ANNUAL REPORT **2013**

DENTAL COUNCIL

Te Kaunihera Tiaki Niho

DENTISTRY • DENTAL HYGIENE • DENTAL THERAPY • DENTAL TECHNOLOGY • CLINICAL DENTAL TECHNOLOGY

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Throughout this report:

- dentists, dental specialists, dental therapists, dental hygienists, orthodontic auxiliaries, dental technicians and clinical dental technicians are collectively referred to as *practitioners*
- the Health Practitioners Competence Assurance Act 2003 is referred to as the *Act*; and
- the Dental Council is referred to as *Council*.

MISSION, VISION AND GOALS

Our Mission

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

Our Vision

Standards are set and maintained for oral health practitioners to deliver safe and competent care to the public of New Zealand.

Our Goals

- Administer the Health Practitioners Competence Assurance Act 2003 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 appropriate standards of oral health care.

OUR DUTIES AND FUNCTIONS

The statutory functions of Council 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 study, 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.

2012/13 SNAPSHOT

As at 31 March 2013, there were 4,681 practitioners registered:

- Dentists 2,663
- Dental therapists 874
- Dental hygienists 720
- Dental technicians 424.

The number of registered practitioners increased by 2.8 percent:

↑ Dentists by 44 ↑ Dental hygienists by 58 ↑ Dental therapists by 31 ↓ Dental technicians by 5.

The number of practitioners holding an annual practising certificate increased by 1.3 percent – a total of 3,821.

New registrants in 2012/13 reduced by 10 percent, with 16 fewer overseas-trained practitioners registered and 20 fewer New Zealand-qualified registrants compared with the previous year.

Of the 2012/13 dentist registrants, 48.2 percent gained their primary qualification from a country other than New Zealand.

Competence and fitness to practise:

- 10 competence reviews
- 12 competence programmes
- 11 individual recertification programmes
- 16 health programmes
- 49 supervision protocols
- 4 subject to oversight.

Complaints and discipline:

- 39 complaints – 13 referred to the Health and Disability Commissioner; 4 referred to professional conduct committees (PCCs); 7 no further action; 15 other actions taken
- 27 PCCs – 6 pending; 3 no further action; 8 counselled; 10 charged before Health Practitioners Disciplinary Tribunal (HPDT)
- 3 HPDT decisions, 8 pending – 1 registration cancelled, another censured and the third fined.

Major projects:

- Health Workforce New Zealand single shared secretariat proposal
- consultation on fundamental review of the Health Practitioners Competence Assurance Act 2003
- consultation on the Specialty of Oral Surgery in New Zealand
- changes to dental technology and clinical dental technology scopes of practice and code of practice
- finalisation of Code of Practice on Advertising
- development of a standards framework for Council's practice standards and establishing a Standards Review Committee
- Oral Health Therapist Working Group appointed.

Significantly higher than anticipated disciplinary costs resulted in a special disciplinary levy being imposed on dental technicians and clinical dental technicians in December 2012 to recover costs.

CORPORATE GOVERNANCE

The function of Council is to set the strategic direction of the organisation, monitor the performance of management of the Secretariat, provide clinical guidance and ensure that Council meets its obligations under the Act. It is accountable for its performance to Parliament, the Minister of Health, the professions of dentistry, dental hygiene, dental therapy, dental technology, clinical dental technology and the public of New Zealand.

Back row (from left): Lyndie Foster Page, Leslea Eilenberg, Minnie McGibbon, John Aarts, Robin Whyman, David Stephens, Kate Hazlett.

Front row (from left): Michael Bain (Deputy Chair), Mark Goodhew (Chair), Wendy Tozer.

REPORT FROM THE CHAIR

Council has experienced a period of considerable activity, with work continuing on potentially fundamental changes to structure and process, alongside an increase in business-as-usual matters.

A large amount of work was undertaken by Council towards a combined secretariat, initially as part of a group of 10 health responsible authorities, and latterly towards a model that will support all 16 health responsible authorities. In short, this has required a great deal of Council and staff energy to make progress, albeit slowly, but it has to be acknowledged that 16 different councils with 16 totally different histories, resources and demands will face challenges to find common ground.

I believe that, in taking a lead role in this project, Council has taken a measured, responsible and positive approach to the proposition of a shared secretariat. Of course, any far-reaching business proposals need to be critically examined. However, the aim of Council – to assure the public of the competence of oral health practitioners – and the aim of a combined secretariat – to provide improved, cost-effective regulatory outcomes for councils – are, on the face of it, two completely compatible aims.

One of the spin-offs from this work has been a physical move of Council offices to shared office space with seven other responsible authorities. This is already providing advantages for all those authorities concerned, but for Council this move, almost contemporaneously with the governance changes reported last year, is resulting in measurable savings and an increase in efficiency.

Council provided a detailed and considered submission to the initial request from Health Workforce New Zealand for thoughts on possible areas of change and improvement to the Health Practitioners Competence Assurance Act 2003. Amendments to the Act have the potential to make far-reaching changes to the way authorities operate and health services are delivered in New Zealand. A further round of consultation to specific proposals from the Ministry of Health and Health Workforce New Zealand has been signalled; Council will again be prepared to make a submission.

One of the areas seeing an increase in business-as-usual activities has been conduct, with several practitioners from a range of scopes of practice being referred by Council to professional conduct committees. This work has resulted in an increase in disciplinary levies for technicians, in particular, but it is important for public and professional confidence that Council is seen to be active in regulating areas of professional misconduct, such as practising outside a scope of practice. Unfortunately, Council has also had to refer an increased number of practitioners to professional conduct committees for practising without an annual practising certificate (APC). Council regards practising without an APC as a serious issue, because an APC application is a cornerstone of professional accountability and is not an optional form-filling exercise.

A significant initiative has been the work undertaken by Council on the development of a standards framework to give a coherent basis to the organisation of Council standards. A committee has been established to oversee the development and review of standards. Several major working groups have also been established by Council as a way to involve professional expertise at the early stages of policy and code of practice development. Major consultations were undertaken and successfully concluded on the Oral Surgery Scope of Practice and an Advertising Code of Practice.

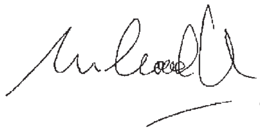
Council continues to be aware of the need to manage and further strengthen the relationships it has with professional associations and other stakeholders, and a large number of meetings and presentations at governance and staff level have been undertaken. While it is true that professional authorities and professional associations will never – and should never – agree on everything, it is also true that authorities cannot function effectively without professional buy-in to the activities of authorities. Working within the boundaries of these relationships can be a test, but it is also a necessity to safeguard public health.

Further work has continued on the extension of reciprocal agreements for the recognition of accreditation functions, with intentions to investigate jurisdictions in a similar process to that undertaken with Canadian authorities.

I am very pleased to note that Council staff have continued to cope with the changes – as periods of change can be unsettling – and delivered on a heavy workload. I sincerely thank them for their dedication.

There were two changes in Council's membership during the period covered by this annual report. Bede Carran was replaced as a layperson by Dr David Stephens, and Dr Neil Waddell as a Technician by John Aarts. During Bede's two years on Council he provided significant expertise to Council's risk mitigation and financial reporting in particular; while Neil was a valued member of Council since 2003. I wish them both all the best and thank them for their constructive input to Council's governance.

I am pleased to report that Council is functioning well as a governance body. I thank each member of Council for their time and enthusiasm, and, in particular, Dr Michael Bain for his support as Deputy Chair.



Mark Goodhew
Chair

COUNCIL MEMBERS

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

Mark Goodhew

(Appointment term April 2010 – April 2013)

Mark graduated from the University of Otago in 1984, and is a general dentist in a busy group practice in Timaru. His professional appointments have included nine years as an expert advisor to the Health and Disability Commissioner (HDC), various appointments to the FDI World Dental Federation General Assembly, membership of the joint Australasian dental accreditation committee and membership of a vice-chancellor's appointment committee of the University of Otago.

He has considerable governance experience as a member of the Institute of Directors in New Zealand, a Board member and past chairman of the South Canterbury Rugby Union, a member of the World Dental Federation Communications Committee, a Board member, executive member and past president of the New Zealand Dental Association (NZDA), a Board member and trustee of the Claremont Trust and as an appointed member of the Dental Council.

His awards include Life Membership of the NZDA, and a fellowship of the Academy of Dentistry International, of which he is a previous regent. He has authored a number of papers published in peer review journals.

Michael Bain

(Appointed July 2009; reappointment October 2012 – October 2015)

Michael is a general dental practitioner from Kerikeri in the Bay of Islands. On graduation from the University of Otago, he joined the New Zealand Army as a dentist. What was initially to fulfil a National Service obligation turned into a 25-year career. Military service allowed him to travel to the United Kingdom for postgraduate training as well as a teaching opportunity in the United States of America. He served on various defence bases in New Zealand and Singapore before assuming the office of Director of Defence Dental Services. He retired from the Army in 1997 in the rank of Colonel and moved to Kerikeri where he established his current practice.

Michael has always been an active member of the NZDA and is a past president of the Wellington and Northland branches. He has had a long-standing interest in forensic dentistry and was a member of a team that went to Thailand to assist with victim identification following the 2004 Boxing Day tsunami. He is a life member of the New Zealand Society of Forensic Odontology. Michael brings to the Dental Council a wealth of experience of dentistry in both the public and private sector.

John Aarts

(Appointment term December 2012 – December 2015)

John is currently a senior teaching fellow teaching on the Bachelor of Dental Technology programme at the University of Otago. His career in dental technology started in 1989 where he studied dental technology at the Central Institute of Technology (CIT).

After working as a dental technician, he started teaching at the CIT in 1995 where he mainly taught crown and bridge to the final year students. He also studied part time to complete a Bachelor of Education and a Bachelor of Health Sciences. It was 2001 when he started working at the University of Otago where his focus changed to complete dentures and clinical dental technology. He completed a Postgraduate Diploma in Clinical Dental Technology in 2005 and a Master of Health Sciences in 2006.

He is a registered clinical dental technician and, in addition to teaching, he also sees patients at the School of Dentistry. He is currently one of a few clinical dental technicians in New Zealand to hold the additional scope of practice in implant overdentures. He was an executive member of the New Zealand Institute of Dental Technologists (NZIDT) for seven years and he also chaired the NZIDT Continuing Professional Development Sub-Committee for six years. His involvement with education, patients and the NZIDT has given him a broad understanding of the profession.

Leslea Eilenberg

(Appointed July 2009; reappointment November 2012 – November 2015)

Leslea started her professional life as a dental therapist before graduating as a dental hygienist. Her love for the profession motivated her to be one of the founders of the New Zealand Dental Hygienist's Association where she held the positions of treasurer, vice president and president. In recognition of her work, she was awarded an honorary life membership. She was elected onto the Permanent External Advisory Committee, and is currently a member of the Oral Health Advisory Committee at Auckland University of Technology.

Leslea has an extensive background on Council and its committees, and is one of the longest-serving members. Following the introduction of the Act, Leslea was the Chair of the Dental Hygienist Board, then later a member of the Dental Hygienist and Dental Therapist Board. She was also a member of Council's Business Assurance Committee, during which time she gained a Certificate in Business Studies. She was appointed to Council in 2009. She currently serves on Council's Audit and Risk Management Committee, Continuing Professional Development Advisory Committee and the Oral Health Therapist Working Group.

Leslea is practising as a dental hygienist, and is a director and manager of a dental practice in Auckland.

Lyndie Foster Page

(Appointment term June 2011 – June 2014)

After graduating with a Bachelor of Dental Surgery in 1995 and a Diploma in Clinical Dentistry in 1997, Lyndie commenced her career in general dental practice in Otago and Taranaki before working as a dental public health specialist for Taranaki and Whanganui district health boards. This is where she commenced her early research in dental public health, and obtained a Master of Community Dentistry at the University of Otago.

