

2009 ANNUAL REPORT



DENTAL COUNCIL
OF NEW ZEALAND

Te Kaunihera Tiaki Niho o Aotearoa

DENTISTRY * DENTAL HYGIENE * ORTHODONTIC AUXILIARY * DENTAL THERAPY
DENTAL TECHNOLOGY * CLINICAL DENTAL TECHNOLOGY

The Dental Council of New Zealand is pleased to submit this report for the year ended 31 March 2009. This report is presented in accordance with section 134 of the Health Practitioners Competence Assurance Act 2003.

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THE DENTAL COUNCIL

Our Mission

To protect the health and safety of the public by ensuring oral health practitioners are competent and fit to practise.

Our Vision

To contribute positively to New Zealanders' oral health by exercising regulatory functions fairly and effectively.

Our Goals

- Implement the functions of the Health Practitioners Competence Assurance Act 2003 efficiently and effectively.
- Increase understanding of Council's role and secure a reputation that is well respected.
- Maintain an organisation that is sustainable and responsive.
- Advocate for changes to the Health Practitioners Competence Assurance Act to ensure best practice regulation.

Our Duties and Functions

The functions of the Dental Council under section 118 of the Health Practitioners Competence Assurance 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; and
- to exercise and perform any other functions, powers and duties that are conferred or imposed on it by or under this Act or any other enactment.

FROM THE CHAIR

This Annual Report highlights the Dental Council's activities from 1 April 2008 to 31 March 2009.

It has been another busy year for Council as we continue to implement policy and processes required under the Health Practitioners Competence Assurance Act 2003. The Act has now been in existence for five years, and since implementation, the regulatory authorities and Ministry of Health have interpreted, administered and put the Act into practice. The Ministry's recent three-year review of the operational aspects of the Act attracted feedback from over 100 organisations, with the review concluding that the Act is currently operating largely as Parliament intended.

The Dental Council has not been immune to the challenges of the Act and, as a unique regulatory authority that regulates six health professions and 32 scopes of practice, continues to face complex issues including the organisational structure of Council. The governance structure consisting of Council and its Professional Boards is well established and brings a depth of representation to the authority.

Over the last five years, it has become apparent that the work of the Dental Hygienist and Dental Therapist Professional Boards has shared a certain commonality. This has become even more apparent with the merger of the dental hygiene and dental therapy training programmes at the Auckland University of Technology and the University of Otago. To streamline the work of the Dental Hygienist and Dental Therapist Boards and, in turn, reduce operational costs, Council agreed to merge the Dental Hygienist and Dental Therapist Professional Boards. The first meeting of the combined Dental Hygienist/Dental Therapist Board takes place in July 2009. Council recognises the important work undertaken by the Dental Hygienist and Dental Therapist Board members to date and is thankful for their professionalism and dedication.

Similarly, Council has reviewed the structure, work, and operational costs of the Dentist Board. Council is confident that the Dentist Board is adequately structured to undertake its delegated functions. In consultation with the dental technology sector, Council intends to review the Dental Technician Board in 2009.

With an established governance structure, Council undertook an extensive review of its operational structure in 2008. The Chief Executive's report provides further

details on the outcomes of this review. Suffice to say, the revised operational structure is aligned with Council's governance structure and allows for streamlined implementation of the Health Practitioners Competence Assurance Act.



All regulatory authorities have acknowledged that the Health Practitioners Competence Assurance Act has placed an increased financial cost on authorities and registrants. I am pleased to say that the Dental Council has maintained a stable financial position over the last year. Council actively reviews its financial processes and policies, and a review of the costs per profession related to the various regulatory areas of the Act over the last five years was undertaken at the beginning of 2009. The findings of this review showed that the cost allocation policy was accurate; however, dentists accumulated more costs in areas such as complaints, practitioner competence and health-related issues. This resulted in a 6.6% realignment of costs to dentists. Council is confident that the revised model fairly and accurately apportions costs appropriately across the professional groups.

A number of aspects of the Health Practitioners Competence Assurance Act do not fit well with the dental technology sector, and this has resulted in some questioning why dental technicians should be registered. Dental technology procedures are not specified as Restricted Activities under section 9 of the Act, and as such, non-registered practitioners can undertake these tasks, provided they do not contravene section 7 of the Act by stating, implying or in any way holding themselves out to be a dental technician – a protected title under the Act. Council believes that registration as a dental technician is a reflection of standards and supports the current inclusion of dental technicians in the Act. To this aim, Council has initiated consultation with the sector to ensure that Council's compliance requirements, for example, continued professional development activities (CPD) and practice audits, accurately reflect the needs of the profession.

Practitioner recertification and CPD monitoring are growing areas of Council's work. It has become clear that Council needs to plan how these areas can be efficiently

managed to minimise ongoing costs to registrants. An analysis of the recertification process has shown that an online recertification system will provide operational and cost efficiencies to Council. Moving forward, a scoping exercise will be undertaken to determine the design parameters of a system that will integrate Council's activities and provide flexibility for future expansion.

Following the completion of the dentist, dental hygienist and dental therapist CPD cycle, a number of lessons have been learned. In particular, a review of the dentist CPD cycle highlighted a lower than expected practitioner uptake of the New Zealand Dental Association (NZDA) scheme. Council highly endorses the NZDA and New Zealand Association of Orthodontists (NZAO) CPD schemes as an efficient, professional-based and cost-effective way of recording CPD activities and will work with the NZDA and NZAO to optimise Council processes and uptake.

Liaison with the Australian regulatory authorities and the Australian Dental Council continues to be of importance to Council, particularly as Australia moves towards a national registration and accreditation scheme. As well as

direct interaction with its Australian counterparts, Council is represented on the Australian Regulatory Authorities Professional Standards Committee and will expand its representation on the DCNZ/ADC Accreditation Committee to four members later in 2009.

I would like to thank and congratulate Council staff, Professional Board members and Councillors for their hard work and dedication to Council activities over the last year.



Professor Robert M. Love
Chair

FROM THE CHIEF EXECUTIVE OFFICER

Continuous quality improvements in operations, systems and processes are a necessary requirement for all progressive business entities. This year, we have seen a full review of the Dental Council's operational systems, processes and Secretariat structure take place.

The reasons for the review were twofold. Firstly, steady and continuing growth was visibly contributing to the development of pressure points in operational processes, slowing response times considerably and, further, markedly reducing the capacity for strategic business development within the Secretariat. Secondly, as the Health Practitioners Competence Assurance Act 2003 had been in place for five years, Council believed it timely to assess the effectiveness of its operational policy.

A number of issues arose during the analysis phase of the review relating to capacity and effectiveness. It became clear that operational processing and systems would remain limited if the structure of the Secretariat remained in its existing form. To this end, a new Secretariat structure was developed that focused on the establishment of two multi-disciplinary regulatory teams, each under the supervision of a Deputy Registrar; one supporting the operation processes required by the Health Practitioners Competence Assurance Act for dentists and the other for dental hygienists, orthodontic auxiliaries, dental therapists and dental technicians.

In addition, the growth of the registry had created increased corporate support needs, particularly in the areas of finance, reporting, policy and business development, human resources and administration. To meet this clearly identified need, a defined corporate and policy structure was also developed to provide support for Council and operational processing. A formal restructure was undertaken, with a new structure becoming operational on 16 February 2009.

As with any major change, I expect that it will take some time for the new Secretariat structure to deliver the optimum level of operational processing and support. I have confidence that the multi-disciplinary approach developed as part of the regulatory teams, when fully implemented, will provide a much improved overall capacity and greatly improved services moving forward.

Thank you to the members of Council and Professional Boards who have continued to show commitment to their duties and care in their decision-making, especially during a time of transition. I am particularly grateful to the current Chair of Council, Robert Love, and past Chair of Council, Mary Livingston, who have both provided exceptional leadership and advice over this time.

Finally, and not at all least, I wish to thank and acknowledge the staff of the Secretariat. The past year has been a time of tremendous change, and the existing and new staff have shown considerable dedication and commitment during this period. I am thankful for this.



A handwritten signature in black ink that reads "Marie Warner". The signature is written in a cursive, flowing style.

