving oversight	1
Practitioners in oversight	4

OVERSIGHT BY PROFESSION

	2011/12
Dentist	5
Dental hygienist	0
Dental therapist	0
Dental technician	0
TOTAL	5

HEALTH

The Dental Council works to ensure that members of the public are protected, by managing oral health practitioners whose competence and fitness to practise has been called into question because of a medical or physical condition.

As with members of the public, oral health practitioners may suffer from a range of afflictions and conditions that may impair their ability to practise.

Council monitors health-impaired practitioners and implements measures to protect members of the public. In all cases, Council consults with relevant medical practitioners, who act in an independent advisory capacity. Cases are handled in a compassionate and non-judgemental way, with the emphasis being on a swift return to safe practise. Council has developed sound programmes, with good rehabilitation rates.

A rehabilitation programme for an impaired practitioner may include limiting the practitioner's practice to certain procedures, requiring the practitioner to work under supervision, carrying out laboratory tests and/or medical reports, participating in support groups and working with a mentor.

During 2011/12, five new health-impaired practitioners were brought to Council's attention. This resulted in 13 health programmes managed during the reporting period. Two of these practitioners were ordered to practise under supervision with a professional peer, monitoring and reporting on their performance. Three practitioners left during the period and ten practitioners were still being monitored at year end.

HEALTH PROGRAMMES

	2011/12	2010/11	2009/10	2008/09	2007/08
New health cases	5	7	2	1	5
Existing practitioners in health portfolio	8	7	10	9	5
Total managed	13	14	12	10	10
Practitioners leaving health portfolio	3	6	5*	0	1
Practitioners in health portfolio	10	8	7	10	9

* Adjustment of 1 practitioner that left health portfolio in 09/10 period.

SOURCE AND NUMBER OF NOTIFICATIONS OF INABILITY TO PERFORM REQUIRED FUNCTIONS DUE TO MENTAL OR PHYSICAL CONDITION

Source	Health Practitioners Competence Assurance Act 2003 section	Numbers – 2011/12			
		Existing	New	Closed	Still active
Health service	45(1)(a)	1	1		2
Health practitioner	45(1)(b)	1			1
Employer	45(1)(c)		1		1
Medical officer of health	45(1)(d)				
Any person	45(3)				
Person involved with education	45(5)				
Self-notification		6	2	3	5
Other regulatory authority			1		1
TOTAL		8	5	3	10

OUTCOMES OF HEALTH NOTIFICATIONS

Outcomes	Health Practitioners Competence Assurance Act 2003 section	Number of practitioners – 2011/12
No further action		
Order medical examination	49	1
Interim suspension	48	
Conditions	48	1
Restrictions imposed	50	
Voluntary undertaking		2
Still under review		1
TOTAL		5

COMPLAINTS AND DISCIPLINE

In conjunction with the Health and Disability Commissioner and the Health Practitioners Disciplinary Tribunal (HPDT), the Dental Council seeks to ensure that members of the public and health practitioners have access to a fair and responsive complaints and discipline system.

COMPLAINTS FROM VARIOUS SOURCES AND OUTCOMES

Source	Number	Outcome				
		Section 36 inquiries	No further action	Other action	Referred to professional conduct committee	Referred to the Health and Disability Commissioner
Consumer	18	-				18
Health and Disability Commissioner	12	12	6	6		-
Health Practitioner (under RA)	7	6	1	6		
Other Health Practitioner						
Courts notice of conviction	4	-			4	
Employer	1	1		1		
Other	2	-	2			
TOTAL	44					

HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL AND DENTISTS DISCIPLINARY TRIBUNAL

The Dentists Disciplinary Tribunal (DDT) was the predecessor of the HPDT under the Dental Act 1988. When the Health Practitioners Competence Assurance Act 2003 was implemented, the Dental Council inherited a disciplinary matter that, after protracted litigation, was in 2009 referred by the High Court to the DDT. The matter was heard by the DDT in 2010 and, following its determination in 2011, the practitioner appealed the outcome to the High Court where it was resolved in favour of the Complaints Assessment Committee, together with an award of costs.

Four new cases were referred by professional conduct committees to the HPDT during 2011/12, compared to none the previous year, and three of the four cases were resolved at the end of the reporting period. One practitioner has been ordered to practise under supervision as a result of a disciplinary proceeding.

TRIBUNAL CASES

	2011/12	2010/11	2009/10
New HPDT/DDT cases	4	0	1
Existing HPDT/DDT cases	0	1	0
Total managed	4	1	1
HPDT/DDT finalised	3**	1*	0
Practitioners remaining	1	0	1

* Appeal of Tribunal decision before the High Court.

** One case finalised on 20 March 2012, with 20 days right of appeal

Note: HPDT = Health Practitioners Disciplinary Tribunal; DDT = Dentists Disciplinary Tribunal.

