DENTAL COUNCIL
Te Kaunihera Tiaki Niho

December 2010

NEWS

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Message from the Chair

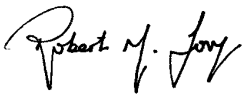
2010 has been another busy year for Council as we have continued to implement policy and processes required under the Health Practitioners Competence Assurance Act 2003.

In addition to "business as usual" Council has implemented a number of projects designed to streamline Council's processes and practitioners' compliance with the Health Practitioners Competence Assurance Act (2003). Notable projects include:

- Additions to the scopes of practice of Dental Technology and Clinical Dental Technology
- Consultation on embedding Dental Hygiene, Dental Therapy and Orthodontic Auxiliary additional scopes of practice into the general scopes of practice
- Progressing the implementation of a Council IT system
- Initial discussions with the Canadian Dental Accreditation Commission on a reciprocal accreditation agreement.

Much work has been undertaken by the Audit and Risk Management committee and Council's corporate service area to maximise cost benefits to registrants. The result of this and other Council initiatives can be seen in the proposed APC fees for 2011/2012 where there is a significant reduction in fees to Dental Hygiene, Dental Therapy, Orthodontic Auxiliary, Dental Technician and Clinical Dental Technician registrants. In contrast the APC fee for dentists and dental specialists will slightly increase, this is mainly due to increasing workload in areas of competence and discipline from this sector. In addition Council faced high legal costs related to historic discipline cases and challenges from a small number of registrants.

On behalf of Council, Professional Board members and Secretariat staff, we hope you enjoy a well deserved break and happy Christmas, and we look forward to a successful New Year.



Professor Robert M. Love
Chair

The Council, Professional Boards and Secretariat would like to wish all practitioners and their families a very Merry Christmas and best wishes for 2011.

Our office will be closed from Friday 24 December 2010 and will reopen on Monday 10 January 2011.

Dental Council Annual Plan and Draft Budget for the 2011/2012 year

We are pleased to present for stakeholder comments our draft annual plan and budget for the financial year beginning 1 April 2011. It is part of the Council's determination to be transparent in its dealings with all stakeholders. Your views are sought on the proposed plan, budget and the APC fees. Your submission by letter or e-mail will be carefully considered before the annual plan and budget are fully adopted by Council at its meeting on 28 February 2011.

Annual Plan

The plan takes into account the Council's vision and goals.

GOALS

1. **Administer the Health Practitioners Competence Assurance Act 2003 (HPCA Act) fairly and effectively.**

   Projects 2011/2012

   - develop supervision guidelines;
   - strengthen the practitioner recertification framework;
   - validate the Canadian prescribed qualifications, which will include a review of the Canadian accreditation framework that will enable a reciprocity agreement to be established between the two jurisdictions; and
   - commence the development of identified operational matters that could be considered in the 2012 proposed review of the HPCA Act by the Ministry of Health (MOH).

2. **Maintain an efficient organisation that is sustainable and responsive.**

   Projects 2011/2012

   - review the operational structure once the new IT system has been operational for 6 months.

3. **Promote and communicate Council's functions to stakeholders and the public of New Zealand.**

   Projects 2011/2012

   - build a relationship with the newly formed Dental Board of Australia (DBA);
   - maintain and strengthen the relationship with the Australian Dental Council (ADC);
   - build the relationship with Health Workforce New Zealand (HWNZ);
   - promote e-communications with Stakeholders; and
   - further develop Council's website for stakeholders and the public of New Zealand.

4. **Promote best practice that is well respected.**

   Projects 2011/2012

   - develop an internal control framework;
   - annual and financial reporting changes;
   - implement the required changes to annual and financial reporting that address recommendations 12 and 13 of the HPCA Act review; and
   - implement the required International Financial Reporting Standards (IFRS).

Annual Practising Fees

The Annual Practising Fee (APC) for each practitioner group will comprise of three parts:

A. OPERATIONAL FEE

1. **Overheads for running the Council and Secretariat**

   These include:

   a. General administration: audit fees, indemnity insurance, legal costs, property related costs, personnel and office costs.

   b. Project Costs: items that are generic and constitute part of the Council's general business. They are not Board-specific and include:

      - Audit and Risk Management committee;
      - data collection (conducting the workforce survey on contract to MOH);
      - recertification and registration such as codes of practice, review processes of assessing overseas qualifications and APC processing;
      - education, including moderation of courses;
      - communications (newsletter, annual report, other publications and website);
      - Council and liaison costs including meetings with the Minister, stakeholders and Australian Bodies.

2. Professional Board activities

These include:

- health and competence issues, mentoring impaired practitioners, competency review, supervision and training;
- examination clinical and written;
- recertification and registration including practice and CPD audits, registration disputes and legal advice; and
- meeting costs.

