DCNZ news

The Dental Council of New Zealand • Te Kaunihera Tiaki Niho o Aotearoa

inside this issue

FROM THE CHAIR
REFORMS FOR EFFECTIVE GOVERNANCE

DCNZ STATEMENT ON ETHICAL PRINCIPLES

THINKING CPD, ACTING LOCALLY – THE CASE OF ASHBURTON AND TIMARU

- DENTAL HYGIENE
  - Fitting mouthguards
  - Use of laser technology
- DENTAL THERAPY
  - NZDTA and Northland DHB approved CPD providers
  - Compliance with Professional Standards and Codes of Practice
  - Working Relationship Associated with the Practice of Dental Therapy
- DENTISTRY
  - Tribunal case
  - Monitoring compliance with codes of practice
- DENTAL TECHNOLOGY
  - Introducing Karl Lyons
  - NZIDT – approved CPD provider

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ANNUAL PRACTISING CERTIFICATES – RENEWAL IN MARCH 2007

If you are currently practising, you must return your application for an annual practising certificate (APC) before the due date so that you are covered for the work that you are doing.

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA) a practitioner is considered to hold an APC from the date the completed application form and fee is received in the Council office until the date the certificate expires.

The APC year for all oral health practitioners now runs from 1 April to 31 March. APC applications will be issued in late February and to ensure you are covered for any work you undertake, your completed application and payment must reach us **before** 1 April. Council strongly encourages practitioners to send their applications well in time before this date to allow for any delays in delivery. If your application reaches our office at a later date, for example, 12 April 2007, the Dental Register will record your APC as being valid only from 12 April 2007 to 31 March 2008. What this means is that you will **not** be covered for the period 1 April to 12 April 2007.

You are reminded that practising an oral health profession without an APC is an offence against the HPCAA.

Other consequences of not holding a current APC are:

- Your patients may not be covered by their health insurers or ACC. If you do not hold a current APC at the time of the treatment ACC could be required to recover any cost paid or decline to fund the treatment
- You may not be covered by your dental indemnity insurer
- Pharmacies may not fill scripts for your patients.

Reasons for returned applications

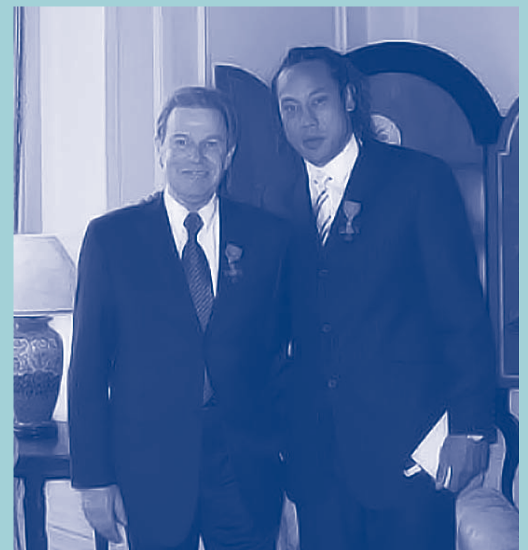
To ensure that you are covered your application **must** reach us before 1 April. The Council, moreover, can only record that it has received an application from you if you have completed the form correctly and attached the appropriate fee. Failure to do so will result in delay and could mean that you are not covered in time for the next APC year. We return applications for a number of reasons including:

- The APC application form has not been signed
- The incorrect fee has been sent
- Not all sections of the form have been completed.

Returned mail

Remember that if you change address as a registered health practitioner you have a statutory obligation to promptly advise the Dental Council.

PLAYERS OF THE DAY



Services to rugby and dentistry were highlighted at Government House earlier this year, when ex All Black captain, Tana Umaga, and former Dental Council Chair, Brent Stanley, were both invested as Officers of the New Zealand Order of Merit *[Recognition well deserved! Ed]*

REMEMBER – current Annual Practising Certificates expire 31 March 2007 for all practitioners. Completed applications and payments for next year's APC are due by 23 March 2007.

FROM THE CHAIR

REFORMS FOR EFFECTIVE GOVERNANCE

Mary Livingston
Chair, Dental Council

The Dental Council is unique amongst the regulatory authorities under the Health Practitioners Competence Assurance Act (HPCAA) insofar as it has the statutory authority to regulate four distinct oral health professions. However, the costs of regulation must be recovered from what continues to be a relatively small practitioner base. The Council will therefore always face the challenge of balancing its principal role of assuring the public of practitioner competence with the need to maintain affordability to the professions.

With the majority of HPCAA compliance frameworks and systems now in place, the time has come for the Council to consolidate these gains, refine and review its structure and develop a sustainable and cost-effective governance model. For the past six months we have been looking at ways in which we can raise efficiency, reduce duplication of effort and contain costs. A range of models has been considered including those of a 'revolutionary' kind involving the abolition of the four workforce boards and the creation of inter-professional committees covering registration, professional standards, health etc. For the time being the Council has opted for 'evolutionary' change given the importance that each profession continues to attach to its sense of identity.