Marie Warner
Chief Executive Officer

MEMBERS OF THE DENTAL COUNCIL

as at 31 March 2009

	Appointment Date	Reappointment Date	Expiry Date of Current Appointment
Ed Alcock – Dentist			
Ed is a private practitioner who has a special interest in cosmetic and restorative dentistry. He has an extensive track record of active participation in the profession and was the inaugural President of the Auckland Dental Association.	December 2003	March 2006	March 2009
Erin Collins (Deputy Chair) – Dentist			
Erin is a general dental practitioner based in Auckland. Erin has played an active role in the dental profession and has been president of the Auckland Dental Association, a representative to the NZDA Executive and is currently Chair of the Dentist Board.	December 2003	March 2007	March 2010
Helen Colebrook – Layperson			
Helen was admitted as a Barrister and Solicitor of the High Court of New Zealand in 1997. Since this time, Helen has worked in a number of legal research roles including a period as an investigator for the Office of the Health and Disability Commissioner. Helen is currently the Principal Policy Advisor at the Royal New Zealand College of General Practitioners.	March 2007		March 2010
Riria Handscomb – Layperson			
Riria is a Justice of the Peace and has been a layperson on Council since its implementation. Riria is the Manager of the Strathmore and Miramar Community Centre and is a current member of South East and City Primary Health Organisation.	December 2003	March 2006	March 2009
Vicki Kershaw – Dental Therapist			
Vicki holds a current APC in the Dental Therapy Scope of Practice and has practised mostly in Taranaki, with a short time spent practising in Northland. Vicki has wide experience working in the primary health care sector providing publicly funded dentistry to children and teenagers.	December 2003	March 2006	March 2009
Albert Kewene – Dental Specialist			
Albert is of Tainui and Ngati Kahungunu/Rangitane descent and was the first Maori to obtain a postgraduate degree in dentistry and to register as a dental specialist. Albert is a periodontal specialist who practises in Hamilton and Tokoroa.	December 2003	March 2006	March 2009
Mary Livingston – Dental Specialist			
Mary is a public health dentistry specialist who has extensive experience in the public and private sector and currently works as a general dental practitioner in Christchurch. Mary previously held the position of Chair of the Dental Council.	December 2003	March 2007	March 2010

Robert Love (Chair) – Dental Specialist/Educationalist			
Robert practises clinical endodontics and is Professor at the Faculty of Dentistry, University of Otago, where he heads the Department of Oral Diagnostic and Surgical Sciences. He has lectured widely both nationally and internationally and has an extensive publications and research record.	December 2003	March 2007	March 2010
John Robertson QSO – Layperson			
John is the Dean of the Faculty of Business at the Manukau Institute of Technology and has an extensive background in both the public and private sector. He is a chartered accountant and an accredited member of the Institute of Directors.	December 2003	March 2007	March 2010
Neil Waddell – Dental Technician			
Neil is a senior lecturer in the Department of Oral Rehabilitation, University of Otago, and is active in teaching and research in the areas of dental materials science, implant overdentures, maxillofacial and ocular prosthetics, crown and bridge, and metal-ceramic and all-ceramic restorations.	April 2005	April 2008	April 2011
Robyn Watson – Dental Hygienist			
Robyn is a senior lecturer in Dental Hygiene at the Auckland University of Technology and is an educational consultant for Hu-Friedy Manufacturing Ltd in Chicago and provides seminars to private groups and universities internationally. She is currently the New Zealand delegate to the International Federation of Dental Hygiene.	December 2003	March 2006	March 2009



Back row (from left): Erin Collins (Deputy Chair); Ed Alcock; Neil Waddell. **Middle row (from left):** Albert Kewene; Vicki Kershaw; John Robertson; Rira Handscomb. **Front row (from left):** Helen Colebrook; Robert Love (Chair); Mary Livingston; Robyn Watson.

BOARDS AND COMMITTEES OF COUNCIL as at 31 March 2009

DENTIST BOARD

	Appointment Date	Reappointment Date	Expiry Date of Current Term
Erin Collins (Chair)	December 2003	May 2007	March 2010
Peter Dysart (Deputy Chair)	February 2008		February 2011
John Hale	March 2008		March 2011
Albert Kewene	December 2003	May 2007	March 2010
Robert Love	December 2003	May 2007	March 2010
John Robertson	December 2003	May 2007	March 2010

DENTAL HYGIENIST BOARD

	Appointment Date	Reappointment Date	Expiry Date of Current Term
Tanya Cleland	February 2006	February 2007	March 2010
Kirsty Jennings (Deputy Chair)	April 2006	February 2007	March 2010
Irirangi Mako	March 2006	February 2007	March 2010
Alison Meldrum	December 2003	February 2007	March 2010
Leslea Stapleton (Chair)	December 2003	February 2007	March 2009
Robyn Watson	December 2003	February 2007	March 2009

DENTAL THERAPIST BOARD

	Appointment Date	Reappointment Date	Expiry Date of Current Term
Helen Colebrook	January 2009		March 2010
Barbara Dewson (Chair)	December 2003	May 2007	March 2010
Vicki Kershaw	December 2003	May 2007	March 2009
Susan Moffat	September 2007		August 2010
Keita Tahana	December 2003	May 2007	March 2010
Pip Zammit (Deputy Chair)	December 2003	May 2007	March 2009

DENTAL TECHNICIAN BOARD

	Appointment Date	Reappointment Date	Expiry Date of Current Term
Phyllis Huitema	December 2003	May 2007	March 2010
Byron Lord	April 2006		April 2009
Karl Lyons (Deputy Chair)	January 2006	January 2009	January 2012
Daniel O'Sullivan	December 2003	May 2007	March 2010
Neil Waddell (Chair)	April 2005	April 2008	April 2011
Michael Williams	September 2007		August 2010

Business Assurance Committee

Ed Alcock (Chair)
 Byron Lord
 Robert Love
 John Robertson
 Leslea Stapleton

CEO Remuneration and Performance Management Committee

Ed Alcock
 Erin Collins
 Robert Love (Chair)

HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL PANEL

The Ministry of Health maintains a panel of practitioners from which members of the Tribunal are drawn. As at 31 March 2009, membership of the panel, which is appointed by the Minister of Health, was:

DENTISTS

	Term	Period of Appointment
Cathrine Lloyd	5-year term	October 2004–2009
Warwick Ross	5-year term	October 2004–2009
Hugh Trengrove	5-year term	October 2004–2009
Philip Coote	5-year term	June 2005–2010
Sergio Salis	5-year term	June 2005–2010
Robert East	5-year term	June 2005–2010
John Edwards	5-year term	October 2004–2009
Warren Hawke	5-year term	October 2004–2009

DENTAL HYGIENISTS

	Term	Period of Appointment
Els Denne	5-year term	October 2004–2009
Susan Morriss	5-year term	June 2005–2010
Mary Mowbray	5-year term	June 2005–2010
Kirsten Wade-Egan	5-year term	June 2005–2010

DENTAL THERAPISTS

	Term	Period of Appointment
Claire Caddie	5-year term	October 2004–2009
Lynette Nicholas	5-year term	October 2004–2009
Pamela Brennan	5-year term	May 2006–2011
Ruth O'Rourke	5-year term	May 2006–2011
Heather Krutz	5-year term	October 2004–2009

DENTAL TECHNICIANS

	Term	Period of Appointment
Neville Brown	5-year term	October 2004–2009
Kenneth Scott	5-year term	October 2004–2009
Kenneth Lock	5-year term	October 2004–2009

THE SECRETARIAT as at 31 March 2009

Chief Executive Officer

Marie Warner

Registrar

Mark Rodgers

Executive Assistant and Board Secretary

Wendy Bunny

Corporate Services Manager

Kevin Simmonds

Finance Officer

Kim Hopkinson

Administration Officer

Michelle Cornel

Registration Administration Officer

Mike Lamont

Senior Business Development Advisor

Nicola Young

Professional Advisor

Dexter Bambery

Professional Advisor

Marijke van der Leij Conway

Dentists Team

Deputy Registrar (Dentists)

Geoff Barnett

Senior Registration Officer

Debbie North

Senior Registration Officer

Margaret Needham

Intermediate Registration Officer

Helene Coulson

Hygienists, Therapists, Technicians Team

Deputy Registrar (Hygienists, Therapists, Technicians)

Yasmin Renders

Senior Registration Officer

Jess Mazengarb

Intermediate Registration Officer

Stella Moon

REGISTRATION

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

Every oral health practitioner who wishes to practise in New Zealand must be registered with the Dental Council and hold a valid Annual Practising Certificate.

Requirements for Registration

Any oral health practitioner applying for registration in a scope of practice must meet the following requirements:

- Demonstrate competence in the scope applied for.
- Hold a prescribed qualification for the relevant scope.
- Meet the fitness-for-registration requirements including:
 - competence in English
 - the absence of any health conditions that will adversely affect fitness to practise
 - the absence of any disciplinary proceedings that will adversely affect fitness to practise.

Scopes of Practice

A scope of practice describes what a registered practitioner is entitled to do. A registered practitioner is not permitted to practise outside that practitioner's scope of practice. Council is required, through the issue of an Annual Practising Certificate to a practitioner, to certify that the practitioner is competent to practise in that practitioner's scope of practice.