PROFESSIONAL CONDUCT COMMITTEES

Where the Dental Council considers that information in its possession raises one or more questions about the appropriateness of the conduct or safety of the practice of a practitioner, it may refer any or all of those questions to a Professional Conduct Committee (PCC), which operates independently of Council. It may do so in response to a complaint that has been referred to it by the Health and Disability Commissioner or on its own initiative. In addition, it must do so where a practitioner has been convicted of an offence against an act specified by section 67(b) of the Act, or of an offence punishable by imprisonment for a term of three months or longer.

The PCC may receive evidence relevant to the complaint, appoint legal advisors and/or investigators as necessary and make recommendations and determinations on completion of its investigation. Membership of the PCC comprises three persons – two professional peers and one layperson.

During the 2011/12 period, Council referred six practitioners to PCCs, with the outcome of four still pending.

PROFESSIONAL CONDUCT COMMITTEE CASES

	2011/12	2010/11	2009/10
New PCC cases	6	7	0
Existing PCC cases	5	0	0
Total managed	11	7	0
PCC finalised	7	2*	0
Practitioners remaining	4	5	0

* Closing dates aligned with final report dates of PCCs.

Note: PCC = professional conduct committee.

PROFESSIONAL CONDUCT COMMITTEES, BY PROFESSION

	2011/12	2010/11	2009/10
Dentist	9	5	0
Dental hygienist	1	1	0
Dental therapist	0	0	0
Dental technician	1	1	0
TOTAL	11	7	0

PROFESSIONAL CONDUCT COMMITTEE CASES, BY TYPE

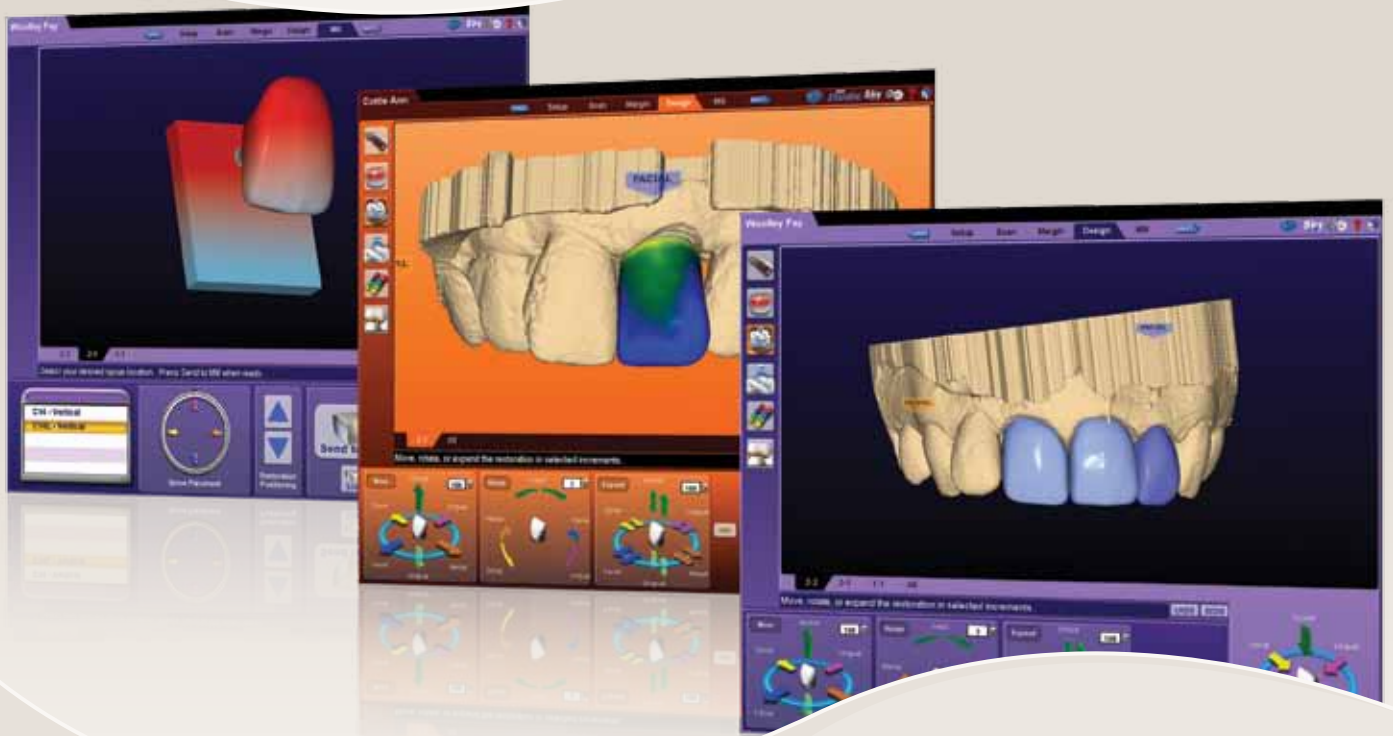
Nature of issue	Source	Number 2011/12	Outcome
Fraud	Practitioner	1	Refer to HPDT
Concerns about standards of practice			
Notification of conviction	Practitioners	4	
- drink driving offence	1		No further action
- assault	1		Refer to HPDT
- fraud	2		1 - referred to HPDT 1 - PCC still in progress
Theft			
Conduct			
Practising outside scope	Practitioner	1	Refer to HPDT
Practising without Annual Practising Certificate	Council	7	1 - refer to HPDT 2 - no further action 4 - pending outcome
Other			
TOTAL		13	