B. CAPITAL REPLACEMENT FEE

This fee (new in 2010/11) is set on a per registrant basis to cover the cost of capital expenditure on projects such as:

- replacement financial management information system;
- replacement registration database and online recertification system; and
- office furniture and equipment.

C. DISCIPLINARY LEVY

As there is a surplus in the disciplinary reserve for each Professional Board, except for dentists, above the minimum considered necessary to meet disciplinary costs over the next two years, a refund in 2011/12 on the disciplinary levy will occur for all professions with the exception of Dentists who will be charged a disciplinary levy of $25.18 (GST exclusive) in their APC fee.

Disciplinary reserves are maintained to meet costs arising from the investigation by a Professional Conduct Committee or proceedings of the Tribunal (section 131 HPCA Act).

Draft Budget

The Dental Council remains committed to ensuring that it operates in a cost-effective manner and strives to maintain a balance between ensuring the efficient and effective discharge of its public safety obligations and practitioner affordability.

SUMMARY

	$
Income	2,481,226
Expenditure	2,590,600
Net Surplus/(Deficit)	**(109,374)**

COUNCIL ACTIVITY

Income	
From Recertification (APC Fees)	2,182,219
From Other Activities	187,300
	2,369,519
Expenditure	
General Administration	1,711,300
Project	
Finance and management	40,700
Data collection	19,900
Education	18,300
Recertification	65,300
Registration	11,500
Communications	32,300
Council liaison and meeting costs	201,700
Contingency	10,000
	399,700
	2,111,000
Net surplus from Council Activities*	**258,519**

* The surplus of $259k is equal to the APC revenue derived from the capital replacement fee held at Council level to fund capital expenditure.

BOARD ACTIVITY

Income	
From Recertification (APC Fees)[1]	(313,293)
From Registration and Examination fees	425,000
	111,707
Expenditure	
Project	
Health and competence	121,400
Examination	147,600
Recertification and registration	85,700
Board liaison and meeting costs	124,900
	479,600
Net deficit from Board Activities	**(367,893)**
Total deficit from Council and Board Activities	**(109,374)**

[1] Negative revenue reflects the refund of surplus operational and discipline reserves.

COMPETENCE AND DISCIPLINARY ACTIVITIES

Under the Dentist Professional Board, cash reserves of $75,000 for competence and $175,000 for discipline have been set aside from operational and disciplinary reserves respectively, to meet Competence Review Committee and Professional Conduct Committee cases and other disciplinary expenses in 2011/12. As disciplinary cases arise and expenditure is incurred, dental practitioners will generally be levied through the annual APC fee to replenish the disciplinary reserve. Notwithstanding this, the Council has the power to impose a disciplinary levy on all practitioners at any time during the year, if required, to cover discipline costs.

EXPLANATION

The Council aims to run a net cost recovery position in its income and expenditure account in 2011/12, and APC fees are adjusted accordingly to meet this goal. In addition Council is again providing for a capital replacement fee in 2011/12 to meet major capital expenditure in relation to IT system replacement activities over 2010/2011. The capital replacement fee will be a standard fee of $76.48 (excluding GST) in 2011/12 (compared to $108.44 in 2010/11) across all practitioners.

With respect to discipline all practitioners, with the exception of dentists, are receiving a refund from discipline reserves (amounts vary with each Professional Board) as Council continues to revise downward the level of reserves required to be retained by each Professional Board for discipline. Additionally therapists, hygienists, orthodontic auxiliaries, dental technicians and clinical dental technicians receive a refund from operational reserves as these are adjusted down to meet minimum operational reserves as set by Council, while dentists' operational reserves are being maintained to fund Council and Board costs associated with an increase in the volume of professional standard cases.

In the budget setting process for 2011/12 Council has adopted a zero base approach with fee setting. Last year APC fees were set by taking the existing fee and adjusting that fee for budgeted annual surpluses or deficits and for surpluses and deficits in reserves. By adopting a zero base approach all practitioners start at the same zero point in setting APC fees. The fee is then set on the basis of:

- each profession's share of net Council costs based on a workflow analysis within the Secretariat;
- a standard capital replacement fee across all practitioners;
- net costs budgeted for each Professional Board;
- an allowance for contingencies to provide for exceptions in net expenditure above budget levels, being 5% for operational expenditure and 10% for capital expenditure; and
- surpluses or deficits in operational and discipline reserves above or below defined minimums.