The general gazetted scopes of practice in force are:

- general dental practice
- specialist dental practice
- general dental hygiene practice
- orthodontic auxiliary scope of practice
- general dental therapy practice
- dental technology practice
- clinical dental technology practice.

For dental hygiene, dental therapy and clinical dental technology, Council also defines additional or 'add-on' scopes of practice.

In dental hygiene, there are additional scopes of practice in:

- administering local anaesthetic
- undertaking orthodontic procedures
- intraoral radiography
- extraoral radiography.

Registration in the additional scopes of practice for administering local anaesthetic and orthodontic procedures is available to those registered in general dental hygiene practice, while registration in the scope of practice for intraoral radiography and extraoral radiography is available to those registered in general dental hygiene or orthodontic auxiliary practice.

In dental therapy, practitioners registered in the general scope of practice may apply to register in additional scopes of practice in:

- pulpotomies
- radiography
- diagnostic radiography
- stainless steel crowns
- adult care.

In clinical dental technology, practitioners may apply to register in the additional scope of practice of implant overdentures.

Registration Through Trans-Tasman Mutual Recognition

The Trans-Tasman Mutual Recognition Act 1997 (TTMR) came into force on 1 May 1998. Under TTMR, a health practitioner registered in New Zealand is automatically entitled to register to practise in an Australian state – and vice versa – where the registered professions are equivalent.

Applications for Individual Assessment

Applicants with non-prescribed qualifications who consider their qualifications as equivalent to, or as satisfactory as, a prescribed qualification, can apply to the Council for individual consideration and registration.

INDIVIDUAL ASSESSEMENT APPLICATIONS

	2007/08		2008/09	
	Received	Approved	Received	Approved
Dentistry	15	1	9	1
Dental Hygiene	10	3	6	3
Dental Therapy	13	0	6	0
Dental Technology	38	22	14	5
Total	76	26	35	9

NEW REGISTRATIONS

New registrations come from two primary sources: New Zealand trained or overseas trained practitioners. The Council recognises a number of international oral health qualifications. Oral health practitioners who do not have recognised qualifications must go through the Dental

Council's registration process. 2009 saw the first cohort of dual-trained dental hygienists/dental therapists graduates enter the workforce. The dual-qualified graduates are able to register in both the dental hygiene and dental therapy scopes of practice.

New Registrations - Dentists					
	2005/06	2006/07	2007/08	2008/09	Four year total
New Zealand Trained Practitioners	60	62	65	61	248
Overseas Trained Practitioners	65	79	80	59	283

New Registrations - Dental Hygienists*					
	2005/06	2006/07	2007/08	2008/09**	Four year total
New Zealand Trained Practitioners	26	25	20	24	95
Overseas Trained Practitioners	10	20	20	13	63

* Includes practitioners with registration in the orthodontic auxiliary scope of practice.

New Registrations - Dental Therapists					
	2005/06	2006/07	2007/08	2008/09**	Four year total
New Zealand Trained Practitioners	36	38	41	25	140
Overseas Trained Practitioners	2	7	4	2	15

** Includes dual-trained dental hygienist/dental therapist practitioners.

New Registrations - Dental Technicians***					
	2005/06	2006/07	2007/08	2008/09	Four year total
New Zealand Trained Practitioners	12	12	17	24	65
Overseas Trained Practitioners	1	28	44	8	81

*** Includes practitioners with dual registration in clinical dental technology.

NUMBER OF OVERSEAS AND NEW ZEALAND REGISTERING DENTIST GRADUATES

	2005/06	2006/07	2007/08	2008/09
Argentina	1		2	1
Australia	9	8	8	4
Bangladesh			1	
Brazil	2	2	1	
Bulgaria				1
Canada	1		2	
Chile			1	
China			1	1
Columbia		1		
Egypt	1	3	1	1
Fiji			1	
France		1		
Germany	1	1	2	1
Hong Kong		1	1	1
India	12	17	18	12
Indonesia			1	
Iraq	5	4	4	3
Ireland	1	1		1
Israel	1			
Jordan			1	
Macedonia			1	
Malaysia			1	1
Netherlands		1	1	1

	2005/06	2006/07	2007/08	2008/09
Pakistan		1		
Philippines	1	3	1	
Poland		1		
Porto Rico				1
Romania	4	1	2	
Russia		2	1	
Serbia		1		
Singapore	1		1	
South Africa	8	4	7	13
Sri Lanka		2	1	1
Sweden			1	
Syria		1		
Thailand			1	
Ukraine			1	
United Kingdom	23	19	13	10
USA	7	4	2	6
Yugoslavia			1	
Total Overseas	78	79	80	59
Total New Zealand	64	62	65	61

NUMBER OF OVERSEAS AND NEW ZEALAND REGISTERING DENTAL HYGIENIST GRADUATES

	2005/06	2006/07	2007/08	2008/09
Australia	1	1		
Brazil				1
Canada	5	2	3	4
Egypt			1	
Fiji			1	
India	1			
Ireland	1			
Israel		1		
Netherlands		2		
Philippines	2		2	1
Romania		1		
South Africa		3	3	2
Sweden	1			
United Kingdom	5	5	7	2
USA	3	4		3
Total Overseas	19	19	17	13
Total New Zealand	34	20	20	24

NUMBER OF OVERSEAS AND NEW ZEALAND REGISTERING DENTAL THERAPIST GRADUATES

	2005/06	2006/07	2007/08	2008/09
Canada		1		
Fiji		1	1	2
India	1	2	1	
Malaysia			1	
Philippines		1	1	
Syria		1		
United Kingdom	1	1		
Total Overseas	2	7	4	2
Total New Zealand	39	38	41	25

NUMBER OF OVERSEAS AND NEW ZEALAND REGISTERING DENTAL TECHNICIAN GRADUATES

	2005/06	2006/07	2007/08	2008/09
Australia		4	1	
China			2	
Fiji			1	
Germany		10	11	2
Hungary	1		1	
Iran			1	
Iraq		1		
Italy			1	
Japan		4	9	2
Kazakhstan			1	
Korea		2	1	
Peru			1	
Romania			5	
Serbia			1	
Singapore		3	3	
South Africa				4
Ukraine		2		
United Kingdom		1	4	
USA		1		
Total Overseas	1	28	43	8
Total New Zealand	9	12	17	24

THE REGISTER

The names of all oral health practitioners registered to practise in one or more of the gazetted scopes of practice must appear in the Dental Register, which is a public document. Through the Register, the public can be assured that a registered practitioner has met the standards required for safe practice in New Zealand. The Register also details any conditions that may have been placed on a practitioner's practice. Members of the public can inspect the register online on Council's website at www.dcnz.org.nz

Retention

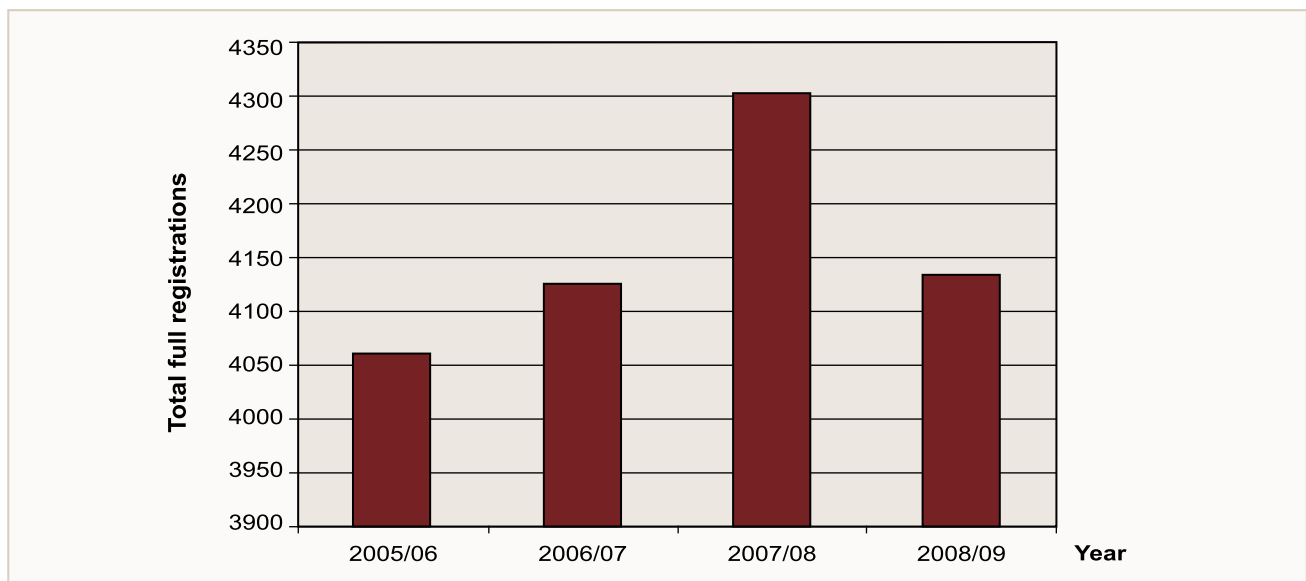
Each year, as part of the Annual Practising Certificate renewal cycle, practitioners are given the option of remaining on the Register in a non-practising capacity for the coming year for an annual fee of \$55.