Lyndie was appointed to the University of Otago Faculty of Dentistry in 2008 and has been involved with teaching undergraduate dental students on the management of caries. Much of this teaching time is involved in lecturing, clinical and simulation teaching, and she also lectures to Bachelor of Oral Health students. She is Head of Discipline: Preventive and Restorative Dentistry.

Lyndie went on to complete her doctorate in 2010, and much of her research is concerned with oral health-related quality of life in adolescents. Her clinical research is concerned with dental caries, particularly in novel approaches to managing caries in the community. She is currently a member of NZDA, the International and American Association for Dental Research and European Organization for Caries Research. Lyndie currently chairs the Continuing Professional Development Advisory Committee of Council and the Oral Health Therapist Working Group.

Kate Hazlett

(Appointment term April 2010 – April 2013)

Kate came from a dental background, trained as a school dental nurse and has worked mainly in rural areas. Kate eventually retired to assist on the family farm.

Since then, Kate has gained considerable experience in governance and decision making. She has served on a community board, been a director of a community hospital, community committees and a number of private companies.

Kate was appointed to Council as a lay member.

Minnie McGibbon

(Appointed July 2009; reappointment October 2012 – October 2015)

Minnie is a dental therapist and Manager for Te Manu Toroa Hauora ki Tauranga. Her work involves delivering a "Kaupapa Maori Dental Service" in the Tauranga Moana region. Their patient group includes Te Kohanga Reo (0-4), Kura Kaupapa Maori (5-13) and Wharekura (13-18).

Minnie also participates in supporting the final year University of Otago Bachelor of Dental Surgery outplacement programme, and is a current member of the Maori Oral Health Quality Improvement Group.

Her work is "Oranga Niho", a willingness to participate in supporting a pathway to achieve "healthy teeth for life" for our whanau.

David Stephens

(Appointment term October 2012 – October 2015)

David is a lay member with a background in law, biological science and iwi affairs, including 20 years' corporate and taxation experience in private legal practice. David has a Doctorate (Canterbury), Master of Science (Hons) (Waikato) and Bachelor of Law (Hons) (Auckland). He works part time as a private consultant in business management and environmental management.

David has an interest in critically reflective governance, sits on a number of national boards and committees and is an associate member of the New Zealand Law Society.

He has recently been a lay member of the Psychologists Board of New Zealand and member of its Audit Finance and Risk Committee; is a member of the Medical Sciences Council of New Zealand and convenor of its Professional Standards Committee; and is Deputy Chair of Council's Audit and Risk Management Committee. David is a member of the Health and Disability Northern B Ethics Committee.

Wendy Tozer

(Appointed July 2009; reappointment October 2012 – October 2015)

Wendy was appointed as a lay member of Council in July 2009.

She provides a community perspective to Council's business and decision making through a strong appreciation of ethical and professional standards and public awareness.

Wendy has served the community in both a professional and voluntary capacity in the health sector and through service organisations for many years. Her current professional roles include Programme Coordinator for Alzheimers Eastern Bay of Plenty, Secretary/Treasurer of Disabled Persons Assembly and presiding Member of Lotteries Bay of Plenty. She is heavily involved with providing volunteer services to a number of other charitable and community groups in the Bay of Plenty.

In addition, Wendy has considerable experience in event and campaign management.

Robin Whyman

(Appointment term June 2011 – June 2014)

Robin is a dental specialist in public health dentistry and a general dentist. He is Clinical Director of oral health services at Hawke's Bay and Whanganui district health boards. Robin's clinical practice involves hospital-based paediatric dentistry, special needs dentistry and general dentistry for high-need patients. He is also engaged in a number of public health dentistry projects involving equity of access to oral health services, improving child oral health outcomes, water fluoridation, clinical leadership and quality improvement for dental services.

Robin has senior clinical leadership, executive management and governance experience. He is currently the New Zealand Councillor and Treasurer for the Royal Australasian College of Dental Surgeons and a member of the NZDA Research Foundation Board. He has previously held roles as Regional Director for dental services Capital and Coast Health and Hutt Valley Health, Executive Director of the New Zealand Dental Association, General Manager Clinical Services at Dental Health Services Victoria (Australia) and Chief Dental Officer for the New Zealand Ministry of Health.

COUNCIL MEETINGS

The following Council meetings were held during the 2012/13 financial year, and the meetings were attended as follows.

Meetings	2 Apr 12 Wellington	7 May 12 Wellington	14 May 12 Tele-conference	11 Jun 12 Wellington	2 Jul 12 Wellington	6 Aug 12 Wellington	3 Sep 12 Wellington	8 Oct 12 Wellington	5 Nov 12 Wellington	3–4 Dec 12 Wellington	4 Feb 13 Wellington	12 Feb 13 Tele-conference	4 Mar 13 Wellington
Mark Goodhew (Chair)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Michael Bain (Deputy Chair)	✓	✓	Apology	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bede Carran (Resigned effective 30 Sept 12)	✓	✓	✓	Apology	✓	✓	✓	–	–	–	–	–	–
Leslea Eilenberg	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lyndie Foster Page	Apology	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kate Hazlett	✓	✓	✓	Apology	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minnie McGibbon	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wendy Tozer	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ Apology for meeting on 4th	✓	✓	✓
Neil Waddell (appointment term ended Nov 12)	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	–	–	–
Robin Whyman	Limited participation via tele-conference	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
David Stephens (appointed effective 1 Oct 12)	–	–	–	–	–	–	–	✓	✓	✓	✓	✓	✓
John Aarts (appointed effective 2 Dec 12)	–	–	–	–	–	–	–	–	–	✓	✓	✓	✓

PROFESSIONAL COMMITTEES

The following Council committees operated during the 2012/13 financial year, with details on its membership as follows.

AUDIT AND RISK MANAGEMENT COMMITTEE

Brent Kennerley (Chair – Independent member, Grant Thornton Chartered Accountants)
Bede Carran (Deputy Chair until 30 September 2012)
Leslea Eilenberg (appointed 4 February 2013)
Mark Goodhew (ex-officio – Council Chair)
David Stephens (appointed 8 October 2012)
Neil Waddell (until 2 November 2012)

CHIEF EXECUTIVE OFFICER REMUNERATION AND PERFORMANCE MANAGEMENT COMMITTEE

Mark Goodhew (Council Chair)
Michael Bain (Council 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 (Technology representative until 2 November 2012)
John Aarts (Technology representative from 3 December 2012)

HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL

The Ministry of Health maintains a panel of practitioners from which members of the Health Practitioners Disciplinary Tribunal (HPDT) are drawn. As at 31 March 2013, membership of the panel, which is appointed by the Minister of Health, was as follows.

Dentists	Dental therapists	Dental hygienists	Dental technicians
Robert East	Pamela Brennan	Elsie-May Denne	John Batchelor
Cathrine Lloyd	Claire Caddie	Susan Morriss	Gerald Byrne
Paopio Luteru	Heather Krutz	Mary Mowbray	Tracy Burke
Warwick Ross	Josephine Lowry	Kirsten Wade	Kenneth Lock
Sergio Salis	Lynette Nicholas		Kenneth Scott
Brent Stanley			
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 2013, were as follows.

Michael Bain*	Ward Massey
Deborah Cockrell	Jenny Miller
Jan Connolly	Clare McNally (Coordinator, Hygienist, Therapist and Oral Health Therapist Programmes)
Mark Goodhew* – ex officio (Chair, Dental Council – New Zealand)	Michael Morgan (Chair and Coordinator, Dentist Programmes)
Chris Handbury	Chris Peck
Neil Hewson	Bruce Simmons
Robert Love* (Coordinator, Dental Specialist Programmes)	Neroli Stayt
Neda Nikolovski	Jane Taylor

* Dental Council (New Zealand) representatives.

OPERATIONS

The role of the Secretariat is to service Council by managing the delivery of its statutory functions; implementing its strategic direction to support its mission and vision; and by managing the projects required to supports its goals in the regulation of oral health practitioners in New Zealand.

Back row (from left): Sarah Harding, Dexter Bambery, Kevin Simmonds, Kelly Douglas, Samantha Myers, Marie Warner, Carolyn Young, Mark Rodgers, Kirsten Cook. Front row (from left): Alicia Clark, Valentina Vassiliadis, Kim Hopkinson, Karen Zhu, Lily Li, Suzanne Bornman, Trina Liu.

CHIEF EXECUTIVE REPORT

The 2012/13 year has seen a major operational change for Council's Secretariat, with the move of physical premises to co-locate with seven other health regulatory authorities. Co-location has resulted in various benefits, including a cost benefit through joint corporate service contracts and easier communications and knowledge sharing around common business processes and policies.

Council has also approved an IT project, which includes hardware and software upgrades, and Council's server being hosted offsite to provide a disaster recovery platform. The project is underway and is expected to be delivered early in the new financial year.

The Secretariat undertook significant projects this year to support Council's strategic priorities set for 2012/13. These included the review of the Medical Emergencies in Dental Practice Code of Practice; development and finalisation of the Code of Practice on Advertising; and the development of a standards framework for Council's practice standards, with the Standards Review Committee established to facilitate the review and development of Council's practice standards. The consultation on the future of oral surgery in New Zealand was also concluded during 2012/13, with no change to the gazetted Oral Surgery Scope of Practice. Similarly, the consultation on the scope of practice for dental technicians and clinical dental technicians and the respective code of practice was concluded.

Following a review of the joint dentist written examination, a major overhaul to the format of the dentist written component was approved during 2012 and will be implemented in February 2014. Subsequent changes will also be required to the New Zealand clinical examination.

The number of conduct issues reported to Council increased significantly, which saw several practitioners referred to professional conduct committees and a few to the Health Practitioners Disciplinary Tribunal. This had a significant impact on Council's workload.

December 2012 was also the end of the four-year continuing professional development cycle for dentists and dental specialists. The assessment of practitioner compliance has been a substantial project for the Secretariat, and the follow-up on outstanding compliance is still ongoing at the end of the reporting year.

The joint Australian Dental Council/Dental Council (New Zealand) accreditation committee has undertaken various policy and accreditation process reviews. Through collaboration, a new joint accreditation committee charter was developed and approved in 2012.

During the year, the strong working relationship with the Dental Board of Australia continued with frequent interactions on both governance and operational levels. The two jurisdictions are engaging in joint initiatives in various areas that foster streamlining of efforts but also ensure consistency in approach and standards, which is important with the high level of movement of practitioners between the two jurisdictions.

During the visit to the Commission on Dental Accreditation of Canada in November 2012, representatives also met with the Dental Council of Ireland and the Commission on Dental Accreditation from the United States. As a result of these interactions, Council is taking a leading role in establishing an inaugural international dental regulatory conference, scheduled for October 2013. The aim is to establish an international dental regulators forum where matters of common interest can be discussed and even common standards developed.

Council committed considerable resources, both financial and non-financial, to the proposal for the development of a single shared secretariat for all health regulatory authorities. This initially included the voluntary collaboration of 10 authorities, which was superseded by a ministerial request for the development of a detailed business case to encompass all 16 health regulatory authorities. This work was nearing completion at the end of the financial year.

Looking to the year ahead, 2013/14 offers exciting opportunities for the Secretariat.

If Council continues to move towards amalgamation of secretariat functions with other health regulatory authorities then much time and energy will be devoted to transitioning to a new organisation. On an operational front, the Secretariat will be further embedding the work on the proposed standards framework; commencing new work programmes relating to greater transparency, data security and privacy; investigating the possibility of an academic scope of practice; and a working group to look at the viability of a scope of practice for oral health therapy will commence its work during the latter part of 2013.

I would like to express a big thank you to all the Secretariat staff for their commitment and hard work this year in developing and implementing a business plan that aligns with the objectives agreed by Council, especially during such uncertain times and significant changes in the workplace.