Note: HPDT = Health Practitioners Disciplinary Tribunal; PCC = professional conduct committee.

Council managed 11 PCCs during this year, of which two orders related to multiple issues, as follows:

One case: both fraudulent claiming and notification of conviction.

One case: both practising without an APC and practising outside of his/her scope of practice.



FINANCIALS —

Dental Council, as a statutory body, reports its performance to the Minister of Health, Parliament, stakeholders and to the public of New Zealand annually.

Images courtesy of Richard Eilenberg

FINANCIAL OVERVIEW

In the 2011/12 financial year, Council planned for an operating budget deficit of \$109,374 in line with the strategic objective to reduce the level of reserves. Council reports that the financial year ended with a deficit of \$238,003 which was larger than planned, a variance of \$128,629 compared to budget. This variance principally reflects higher than forecast amortisation costs mainly due to the write down of previously capitalised computer software project costs, due to the Health Workforce New Zealand consolidated secretariat initiative.

Annual Practising Certificate Fees and Revenue

The Annual Practising Certificate fee is set to fund planned and budgeted operations, competency cases, capital expenditure projects and to maintain adequate operational and capital reserves as determined under Council's Level of Reserves policy.

Disciplinary Levy

The disciplinary levy is imposed to fund professional conduct committees and Health Practitioners Disciplinary Tribunal costs and expenses. Any recoveries of costs and fines awarded to the Dental Council are used to reduce the amount of the disciplinary levy required to be imposed on practitioners. The disciplinary levy is also used to fund disciplinary reserve levels as determined by Council's Level of Reserves policy to meet the costs of future disciplinary cases as they arise.

Annual Practising Certificate Fee and Disciplinary Levy

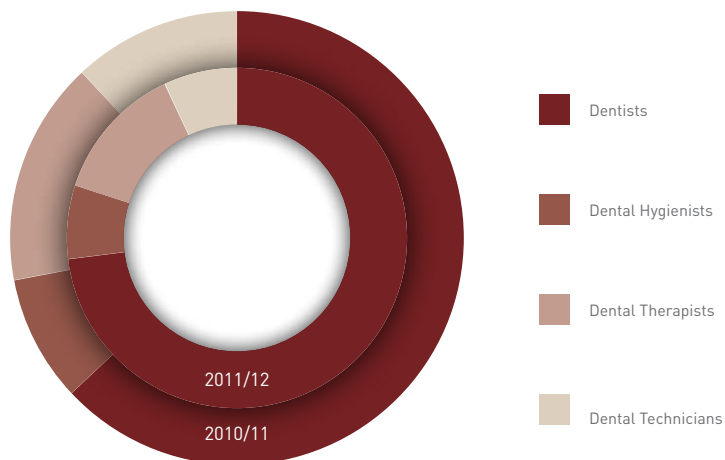
The table below details both the APC fee and disciplinary levy (GST exclusive) that make up the total gazetted fees payable for the period 1 April 2011 to 31 March 2012.

ANNUAL PRACTISING CERTIFICATE FEES AND DISCIPLINARY LEVIES

Practitioner group	2011/12				2010/11			
	Operational fee		Discipline	Gazetted fee/levy	Operational fee		Discipline	Gazetted fee/levy
	APC	Capital replacement	Discipline levy/(refund)	TOTAL	APC	Capital replacement	Discipline levy/(refund)	TOTAL
Dentists	\$510.91	\$76.48	\$148.02	\$735.41	\$567.12	\$108.44	(\$10.67)	\$664.89
Dental hygienists	\$241.49	\$76.48	(\$40.89)	\$277.08	\$363.56	\$108.44	(\$61.33)	\$410.67
Orthodontic auxiliaries	\$238.58	\$76.48	(\$41.09)	\$273.97	\$228.45	\$108.44	(\$38.22)	\$298.67
Dental therapists	\$338.66	\$76.48	(\$30.12)	\$385.02	\$419.56	\$108.44	(\$29.33)	\$498.67
Dental technicians	\$383.25	\$76.48	(\$53.66)	\$406.07	\$657.78	\$108.44	(\$112.00)	\$654.22
Clinical dental technicians	\$383.25	\$76.48	(\$53.66)	\$406.07	\$821.34	\$108.44	(\$139.56)	\$790.22

Note: Figures are GST exclusive; APC = Annual Practising Certificate.