TOTAL NUMBER OF REGISTERED ORAL HEALTH PRACTITIONERS AS AT 31 MARCH 2009

	Dentists	Dental Hygienists*~	Dental Therapists~	Dental Technicians**	Total
Full Registration	2,439	485	733	477	4134
Full Registration Practising with APC	1,976	403	670	399	3448

* Includes practitioners with registration in orthodontic auxiliary scope of practice. ** Includes practitioners with dual registration in clinical dental technology.
~ Includes dual-trained dental hygienist/dental therapists.

TOTAL REGISTRATIONS



REMOVALS

The table below summarises the removals from the Register from the period 1 April 2008 to 31 March 2009.

	Dentists	Dental Hygienists	Dental Therapists	Dental Technicians	Total
Total Removals	161	17	19	15	212

SUMMARY OF REGISTRATIONS GRANTED for the year ended 31 March 2009**REGISTRATION SUMMARY FOR DENTISTS AND DENTAL SPECIALISTS**

	2007/08	2008/09
Full Registrations Granted	145	120
New Zealand Graduates	65	61
Overseas Graduates	80	59
Endodontics	5	0
Oral and Maxillofacial Surgery	3	0
Oral Medicine	0	0
Oral Pathology	0	1
Oral Surgery	0	0
Orthodontics	4	2
Paediatric Dentistry	2	1
Periodontics	2	2
Prosthodontics	1	0
Public Health (Community Dentistry)	2	0
Restorative Dentistry	0	0
Special Needs Dentistry	1	1

REGISTRATION SUMMARY FOR DENTAL HYGIENISTS

	2007/08	2008/09
Full Registrations Granted	40	37
New Zealand Graduates	20	24
Overseas Graduates	20	13
Registration in Scopes		
Dental Hygiene Practice	52	15
Orthodontic Auxiliary Practice	6	0
Registration in Additional Scopes		
Administering Local Anaesthetic	23	27
Undertaking Orthodontic Procedures	23	1
Intraoral Radiography	30	4
Extraoral Radiography	8	1

REGISTRATION SUMMARY FOR DENTAL THERAPISTS

	2007/08	2008/09
Full Registrations Granted	45	27
New Zealand Graduates	41	25
Overseas Graduates	4	2
Registration in Additional Scopes		
Radiography	6	6
Diagnostic Radiography	104	64
Pulpotomies	54	10
Stainless Steel Crowns	59	15
Adult Care	1	0

REGISTRATION SUMMARY FOR DENTAL TECHNICIANS AND CLINICAL DENTAL TECHNICIANS

	2007/08	2008/09
Full Registrations Granted	61	32
New Zealand Graduates	17	24
Overseas Graduates	44	8
Registration in Scopes		
Clinical Dental Technology Practice	8	3
Dental Technology Practice	61	25
Registration in Additional Scopes		
Implant Overdentures in CDT	6	1

EXAMINATIONS

Registration examinations are conducted to enable overseas-trained oral health practitioners who do not hold prescribed dental qualifications to demonstrate that they are competent to practise. The standard of knowledge and experience required to be shown by candidates in order to satisfy the examiners in the relevant New Zealand registration examination is equivalent to that of a New Zealand qualifying graduate.

The Dental Council takes the view that candidates will often have completed their formal studies some time ago. It has therefore set the standard at the final year graduating level, where the scope of basic sciences and theoretical knowledge is focused on areas directly relevant to appropriate patient care and treatment. For example, the New Zealand Dental Registration Examination (NZDREX) is based on the fifth year of the Bachelor of Dental Surgery programme. The emphasis is on the standard of knowledge and skills required for the safe and competent practice of oral health in New Zealand.

To gain New Zealand registration, an overseas-trained oral health practitioner may be required to sit and pass some or all of the following:

- A Council-approved English language test that is either the International English Language Testing System (IELTS) or the Occupational English Test (OET).
- A written examination on the scientific basis of the scope of practice in which the practitioner is seeking registration.

- A three-day or four-day clinical examination that includes a communication skills component.
- A two-hour open book New Zealand Conditions of Practice examination (NZCOP) on the cultural, social and legislative framework for the delivery of dental care in New Zealand.

During the 2008/09 year, registration examinations for dentistry (NZDREX) and dental therapy (NZDTREX) were staged. The registration examinations in dental hygiene (NZDHREX) and dental technology (NZDTechREX) were not held due to insufficient candidate numbers.

DENTAL EXAMINATIONS

Council has continued with the joint Overseas-Trained Dentists Preliminary Examination (OTDP) with the Australian Dental Council (ADC). The OTDP examination is held twice a year, in March and September.

The OTDP examination is offered globally and offers a significant advantage to overseas-trained dentists, who no longer need to travel to New Zealand to sit this examination. An Auckland venue is provided as part of the joint arrangement with the ADC. The ADC administers the examination on Council's behalf, and costs are recovered from the examination application fees.

Demand for the dentist registration examinations remained high in 2008/09, with 94 overseas trained dentists sitting the OTDP examination and 44 sitting the clinical examination.

DENTIST REGISTRATION EXAMINATIONS

	2005/06	2006/07	2007/08	2008/09	Four year total
Written	64	62	51	94	271
Clinical	59	72	57	44	232

DENTIST REGISTRATION PASS RATES

	2005/06	2006/07	2007/08	2008/09
Written	66%	58%	27%	48%
Clinical	63%	35%	54%	61%

Dental Refresher Programmes

The University of Otago offers a general dental practice clinical update course every year. The course is provided by staff and postgraduate students of the University of Otago School of Dentistry. It is designed for dentists and for those overseas-trained dentists preparing for the New Zealand Dental Council clinical examination. The course aims to provide a broad-based review of clinical aspects of general dentistry at an undergraduate level through seminars, demonstrations and hands-on practical experience using simulation.

Six-Month Bridging Programme

Many candidates require significantly more training than the one-week refresher course provides. The School of Dentistry additionally provides a six-month bridging programme for overseas-trained dentists. The course offers comprehensive theoretical and clinical study and aims to assist candidates to develop their skills and experience and to gain an understanding of dental practice in New Zealand. Given its successful record of overseas dentists sitting and passing the dental registration examinations in the past couple of years, the School of Dentistry has continued to offer this programme on an ongoing basis.

Specialist Examinations

Last year, work commenced on the development of a registration examination for applicants with non-prescribed postgraduate qualifications who want to register in the dental specialist scope of endodontic practice. Council develops specialist exams on the basis of candidate availability. In addition to the endodontic exam there is an orthodontic examination.

DENTAL THERAPY EXAMINATIONS

During the year, the dental therapy registration examination NZDTREX was staged. Four candidates, including three New Zealand trained dental therapists, took part in the examination. All four candidates had completed the Auckland Regional Dental Service refresher programme. All four candidates passed the written examination in August.

Five candidates sat the NZDTREX clinical examination in November 2008. All five candidates, including an overseas-trained therapist, passed the clinical examination.

DENTAL THERAPY REGISTRATION EXAMINATION ENROLMENTS*

	2006/07	2007/08	2008/09	Three year total
Written	4	7	4	15
Clinical	5	Not staged	5	10

* NZDTREX was first staged in May 2006.