In addition to the staff of the Secretariat, Council relies heavily on the participation of practitioners, lay people and the two universities in achieving its statutory objectives. A number of individuals provide invaluable services to Council by serving on competence review committees, professional conduct committees, on the Health Practitioners Disciplinary Tribunal, as supervisors of or providing oversight of other practitioners, by supervising examination candidates or marking examination papers, by conducting clinical examinations and by providing educational services to remediate the competence issues of other practitioners. Individuals also participate in Council working groups to help develop standards, codes of practice and scopes of practice, and provide expert representation in matters relating to the accreditation of qualifications. Council is most grateful for the active participation of, and the assistance provided by, these individuals.

Marie Warner
Chief Executive

THE SECRETARIAT

The Secretariat services Council by managing the development and delivery of its strategic objectives and the provision of its day-to-day operational requirements, including:

» the provision of advice to Council and its committees
» the implementation of Council orders and decisions
» the implementation and management of Council-approved standards, codes of practice and policies
» the management of the registration, recertification, competence, fitness to practise, conduct and discipline processes
» the management of Council registration examinations and accreditation processes
» financial management
» risk management
» the management and delivery of Council's strategic initiatives and projects
» the management of stakeholder relations, communications and consultations
» the management of the administration of the Act.

Council currently has four professional advisors who are experienced practitioners. Their role is to provide clinical advice to Council and the Secretariat; to undertake inquiries and advise Council in relation to complaints and competence notifications; and to undertake practitioner audits.
Staff members of the Dental Council, as at 31 March 2013, were as follows.

Chief Executive	Marie Warner *BCA, CA*
Registrar	Mark Rodgers *LLM*
Senior Business Development Advisor	Suzanne Bornman *MPharm*
Legal Advisor	Valentina Vassiliadis *BA, LLB*
Executive Assistant	Lily Li *BSc*
REGISTRATION	
Deputy Registrar	Carolyn Young *BA*
Registration and Recertification Officers	Alicia Clark Kelly Douglas Trina Liu *LLB* Sarah Harding Kirsten Cook *BSc*
CORPORATE SERVICES	
Corporate Services Manager	Kevin Simmonds *CA*
Finance Officer	Kim Hopkinson *BBS, ACA*
Administration Officer	Karen Zhu *BCA*
Liaison Administration Officer	Samantha Myers
PROFESSIONAL ADVISORS	
Dentists	Dexter Bambery *BDS, FDSRCS(Eng), FRACDS, DipClintDent*
Dental hygienists	Kirsty Jennings *CertDentHyg*
Dental therapists	Marijke Conway *NZ School DentNurse Cert (Hons)*
Dental technicians	Barry Williams *CertDentTech*

REGISTRATION AND PRACTISING CERTIFICATES

Part 2 of the Act

All practitioners who practise their profession in New Zealand are required by the Act to be registered and hold a current annual practising certificate (APC). Registration and a current APC confirm to the public a practitioner has been assessed by Council as being competent and fit to practise.

Image courtesy of Timaru Dental Care

REGISTRATION

Practitioners are registered in one or more of 20 scopes of practice, and it is unlawful for them to practise outside of the scope or scopes of practice in which they are registered and for which they hold a current annual practising certificate (APC).

The publically available Register of dental practitioners enables anyone to view practitioners' registered qualifications, scope(s) of practice, the currency of their APC and any conditions or limitations affecting their practice. Information on the Register, which may be accessed and searched on Council's website, is updated daily.

Council has a responsibility to protect the public safety by ensuring that all registered practitioners are fit and competent to practise. The same registration standards apply to all practitioners, regardless of where they were educated. Internationally qualified practitioners are an important part of New Zealand's oral health workforce.

To practise in New Zealand, practitioners who qualified elsewhere, need to be registered and have qualifications that have either been accredited by Council or are assessed as being educationally equivalent to a New Zealand qualification. Where this is not the case, the practitioner may gain eligibility for registration by sitting and passing the New Zealand Dental Registration Examinations in relation to the particular profession he or she wishes to practise.

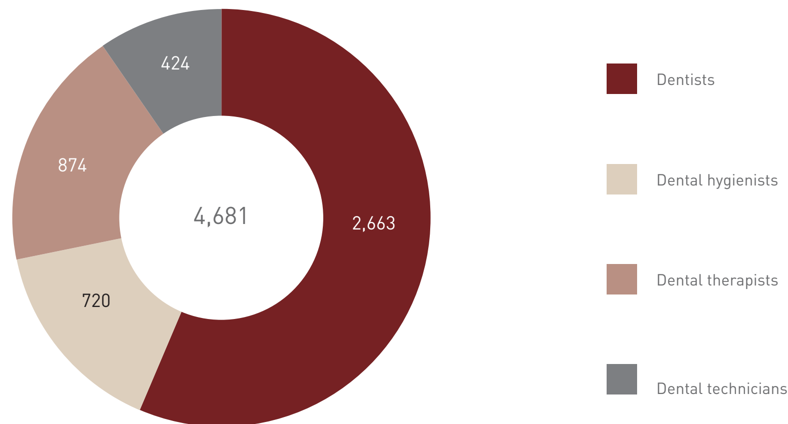
REGISTRATION STATISTICS

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

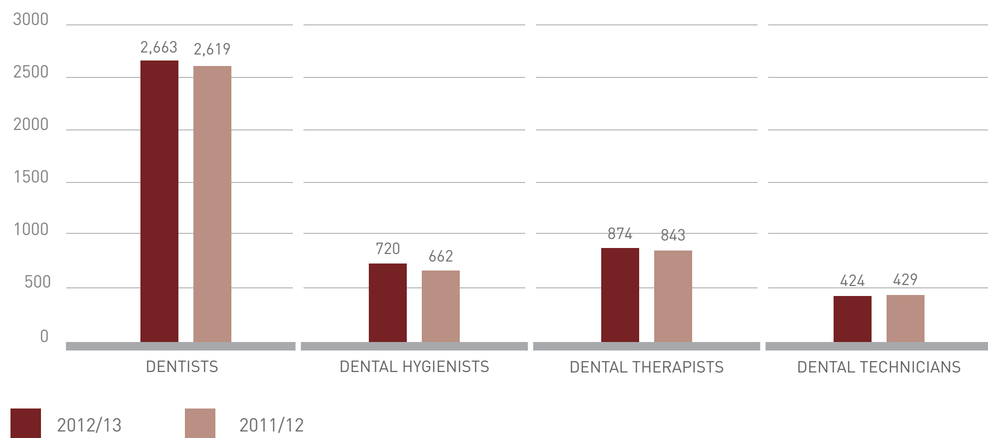
In this section of the report, the total number of dentists includes 336 registered dental specialists; the total number of dental hygienists includes 128 registered orthodontic auxiliaries; and the total number of dental technicians includes 194 registered clinical dental technicians. 272 dual-trained practitioners are registered in both the dental hygiene and dental therapy scopes of practice and are, accordingly, reported in the relevant scopes of practice statistics.

A total of 4,681 practitioners were registered with Council as at 31 March 2013, with 3,821 holding APCs.

TOTAL NUMBER OF REGISTERED ORAL HEALTH PRACTITIONERS AS AT 31 MARCH 2013



TOTAL NUMBER OF REGISTERED PRACTITIONERS BY PROFESSION AS AT 31 MARCH 2013



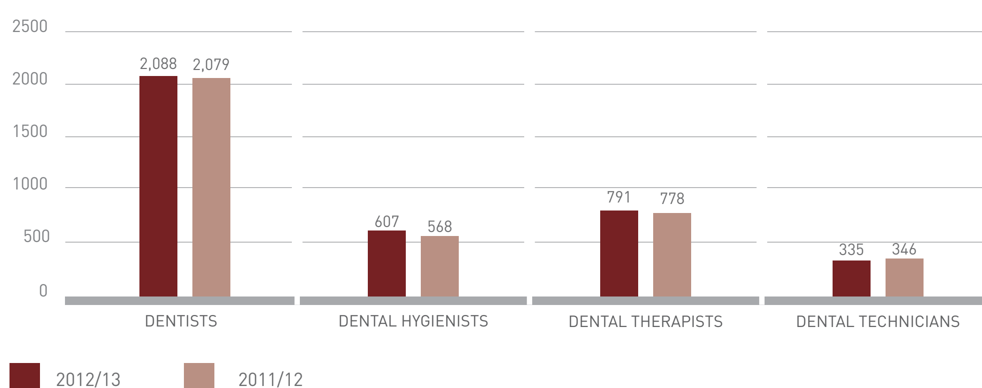
Overall, there has been a 2.8 percent increase in the total number of registered practitioners in 2012/13. Dentists have seen an increase of 44 (1.7%), and the trend of increases in the dental hygiene and dental therapy registration numbers continued from the previous year. Dental hygiene increased by 58 (8.8%) and dental therapy increased by 31 (3.7%). The number of registered dental technicians reduced by five (1.2%).

ANNUAL PRACTISING CERTIFICATES

The Act requires that all practitioners who are practising must have a current practising certificate, which must be renewed annually. To obtain an APC, practitioners must declare they have maintained their competence and fitness to practise. The Act permits Council to consider and decline an application if it is not satisfied that the practitioner concerned is competent and fit to practise.

The issue of an APC is Council's certification to the New Zealand public that a practitioner has maintained the standards that have been set by Council, and he or she is both fit and competent to practise.

TOTAL NUMBER OF PRACTITIONERS HOLDING AN ANNUAL PRACTISING CERTIFICATE BY PROFESSION AS AT 31 MARCH 2013



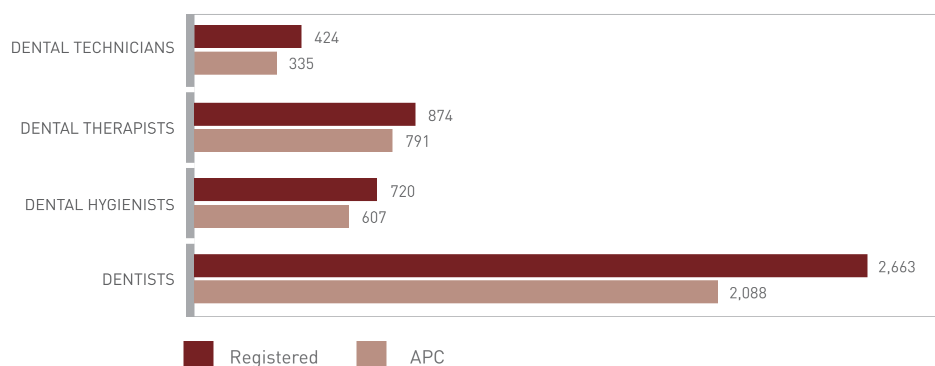
Overall, there was a 1.3 percent increase in the number of practitioners holding APCs in 2012/13. There was a 0.4 percent increase in the number of dentists holding APCs. In line with the increases in registrations in 2012/13 for dental hygienists and dental therapists, increases of 6.9 percent and 1.7 percent respectively occurred in the number of practitioners holding APCs in 2012/13. The number of dental technicians holding APCs reduced by 11 (3.2%), compared with the reduction of five registered dental technicians.

APPLICATIONS FOR AN ANNUAL PRACTISING CERTIFICATE

	Health Practitioners Competence Assurance Act 2003 - section	Applications	Outcomes			
			APC	APC with conditions	Interim APC	No APC
Total		3,823	3,736	85	0	2
Reasons for non-issue						
Competence	27(1)(a)	1				1
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)	1				1
Not lawfully practising within three years	27(1)(f)					
False or misleading application	27(3)					

Note: APC = annual practising certificate.

COMPARISON OF TOTAL NUMBER OF REGISTERED PRACTITIONERS TO THOSE HOLDING AN ANNUAL PRACTISING CERTIFICATE BY PROFESSION AS AT 31 MARCH 2013



In 2012/13 the percentages of registered practitioners holding APCs ranged from 91 percent for dental therapists to 78 percent for dentists.