ANNUAL PRACTISING CERTIFICATE FEE AND DISCIPLINARY LEVY REVENUE



APC fee and disciplinary levy revenue	2011/12	2010/11
Dentists	1,455,760	1,332,859
Dental hygienists	137,666	171,390
Dental therapists	260,235	331,281
Dental technicians	137,522	253,309

Note: Figures are GST exclusive; APC = Annual Practising Certificate.

The increase in the dentists' APC fee and disciplinary levy revenue in 2011/12 compared to 2010/11 mainly reflects the need to charge a disciplinary levy of \$148.02 from 1 September 2011, as discipline reserves were reduced over the past two years. The decrease in the APC fee and disciplinary levy revenue for the other dental professions reflects the strategic objective to reduce the level of reserves held by these professions.

AUDIT REPORT

PKF Martin Jarvie
Chartered Accountants



Accountants &
Business Advisers

**INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF
DENTAL COUNCIL'S
FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 MARCH 2012**

The Auditor-General is the auditor of the Dental Council (the Council). The Auditor-General has appointed me, Robert Elms, using the staff and resources of PKF Martin Jarvie, to carry out the audit of the financial statements of the Council on her behalf.

We have audited the financial statements of the Council on pages 42 to 52, that comprise the statement of financial position as at 31 March 2012 the statement of financial performance, statement of movements in reserve and statement of cash flows for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

Opinion

In our opinion the financial statements of the Council on pages 42 to 52:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's:
 - financial position as at 31 March 2012; and
 - financial performance and cash flows for the year ended on that date.

Uncertainty about the delivery of office functions in future

Without modifying our opinion, we draw your attention to the disclosure in note 2 on page 47 regarding a proposal for combining the secretariat and office functions of the Council with other health-related regulatory authorities. We considered the disclosure to be adequate.

Our audit was completed on 11 June 2012. This is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Council and our responsibilities, and we explain our independence.

Basis of opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and carry out our audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

Material misstatements are differences or omissions of amounts and disclosures that would affect a reader's overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

An audit involves carrying out procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Council's preparation of financial statements that fairly reflect the matters to which they relate. We consider internal control in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control.

3rd Floor | 85 The Terrace | PO Box 1208 | Wellington 6140
Phone +64 4 472 7919 | Fax +64 4 473 4720
Email info@pkfmj.co.nz | www.pkfmartinjarvie.co.nz

PKF Martin Jarvie is a member firm of PKF International Limited and PKF New Zealand Limited networks of legally independent firms and does not accept any responsibility or liability for the actions or inactions on the part of any other individual member firm or firms.



Accountants &
Business Advisers

An audit also involves evaluating:

- the appropriateness of accounting policies used and whether they have been consistently applied;
- the reasonableness of the significant accounting estimates and judgements made by the Council;
- the adequacy of all disclosures in the financial statements; and
- the overall presentation of the financial statements.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements. We have obtained all the information and explanations we have required and we believe we have obtained sufficient and appropriate audit evidence to provide a basis for our audit opinion.

Responsibilities of the Council

The Council is responsible for preparing financial statements that:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's financial position, financial performance and cash flows.

The Council is also responsible for such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

Responsibilities of the Auditor

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you based on our audit. Our responsibility arises from section 15 of the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

Independence

When carrying out the audit, we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the New Zealand Institute of Chartered Accountants.

Other than the audit, we have no relationship with or interests in the Council.

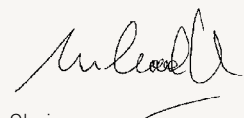
Robert Elms
PKF Martin Jarvie
On behalf of the Auditor-General
Wellington, New Zealand

STATEMENT OF FINANCIAL POSITION

AS AT 31 MARCH 2012

	Note	2012 \$	2011 \$
Operational Reserves – Profession		341,477	655,053
Disciplinary Reserves – Profession		81,180	59,188
Capital Asset Reserve – Council		394,283	340,702
ACCUMULATED RESERVES	20	816,940	1,054,943
Current Assets			
Petty Cash		200	200
ANZ Bank Account		68,950	34,592
Short Term Bank Deposits		2,406,111	1,957,821
Accounts Receivable	21	184,370	64,641
Prepaid Expenses		–	26,641
Interest Accrued		18,485	13,006
Other Accrued Income		–	84,372
Total Current Assets		2,678,116	2,181,273
Property, Plant and Equipment	22	109,087	127,237
Intangible Assets	23	25	221,987
Total Fixed Assets		109,112	349,224
TOTAL ASSETS		2,787,228	2,530,497
Current Liabilities			
Income in Advance	25	1,448,474	1,093,672
Accounts Payable		443,692	339,326
GST Payable		78,122	42,556
TOTAL LIABILITIES		1,970,288	1,475,554
NET ASSETS		816,940	1,054,943