DENTAL THERAPY REGISTRATION EXAMINATION PASS RATES

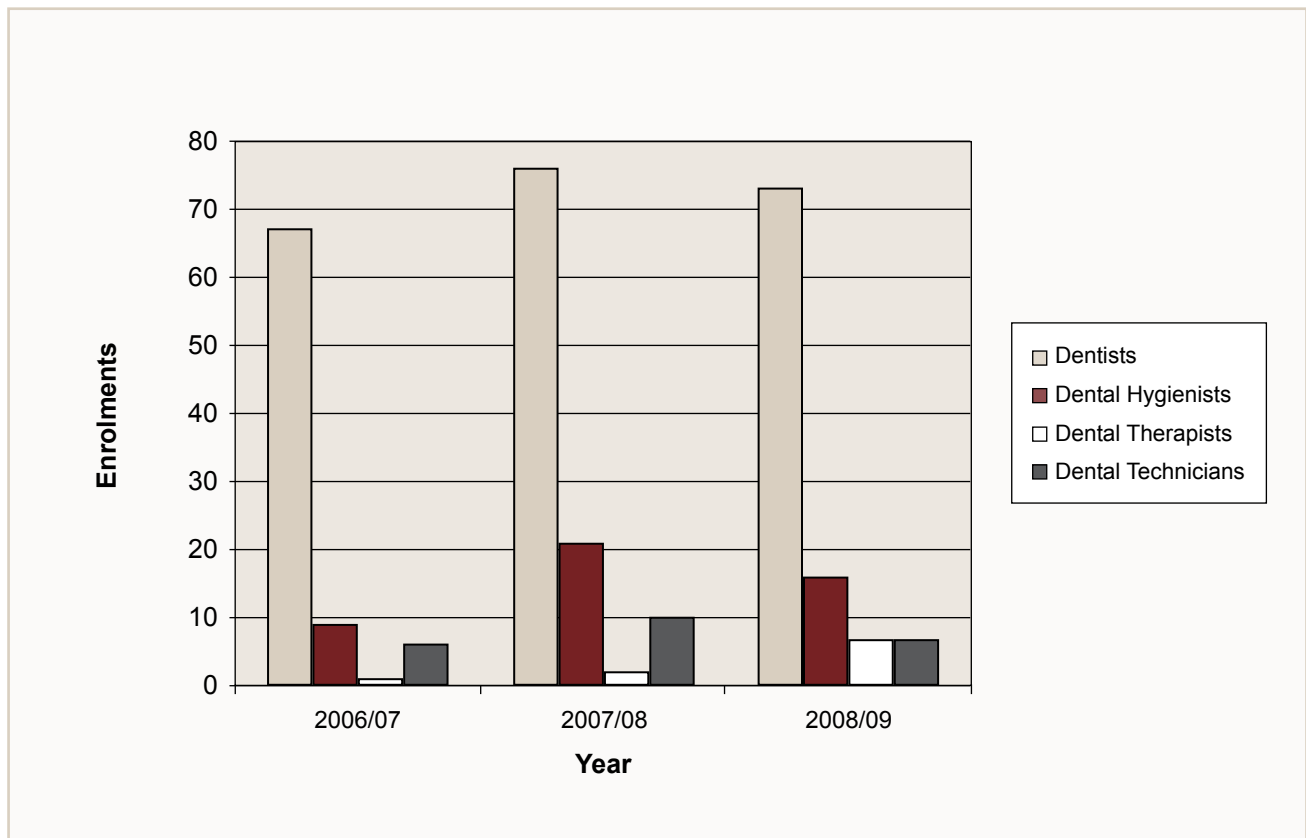
	2006/07	2007/08	2008/09
Written	100%	100%	100%
Clinical	80%	Not staged	100%

NEW ZEALAND CONDITIONS OF PRACTICE EXAMINATION

A pass in the NZCOP examination satisfies Council that an overseas-trained practitioner has demonstrated knowledge of the cultural, social and legislative framework for the delivery of oral health care in New Zealand. NZCOP is a two-hour open-book exam that is held every four weeks and can be taken anywhere in the world.

Between 1 April 2008 and 31 March 2009, 73 dentists, 16 dental hygienists, 7 dental therapists and 7 dental technicians sat and passed the NZCOP examination.

NZCOP EXAMINATION ENROLMENTS



ACCREDITATION

Under the Health Practitioners Competence Assurance Act, the Dental Council must prescribe the qualifications for registration in each scope of practice and, for that purpose, accredits and monitors New Zealand educational institutions and degrees, courses of studies and programmes.

Accreditation Status of New Zealand Oral Health Programmes as at 31 March 2009

DENTISTRY

Course Title	Education Provider	Status of Programme	Expiry Date
Bachelor of Dental Surgery	University of Otago	Full accreditation for 7 years (in 2003)	31/12/2010
Doctor of Clinical Dentistry	University of Otago	Full accreditation for 5 years (in 2006)	31/12/2011
MDS/MB ChB Oral and Maxillofacial Surgery	University of Otago	Full accreditation for 6 years (in 2006)	31/12/2012
Master of Community Dentistry	University of Otago	Full accreditation for 5 years (in 2006)	31/12/2011

DENTAL HYGIENE

Course Title	Education Provider	Status of Programme	Expiry Date
Bachelor of Oral Health	University of Otago	New programme accreditation with conditions for 3 years (in 2006)	31/12/2009
Bachelor of Health Science in Oral Health	Auckland University of Technology	Full accreditation for 5 years (in 2009)	31/12/2013

DENTAL THERAPY

Course Title	Education Provider	Status of Programme	Expiry Date
Bachelor of Oral Health	University of Otago	New programme accreditation with conditions for 3 years (in 2006)	31/12/2009
Bachelor of Health Science in Oral Health	Auckland University of Technology	Full accreditation for 5 years (in 2009)	31/12/2013

DENTAL TECHNOLOGY AND CLINICAL DENTAL TECHNOLOGY

Course Title	Education Provider	Status of Programme	Expiry Date
Bachelor of Dental Technology	University of Otago	Full accreditation for 5 years (in 2005)	31/12/2010
Bachelor of Dental Technology (Honours)	University of Otago	Full accreditation with conditions (in 2009)	31/12/2010
Postgraduate Diploma in Clinical Dental Technology	University of Otago	Full accreditation with conditions for 5 years (in 2005)	31/12/2010

WORKFORCE ANALYSIS

2007/08

The Dental Council maintains an accurate, accessible and comprehensive database on the oral health practitioner workforces. This is an invaluable information tool, particularly for policy development, resource allocation and workforce planning.

All oral health practitioners were asked to complete a dental workforce questionnaire in conjunction with the collection of the Annual Practising Certificate and compliance declarations. This information is analysed to provide a profile of the oral health workforce.

The Dentist Workforce

As in previous years, there was an increase in the active dental workforce. A total of 1779 (83.6% of registered practitioners) from the database were included in 2007/08 workforce analysis, up from 1717 the year before.

The proportion of female dentists in the workforce continues to rise, as does the representation of ethnic minority groups. New Zealand Europeans remain the largest ethnic group within the workforce, followed by dentists of Chinese origin. The rise in the proportion of overseas graduates has continued to increase with one in four dentists not obtaining their primary dental qualification in New Zealand.

Employment

There continues to be a slight increase in the proportion of dentists undertaking part-time work (defined as less than 35 hours per week), now equating to just over one-third of practitioners. A marked gender difference exists between male and female dentists in the proportion undertaking part time work - female dentists are nearly twice more likely to be working part-time than males.

Postgraduate education and continuing professional development (CPD)

Some 83 dentists stated that they were engaged in some form of postgraduate study in 2007/08; however, a number of those did not state for what degree they were studying. Of the 83 students, 86.7% stated that they intend to practise in New Zealand on completion of their degrees. There was a slight increase in the proportion of dentists participating in at least 20 hours of CPD during the previous year (from 80.6% in 2005/06 to 87.5% in 2006/07

and 89.7% in 2007/08). The proportion who met that criterion in all of the previous four years was just below half, at 48.6%.

Practice characteristics

The proportion of dentists by practice type continues to move away from solo practice: in 2001/02, 41% of dentists were in solo practice, 33% in 2005 and 25% in 2007/08.

Cohort remainder rates

The cohort remainder rate for the 2006 graduating Otago cohort was 50%, markedly lower than the 65% remainder rate observed of the class of 2005 during 2006. Around two thirds of graduates from 2005 and 2004 were practising in New Zealand during 2007.

Distribution of dentists

The dentist-to-population ratio estimates by District Health Board (DHB) indicate that the Counties-Manukau, Lakes, and Wanganui DHBs are under-served. However, the dentist to population ratios for the West Coast and Tairāwhiti areas appear to have improved.

The Dental Hygienist Workforce

Analysis and interpretation of the hygiene workforce data was complicated by the existence of three main types of workers (dental hygienists, dental auxiliaries and orthodontic auxiliaries). The active hygiene workforce comprised 414 individuals. Like the dental therapist workforce, it was a predominately female group (only four hygienists were male). New Zealand Europeans were the dominant group among hygienists, but only 62.0% of practitioners identified New Zealand European as their primary ethnicity.