Practitioners can be registered in more than one scope of practice. The number of practitioners registered in the respective scopes of practice as at 31 March 2013 are:

TOTAL NUMBER OF REGISTERED PRACTITIONERS BY SCOPES OF PRACTICE AS AT 31 MARCH 2013

	2012/13	2011/12
General dental practice	2,558	2,516
Orthodontic specialist	107	109
Endodontic specialist	36	36
Oral and maxillofacial surgery specialist	49	48
Oral medicine specialist	4	3
Oral pathology specialist	7	7
Oral surgery specialist	8	6
Paediatric specialist	16	15
Periodontic specialist	36	37
Prosthodontic specialist	31	28
Restorative dentistry specialist	11	12
Public health dentistry specialist	22	19
Special needs dentistry specialist	9	10
Dental hygiene practice	605	553
Orthodontic auxiliary practice	128	123
Dental therapy practice	874	843
Adult care in dental therapy practice	14	14
Dental technology practice	424	429
Clinical dental technology practice	194	193
Implant overdentures in clinical dental technology	17	17

ADDITIONS TO THE REGISTER

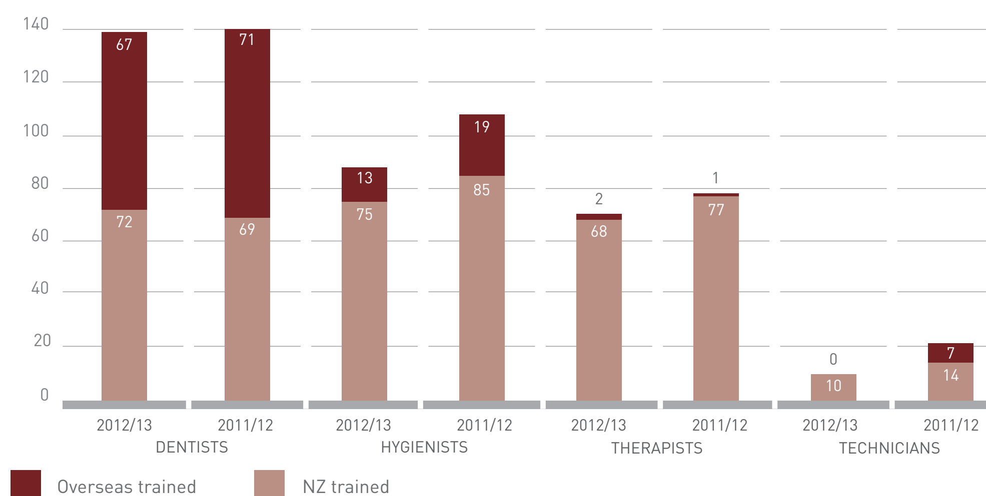
APPLICATION FOR REGISTRATION

	Health Practitioners Competence Assurance Act 2003 - section	Brought forward 2011/12	Total Applications	Outcomes			
				Registered	Registered with conditions	Not registered	Pending 2012/13
Total		5	322	297	10	5*	15
Reasons for non-registration							
Applicant not considered competent to practise within scope of practice	15(1)(c)	1				1	
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)						
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 sections 19 and 22						
Occupation in which registration is sought is not an equivalent occupation and equivalence cannot be achieved by imposition of conditions	TTMR Act section 22(1)(d)						

* Applicants not granted registration, by profession: dental hygienists (4); dental therapist (1).
Note: TTMR Act = Trans-Tasman Mutual Recognition Act 1997.

Registrations during 2012/13

SUMMARY OF REGISTRATIONS GRANTED DURING 2012/13



There has been an overall decline of 10 percent in the total number of registrations in 2012/13, with a decrease in the number of registrations of dental hygienists (15%), dental therapists (10%), dental technicians (52%), and a reduction of 1% in dentist registrations.

Sixteen fewer overseas-trained practitioners were registered in 2012/13, the most significant being the reduction in the number of overseas-trained dental technician registrants, nil in 2012/13 compared with seven the year before. Twenty fewer New Zealand qualified practitioners registered in 2012/13, compared to the year before.

SUMMARY OF REGISTRATIONS GRANTED DURING 2012/13 – COUNTRY OF PRIMARY QUALIFICATION

	Dentists		Dental hygienists		Dental therapists		Dental technicians	
	2012/13	2011/12	2012/13	2011/12	2012/13	2011/12	2012/13	2011/12
Australia	8	5	2	1				2
Brazil		2						
Bulgaria			1					
Canada	2	2	3	8				1
China		1						
Egypt	1							
Fiji		3	1					1
India	17	14		1	1			
Iraq	1	1						
Italy								1
Malaysia	1	1						
Mexico		1						
New Caledonia	1							
Pakistan	2							
Philippines	1	2	1		1			
Russia		2						
Singapore	4	2						
South Africa	12	11		2		1		1
Sri Lanka		1						
United Kingdom	10	14	4	4				1
United States of America	7	9	1	3				
Total Overseas	67	71	13	19	2	1	0	7
Total New Zealand	72	69	75	85	68	77	10	14
TOTAL	**139**	**140**	**88**	**104**	**70**	**78**	**10**	**21**

Note: In 2011/12, 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 THE TRANS-TASMAN MUTUAL RECOGNITION ACT 1997

The Trans-Tasman Mutual Recognition Act 1997 (TTMRA) recognises Australian and New Zealand registration standards as equivalent and enables registered practitioners to work in either country. The TTMRA takes precedence over the Health Practitioners Competence Assurance Act 2003 (the Act). Under the TTMRA, if a practitioner is registered as a practitioner in Australia they are, upon application to Council, entitled (subject to a limited right of refusal) to be registered in the same occupation in New Zealand. In 2012/13, 21 practitioners registered in New Zealand under the TTMRA.

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

	2012/13				2011/12			
	Applications brought forward from 2011/12	Applications received	Applications approved	Applications declined	Applications brought forward from 2010/11	Applications received	Applications approved	Applications declined
Dentists	0	19*	18	0	0	13	11	2
Dental hygienists	0	2	2	0	0	2	2	0
Dental therapists	0	1	1	0	0	0	0	0
Dental technicians	0	0	0	0	1	4	5	0
TOTAL	**0**	**22**	**21**	**0**	**1**	**19**	**18**	**2**

*One application withdrawn.

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 Council for individual consideration of their eligibility for registration.

In 2012/13, Council received a total of three individual assessment applications, that is a decrease from the 12 received during the previous year. One application was approved, one declined and two were pending at the end of the reporting year.

INDIVIDUAL ASSESSMENT APPLICATIONS

	2012/13					2011/12				
	Brought forward 2011/12	Received	Approved	Declined	Pending	Brought forward 2010/11	Received	Approved	Declined	Pending
Dentists	0	3	1	0	2	2	3	5	0	0
Dental hygienists	1*	0	0	1	0	2	5*	3	3	1*
Dental therapists	0	0	0	0	0	0	1	1	0	0
Dental technicians	0	0	0	0	0	1	3	2	2	0
TOTAL	**1**	**3**	**1**	**1**	**2**	**5**	**12**	**11**	**5**	**1**

* Correction on pending applications from 2011/12 report

REMOVAL OF EXCLUSIONS FOR DENTAL HYGIENISTS, DENTAL THERAPISTS AND ORTHODONTIC AUXILIARIES

Since the merger of the additional scopes of practice into the general scopes of practice in March 2011 dental hygienists, dental therapists and orthodontic auxiliaries can remove their exclusions from their scopes of practice by providing evidence that they have completed a Council approved training course.

During 2012/13, the following number of applications for removals of exclusions were approved.

DENTAL HYGIENE AND ORTHODONTIC AUXILIARY SCOPES OF PRACTICE	
Orthodontic procedures	2
Local anaesthesia	15
Extra-oral radiography	7
Intra-oral radiography	8
DENTAL THERAPY SCOPE OF PRACTICE	
Pulpotomies	34
Stainless steel crowns	44
Radiography	4
Diagnostic radiography	3
TOTAL	**117**

One application for a removal of exclusion in pulpotomies was declined.

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 practise after more than three years out of practice.

Council managed 35 practitioners with supervision orders to address registration issues in 2012/13, 20 of whom fulfilled their supervision obligations.

REGISTRATION-RELATED SUPERVISION

	2012/13
New supervision cases	10
Existing supervision cases	25
Total managed	**35**
Practitioners leaving supervision	20
Practitioners remaining under supervision	15

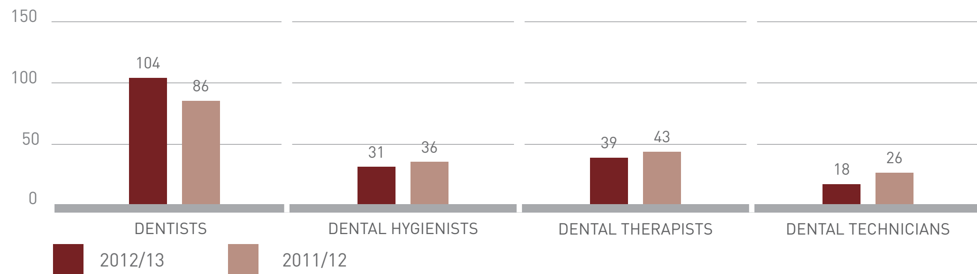
REGISTRATION-RELATED SUPERVISION, BY PROFESSION:

	2012/13
Dentists	1
Dental hygienists	12
Dental therapists	7
Dental technicians	15

REMOVALS FROM THE REGISTER

A total of 192 practitioners were removed from the Register during 2012/13, 134 of whom were voluntarily removed under section 142 or 144(3) of the Act; four were removed on notification of death; two removed after a time-limited registration[1]; one ordered by the Tribunal under section 103 of the Act and the remaining 51(27%) had their registration cancelled under section 144(5) of the Act because they were not able to be contacted.

REMOVALS FROM THE 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 in 2011/12.

1 Two practitioners were registered in New Zealand for the duration of a research project.

COMPETENCE, FITNESS TO PRACTISE AND RECERTIFICATION

Part 3 of the Act

Part 3 of the Act provides mechanisms for improving the competence of practitioners and for protecting the public from practitioners who practise below the required standard of competence or who are unable to perform the required functions. The mechanisms include competence reviews, competence programmes, recertification programmes and medical examinations.

Image courtesy of Te Manu Toroa Kaupapa Maori Dental Services

COMPETENCE

The Act establishes a unique regime to ensure the competence of all practitioners. Unlike other jurisdictions, a concern about a practitioner's competence is not dealt with in New Zealand as a disciplinary matter. Charges are not brought against a practitioner, nor does Council seek to establish guilt or fault. It is not a punitive process.

The objective is to assess a practitioner's competence and, if a deficiency is found, to put in place the appropriate training, education and safeguards to assist the practitioner to meet the required standards whilst ensuring he or she is safe to practise. It is a supportive and educative process.

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.

COMPETENCE NOTIFICATIONS

Council can review the competence of a practitioner at any time if he or she has not maintained the required standard of competence or there is evidence to suggest the practitioner's practice poses a risk of harm to the public. Competence issues usually come to Council's attention as a consequence of a notification under section 34 of the Act from another practitioner, an employer or the Health and Disability Commissioner (HDC) acting on a complaint from a patient.

Source	Health Practitioners Competence Assurance Act 2003 - section	2012/13	2011/12
Oral Health practitioner	34(1)	10	7
Health and Disability Commissioner	34(2)	7	12
Employer	34(3)	2	2
Other		3	2
Total		**22**	**23**

OUTCOMES OF COMPETENCE NOTIFICATIONS

Having received notification of a competence concern, Council is obliged to make inquiries into the competence of the practitioner under section 36(1) of the Act. Inquiries are generally completed by one of Council's professional advisors.

Once initial inquiries have been conducted under section 36(1) of the Act, Council reviews the Professional Advisor's report and may, if it considers it appropriate, order that a review of the practitioner's competence be undertaken.

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; or
» 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.