Approved by



Chair

11 June 2012



Chief Executive

11 June 2012

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 46 – 52

STATEMENT OF FINANCIAL PERFORMANCE

FOR THE YEAR ENDED 31 MARCH 2012

	Note	2012	2011
		\$	\$
Income from Fees			
Annual Practising Certificates	4	1,991,183	2,088,839
Certificates of Good Standing		7,000	8,003
Registrations		155,706	157,937
Retentions on Register (Non-practising)		56,578	57,882
Restorations to Register		3,422	3,111
New Zealand Dental Registration Examinations		314,734	265,634
INCOME FROM FEES		2,528,623	2,581,406
Other Income			
Interest		90,437	98,426
Sale of Registers and Information Pack		1,200	1,200
Discipline Fines/Costs Recovered	5	123,493	36,076
Judicial Review – Out of Court Settlement	6	–	200,000
Judicial Review – Insurance Claim		–	35,334
Course Accreditation Fees		23,224	44,552
Sundry Income		(15,000)	15,963
OTHER INCOME		223,354	431,551
Total Income for Period		2,751,977	3,012,957
Less Expenditure as per Schedule		2,989,980	2,930,637
NET SURPLUS (DEFICIT) FOR PERIOD		(238,003)	82,320

STATEMENT OF MOVEMENTS IN RESERVES

FOR THE YEAR ENDED 31 MARCH 2012

Balance Beginning of the Year	1,054,943	972,623
Net Surplus/(Deficit) for the Period		
– Council	53,581	340,702
– Professions – Operational	(313,576)	72,690
– Professions – Disciplinary	21,992	(331,072)
Total Net Surplus/(Deficit) for the Period	(238,003)	82,320
BALANCE AT END OF YEAR	816,940	1,054,943

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 46 – 52.

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED 31 MARCH 2012

	Note	2012	2011
		\$	\$
Administration Expenses			
Audit Fee		12,250	10,930
Amortisation	9	223,171	1,502
Depreciation	10	28,329	32,312
Doubtful Debts		–	(8,311)
Loss on Disposal of Assets		–	–
Insurance		17,433	12,489
Rent and Building Maintenance Fee		110,140	111,079
Salaries		1,125,226	1,063,639
Advertising		1,577	449
Telephone and Tolls		14,847	13,390
IT Support	11	113,347	47,429
Legal		2,646	9,861
Publications		3,569	3,413
Staff Expenses and Recruitment Costs	12	52,426	34,975
Office Expenses		39,652	44,722
Photocopying, Postage/Couriers and Printing		49,058	45,144
Bank Charges	13	42,150	50,542
Total Administration Expenses		1,835,821	1,473,565
Project Expenses			
Finance and Management		36,570	28,092
Data Collection		–	14,357
Health Advisory		2,817	1,676
Education		25,015	56,146
Examinations	14	167,474	195,429
Competency Assessments and Reviews	15	207,188	241,330
Recertification		113,417	86,027
Registration	16	87,769	218,889
Discipline Expenses	17		
– Professional Conduct Committees		70,586	10,271
– Disciplinary Tribunal		91,562	28,372
– Appeals/Judicial Reviews		24,206	218,285
Strategic Planning		10,896	4,249
Communications		29,791	31,382
Liaison		56,710	57,983
Professional Boards	18	39,624	132,010
Dental Council	19	190,534	132,574
Total Project Expenses		1,154,159	1,457,072
Total Expenditure		2,989,980	2,930,637

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 46 – 52.

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 MARCH 2012

	Note	2012	2011
		\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES			
Cash was provided from:			
Statutory Fees and Disciplinary Levies		2,361,977	2,252,918
Registration Fees and Examinations		501,615	366,656
Prepaid Competence Course		9,410	–
Judicial Review – Out of Court Settlement		–	200,000
Disciplinary Fines/Costs Recovered	5	123,493	2,038
Interest		84,958	98,201
Other Revenue		11,130	13,219
Cash was disbursed to:			
Suppliers and Employees		(2,598,547)	(2,989,841)
Net Cash Inflow/(Outflow) from Operating Activities	26	494,036	(56,809)
CASH FLOWS FROM INVESTING ACTIVITIES			
Cash was provided from:			
Sale of Fixed Assets		–	58
Term Deposits		–	241,752
Cash was disbursed to:			
Purchase of Fixed Assets		(11,388)	(292,481)
Repayment of Loans		–	–
Term Deposits		(448,290)	–
Net Cash Inflow/(Outflow) from Investing Activities		(459,678)	(50,671)
Net Increase/(Decrease) in Cash Held		34,358	(107,480)
Add Opening Cash and Cash Equivalents		34,592	142,072
Closing Cash and Bank Balances		68,950	34,592
This is represented by:			
ANZ Bank Account		68,950	34,592