The majority of each of the three hygiene occupational categories worked in private practice. More than half of them worked full-time, with around one-quarter working for more than one employer. Dental hygienists worked fewer hours on average than dental therapists, at a mean of 23.8 hours per week compared to 29.4 hours for dental therapists. One in three dental hygienists were registered in the additional local anaesthesia scope of practice, and almost three out of four were registered for intraoral

radiography. Just over one in ten dental auxiliaries and one-third of orthodontic auxiliaries were registered in the local anaesthesia scope of practice.

There was considerable variation in the hygienist-to-population ratio by DHB area. Auckland had the highest ratio at 12.6 per 100,000 of population, while there were no hygienists in the Wairarapa area.

The Dental Therapist Workforce

The active dental therapy workforce is changing. In the 2006/07 the DCNZ Workforce Report reported that "the dental therapy workforce comprised an ageing, predominantly Pakeha female group, of whom more than half were aged 50 or more". This has changed in 2007/08. Less than half are now aged 50 or over, with many young therapists entering the workforce, some being registered as young as 19 years of age. Therapists are still predominantly New Zealand European, but the representation of other groups has increased, with 14.5% reporting their 'primary ethnicity' to be something other than New Zealand European. Almost three-quarters of dental therapists work full-time, with almost all working in the DHB sector.

While almost two-thirds of dental therapists were able to provide radiography, there was considerable variation across the DHBs; for example, all but one of the 21 therapists in Nelson were able to take and interpret radiographs, while only one of the 15 therapists in Wanganui was able to do so. Across the country, some 15 dental therapists were registered in the scope of Adult Care.

There appears to be a variation in the therapist-to-population ratio by area: it remains highest in Northland and the Bay of Plenty and lowest in the greater Wellington region and South Canterbury.

The Dental Technician Workforce

There were 373 active dental technicians (up by 35 from 2006/07), of whom 42% were clinical dental technicians. The age groupings of the dental technology workforce were very similar to that of the dentists. The proportion of females was relatively low among the clinical dental technicians, at around 1 in 9, while it was approximately 1 in 4 for other dental technicians. Over half of the clinical dental technicians were aged 50 and over. Overall, 55% of the dental technology group were Pakeha New Zealanders - the lowest proportion for all the dental professions. 'Other Europeans' comprised 1 in 5 dental technicians.

The great majority of dental technicians worked in full-time practice, and almost all worked in only one place of employment. On average, clinical dental technicians worked more hours than other dental technicians. In 2006/07, 1 in 10 dental technicians were undertaking postgraduate training. This had dropped to less than 1 in 20 in 2007/08. Over 25% of dental technicians did not achieve CPD experience of at least 15 hours during 2007/08 whilst less than 20% of clinical dental technicians did achieve the required CPD experience. This is low compared to dentists, dental therapists, and dental hygienists.

As with the dental therapists and dental hygienists, there were considerable differences by DHB in the population-to-practitioner ratio for dental technicians. The Bay of Plenty and Auckland had the lowest ratios, while the West Coast, Counties-Manukau, Southland, Wairarapa and the Lakes DHBs had the highest. Where clinical dental technicians are concerned, the lowest ratios were seen in Counties-Manukau, Lakes, and the West Coast. This contrasts with 2006/07, when the lowest ratios were observed in Auckland and the Bay of Plenty regions.

PROFESSIONAL STANDARDS

The Dental Council has two key professional standards objectives. The first is to ensure the continuing competence of oral health practitioners throughout their practicing career, through engaging in continuing professional development activities and meeting defined professional standards. The second is to manage practitioners whose competence has been called into question, in a way that assists the practitioner to upskill while, at the same time, ensuring public safety.

Recertification Cycle

The Dental Council's recertification cycle operates over a two-year cycle for dental hygienists, orthodontic auxiliaries and dental therapists and a four-year cycle for dentists, dental specialists, dental technicians and clinical dental technicians. Each recertification cycle involves:

- continuing professional development (CPD) including regular peer contact with the specific objective of professional development
- annual declaration of compliance with professional standards
- annual declaration of fitness to practice.

31 December 2008 was the end date for the four-year CPD cycle for dentists and dental specialists. During the course of this cycle (which was brought forward to end on 31 December 2008), dentists and dental specialists were required to complete 10 peer contact hours, together with a total of 140 hours of CPD, of which a minimum of 70 hours had to be from verifiable activities. 10% of this practitioner group, who did not comply through approved CPD providers, were randomly selected for an audit of their CPD activities.

Practitioners who were identified during the audit process as having a shortfall of CPD activities and, in turn, those practitioners who self-declared in their Annual Practising Certificate (APC) applications that they had not met the minimum CPD requirements, had conditions imposed on their APC. These practitioners are required to make up the shortfall in CPD hours and/or peer contact activities prior to the next APC renewal round.

Audit Process

Following the issue of the 2008/09 APC application form, 10% of all practitioners from each practitioner group were randomly selected to complete a checklist questionnaire based on Council's codes of practice and professional standards. Within this selection, five 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. All practitioners selected worked in a variety of settings, including solo city practices, smaller group dental practices and school dental clinics.

A summary of recommendations made to practitioners during the practice visits included:

- implementing a linear flow in the sterilising area
- keeping detailed records including informed consent and recording the use of local anaesthetic
- using barriers on surfaces that are likely to be touched by the gloved hand during operative procedures
- using biological spore tests in the validation of sterilisation cycles
- storing dental materials in separate refrigerators away from food and drink.

This year, a practitioner from the School of Dentistry was subject to an audit. The level of compliance shown by the practitioner was excellent, and the importance of compliance to the codes was being emphasised to all students in the clinical programmes.

Competence Assessment and Educational Programmes

The Health Practitioners Competence Assurance Act 2003 competence provisions allow for practitioners to have their competence reviewed when it has been called into question.

Competence Reviews

Under section 36 of the Health Practitioners Competence Assurance Act Council may undertake a competence review of a practitioner at any time whether or not it has reason to believe the practitioner's competence may be deficient. Council has agreed, however, that competence reviews will be instituted only in response to concerns

raising issues of public safety which includes continued failure to comply with recertification requirements.

In considering whether to commence a competence review, Council considers that the following factors increase the probability of underlying incompetence 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 or one instance over a sustained period.
- 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 if the practitioner concerned is practising to the required standard. A competence review is not a disciplinary process – it is undertaken by peers, with the presence of a layperson, and is designed to be supportive and educative. This year, one competence review was undertaken.

	2005/06	2006/07	2007/08	2008/09
Competence Reviews	3	0	0	1
Existing Practitioners in Competence Review	3	3	0	0
Practitioners leaving Competence Review	- 3	- 3	0	- 1
Practitioners in Competence Review	3	0	0	0

COMPETENCE REVIEWS UNDERTAKEN BY PROFESSION

	2005/06	2006/07	2007/08	2008/09	Four year total
Dentist	5	0	0	1	7
Dental Hygienist	0	0	0	0	0
Dental Therapist	0	0	0	0	0
Dental Technician	1	0	0	0	1
Total	6	0	0	1	8

The Health and Disability Commissioner referred four matters to Council for consideration of competence, pursuant to section 34(1)(a) of the Health and Disability Commissioner Act 1994, over the 2008/09 period. Additionally, Council received four notifications from the Accident Compensation Corporation relating to treatment injury and/or concerns regarding the standard of treatment provided.

As a consequence of notifications and complaints, four practice audits were conducted (three of which related to concerns about compliance to the cross-infection control code), two section 36 inquiries were undertaken and four individual recertification programmes were established.

INDIVIDUAL RECERTIFICATION PROGRAMMES

	2005/06	2006/07	2007/08	2008/09
Individual Programme Cases	3	2	0	4
Existing Programme	0	4	5	1
Practitioners leaving Programme	- 1	- 1	- 4	- 1
Practitioners in Programme	2	5	1	4

INDIVIDUAL RECERTIFICATION PROGRAMMES BY PROFESSION

	2005/06	2006/07	2007/08	2008/09	Four year total
Dentists	3	6	5	3	17
Dental Hygienists	0	0	0	0	0
Dental Therapists	0	0	0	0	0
Dental Technicians	0	0	0	1	1
Total	3	6	5	4	18

Codes of Practice and Practice Statements

Section 118(i) of the Health Practitioners Competence Assurance Act 2003 charges Council with the responsibility for setting the standards of clinical competence, cultural competence and ethical conduct to be observed by oral health practitioners.

Council and the New Zealand Dental Association have continued to work together on the development and review of joint codes and statements for dentists and dental specialists. This year, Council and the New Zealand Dental Association developed a Practice Statement for Cosmetic Dentistry. This statement provides guidance to practitioners undertaking cosmetic dentistry procedures.

Council also approved statements on cultural competence and best practices in providing care to Maori patients and their whanau and made revisions to the working relationship between dentists and therapists and the cross-infection control code.