The second major change adopted by Council in setting APC fee levels for 2011/12, was to examine the rationale behind having variable APC fees for the professional groups of therapy, hygiene, orthodontic auxiliary and technology. Applying a zero base to APC fee setting shows that where workflow activity and cost structures are similar the fee should be similar. On this basis the Council has decided that the APC fees for therapists, hygienists, dual therapist/hygienists and orthodontic auxiliaries will be set at the same level in 2012/13[1]. To achieve a common fee for these professions it is necessary to refund the surplus operational and discipline reserves held by the separate therapist and hygienist professions in 2011/12 and then move to a common fee from 1 April 2012. In the case of the technology group there is no differentiation in reserves between dental technicians and clinical dental technicians. Therefore a common fee for dental technicians and clinical dental technicians will take effect from 1 April 2011.

EFFECT ON APC FEES

After allowing for the effects of inflation and a critical review of Council and Board activities in 2010/11 culminating in a clear focus on the major IT systems upgrades (online recertification etc.), the proposed APC fees (excluding GST) for the 2011/12 year are as follows:

Profession / APC Year	Current APC fee	2011/12 fee
Dentists and Dental Specialists	664.89	705.52
Dental Therapists	498.67	385.02[1]
Dental Hygienists	410.67	277.08[1]
Orthodontic Auxiliaries	298.67	273.97[1]
Dental Technicians	654.22	406.07
Clinical Dental Technicians	790.22	406.07

[1] Note the refund in 2011/12 of surplus operational and discipline reserves held by these professions is a once only adjustment and the common fee in 2012/13 for these professions is expected to be around $400 (before GST). This will be dependent on cost and practitioner numbers when setting 2012/13 budgets in the latter part of 2011.

When the new online recertification system goes live in 2011 consideration will be given to gazetting an APC fee for those registrants who choose to avail themselves of the online recertification system that is different from the APC fee for those registrants that continue to use a paper based system. As the online system will provide practitioners with the ability to manage their personal details, pay fees, complete workforce surveys, CPD etc. online, this will result in substantial savings in Secretariat time and costs. Registrants who choose not to avail themselves of the online system will be required to meet the marginal extra cost of the administration of paper based processes by the Secretariat.

The Council is consulting on your views on the 2011/12 annual plan, draft budget and resulting APC fees. Please send your submissions to reach the Dental Council before the close of business on **3 February 2011**.

ADDRESS:

Dental Council

PO Box 10-448

Wellington 6143

Email: inquiries@dcnz.org.nz

Your feedback will be carefully considered by Council at its 28 February 2011 meeting before Council finally approves the annual plan and budget for the 2011/2012 year.

Consultation Feedback on the Dental Technology and Clinical Dental Technology Scopes of Practice

Council, at its meeting on 2 August 2010, considered the consultation feedback received from stakeholders on the proposed changes to the dental technician and clinical dental technician scopes of practice.

Council approved the proposed amendments to the scopes of practice for dental technicians and clinical dental technicians, as reflected in the April 2010 consultation document, and included some additional amendments as proposed by stakeholders.

The revised scopes of practice were approved subject to the following requirements:

a. Dental technicians wishing to have direct contact with patients for shade taking will be required to gain Dental Council certification of laboratories to demonstrate that they have a working environment which complies with relevant standards for patient care e.g. Council's Code of Practice on Infection Control.

b. Dental technicians who identify that they take shades as detailed in the scope of practice will be required to make a self declaration (via their annual practising certificate application) with regard to their working environment complying with the Council's relevant codes of practice including the working agreement with referring dentists/dental specialists.

c. Consideration be given to the most appropriate level of medical emergency certificate required.

d. The code of practice of dental technology and clinical dental technology and the working relationship with the practice of dentistry code be reviewed in light of the changes.

The revised scopes have been published in the New Zealand Gazette (No 143) on 21 October 2010, and are available on the Dental Council's website (http://www.dcnz.org.nz/dcWhatsNew).

In light of the changes to the scopes of practice a working party has been established to develop, for consideration by Council before public consultation, the following:

- documentation outlining the steps that must be taken for the laboratory to be granted certification by the Dental Council; and
- review of the Code of Practice "The Practice of Dental Technology and Clinical Dental Technology and the working relationship within the Practice of Dentistry".

The members of the working party are John Batchelor, Ian Mercer and Mike Smith.

Current consultations

DENTAL THERAPY, DENTAL HYGIENE AND ORTHODONTIC AUXILIARIES SCOPES OF PRACTICE

Council has issued this consultation document to explore the possibility of merging the relevant add-on scopes of practice into the relevant general scope of practice for Dental Hygienists, Orthodontic Auxiliaries and Dental Therapists. The deadline for submissions is at the close of business 12 December 2010. The consultation document is also available on the Council website (http://www.dcnz.org.nz/dcWhatsNew).