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 46 – 52.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2012

1. Statement of Accounting Policies

REPORTING ENTITY

The Dental Council is a body corporate constituted under the Health Practitioners Competence Assurance Act 2003 (the Act). The Act established the Dental Council with effect from 18 September 2004.

GENERAL ACCOUNTING POLICIES

These financial statements are a General Purpose Financial Report as defined in the Statement of Concepts of the New Zealand Institute of Chartered Accountants and have been prepared in accordance with generally accepted accounting practice in New Zealand as defined in that statement.

MEASUREMENT BASE

The accounting principles recognised as appropriate for the measurement and reporting of financial performance and financial position on a historical cost basis are followed by the Dental Council.

SPECIFIC ACCOUNTING POLICIES

The following specific accounting policies that materially affect the measurement and reporting of financial performance and financial position have been applied.

a) Differential Reporting

The Dental Council qualifies for differential reporting as provided for in the Framework for Differential Reporting of the New Zealand Institute of Chartered Accountants as it is not publicly accountable (as defined) and it is not large (as defined).

Under the Framework for Differential Reporting, an entity is publicly accountable if, during the current or preceding financial year, it was an issuer (of financial securities) as defined in the Financial Reporting Act 1993 or if it has the coercive power to tax, rate or levy to obtain public funds.

The Dental Council has applied all differential reporting exemptions with the exception of the inclusion of a Statement of Cash Flows.

b) Goods and Services Tax

The financial statements have been prepared on a GST exclusive basis, where applicable.

c) Income Tax

The Dental Council has been recognised as a charity by the Inland Revenue Department and is therefore exempt of income tax. On 7 April 2008, the Dental Council was registered as a charitable entity under the Charities Act 2005. Registration is a prerequisite to ensure ongoing exempt income tax status.

d) Revenue Recognition

Revenue in the Statement of Financial Performance is recognised either at the time a one-time service is provided or across the 12-month service period for which the revenue has been collected.

Income in Advance represents the liabilities at 31 March to third parties for services yet to be provided, including examination fees received in advance of the examination date, and annual practising fees and retention on the Dental Register fees for services still to be provided across the future period to which they relate.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2012 (CONTINUED)

e) Plant, Property and Equipment

Plant, property and equipment are recorded at cost and shown at cost less accumulated depreciation. The assets are depreciated so as to write them off over their useful life using the straight-line basis. Depreciation rates are:

Computer Hardware	30% per annum
Office Equipment	5.5% – 30% per annum
Office Furniture and Fit Out	10% per annum

f) Intangible Assets

Intangible assets are recorded at cost and amortised over the useful life of the asset. Software under development is not amortised until commissioned. The amortisation rate for computer software is:

Computer Software	30% per annum
-------------------	---------------

g) Sundry Debtors

Sundry debtors are stated at their estimated net realisable value after allowing for doubtful debts.

h) Reserves

The Dental Council maintains separate operational and disciplinary reserves for each oral health profession regulated under the Act.

In 2010/11, a capital replacement fee was introduced for the first time. The current year's fee of \$76.48 (2010/11, \$108.44) was charged as part of the annual practising certificate fee on a per practitioner basis to fund the replacement of the Dental Council's registration database and financial management information system (FMIS). These funds are maintained by the Dental Council in a separate capital replacement reserve.

Changes in Accounting Policies

There have been no material changes in accounting policies. All policies have been applied on bases consistent with those used in the previous year.

2. Uncertainty about the Delivery of Office Functions in Future

In February 2011, Health Workforce New Zealand (HWNZ), on behalf of the Minister of Health, issued a consultation document proposing a single shared secretariat and office function for all 16 health-related regulatory authorities. As a result of the HWNZ consultation, the Dental Council's separate information technology (IT) project (regulatory database and FMIS) was paused in February 2011 until the outcome of the consultation was known.

Following the consultation, the 16 health-related regulatory authorities were given the opportunity to submit proposals for a single shared administrative secretariat for reporting back to HWNZ by December 2011.

A collaborative group comprising the Dental Council, Pharmacy Council, Medical Council and Physiotherapy Board established itself in October 2011 to determine the viability of a shared administrative secretariat. An indicative business case for the group was initially prepared and, based on the viability demonstrated, the Podiatrists Board joined the group. Since the commencement of 2012, a further five regulatory authorities have agreed to join the group, bringing the total to ten regulatory authorities, to progress towards a shared administrative secretariat.