In addition, the Dental Hygienist Board, in consultation with the New Zealand Association of Orthodontists, developed a draft code on the working relationship between orthodontic auxiliaries and orthodontists/dental specialists/dentists. This code will be finalised in 2009.

HEALTH

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

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

The workforce boards monitor health impaired practitioners and implement measures to protect 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-judgmental way, with the emphasis being on a swift return to safe

practice. Council has developed very 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 regular random urine and blood testing to check for the presence of alcohol and/or drugs, participating in support groups and working with a mentor.

During 2008/09 year five health-impaired practitioners came to the attention of Council, making a total of twelve practitioners being monitored under the health portfolio. These practitioners are involved in a variety of health programmes including mentoring, health monitoring and supervision.

	2005/06	2006/07	2007/08	2008/09
Health Considerations	1	3	5	5
Existing Practitioners in Health Portfolio	3	3	5	8
Practitioners Leaving Health Portfolio	- 1	- 1	- 2	- 1
Practitioners in Health Portfolio	3	5	8	12

Self Care Publication

Council distributes a Self Care publication to all new registrants. This publication helps practitioners identify stress factors and at risk-behaviours and contains advice on time management skills, ways to minimise stress and when and where to seek help.

COMPLAINTS AND DISCIPLINE

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

COMPLAINTS, NOTIFICATIONS AND CONCERNS BY PROFESSION

	2005/06	2006/07	2007/08	2008/09	Four year total
Dentist	57	42	51	57	207
Dental Hygienist	0	0	0	0	0
Dental Therapist	0	0	3	2	5
Dental Technician	4	6	18	14	42
Total	61	48	72	73	254

In accordance with the Health Practitioners Competence Assurance Act 2003, all complaints alleging that the practice or conduct of an oral health practitioner has affected a health consumer must first be considered by the Health and Disability Commissioner. This means that any complaints received by Council must, in the first instance, be referred to the Health and Disability Commissioner. The Commissioner may refer a complaint back to Council in circumstances that do not involve standard of care issues. In the 2008/09 period 17 complaints were referred to the Health and Disability Commissioner.

The Health Practitioners Disciplinary Tribunal, established under the Health Practitioners Competence Assurance Act 2003, hears and determines disciplinary proceedings in relation to all registered health practitioners. Charges may be referred to the Health Practitioners Disciplinary Tribunal by the Director of Proceedings (Health and Disability Commissioner's Office) or a professional conduct committee. During the year, no new charges were laid with either the Dentist Disciplinary Tribunal or the Health Practitioners Disciplinary Tribunal.

Supervision

Council continues to develop protocols and guidelines for supervision. This year, three practitioners were subject to supervision including treatment monitoring by electronic means. By using an electronic medium, digital images of records (including notes, radiographs and clinical photos) have been able to be emailed to supervisors, who, in turn, have been able to offer support and guidance to practitioners. This supervision also ensures the protection of the public by making sure the practitioner continues to practice in a competent matter.

	2005/06	2006/07	2007/08	2008/09
Supervision Cases	1	1	3	1
Existing Supervision	4	4	3	6
Practitioners Leaving Supervision	- 1	- 1	0	- 4
Practitioners in Supervision	4	3	6	3

SUPERVISION BY PROFESSION

	2005/06	2006/07	2007/08	2008/09
Dentist	5	4	5	3
Dental Hygienist	0	0	0	0
Dental Therapist	0	0	0	0
Dental Technician	0	1	1	0
Total	5	5	6	3

FINANCIAL OVERVIEW

The financial statements for the year ended 31 March 2009 are to be read in conjunction with the accompanying notes.

The Dental Council received an unqualified opinion on the 2008/09 financial statements.

For the 2008/09 financial year, Council set a deficit budget to reduce the level of reserves held to align with the Council's reserves policy. The actual deficit incurred for 2008/09 was \$186,521 which was less than the planned deficit of \$593,776. The lower than predicted deficit is mainly due to:

- higher than budgeted Annual Practising Certificate and registration revenue
- greater than forecast interest income on investments
- savings in Board-related expenditure, particularly in the examinations, competency, recertification and registration areas
- significantly lower than budgeted disciplinary expenditure.

Copies of the operating budget approved by Council for the 2009/10 year are available from the Council Secretariat on request.

ANNUAL PRACTISING CERTIFICATE FEES AND REVENUE

The Annual Practising Certificate fee is set to fund planned and budgeted operations, and competency and disciplinary cases and to maintain adequate reserves.

Annual Practising Certificate Fees (GST inclusive)

Practitioner Group	2008/09 (\$)	2007/08 (\$)
Dentists	700	700
Dental Hygienists	595	610
Orthodontic Auxiliaries	375	375
Dental Therapists	632	632
Dental Technicians	600	450
Clinical Dental Technicians	750	750

Annual Practising Certificate Revenue (GST exclusive)

Practitioner Group	2008/09 (\$000)	2007/08 (\$000)
Dentists	1,198	1,174
Dental Hygienists	179	191
Dental Therapists	364	361
Dental Technicians and Clinical Dental Technicians	225	193
TOTAL	1,966	1,919

AUDIT REPORT



AUDIT REPORT

**To : The Readers of Dental Council of New Zealand
Financial Statements for the year ended 31 March 2009**

The Auditor-General is the auditor of the Dental Council of New Zealand. The Auditor-General has appointed me, John Little, using the staff and resources of Markhams Miller Dean Audit to carry out the audit of the financial statements of the Dental Council of New Zealand, on his behalf, for the year ended 31 March 2009.

Unqualified Opinion

In our opinion

- The financial statements of the Dental Council of New Zealand on pages i to viii
- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect;
 - the Dental Council of New Zealand's financial position as at 31 March 2009; and
 - the results of its operations for the year ended on that date.

The audit was completed on 8 May 2009, and 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 the Auditor, and explain our independence.

Basis of Audit Opinion

We carried out the audit in accordance with the Auditor-General's Auditing Standards, which incorporate the New Zealand Auditing Standards.

We planned and performed the audit to obtain all the information and explanations which we considered necessary in order to obtain reasonable assurance that the financial statements did not have material misstatements, whether caused by fraud or error.

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.

The audit involved performing procedures to test the information presented in the financial statements. We assessed the results of those procedures in forming our opinion.

Audit procedures generally include:

- determining whether significant financial and management controls are working and can be relied on to produce complete and accurate data;
- verifying samples of transactions and account balances;
- performing analyses to identify anomalies in the reported data;
- reviewing significant estimates and judgements made by the Council;
- confirming year-end balances;
- determining whether accounting policies are appropriate and consistently applied; and
- determining whether all financial statement disclosures are adequate.

We did not examine every transaction nor do we guarantee complete accuracy of the financial statements.

We evaluated the overall adequacy of the presentation of information in the financial statements. We obtained all the information and explanations we required to support our opinion above.

Responsibilities of the Council and the Auditor

The Council is responsible for preparing financial statements in accordance with generally accepted accounting practice in New Zealand. Those financial statements must fairly reflect the financial position of the Dental Council of New Zealand as at 31 March 2009. They must also fairly reflect the results of its operations for the year ended on that date. The Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you. This responsibility arises from section 15 of the Public Audit Act 2001.

Independence

When carrying out our 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 Dental Council of New Zealand.



John Little

Markhams Miller Dean Audit
On behalf of the Auditor-General
Wellington, New Zealand

FINANCIAL STATEMENTS

Dental Council of New Zealand

Statement of Financial Position

as at 31 March 2009

	As at 31 March 2009 \$	As at 31 March 2008 \$
Accumulated Capital (Note 8)	1,197,486	1,384,007
CURRENT ASSETS		
Petty Cash	200	100
ANZ Bank Account	242,318	367,609
Short-term Bank Deposits	2,556,763	2,680,524
Sundry Debtors	24,958	24,464
Provision for Doubtful Debts	(13,273)	
Interest Accrued	7,261	24,461
Total Current Assets	2,818,227	3,097,158
Fixed Assets (Note 9)	98,010	112,365
TOTAL ASSETS	2,916,237	3,209,523
CURRENT LIABILITIES		
Income in Advance (Note 11)	1,362,170	1,350,214
Sundry Creditors	259,060	319,550
Oral Health Advisory Group (Note 14)		11,212
GST Payable	97,521	144,540
TOTAL LIABILITIES	1,718,751	1,825,516
NET ASSETS	1,197,486	1,384,007