Accordingly, the Council has agreed to:

- Reduce its size from 14 members to 10 whilst retaining the proportionality of representation of the various oral health professions on the Council. It is envisaged that this will be achieved by a process of natural attrition – ie by not replacing Council members when their terms of office expire
- Reduce the size of the four workforce boards from eight persons (six practitioners plus two laypersons) to no more than five or six (four or five practitioners plus one layperson)
- Redefine the functions of the Council and workforce boards to ensure that the former focuses on overall governance, policy development, strategic planning and financial management whilst the latter deals with practitioner issues and profession-specific needs. This will result in fewer meetings
- Increase delegations from the workforce boards to the Registrar with respect to consideration of registration applications and annual practising certificates. The resulting savings in workforce board time will be reflected in lower costs

The Dental Council is committed to good governance and prudent use of funds, which are largely derived from APC income and registration fees. The new measures should result in substantial savings in governance costs. However, I wish to emphasise that they are just the first steps in an ongoing process of 'self-evaluation' and review. We will continue to explore ways of raising our structural effectiveness and delivering maximum value from our income.

DCNZ STATEMENT ON ETHICAL PRINCIPLES

Under the HPCA Act the Dental Council is required to set the standards of ethical conduct to be observed by oral health practitioners.

Following consultation with its stakeholders the Council recently approved a Statement on Ethical Principles. In developing these principles the Council was aware that the various professional associations have developed their own codes of ethics or may wish to do so. Accordingly, the Council has issued a generic statement which:

- sets out the minimum standards to be observed by oral health practitioners; and
- refers practitioners to the more detailed guidance contained in codes of practice developed by the relevant professional association.

The ethical principles contained within the Council's statement are as follows:

Principle One: Provide good care

Put patients' interests first and provide them with a good standard of oral health care.

Principle Two: Respect patients' dignity and choices

Provide oral health care in a manner that respects patients' dignity and choices.

Principle Three: Cooperate with other members of the dental team

Cooperate with other dental team members and other colleagues and respect their role in caring for patients.

Principle Four: Uphold trust and professional integrity

Uphold the integrity of your profession and justify the trust placed in you by your patients, colleagues and the public.

The full text of the statement includes an introduction and list of relevant resources. You can order a copy from our office or view this on our website (www.dcnz.org.nz/dcStandardsCodes).

THINKING CPD, ACTING LOCALLY

– THE CASE OF ASHBURTON AND TIMARU

Geographic isolation can pose a problem for oral health practitioners in terms of access to CPD and peer contact opportunities. However, dentists in two small towns on the 'mainland' have sought to overcome the barriers of distance by establishing study groups accessing professional development via the Internet.

Oral health practitioners are required to undertake a certain amount of CPD over the course of the recertification cycle. Those in the main urban centres have access to a considerable variety of CPD and peer contact opportunities, whether these be in the form of conferences, courses, workshops, association branch meetings or peer discussion and review activities within a group dental practice. For their counterparts in small towns and rural areas by contrast such opportunities are not so readily available and may involve significant travel. However, dentists in Timaru and Ashburton have successfully addressed this problem by establishing study groups based around online CPD programmes.

Back row [left to right]: Mark Easton, Christine Holloway, Mark Goodhew, Kasia Borkovski, Steven Phillips, David Hutton
Front row: Tony Page, Rachel Cairns Obscured behind back row! Fraser Dunbar

There are a number of online providers of CPD programmes for oral health practitioners. Some of these are designed specifically with the needs of study groups in mind and may include presentations accompanied by lecture notes and slide shows.

General dental practitioner Tony Page was the initiator of the Timaru study group. He concedes that he encountered some resistance at the outset. "To be honest some dentists had their heads in the sand and took a bit of cajoling to join. However, now that the group is up and running it's working out really well and members are very supportive of one another." Tony emphasises the importance of holding meetings after-hours in small towns and rural areas. "Shutting down the practice during the day is not really an option for us given the chronic workforce shortages we have round here."

The groups normally meet once a month for around two to two and half hours. Typically, the meetings listen to lectures broadcast via the Internet and the members of the group then discuss what they have learnt afterwards and how they can apply this in their everyday practice.

Michael Holdaway, the driving force behind the Ashburton study group emphasises the level of peer contact the study group has generated. "The really positive aspect is that for the first time we are getting together as local dentists on a regular basis. Before this we would each do our own thing and seldom got together except maybe once a year." As well as the professional development benefits he points to advantages in terms of dentists' well-being in what is a notoriously stressful occupation. "The psychological aspects of being part of a cohesive dental community should definitely not be under-rated", says Michael. "Hopefully, the quality of peer support and CPD opportunities offered by such groups will help regions like ours attract the dentists they so desperately need."