Outcomes	Health Practitioners Competence Assurance Act 2003 - section	2012/13			
		Existing	New	Closed	Still active
(Total number) Initial inquiries	36	10	19	29	
No further action		–	14	14	–
Notification of risk of harm to public	35	1	5	–	6
Orders concerning competence	38	8	5	1	12
Interim suspension/conditions	39	1	1***	–	1***
Competence programme	40	7**	5	1	11**
Individual recertification programme	41	5	6	5	6
Unsatisfactory results of competence or recertification programme	43	–	1	1	–
Competence review pending		2	4	1	5
Voluntarily removed from register		–	1*	1*	–

* One practitioner voluntarily removed from the register, will require competence review if the practitioner requests to be restored.
** One practitioner overseas, programme will be initiated if the practitioner returns to New Zealand.
*** One practitioner's programme pending, APC has been suspended and programme will need to be completed prior to the issuing of an APC.

COMPETENCE REVIEW PROCESS

A competence review committee (CRC) comprising two of the practitioner's peers and a layperson is established to undertake the competence review, which consists of an in-depth, on-site assessment of the practitioner's practice and an evaluation of his or her competence using Council-developed assessment tools. The practitioner's competence is measured against Council's minimum standards and a formal report is provided by the CRC to Council.

This year, eight new competence reviews were undertaken, compared with two new reviews undertaken the prior year. This resulted in 10 competency reviews being managed during 2012/13.

COMPETENCE REVIEWS

	2012/13	2011/12	2010/11	2009/10	2008/09
New competence reviews	8	2	8	2	2
Existing practitioners in competence review	2*	2*	2	1	0
Total cases managed	**10**	**4**	**10**	**3**	**2**
Practitioners leaving competence review	4	2	8	1	1
Practitioners left in competence review	6*	2*	2*	2	1

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

COMPETENCE REVIEWS MANAGED, BY PROFESSION

	2012/13	2011/12	2010/11	2009/10	2008/09
Dentists	8	4	10	3	2
Dental hygienists	0	0	0	0	0
Dental therapists	2	0	0	0	0
Dental technicians	0	0	0	0	0
Total	**10**	**4**	**10**	**3**	**2**

OUTCOMES OF COMPETENCE REVIEWS

Where, following consideration of the CRC's report, Council has reason to believe that the practitioner fails to meet the required standard of competence; it is required under section 38 of the Act 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.

In 2012/13, five practitioners were ordered to undertake competence programmes. This resulted in a total of 12 competence programmes entailing courses of learning being managed during the year, many followed by an assessment and frequently in conjunction with an order that the practitioner practise under supervision. One practitioner has successfully completed their competence programme.

COMPETENCE PROGRAMMES

	2012/13	2011/12	2010/11	2009/10	2008/09
New competence programmes	5	3**	6	0	0
Existing practitioners in competence programmes	7*	6	0	0	2
Total cases managed	**12**	**9**	**6**	**0**	**2**
Practitioners leaving competence programmes	1	2	0	0	2
Practitioners left in competence programmes	11	7*	6	0	0

* Correction on closing balance from 2011/12 period.
** One practitioner overseas, programme will be initiated if they return to New Zealand.

COMPETENCE PROGRAMMES MANAGED, BY PROFESSION

	2012/13	2011/12	2010/11	2009/10	2008/09
Dentists	11	9	6	0	1
Dental hygienists	0	0	0	0	0
Dental therapists	1	0	0	0	0
Dental technicians	0	0	0	0	1
Total	**12**	**9**	**6**	**0**	**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 upon training and instruction, and are typically employed where a practitioner has a specific identified competence issue to be addressed. During the reporting period, six new IRPs were ordered, whilst a total of 11 programmes were managed. Five practitioners completed their programmes.

INDIVIDUAL RECERTIFICATION PROGRAMMES

	2012/13	2011/12	2010/11	2009/10	2008/09
New individual programmes	6	1	4	7	5
Existing programmes	5*	6	5	5	1
Total managed	**11**	**7**	**9**	**12**	**6**
Practitioners leaving programme	5	2	3	7	1
Practitioners in programme	6	5*	6	5	5

* Correction from closing balance from 2011/12 period.

INDIVIDUAL RECERTIFICATION PROGRAMMES MANAGED, BY PROFESSION

	2012/13	2011/12	2010/11	2009/10	2008/09
Dentists	10	6	8	12	6
Dental hygienists	0	0	0	0	0
Dental therapists	1	1	1	0	0
Dental technicians	0	0	0	0	0
Total	**11**	**7**	**9**	**12**	**6**

FITNESS TO PRACTISE

At the time of registration, an applicant must be able to demonstrate their fitness for registration. This requires Council to satisfy itself that the applicant meets a number of standards set out in the Act primarily related to conduct. In addition, however, Council is also required to establish that an applicant for registration does not have a mental or physical condition that stops him or her from performing the functions of their profession.

Once registered, practitioners are required to annually recertify that they have retained their fitness to practise – that they are free from convictions and disciplinary proceedings both in New Zealand and internationally, and are free from both physical and mental conditions that may render them unable to practise safely. Matters of conduct are managed under Part 4 of the Act and generally entail disciplinary proceedings. Where, however, a practitioner's health is a cause for concern he or she is managed by Council in quite a different manner.

HEALTH

As the case with the general public, practitioners are not immune from suffering from a range of health issues and conditions that may impair their ability to practise. Council works to ensure that members of the public are protected, by managing practitioners whose fitness to practise has been called into question because of a mental or physical condition.

In order to protect the health and safety of the public, Part 3 of the Act establishes a regime for the notification to, and management by, Council of practitioner health issues. This is a formal regime that permits Council to require a practitioner to undergo medical assessments and, where appropriate, to suspend a practitioner's registration or to place conditions on his or her scope of practice, limiting how he or she may practise. It is a regime Council uses only in more severe cases where less formal measures are not appropriate or where the practitioner is not prepared to enter into a voluntary undertaking with Council.

A less formal approach to the management of practitioner health issues is often better suited to the preservation of the affected practitioner's privacy and dignity. Where possible, the imposition of conditions on a practitioner's scope of practice, which as a matter of record appear on the public register, are avoided. Where the health and safety of the public is not otherwise compromised, and where the practitioner is prepared to cooperate, Council utilises more informal voluntary undertakings.

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 practice.

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.

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

Source	Health Practitioners Competence Assurance Act 2003 - section	2012/13			
		Existing	New	Closed	Still active
Health service	45(1)(a)	2	-	-	2
Health practitioner	45(1)(b)	1	1	-	2
Employer	45(1)(c)	1	1	1	1
Medical Officer of Health	45(1)(d)	-	-	-	-
Any person	45(3)	-	-	-	-
Person involved with education	45(5)	-	1	-	1
Self notification		5	3	3	5
Other regulatory authority		1	-	-	1

OUTCOMES OF NEW HEALTH NOTIFICATIONS

Outcomes	Health Practitioners Competence Assurance Act 2003 - section	2012/13*
No further action		-
Order medical examination	49	4
Interim suspension	48	1
Conditions	48	1
Restrictions imposed	50	-
Voluntary undertaking		3
Still under review		1
Total		**10**

* Multiple outcomes per notification can apply

HEALTH PROGRAMMES

	2012/13	2011/12	2010/11	2009/10	2008/09
New health considerations	6	5	7	2	1
Existing practitioners in health portfolio	10	8	7	10	9
Total managed	**16**	**13**	**14**	**12**	**10**
Practitioners leaving health portfolio	4	3	6	5	0
Practitioners in health portfolio	12	10	8	7	10

During 2012/13, six new health-impaired practitioners were brought to Council's attention. This resulted in 16 health programmes being managed during the reporting period, with four practitioners leaving and 12 practitioners still being monitored at the end of this year under the health portfolio. Two practitioners were subject to orders of health-related supervision.

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 the public. They are used to address practitioner registration, fitness to practise and competence issues.

Supervision is defined by the Act to be "…the monitoring of, and reporting on, the performance of a practitioner by a professional peer". An order of supervision is used to ensure a practitioner is fit and competent to practise and to protect the public safety in a variety of situations, including:

- where a practitioner is returning to practice after more than three years out of practice
- where a practitioner is suffering from a health condition
- as an interim measure whilst a competence review is being conducted
- following a failure to satisfy the requirements of a competence programme.

Eight orders involving supervision were made by Council during the reporting period. The practitioners subject to these orders joined the four already practising under supervision who had been the subject of orders during the prior year. The nature of the supervision varies according to the needs of the practitioner, but is focused at all times on maintaining public safety.

Two practitioners were released from supervision programmes, based on the fulfilment of their supervision period and confirmation from their supervisor that they were safe and competent to practise.

SUPERVISION RELATING TO COMPETENCE

	2012/13	2011/12	2010/11	2009/10	2008/09
New supervision cases	8	2	2	3	1
Existing supervision	4	3	2	1	5
Total managed	**12**	**5**	**4**	**4**	**6**
Practitioners leaving supervision	2	1	1	2	5
Practitioners in supervision	10	4	3	2	1

SUPERVISION RELATING TO COMPETENCE, BY PROFESSION

	2012/13	2011/12	2010/11	2009/10	2008/09
Dentists	10	5	4	4	5
Dental hygienists	0	0	0	0	0
Dental therapists	2	0	0	0	0
Dental technicians	0	0	0	0	1
TOTAL	**12**	**5**	**4**	**4**	**6**

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".

Whilst no new oversight was ordered during 2012/13, there were four practitioners subject to oversight orders from the prior year. Two practitioners were released from oversight upon the overseeing practitioner confirming the objectives of the order had been met; and the order of one practitioner was amended to supervision.

As with supervision, the nature of oversight varies according to the needs of the individual practitioner but is focused at all times on maintaining public safety.

OVERSIGHT

	2012/13	2011/12
New oversight cases	0	2
Existing oversight cases	4	3
Total managed	**4**	**5**
Practitioners leaving oversight	3*	1
Practitioners in oversight	1	4

* One practitioner's order was amended to supervision

OVERSIGHT BY PROFESSION

	2012/13	2011/12
Dentists	4	5
Dental hygienists	0	0
Dental therapists	0	0
Dental technicians	0	0
TOTAL	**4**	**5**

RECERTIFICATION

The recertification of practitioners is mandated by both Parts 2 and 3 of the Act. The provisions of Part 2 prevent Council from approving applications for APCs unless it is satisfied that the practitioners concerned are competent and fit to practise in accordance with their scopes of practice. Accordingly, practitioners are required to recertify each year. Part 3 of the Act provides the mechanisms for the establishment and management of recertification programmes.

Council must be satisfied that practitioners have maintained their competence and fitness to practise before they are recertified each year and issued with an APC. This requires each practitioner to declare:

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

AUDIT PROCESS

Following receipt of the 2012/13 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 who were audited worked in a variety of practice settings, including sole practice, small group dental practices and school dental clinics.

CONTINUING PROFESSIONAL DEVELOPMENT

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 continuing professional development (CPD) hours and peer contact activities over a four-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 four-year cycle, 10 percent of each practitioner group is randomly selected for an audit of their CPD activities.

COMPLAINTS AND DISCIPLINE

Part 4 of the Act

Part 4 of the Act, creates a consistent accountability regime for all health practitioners by:

» making the Health and Disability Commissioner (HDC) a 'one stop shop' for all complaints where the practice or conduct of a practitioner is alleged to have affected a health consumer
» providing for the appointment of professional conduct committees (PCCs) to investigate the basis of specified court convictions or information that raise questions about the appropriateness of the conduct or the safety of a practitioner, and to either recommend to Council the appropriate response or lay charges before the Health Practitioners Disciplinary Tribunal (HPDT); and
» creating a single HPDT to hear and determine charges brought by the HDC or by a PCC.

Image courtesy of Neil Waddell

COMPLAINTS

Complaints fall into two broad categories: those that allege the practice or conduct of a practitioner has affected a health consumer, and those that do not directly involve a health consumer.