Dental Council of New Zealand

Statement of Financial Performance

for the year ended 31 March 2009

	Year Ended 31 March 2009 \$	Year Ended 31 March 2008 \$
Income From Fees		
Annual Practising Certificate (Note 3)	1,965,670	1,919,491
Certificate of Good Standing	5,558	3,837
Registration Certificate and Fees	93,158	81,269
Retention Fees	22,415	16,616
Restoration	800	1,200
New Zealand Dental Registration Examination	216,430	183,073
INCOME FROM FEES	2,304,031	2,205,486
Other Income		
Interest	191,306	182,496
Sale of Registers and Information Pack	1,000	391
Discipline Fines/Costs Recovered	43,502	
Course Accreditation Fees		1,250
Sundry Income	11,590	12,639
OTHER INCOME	247,398	196,776
Total Income for Period	2,551,429	2,402,262
Less Expenditure as per Schedule	2,737,950	2,193,560
NET SURPLUS (DEFICIT) FOR PERIOD	(186,521)	208,702

Dental Council of New Zealand

Statement of Movements in Equity

for the year ended 31 March 2009

	Year Ended 31 March 2009 \$	Year Ended 31 March 2008 \$
Balance at Beginning of Year	1,384,007	1,175,305
Total Recognised Income and Expenses	(186,521)	208,702
BALANCE AT END OF YEAR	1,197,486	1,384,007

Schedule of Expenses

for the year ended 31 March 2009

	\$	\$
Administration Expenses		
Audit Fee	14,912	14,000
Depreciation (Note 6)	41,378	51,399
Doubtful Debts	13,273	
Loss on Disposal of Assets	(178)	3,023
Insurance	10,353	10,248
Rent and Building Maintenance Fee	93,056	91,191
Salaries (Note 15)	1,212,774	822,450
Advertising	1,040	234
Telephone and Tolls	15,204	14,614
IT Support	22,114	15,507
Legal	2,935	2,677
Publications	3,783	3,520
Staff Expenses (Note 15)	110,117	63,383
Office Expenses	55,508	67,645
Photocopying, Postage/Courier and Printing	42,235	31,081
Bank Charges	28,909	24,252
Total Administration Expenses	1,667,413	1,215,224

Dental Council of New Zealand

Schedule of Expenses continued...

for the year ended 31 March 2009

	Year Ended 31 March 2009	Year Ended 31 March 2008
Project Expenses	\$	\$
Finance and Management	67,501	57,959
Data Collection General	16,857	17,823
Health Advisory	7,114	3,834
Education		
Accreditation/Course Approval	206	1,898
Professional Development		413
Examination (Note 7)	124,379	133,571
Competence	99,641	108,042
Recertification	74,385	56,819
Registration	71,103	52,528
Discipline Expenses		
PCC	708	1,080
Disciplinary Tribunal	760	4,526
Appeals	72,251	118,613
General and Workshop		23,739
Strategic Planning	27,468	17,850
Corporate Services Communications	39,810	43,978
Corporate Services Liaison	67,832	62,148
Boards	139,723	171,111
Council	260,799	102,404
Total Project Expenses	1,070,537	978,336
Total Expenditure	2,737,950	2,193,560

Dental Council of New Zealand

Notes to and Forming Part of the Financial Statement for the year ended 31 March 2009

I. STATEMENT OF ACCOUNTING POLICIES

Reporting Entity

The Dental Council of New Zealand (Council) is a body corporate constituted under the Health Practitioners Competence Assurance Act 2003. The Act established the Dental Council of New Zealand 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 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

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.

Council has applied all differential reporting exemptions.

b) Goods and Services Tax (GST)

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

c) Income Tax

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

d) Revenue Recognition

All revenue is recognised in the year it is due. Fees received are recognised as income in the year that registration applies.

e) Depreciation

Fixed assets are depreciated so as to write them off over their useful life using the straight line basis. Depreciation rates are as follows:

Computer Hardware	30% per annum
Computer Software	30% per annum
Office Equipment	5.5 24% per annum
Office Furniture and Fit-out	10% per annum

f) Fixed Assets

Fixed assets are shown at cost less accumulated depreciation (see Note 9).

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. RELATED PARTIES

There are no related party transactions other than fees paid to members of Council (see Note 10).

3. ANNUAL PRACTISING CERTIFICATE

The Dental Council of New Zealand is responsible for regulating all the registered oral health practitioner groups. The details of registered oral health practitioners may be found in the Annual Report under Registration. These statistics have not been audited.

4. NON-CANCELLABLE OPERATING LEASE COMMITMENTS

	As at 31 March 2009	As at 31 March 2008
	\$	\$
Current	117,086	88,890
Non-current	259,685	275,681
	376,771	364,571

5. CAPITAL COMMITMENTS

There are no capital commitments as at 31 March 2009.

6. DEPRECIATION

	Year Ended 31 March 2009	Year Ended 31 March 2008
	\$	\$
Computer Software	15,323	28,681
Computer Hardware	14,538	12,057
Office Equipment	4,059	3,459
Office Furniture and Fit-out	7,458	7,202
Total Depreciation	41,378	51,399

7. EXAMINATION

The cost of examinations does not reflect any allocation of overheads, Secretariat or Council expenditure.

8. ACCUMULATED CAPITAL - RESERVES

Under the Health Practitioners Competence Assurance Act 2003, the reserves of the Dental Council of New Zealand and the Dental Technicians Board vested into the new Dental Council of New Zealand at their carrying value effective 18 September 2004. The table below represents the carrying reserves of the Dental Council of New Zealand by the practitioner groups:

	Opening Reserves at 1 April 2008 \$	Surplus/(Deficit) for year ended 31 March 2009 \$	Closing Reserves at 31 March 2009 \$
Dentists	954,217	(8,424)	945,793
Technicians	81,225	(45,371)	35,854
Dental Hygienists	235,253	(53,055)	182,198
Dental Therapists	113,312	(79,671)	33,641
Dental Council of NZ	1,384,007	(186,521)	1,197,486

For each Professional Board, the surplus/(deficit) is the income (mainly from annual practising certificates), less Board costs and Council overheads (allocated based on the number of registered practitioners).

9. FIXED ASSETS

	Cost 31/3/09 \$	Accum. Deprec. 31/3/09 \$	Net Book Value 31/3/09 \$	Cost 31/3/08 \$	Accum. Deprec. 31/3/08 \$	Net Book Value 31/3/08 \$
Computer Software	131,638	127,844	3,794	129,948	112,521	17,427
Computer Hardware	67,452	41,373	26,079	56,675	26,835	29,840
Office Equipment	23,491	14,584	8,907	17,968	10,524	7,444
Office Furn. and Fit-out	96,603	37,373	59,230	87,569	29,915	57,654
Total	319,184	221,174	98,010	292,160	179,795	112,365

10. FEES PAID TO MEMBERS OF COUNCIL

Council members are paid to attend meetings and to attend to designated Council business.

	Year Ended 31 March 2009 \$	Year Ended 31 March 2008 \$
Total Fees Paid to Members of Council	188,666	159,052

11. INCOME IN ADVANCE

Income received for future events is stated at cost.

	Dentist \$	Therapist \$	Hygienist \$	Technician \$	TOTAL \$
<i>Examination Fees Received in Advance</i>					
Written	653				653
Clinical	32,040				32,040
NZCOP	6,444				6,444
Exams in Advance	39,137	0	0	0	39,137
<i>APC and Retention Fees Received in Advance</i>					
APC	779,481	337,304	91,316	104,533	1,312,634
Retention Fee - Council					10,399
Annual Fees in Advance	779,481	337,304	91,316	104,533	1,323,033
INCOME IN ADVANCE	818,618	337,304	91,316	104,533	1,362,170

12. CONTINGENT LIABILITIES

During the year, the defence of a Complaints Assessment Committee decision was upheld, and a Disciplinary Tribunal will occur during the 2010 financial year. The Disciplinary Tribunal entails a commitment of Council funds, the sum of which cannot be reliably determined at balance date.

There were no contingent liabilities at balance date for the 2008 financial year.

13. 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.

14. ORAL HEALTH ADVISORY GROUP

The Dental Council of New Zealand acts as agent for the Oral Health Advisory Group (OHAG) and holds funds on their behalf.

During 2008/09, the group agreed to use the funds to benefit oral health development and forwarded all funds held to the New Zealand Dental Association to fund the project.

15. RESTRUCTURING

In June 2008, a major review of the Council Secretariat was commenced, and at its December 2008 meeting, Council gave its approval to a restructure proposal to be implemented in the 2008/09 year. In February 2009, a number of Secretariat staff took the opportunity to take redundancy under existing employment contract provisions. Redundancy payments totalled \$97,187. Other costs of the review and restructure include contract and consultancy and recruitment. The costs of the review and restructure are reflected in the salary and staff expenses costs in 2008/09 in the Schedule of Expenses.