COUNCIL STATEMENT ON THE USE OF CONE BEAM COMPUTED TOMOGRAPHY IN DENTISTRY

The Dental Council has issued a consultation document on the proposed Council Statement on the Use of Cone Beam Computed Tomography in Dentistry. The Council seeks comments on the proposal by close of business on 31 January 2010. The consultation document is also available on the Council website (http://www.dcnz.org.nz/dcWhatsNew).

Annual Practising Certificates Renewal Reminder

Current Annual Practising Certificates (APC) for dental hygienists, dental therapists, orthodontic auxiliaries, dental technicians and clinical dental technicians will expire on 31 March 2011. APC application forms will be sent to practitioners at the beginning of March 2011.

Practitioners are reminded that practising as an oral health practitioner without an APC is an offence against the Health Practitioners Competence Assurance Act. To ensure that you are not in breach of the Act and that your APC remains current, please return your APC application and payment to the Dental Council before 31 March 2011.

Practitioners' Corner – *Dentists as Health Care Providers*

Written by Dexter Bambery, Dental Council Professional Advisor

The Dental Council defines the practice of dentistry as the maintenance of health through the assessment, diagnosis, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures within the scope of the practitioner's approved education, training and competence.

This involves:

- Diagnosis of orofacial conditions and the provision of appropriate information to patients of diagnosis, treatment or management options and their consequences.
- Removing tooth tissue and/or placing materials for the purpose of either the temporary or permanent restoration or replacement of tooth structure or the rehabilitation of the dentition.
- Performing procedures on the orofacial complex, teeth, and the hard and soft tissues surrounding or supporting the teeth.
- Extracting teeth. Administration of local analgesia and/or sedative drugs in connection with procedures on the teeth, jaws and the soft tissues surrounding or supporting the teeth.
- Prescribing medicines appropriate to the scope of practice, the sale or supply of which is restricted by law to prescription by designated health practitioners.
- Prescribing special tests in the course of dental treatment.
- Using ionising radiation, for diagnostic purposes, in the course of the practice of dentistry.
- Performing procedures on any person preparatory to, or for the purpose of, the construction, fitting, adjustment, repair, or renewal of artificial dentures or restorative or corrective dental appliances.

Professor Michael Glick, the editor of the Journal of the American Dental Association, wrote "We are entering an era of medical awareness and understanding in which all health care providers need to shoulder the responsibility for a patient's medical health"[1]. Dentists may be in a position to identify risk factors and the oral signs of a number of systemic conditions. Examples include conditions such as sleep disorders, diabetes, hypertension and immune disorders.

There has been much discussion on periodontal disease and its association with heart disease, stroke, pneumonia, preterm births, low–birth weight babies, osteopenia, osteoporosis and diabetes mellitus. Treatment of oral infections and mucosal lesions with medications ranging from topical analgesics and antibiotics to systemic glucocorticoids may affect bleeding tendencies, general bacterial resistance, liver functions, glycaemic control and more.

Interventions for systemic conditions may also have a dramatic impact on oral health. Xerostomia can be induced by many medications, gingival overgrowth can be stimulated by different classes of medications, the development of osteonecrosis of the jaws recently has been associated with specific drugs and oral ulcerations secondary to radiation and chemotherapy are very common.

Traditionally, general dentists have offered an array of dental treatments, ranging from general dental check-ups to complicated oral surgical procedures, whilst specialists limited their practices to their particular areas of expertise and usually took care of the most challenging cases. Today, this distinction is blurred. Some general dentists within their practices promote areas not officially recognised as specialities, such as orofacial pain or cosmetic dentistry. Furthermore both general dentists and specialists provide similar types of services, such as implants or orthodontics. New types of dental practices are emerging that offer services not normally associated with dental care such as Botox, "natural health" remedies, material toxicity and sleep disorders.

Another category of dental practice of the future may be the health-oriented dental office, in which patients are offered a variety of services related to screening for and monitoring of systemic diseases. These services might include noninvasive oral fluid diagnostics, blood pressure measurements or more invasive tests for cholesterol or glucose requiring blood samples. The utilisation of non-traditional health care settings for these purposes is a growing trend that may have a dramatic impact on the overall health of our patients and a change in the traditional role of dentists and their practices.

However it remains important for practitioners to work within their appropriate scope of practice in which they are registered in, and for newer "advanced" areas of practice practitioners need to be able to demonstrate competency through the appropriate training and experience.

For health care outside of your scope of practice, such as the assessment of risk factors and the recognition of the oral signs of systemic conditions, it is your legal and ethical responsibility to work with the appropriate medical practitioner and to offer patients a timely referral.

1 Glick M. Exploring our role as health care providers. *JADA.* 2005; 136(6):716-718