Those complaints that allege a health consumer has been affected must, in the first instance, be made to the Health and Disability Commissioner (HDC). Accordingly, when such a complaint is received by Council it is immediately referred to the HDC. With the exception of complaints about competence, only when the HDC has determined not to take any action is the matter referred back to Council for action.

Those complaints received by Council that do not allege that a health consumer has been affected are reviewed by Council on a case-by-case basis. Such complaints may allege that a practitioner is practising outside of his or her scope of practice, is practising without a practising certificate, has committed a disciplinary offence or has been convicted in the courts.

Each complaint received by the Secretariat is screened to determine whether it should be handled as a conduct, fitness to practise or competence issue before being referred to Council for consideration.

COMPLAINTS FROM VARIOUS SOURCES AND OUTCOMES

Source	Complaints	Outcome			
		No further action	Other action	Referred to professional conduct committee	Referred to the Health and Disability Commissioner
Consumer	13				13
Health and Disability Commissioner	7	3	4		
Oral health practitioner	9	4	5		
Other health practitioner	1		1		
Courts notice of conviction	4			4	
Employer	2		2		
Other	3		3		
Total	**39**	**7**	**15**	**4**	**13**

DISCIPLINE

REFERRALS TO A PROFESSIONAL CONDUCT COMMITTEE

Referrals to Professional Conduct Committees (PCCs) occur in two situations. The first is where the Registrar of a court notifies Council that a practitioner has been convicted of an offence against specified legislation or where a conviction is punishable by imprisonment for a term of three months or longer. In such cases, Council must refer the matter to a PCC for investigation. The second situation is where 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. In such a case it may refer any or all of those questions to a PCC. It may do so in response to a complaint that has been referred to it by the HDC or on its own initiative.

A PCC is an independent statutory committee appointed by Council to investigate the basis of specified convictions or the appropriateness of the conduct of a practitioner. It comprises two professional peers of the practitioner and a lay person, and may make certain specified recommendations to Council or lay charges against the practitioner before the Health Practitioners Disciplinary Tribunal (HPDT).

A PCC may receive evidence relevant to the complaint or conviction, appoint its own legal advisors and/or investigators as necessary and make recommendations and determinations on the completion of its investigation.

In 2012/13, Council referred 23 practitioners to PCCs. Of the 27 cases managed in 2012/13, 10 were charged before the HPDT; eight were counselled by Council; no further action was recommended in respect of three and six were still pending determination at the end of the reporting period.

PROFESSIONAL CONDUCT COMMITTEE CASES

Nature of issue	Source	2012/13	Outcome
Concerns about standards of practice			
– Drink driving offence	1 Court 1 Complaint 1 Self notification	3	1 No further action 2 Pending
– Assault			
– Fraud	1 Practitioner 1 District Health Board	2	1 Pending 1 Referred to Tribunal
Theft			
Conduct	1 Council 1 Police	2	2 Referred to Tribunal
Practising outside scope	1 Other practitioner	1*	1 Pending
Practising without annual practising certificate	20 Council	20*	3 Pending 7 Referred to Tribunal 8 Counselled 2 No further action
Other			
Total cases		**27***	

* One practitioner is before a PCC for practising without an APC and practising outside scope.

PROFESSIONAL CONDUCT COMMITTEES

	2012/13	2011/12	2010/11
New PCC cases	23	6	7
Existing PCC cases	4	5	0
Total managed	**27**	**11**	**7**
PCC finalised	21	7	2
Practitioners remaining	6	4	5

Note: PCC = professional conduct committee.

PROFESSIONAL CONDUCT COMMITTEES BY PROFESSION

	2012/13	2011/12	2010/11
Dentists	13	9	5
Dental hygienists	1	1	1
Dental therapists	1	0	0
Dental technicians	11	1	1
Dental hygienists/therapists	1	0	0
TOTAL	**27**	**11**	**7**

HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL

The HPDT is the tribunal created under Part 4 of the Act to hear and determine charges brought against health practitioners by the HDC or by a PCC.

The HPDT may discipline a practitioner if it is satisfied the practitioner has:

» been guilty of professional misconduct because of any act or omission that, in the judgement of the Tribunal, amounts to malpractice or negligence in relation to the scope of practice in respect of which the practitioner was registered at the time that the conduct occurred; or

» been guilty of professional misconduct because of any act or omission that, in the judgement of the Tribunal, has brought or was likely to bring discredit to the profession that the health practitioner practised at the time that the conduct occurred; or

» been convicted of an offence that reflects adversely on his or her fitness to practise; or

» practised his or her profession while not holding a current practising certificate.

» performed a health service that forms part of a scope of practice of the profession in respect of which he or she is or was registered without being permitted to perform that service by his or her scope of practice; or

» failed to observe any conditions included in the practitioner's scope of practice; or

» breached an order of the Tribunal under section 101 of the Act.

The HPDT comprises a chair and one or more deputy chairs, each of whom is a senior barrister, and a panel of registered health practitioners and lay members, all appointed by the Minister of Health. When the HPDT sits to hear and determine any matter, it sits with a presiding chair or deputy chair and four members, three of whom are health practitioners and professional peers of the practitioner who is the subject of the hearing, and a lay member.

During 2012/13, PCCs appointed by Council laid charges against 10 practitioners before the HPDT. Of the three cases finalised one practitioner's registration was cancelled, one censured and the third fined. The remaining eight cases were still pending at the end of the reporting year.

TRIBUNAL CASES

	2012/13	2011/12	2010/11
New HPDT/DDT cases	10	4	0
Existing HPDT/DDT cases	1	0	1
Total managed	**11**	**4**	**1**
HPDT/DDT finalised	3	3	1
Practitioners remaining	8	1	0

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

APPEALS AND REVIEWS

Council's decisions may be appealed to the District Court or, in some cases, judicial review sought in the High Court. No appeals or judicial reviews were brought against Council in 2012/13.

Practitioners who have appeared before the HPDT have the right to appeal the HPDT's decision in whole or in part to the High Court. An appeal against a component of the HPDT's determination against a practitioner was brought during the period but had not been heard by 31 March 2013.

EXAMINATIONS AND ACCREDITATION

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

Image courtesy of Lyndie Foster Page and BDS graduating students 2015 - University of Otago, Faculty of Dentistry

EXAMINATIONS

In 2012/13, 48 percent of the dentists and dental specialists and 15 percent of the dental hygienists registered in New Zealand gained their primary qualifications in countries other than New Zealand. A significant proportion of them did not hold a prescribed qualification rendering them eligible for registration in their chosen professions.

The New Zealand oral health workforce relies on practitioners who gained their primary training in other jurisdictions. Council has a responsibility to protect the public safety by ensuring that all registered practitioners are competent and safe to practise regardless of where they were educated.

Council offers to eligible candidates a registration examination to fully assess their skills and competence and to ensure they meet the standards required of locally trained practitioners. A pass in the New Zealand Dental Registration Examinations is a prescribed qualification for registration within New Zealand.

The following examinations are available:

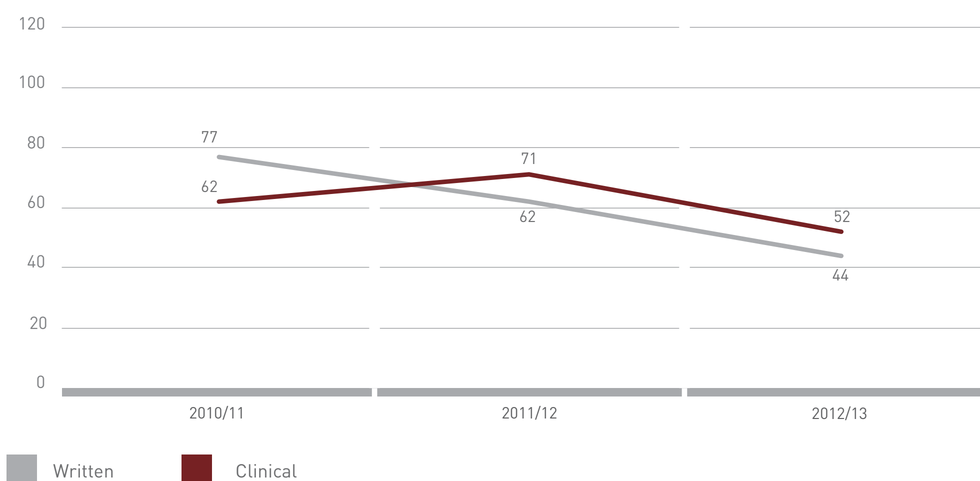
- New Zealand Dentist Registration Examination
- New Zealand Dental Specialist Registration Examination
- New Zealand Dental Hygiene Registration Examination
- New Zealand Dental Therapy Registration Examination
- New Zealand Dental Technology Registration Examination.

Each examination comprises two components – a written examination and a clinical examination.

In 2012/13, 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 a number of clinical examiners over the course of the three clinical examinations held during the year.

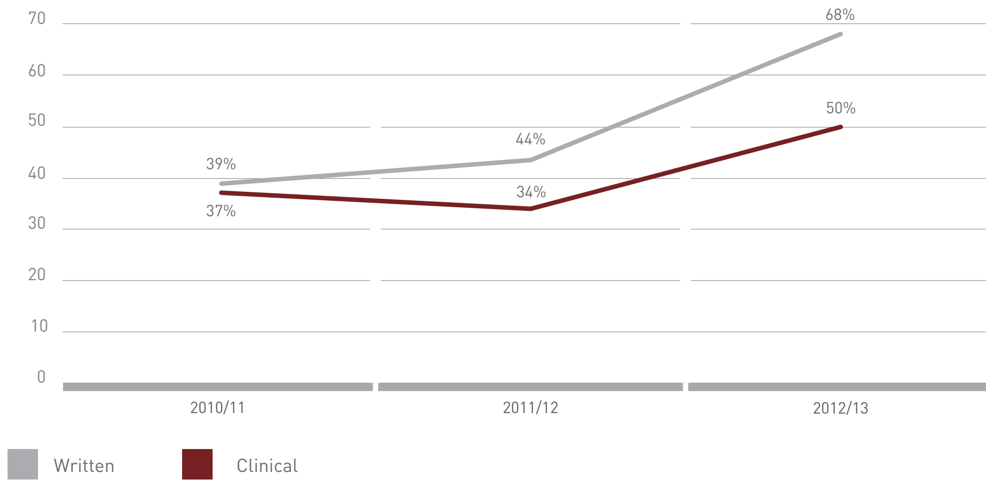
The dental therapy and dental hygiene registration examinations were held at the Auckland University of Technology. Registration examinations for dental specialists and dental technology were not held, as no applications were received.

DENTIST REGISTRATION EXAMINATION CANDIDATES SITTING THE EXAMINATION



In 2012/13, there was a 29 percent decrease in the number of candidates sitting the written component of the dentist registration examinations and a 27 percent decrease in those sitting the clinical component, compared with the previous reporting year.

DENTIST REGISTRATION EXAMINATION PASS RATES



In 2012/13, there was an increase of 29 percent in the pass rate for the written component of the dentist registration examination and a 16 percent increase in the pass rate for the clinical component.

DENTAL THERAPY REGISTRATION EXAMINATION

In 2012/13 , three candidates sat the written component, two of whom passed. Both successful candidates proceeded to the clinical component and passed.

DENTAL HYGIENE REGISTRATION EXAMINATION

In 2012/13 one candidate sat and passed the dental hygiene registration examination.

ACCREDITATION

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

The Council and Australian Dental Council[2] 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 Dental Council and Dental Board of Australia on accreditation matters. These include standards for the accreditation of educational programmes leading to registration in dentistry, dental specialities, dental hygiene, dental therapy, oral health therapy (in Australia only) and clinical dental technology/ dental prosthetics[3].

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 programme 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.

Council monitors 19 New Zealand programmes across the oral health professions. 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.