The Director-General of Health acknowledged on 22 May 2012 the initiative of, and work undertaken by, the group of ten as presented in the indicative business case and has endorsed the development of a detailed business case, scalable to include the functions of all health-related regulatory authorities based on the initial business case.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2012 (CONTINUED)

3. Related Parties

There are no related party transactions other than fees paid to members of Council (see Note 24).

4. Annual Practising Certificates

The Dental Council is responsible for regulating all the oral health professions specified in the Act. The details of registered oral health practitioners may be found in the Annual Report under the Registration section. These statistics have not been audited.

5. Discipline Fines/Costs Recovered

In 2011/12, costs for one appeal case of \$87,975 were awarded with the remainder relating to the award of costs and fines with respect to professional conduct committees and Health Practitioner Disciplinary Tribunal cases.

6. Judicial Review – Out of Court Settlement

During the 2010/11 year, a contribution of \$200,000 was received as part of the settlement of legal expenses incurred by the Council and Professor Love in relation to judicial review proceedings issued by the New Zealand Association of Oral and Maxillofacial Surgeons.

7. Non-cancellable Operating Lease Commitments

	2012	2011
	\$	\$
Current	36,898	119,213
Non-current	359	21,259
	37,257	140,472

8. Capital Commitments

The Dental Council had a capital commitment as at 31 March 2011 of \$69,410 in relation to its IT system replacement. The contract for the IT system was paused in February 2011 (refer Note 2). While the contract is paused, the capital commitment remains as at 31 March 2012.

9. Amortisation

	2012	2011
	\$	\$
Computer Software	223,171	1,502
Total Amortisation	223,171	1,502

Considerable time has elapsed since the Dental Council entered into an IT contract for the replacement of its regulatory and financial management information systems. The contract was paused in February 2011 due to the government review to consolidate the back office functions of health regulatory authorities. The previously accumulated software development costs are considered to have been impaired as no future benefits are now expected to accrue to the Dental Council from the expenditure incurred on this project.

10. Depreciation

	2012	2011
	\$	\$
Computer Hardware	3,247	8,941
Office Equipment	2,918	3,369
Office Furniture and Fit-out	22,164	20,002
Total Depreciation	28,329	32,312

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2012 (CONTINUED)

11. IT Support

The increase in IT support costs in 2012 relate to the Dental Council's participation in a project to prepare an indicative business case in response to the government's proposal for a single shared secretariat.

12. Staff Expenses and Recruitment Costs

The increase in costs in 2011/12 relates primarily to additional staff training and recruitment costs.

13. Bank Charges

The decrease in bank charges in 2011/12 relates primarily to the bringing in-house of all annual recertification processing thereby saving bank processing charges.

14. Examinations

The cost of examinations does not include any allocation of secretariat overheads.

15. Competency Assessments and Reviews

There were four competency review cases in 2011/12 compared with ten in the previous year. In 2011/12, a legal challenge was initiated by a practitioner with respect to a competency case that was settled out of court without penalty to either party but resulted in the Dental Council incurring legal fees.

16. Registration

In 2010/11, registration costs included \$147,119 in legal costs relating to the Zealand Association of Oral and Maxillofacial Surgeons judicial review case referred to in Note 6 above.

17. Disciplinary Expenses

In 2011/12, nine professional conduct committees were appointed compared with two in 2010/11 resulting in a significant increase in costs.

In 2011/12, four Health Practitioner Disciplinary Tribunal cases were in train, two of which were completed at year end. In 2010/11, one long-standing Dentists Disciplinary Tribunal (DDT) case was completed.

Appeals and judicial review costs in 2010/11 consisted of two appeal cases. The first related to the appeal to the High Court of the findings of the DDT referred to above which was finalised in the 2011/12 year. The second related to litigation brought by an ex-practitioner subject to a professional conduct charge more than nine years earlier. This claim was subsequently dismissed by the High Court and an application was made to the Solicitor-General to have the ex-practitioner declared a vexatious litigant.

18. Professional Boards

In June and July 2011, the dentist, hygienist-therapist and technicians professional boards were disestablished. The decrease in costs between 2010/11 and 2011/12 reflect this governance change.

19. Dental Council

As a result of the disestablishment of the professional boards, the Council now meets monthly. The governance change has resulted in an overall net decrease in costs.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2012 (CONTINUED)

20. Accumulated Reserves

The two tables below represent the carrying reserves of the Dental Council, including the carrying value by practitioner group of operational and disciplinary reserves.