In March 2013 accreditation was granted to the University of Otago DClinDent(oral medicine) programme until 31 December 2016, to replace the conjoint MDS/MBChB(oral medicine) programme. The consultation on a new prescribed qualification for the oral medicine scope of practice will commence during the first quarter of 2013.

Last year, accreditation was 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. The comprehensive report review was conducted in collaboration with the Australian Medical Council, Australian Dental Council and Dental Council (New Zealand). The outcome of the comprehensive report process was considered, and Council resolved that there were areas where the Australian Dental Council/Dental Council (New Zealand) Accreditation Committee standards for dental specialist programmes have not been covered through the comprehensive review process. A limited accreditation review process is scheduled for later this year, and the accreditation period was extended until October 2013 to allow for this process to be finalised.

2 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.

3 Clinical dental technology – in New Zealand only; Dental prosthetics – in Australia only.

STATUS OF NEW ZEALAND ACCREDITED ORAL HEALTH PROGRAMMES AS AT 31 MARCH 2013

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) • Endodontics • Oral and maxillofacial surgery • Oral pathology • Oral medicine • Orthodontics • Paediatric dentistry • Periodontology • Prosthodontics • Special needs dentistry	University of Otago	Full accreditation for five years (in 2011) Special needs dentistry: Accreditation with conditions (in 2011)	31/12/2016
Master of Dental Surgery(MDS)/Bachelor of Medicine and Bachelor of Surgery (MBChB) in Oral Medicine	University of Otago	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*	31/10/2013
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 accreditation period has been extended until the end of October 2013 to allow for the New Zealand accreditation review to be completed.

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.

FINANCIAL OVERVIEW

Council reports an operating surplus of $243,592 for the 2012/13 year, a positive variance of $33,009 compared with the budget of $210,583.

Revenue for the year was $3,025,297 – 10 percent higher than last year, driven largely by increased disciplinary levy revenue as the number of discipline cases going to PCCs and the HPDT has increased by 145 percent and 175 percent respectively.

Expenditure for the year was $2,781,705, which was $24,995 lower than budget and 7 percent less than in 2011/12 when significant software development costs were written off.

Council ends the year in a sound financial position, holding reserves of $1,060,532, as at 31 March 2013, in total across all regulated professions. Reserves are maintained to support Council and profession-specific activities (both operational and disciplinary) and to fund budgets set aside to meet capital and organisational expenditure requirements.

In collaboration with other health regulatory authorities, Council has again this year committed considerable resources (both financial and non-financial) towards the development of a proposed single shared secretariat.

ANNUAL PRACTISING CERTIFICATE FEES

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

The table below details the components of the APC fee by profession (GST exclusive) that make up the total gazetted fees payable in the 2011/12 and 2012/13 recertification years.

	Annual operational APC fee gazetted			Annual operational APC fee gazetted		
Practitioner group	2012/13			2011/12		
	APC	Capital replacement APC	TOTAL	APC	Capital replacement APC	TOTAL
Dentists	$723.26	$6.85	$730.11	$510.91	$76.48	$587.39
Dental hygienists	$405.26	$6.85	$412.11	$241.49	$76.48	$317.97
Orthodontic auxiliaries	$405.26	$6.85	$412.11	$238.58	$76.48	$315.06
Dental therapists	$405.26	$6.85	$412.11	$338.66	$76.48	$415.14
Dental technicians	$603.98	$6.85	$610.83	$383.25	$76.48	$459.73
Clinical dental technicians	$603.98	$6.85	$610.83	$383.25	$76.48	$459.73

The lower APC fees in 2011/12 compared to 2012/13 primarily reflect Council's decision to refund surplus operational reserves in 2011/12 across all professions.

DISCIPLINARY LEVIES

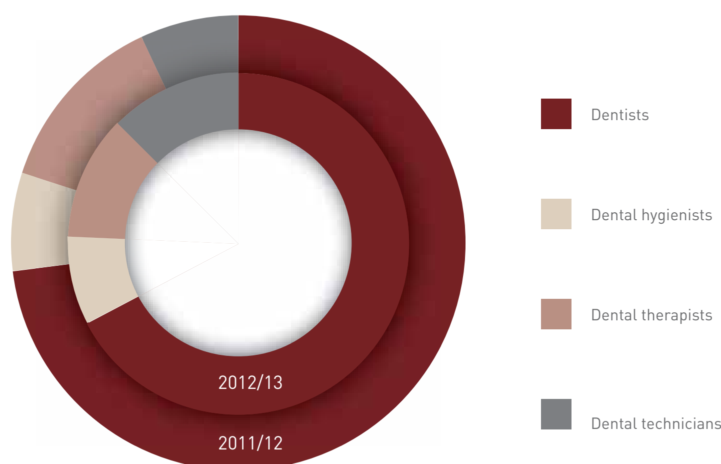
The disciplinary levy is imposed to fund PCCs and HPDT costs and expenses. Any recoveries of costs and fines awarded to the Dental Council are used to reduce the amount of the disciplinary levy required to be imposed on practitioners. The disciplinary levy is also used to fund disciplinary reserve levels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

The table at top of following page details the disciplinary levy/(refund) (GST exclusive) that make up the gazetted disciplinary levy fees payable in the 2011/12 and 2012/13 recertification years.

Disciplinary levy gazetted		
Practitioner group	2012/13	2011/12
Dentists	$29.71	$148.02
Dental hygienists	($0.38)	($40.89)
Orthodontic auxiliaries	($0.38)	($41.09)
Dental therapists	($0.38)	($30.12)
Dental technicians	($20.94)	($53.66)
Clinical dental technicians	($20.94)	($53.66)
Special disciplinary levy (December 2012)		
Dental technicians	$268.78	
Clinical dental technicians	$268.78	

The refunds of disciplinary levies, represented by the amounts shown in brackets above, reflect Council's decision, when budgets were approved, to refund surplus disciplinary reserves held by the respective professions. The special disciplinary levy of $268.78 imposed on dental technicians and clinical dental technicians in December 2012 was necessary to meet extraordinary PCC and HPDT costs that arose during 2012/13.

ANNUAL PRACTISING CERTIFICATE FEE AND DISCIPLINARY LEVY REVENUE



ANNUAL PRACTISING CERTIFICATE FEE AND DISCIPLINARY LEVY REVENUE

	2012/13	2011/12
Dentists	1,582,941	1,455,759
Dental hygienists	198,021	137,667
Dental therapists	278,975	260,235
Dental technicians	290,999	137,522

Note: Figures are GST exclusive.

The overall movements in APC fee and disciplinary levy revenue between 2011/12 and 2012/13 across all professions mainly reflect the adjustments to operational and disciplinary reserve levels by profession across the two financial periods.

In 2011/12, the profession minimum reserves were adjusted downwards through lower APC fees and disciplinary levy refunds as per Council's Level of Reserves policy. With respect to dentists this downward adjustment was only in relation to APC fees and not to disciplinary levies.

AUDIT REPORT

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INDEPENDENT AUDITOR'S REPORT

TO THE READERS OF THE DENTAL COUNCIL'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2013

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 Staples Rodway Wellington, 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 54 to 64, that comprise the statement of financial position as at 31 March 2013, the statement of financial performance, statement of movements in reserves 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 54 to 64:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's:
    - financial position as at 31 March 2013; 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 59 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 4 June 2013. 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, in our judgement, are likely to influence readers' 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 preparation of the Council's 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.

An Independent Member of Baker Tilly International.

staplesrodway
CHARTERED ACCOUNTANTS

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. Also we did not evaluate the security and controls over the electronic publication 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 is also responsible for the publication of the financial statements, whether in printed or electronic form.

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 External Reporting Board.

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

Robert Elms
Staples Rodway Wellington
On behalf of the Auditor-General
Wellington, New Zealand

STATEMENT OF FINANCIAL POSITION

AS AT 31 MARCH 2013

	Note	2013	2012
		$	$
Operational Reserves – Profession		536,359	341,477
Disciplinary Reserves – Profession		95,928	81,180
Capital Asset Reserve – Council		428,245	394,283
ACCUMULATED RESERVES	**12**	**1,060,532**	**816,940**
Current Assets			
Petty Cash		200	200
ANZ Bank Account		111,687	68,950
Short Term Bank Deposits		3,030,035	2,406,111
Accounts Receivable	13	75,164	184,370
Office Rental and Outgoings Advance		11,979	–
Interest Accrued		10,955	18,485
Total Current Assets		**3,240,020**	**2,678,116**
Property, Plant and Equipment	14	114,266	109,087
Intangible Assets	15	23,187	25
Total Fixed Assets		**137,453**	**109,112**
TOTAL ASSETS		**3,377,473**	**2,787,228**
Current Liabilities			
Income in Advance	16	1,733,746	1,448,474
Accounts Payable		471,686	443,692
GST Payable		111,509	78,122
TOTAL LIABILITIES		**2,316,941**	**1,970,288**
NET ASSETS		**1,060,532**	**816,940**

Approved by

Chair

4 June 2013

Chief Executive

4 June 2013

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 58–64

STATEMENT OF FINANCIAL PERFORMANCE

FOR THE YEAR ENDED 31 MARCH 2013

	Note	2013	2012
		$	$
Income from Fees and Levies			
Annual Practising Fees	4	2,079,415	1,906,331
Disciplinary Levies	4	271,521	84,852
Certificate of Good Standing Fees		8,515	7,000
Registration Fees		159,698	155,706
Retention on Dental Register (Non-practising) Fees		58,271	56,578
Restoration to Dental Register Fees		5,000	3,422
New Zealand Dental Registration Examination Fees		285,452	314,734
INCOME FROM FEES AND LEVIES		**2,867,872**	**2,528,623**
Other Income			
Interest on Investments		90,372	90,437
Sale of Dental Register Extracts		1,600	1,200
Discipline Fines/Costs Recovered	5	56,192	123,493
Judicial Review – Insurance Claim		7,524	-
Course Accreditation Fees		1,737	23,224
Sundry Income (reversal prior year accrual)		-	(15,000)
OTHER INCOME		**157,425**	**223,354**
Total Income for Period		**3,025,297**	**2,751,977**
Less Expenditure as per Schedule		2,781,705	2,989,980
NET SURPLUS (DEFICIT) FOR PERIOD		**243,592**	**(238,003)**

STATEMENT OF MOVEMENTS IN RESERVES

FOR THE YEAR ENDED 31 MARCH 2013

	Note	2013	2012
Balance Beginning of the Year		816,940	1,054,943
Net Surplus/(Deficit) for the Period			
– Council	12	33,962	53,581
– Professions – Operational	12	194,882	(313,576)
– Professions – Disciplinary	12	14,748	21,992
Total Net Surplus/(Deficit) for the Period		243,592	(238,003)
BALANCE AT END OF YEAR		**1,060,532**	**816,940**

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 58–64

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED 31 MARCH 2013

	Note	2013	2012
		$	$
Administration Expenses			
Salaries, Kiwisaver and ACC levies		1,170,122	1,125,226
Staff Welfare, Training and Recruitment Costs		39,526	52,426
Information Technology Support Services		28,346	113,347
Telephone Call Charges and Services		20,699	14,847
Printing, Postage and Couriers		43,568	49,058
Office Expenses		43,164	39,652
Publications and Media Monitoring		3,630	3,569
Audit Fee		12,648	12,250
Advertising		1,843	1,577
Rent and Building Outgoings		93,416	110,140
Insurance		27,360	17,433
Bank Charges		25,548	42,150
Legal		–	2,646
Amortisation of Intangible Assets	8	619	223,171
Depreciation of Physical Assets	9	23,428	28,329
Loss on Disposal of Assets		41,069	–
Total Administration Expenses		**1,574,986**	**1,835,821**
Project Expenses			
Dental Council – Fees and Expenses		243,011	190,534
Professional Boards	11	–	39,624
Audit & Risk and Remuneration Standing Committees		30,571	36,570
New Zealand and International Liaison		70,418	56,710
Strategic and Organisational Planning		66,829	10,896
Communications – Stakeholders		29,361	29,791
Workforce Data Analysis		8,155	–
Education and Accreditation		37,218	25,015
Examinations		103,652	167,474
Registration		18,680	87,769
Recertification		115,458	113,417
Health Advisory		5,877	2,817
Competency Assessments and Reviews		164,525	207,188
Disciplinary Expenses			
– Gazette Notice		113	–
– Professional Conduct Committees		115,280	70,586
– Health Practitioners Disciplinary Tribunal		153,029	91,562
– Disciplinary Case Appeals		6,542	24,206
– Doubtful Debts	13	38,000	–
Total Project Expenses		**1,206,719**	**1,154,159**
Total Expenditure		**2,781,705**	**2,989,980**

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 58–64

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 MARCH 2013

	Note	2013	2012
		$	$
CASH FLOWS FROM OPERATING ACTIVITIES			
Cash was provided from:			
Statutory Fees and Disciplinary Levies		2,717,078	2,361,977
Registration and Examination Fees		417,151	501,615
Prepaid Competence Course		14,811	9,410
Judicial Review Insurance Claim		7,524	–
Disciplinary Fines/Costs Recovered		56,192	123,493
Interest on Investments		97,902	84,958
Other Revenue		16,852	11,130
Cash was disbursed to:			
Suppliers and Employees		(2,567,391)	(2,598,547)
Net Cash Inflow/(Outflow) from Operating Activities	**17**	**760,119**	**494,036**
CASH FLOWS FROM INVESTING ACTIVITIES			
Cash was provided from:			
Sale of Fixed Assets		915	–
Term Deposits		–	–
Cash was disbursed to:			
Purchase of Fixed Assets		(70,591)	(11,388)
Purchase of Intangible Assets		(23,782)	-
Term Deposits		(623,924)	(448,290)
Net Cash Inflow/(Outflow) from Investing Activities		**(717,382)**	**(459,678)**
Net Increase/(Decrease) in Cash Held		**42,737**	**34,358**
Add Opening Cash and Cash Equivalents		**68,950**	**34,592**
Closing Cash and Bank Balances		**111,687**	**68,950**
This is represented by:			
ANZ Bank Account		**111,687**	**68,950**

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 58–64

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013

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 2013 (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. These reserves are represented by liquid assets set aside for funding direct profession activities.

At Council level, a separate Capital Asset Reserve is maintained. This reserve is represented by the net book value of fixed assets already purchased and liquid assets set aside for capital expenditure to meet future capital replacement requirements.

Operational reserves at profession level are funded from annual practising certificate (APC) fees after each profession's share of Council costs have been provided for. These fees can vary across profession groups, depending on levels of activity and direct profession costs.

Disciplinary reserves are funded from disciplinary levies set for each profession, and reserve levels can fluctuate according to the number of disciplinary cases heard in any one year.

Capital replacement reserve funding is provided through the APC fee at a standard rate across all professions. The APC fee is based on planned capital expenditure requirements after taking current reserve levels into account.

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 regulatory authorities (RAs).

In late 2012, HWNZ funded a detailed business case for the establishment of a shared secretariat organisation. This is being considered by each of the 16 health RAs.

Until a decision is made, there is uncertainty about the form in which our office functions will be delivered in future. Within the current consultation document, while there may be some change for a shared secretariat, it is strongly anticipated that our regulatory function will remain within Council.

It is for the above reasons that Council believes the going concern assumption on the financial statements is appropriate for the measurement basis for 31 March 2013.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013 (CONTINUED)

3. Related Parties

Council has related party transactions with respect to fees paid to members of Council (see note 10).

In 2012/13, the Dental Council and seven other health RAs agreed to co-locate in shared premises on the 10th and 11th floors of ASB House, 101–103 The Terrace, Wellington. The other RAs include the Physiotherapy Board, Occupational Therapy Board, Podiatrists Board, Psychotherapists Board, Osteopathic Council of New Zealand, Medical Sciences Council of New Zealand and Medical Radiation Technologists Board.

To facilitate the management of shared resources, including a joint lease agreement for office rental purposes and shared telephony and network services, the eight RAs have entered into a cost-sharing agreement. Generally, for one-off fixed costs (such as legal agreement costs) each RA receives an equal share of those costs, whereas for ongoing operational costs (such as office rental) each RA's share is based on the number of staff places within each RA.

Dr David Stephens LLB (Hons), PhD is currently an appointed member of both the Dental Council and Medical Sciences Council of New Zealand.

4. Annual Practising Fees and Disciplinary Levies

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 are not audited.

ANNUAL PRACTISING FEES AND DISCIPLINARY LEVIES INCOME BY PROFESSION

Profession	2013	2013	2012	2012
	$	$	$	$
	Annual Practising Fees	Disciplinary Levies[1]	Annual Practising Fees	Disciplinary Levies[1]
Dentists	1,393,641	189,300	1,313,254	142,505
Dental therapists	279,232	(257)	280,581	(20,346)
Dental hygienists and orthodontic auxiliaries	198,203	(182)	156,801	(19,134)
Dental technicians and clinical dental technicians	208,339	82,660	155,695	(18,173)
Total Fees and Levies	**2,079,415**	**271,521**	**1,906,331**	**84,852**

[1] Amounts in brackets represent refunds of disciplinary levies paid in prior years.

5. Discipline Fines/Costs Recovered

Discipline Fines/Costs Recovered represents fines and costs awarded against practitioners by the Health Practitioners Disciplinary Tribunal (HPDT). Costs represent recoveries of a portion of the costs of Professional Conduct Committees (PCC) and the HPDT.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013 (CONTINUED)

6. Non Cancellable Operating Lease Commitments

	2013	2012
	$	$
Current	74,226	36,898
Non-current	92,048	359
Total operating lease commitments	**166,274**	**37,257**

The figures above reflect Council's share of office rental for the shared premises at ASB House, 101–103 The Terrace, Wellington (see note 3). Council's share of rental commitment is current $73,518 and non-current $92,048. The lease agreement is in the name of all eight health RAs, which have joint and several liability. The full lease commitment as at 31 March 2013 is current $231,384 and non-current $289,230.

7. Capital Commitments

At 31 March 2013, Council has a capital commitment of $27,684 to information technology (IT) suppliers for the upgrade of its IT desktop and server infrastructure utilising Windows 7 and Microsoft Office Professional 2013 software.

8. Amortisation of Intangible Assets

	2013	2012
	$	$
Computer Software	619	223,171
Total Amortisation	**619**	**223,171**

In 2011/12, previously accumulated software development costs were written off. This was in relation to an IT contract for the replacement of Council's regulatory and financial management information systems. The contract was paused due to the government review to consolidate health RAs' back office functions. The IT contract was ceased in August 2012 with minimal software development costs written off in 2012/13.

9. Depreciation of Physical Assets

	2013	2012
	$	$
Computer Hardware	4,348	3,247
Office Equipment	3,953	2,918
Office Furniture & Fit-out	15,127	22,164
Total Depreciation	**23,428**	**28,329**

10. Fees Paid to Members of Council

Member meeting and other Council business fees.

	2013	2012
	$	$
Total fees paid to members of Council	**219,780**	**167,290**

11. Professional boards

In June and July 2011, the dentist, hygienist–therapist and technicians professional boards were disestablished with the Dental Council taking up the professional board responsibilities from these dates.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013 (CONTINUED)

12. Accumulated Reserves

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

	Dentists	Dental hygienists	Dental therapists	Dental technicians	Total 2013	Total 2012
Dental Council	$	$	$	$	$	$
Operational Reserves – Profession						
Balance 1 April 2012	146,256	108,854	77,378	8,989	341,477	655,053
Surplus/(deficit) 2012/13	105,766	31,411	3,884	53,821	194,882	(313,576)
Balance 31 March 2013	**252,022**	**140,265**	**81,262**	**62,810**	**536,359**	**341,477**
Disciplinary Reserves – Profession						
Balance 1 April 2012	113,505	(31,824)	(1,170)	669	81,180	59,188
Surplus/(deficit) 2012/13	69,201	(10,550)	(20,568)	(23,335)	14,748	21,992
Balance 31 March 2013	**182,706**	**(42,374)**	**(21,738)**	**(22,666)**	**95,928**	**81,180**
Capital Asset Reserve – Council						
Balance 1 April 2012					394,283	340,702
Capital Replacement APC Fee					99,078	305,081
Depreciation and Amortisation					(65,116)	(251,500)
Balance 31 March 2013					**428,245**	**394,283**
Total Balance 31 March 2013	**434,728**	**97,891**	**59,524**	**40,144**	**1,060,532**	**816,940**

Reconciliation of Movement in Dental Council Reserves	2013	2012
	$	$
Opening Balance 1 April 2012	**816,940**	**1,054,943**
Operational Reserve – all professions surplus/(deficit) 2012/13	194,882	(313,576)
Disciplinary Reserve – all professions surplus/(deficit) 2012/13	14,748	21,992
Council Depreciation and Amortisation 2012/13	(65,116)	(251,500)
Council Capital Replacement APC Fee 2012/13	99,078	305,081
Total Council surplus/(deficit) 2012/13	**243,592**	**(238,003)**
Closing Balance 31 March 2013	**1,060,532**	**816,940**

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013 (CONTINUED)

13. Accounts Receivable

	2013	2012
	$	$
Accounts Receivable	113,164	184,370
Less Provision for doubtful debts*	38,000	–
Total Accounts Receivable	**75,164**	**184,370**

*The doubtful debt provision relates to an award of costs by the HPDT against a practitioner in August 2012.

14. Property Plant & Equipment

	Cost 31 Mar 13	Accum Depn 31 Mar 13	Net Book Value 31 Mar 13	Cost 31 Mar 12	Accum Depn 31 Mar 12	Net Book Value 31 Mar 12
	$	$	$	$	$	$
Computer Hardware	118,046	71,816	46,230	77,660	67,468	10,192
Office Equipment	28,597	15,917	12,680	28,562	25,261	3,301
Office Furniture & Fit out	105,028	49,672	55,356	176,094	80,500	95,594
Total Property Plant & Equipment	**251,671**	**137,405**	**114,266**	**282,316**	**173,229**	**109,087**

15. Intangible Assets

	Cost 31 Mar 13	Accum Amort 31 Mar 13	Net Book Value 31 Mar 13	Cost 31 Mar 12	Accum Amort 31 Mar 12	Net Book Value 31 Mar 12
	$	$	$	$	$	$
Computer Software	155,420	132,233	23,187	354,393	354,368	25

16. Income in Advance

Income received that relates to services to be provided beyond 31 March 2013 is stated at cost.

	2013	2012
	$	$
Examination Fees		
– Written	–	7,104
– Clinical	3,176	24,071
– Other Course Fees	14,810	9,410
Total Examination Fees in Advance	**17,986**	**40,585**
Annual Practising Certificate Fees	1,684,002	1,375,681
Retention on the Register Fees (non-practising)	31,758	32,208
Total Annual Practising/Non-Practising Fees in Advance	**1,715,760**	**1,407,889**
Total Income in Advance	**1,733,746**	**1,448,474**

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2013 (CONTINUED)

17. Operating Cash Flow Reconciliation

	2013	2012
	$	$
Net operating surplus/(deficit) for the period	243,592	(238,003)
Add/(Deduct) non-cash items		
Depreciation & Amortisation Costs	24,047	251,500
(Gain)/Loss on disposal of asset	41,069	–
Add/(Deduct) working capital items		
Accounts Receivable	109,206	(119,729)
Accrued Interest	7,530	(5,479)
Other Receivables & Prepayments	(11,979)	111,013
Accounts Payable	27,994	104,366
Income Received in Advance	285,272	354,802
GST Payable	33,388	35,566
Net Cash inflow/(outflow) from Operating Activities	**760,119**	**494,036**

18. Contingent Liabilities and Assets

At balance date, there are no contingent liabilities.
At balance date, there are no contingent assets.

19. 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.

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