	Dentists	Dental hygienists	Dental therapists	Dental technicians	Total 2012	Total 2011
Dental Council	\$	\$	\$	\$	\$	\$
Operational Reserves – Profession						
Balance 1 April 2011	330,953	135,932	132,454	55,714	655,053	582,363
Surplus/(deficit) 2011/12	(184,697)	(27,078)	(55,076)	(46,725)	(313,576)	72,690
Balance 31 March 2012	146,256	108,854	77,378	8,989	341,477	655,053
Disciplinary Reserves – Profession						
Balance 1 April 2011	(19,399)	16,497	19,176	42,914	59,188	390,260
Surplus/(deficit) 2011/12	132,904	(48,321)	(20,346)	(42,245)	21,992	(331,072)
Balance 31 March 2012	113,505	(31,824)	(1,170)	669	81,180	59,188
Capital Asset Reserve – Council						
Balance 1 April 2011					340,702	0
Capital Replacement Fee					305,081	374,516
Depreciation and Amortisation					(251,500)	(33,814)
Balance 31 March 2012					394,283	340,702
Total Balance 31 March 2012	259,761	77,030	76,208	9,658	816,940	1,054,943

Reconciliation of Movement in Dental Council Reserves	2012	2011
	\$	\$
Opening Balance 1 April 2011	1,054,943	972,623
Operational Reserve – all professions surplus/(deficit) 2011/12	(313,576)	72,690
Disciplinary Reserve – all professions surplus/(deficit) 2011/12	21,992	(331,072)
Council Depreciation and Amortisation 2011/12	(251,500)	(33,814)
Council Capital Replacement Fee 2011/12	305,081	374,516
Total Council surplus/(deficit) 2011/12	(238,003)	82,320
Closing Balance 31 March 2012	816,940	1,054,943

21. Accounts Receivable

	2012	2011
	\$	\$
Accounts Receivable	184,370	74,414
Less Provision for Doubtful Debts	–	9,773
	184,370	64,641

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2012 (CONTINUED)

22. Property Plant and Equipment

	Cost 31 Mar 12	Accum Depn	Net Book Value 31 Mar 12	Cost 31 Mar 11	Accum Depn 31 Mar 11	Net Book Value 31 Mar 11
	\$	\$	\$	\$	\$	\$
Computer Hardware	77,660	67,468	10,192	67,482	64,222	3,260
Office Equipment	28,562	25,261	3,301	28,562	22,343	6,219
Office Furniture and Fit-out	176,094	80,500	95,594	176,094	58,336	117,758
Total	282,316	173,229	109,087	272,138	144,901	127,237

23. Intangible Assets

	Cost 31 Mar 12	Accum Amort Costs	Net Book Value 31 Mar 12	Cost 31 Mar 11	Accum Amort Costs	Net Book Value 31 Mar 11
	\$	\$	\$	\$	\$	\$
Computer Software	354,393	354,368	25	353,184	131,197	221,987

As per Note 9, the accumulated software development costs have been considered impaired and fully amortised.

24. Fees Paid to Members of Council

Member meeting and other Council business fees.

	2012	2011
	\$	\$
Total fees paid to members of Council	167,290	208,551

25. Income in Advance

Income received that relates to services to be provided beyond 31 March 2012 is stated at cost.

	2012	2011
	\$	\$
Examination Fees		
- Written	7,104	-
- Clinical	24,071	-
Total Examination Fees in Advance	31,175	-
Annual Practising Fees	1,375,681	1,069,049
Retention on the Register Fees	32,208	24,623
Other	9,410	-
Total Annual Fees in Advance	1,417,299	1,093,672
Total Income in Advance	1,448,474	1,093,672

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2012 (CONTINUED)

26. Operating Cash Flow Reconciliation

	2012	2011
	\$	\$
Net operating surplus/(deficit) for the period	(238,003)	82,320
Add/(Deduct) Non-cash Items		
Depreciation	28,329	32,312
Amortisation Costs	223,171	1,502
(Gain)/Loss on Disposal of Asset	-	(58)
Add/(Deduct) Working Capital Items		
Accounts Receivable	(119,729)	(58,940)
Other Receivables and Prepayments	105,534	(105,348)
Accounts Payable	104,366	(3,802)
Income Received in Advance	354,802	55,774
GST Payable	35,566	(60,569)
Net Cash Inflow/(Outflow) from Operating Activities	494,036	(56,809)

27. Contingent Liabilities and Assets

At balance date, there are no contingent liabilities.

At balance date, there are no contingent assets.

28. Events Occurring after Balance Date

No adjustable or non-adjustable events (as defined in the applicable financial reporting standard) have occurred between balance date and the date of completion of the financial statements.

This report is printed on environmentally responsible paper stocks manufactured under the environmental management system ISO 14001 using Elemental Chlorine Free (ECF) pulp sourced from sustainable well-managed forests. Processes for manufacture include disposal and/or recycling of waste materials according to best business practices.