For more information, contact Tony Page, floss@ihug.co.nz

REMEMBER – current Annual Practising Certificates expire 31 March 2007 for all practitioners.
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DENTAL HYGIENE

FITTING MOUTHGUARDS

At its meeting in October, the Dental Council confirmed that dental hygienists can take impressions, construct and fit mouthguards independently, so long as the dentist providing clinical guidance is aware of this and is available for advice if required.

The scope of dental hygiene practice includes "taking impressions, constructing and fitting mouthguards". In providing this service registered hygienists are required to work within their scopes of practice and to comply with the professional standards articulated by the Dental Council.

The Code of Practice on Working Relationship between Dental Hygienists and Dentists includes specific conditions for dental hygienists treating self-referred patients, which requires the dentist providing the clinical guidance to be onsite. This has led to the Dental Hygienist Board fielding enquiries as to whether the Code prevented dental hygienists from being able to independently take impressions, construct and fit sports mouthguards.

The Hygienist Board referred this matter to the Dental Council. At its meeting in October the Council agreed that:

- taking impressions, constructing and fitting sports mouthguards should not be considered a self-referral situation
- dental hygienists could undertake this activity provided the dentist was aware that this activity was being undertaken and was available for advice if required.

The Dental Council will approach NZDHA and NZDA about the corresponding changes needed for the Code of Practice.

USE OF LASER TECHNOLOGY

The Hygienist Board has reviewed the question as to whether the use of laser technology falls within the scope of dental hygiene practice and if so under what circumstances.

The review was prompted by a concern that the use of laser technology could be dangerous in the hands of those with insufficient training, and by a need to clarify the uses for which the technology is appropriate.

At its meeting in October 2006 the Dental Council, having considered the review undertaken by the Hygienist Board, agreed that:

- the use of laser technology subgingivally or to remove tissue is outside the dental hygiene scope of practice
- the use of laser technology falls within the dental hygiene scope of practice for pocket sterilisation, removal of calculus and bleaching
- dental hygienists may only use laser technology for this purpose in accordance with the Council's policy on advanced and new areas of practice, which requires practitioners to have undertaken appropriate training before introducing new techniques or procedures into their practice.

The Council will be reviewing its policy on advanced and new areas of practice to ensure it includes appropriate guidance in relation to appropriate training.

DENTAL THERAPY

NZDTA AND NORTHLAND DHB APPROVED CPD PROVIDERS

The Therapist Board has awarded the New Zealand Dental Therapists Association (NZDTA) with full approval to become a provider and verifier of continuing professional development (CPD) activities with effect from 1 January 2007. Dental therapists will benefit from their own association arranging and co-ordinating CPD activities as well as approving peer contact activities and other relevant courses. The Board has commended NZDTA on the significant work they have put in to developing this service for its members.

The Board has also granted full approval to Northland DHB as a CPD provider/verifier for dental therapy purposes.

COMPLIANCE WITH PROFESSIONAL STANDARDS AND CODES OF PRACTICE

Under the HPCAA Dental Therapists have a responsibility to conform to all the professional standards articulated for dental therapy. A checklist for monitoring compliance with professional standards was included in the "Recertification for Dental Therapists" booklet (DCNZ, April 2006). Some dental therapists have raised concerns about their ability to comply with all codes of practice by April 2007. At its October meeting, the Dental Council agreed to issue guidance to practitioners in circumstances where compliance was outside of their control. This guidance will soon be available on the DCNZ website and will be included in the 2007 issue of the recertification booklet.

WORKING RELATIONSHIP ASSOCIATED WITH THE PRACTICE OF DENTAL THERAPY

The DCNZ has agreed to make some minor amendments to its Statement on the Working Relationships Associated with the Practice of Dental Therapy. The following sentence has been added to the end of the first paragraph of Point 6 (Documented Professional Agreement).

"Every dental therapist must have a written professional agreement with a dentist or dentists who will be the primary source of timely professional advice and access to prescription medicines. The professional agreement will also document responsibility for dental radiography practice and arrangements for adult dental care when a dental therapist's practice includes these scopes of practice. Both dentists and dental therapists should seek additional advice regarding all business aspects of a working relationship including the issue of indemnity cover."

Refer to the Professional Standards section of the DCNZ website (www.dcnz.org.nz) for the full text of the statement.

DENTISTRY

TRIBUNAL CASE

A dentist has been ordered to pay costs of nearly $22,000 following charges of professional misconduct at the Health Practitioners Disciplinary Tribunal. The case highlights the importance of informed consent and the need to keep adequate records.

The charges faced by the dentist included failure to obtain informed consent and to keep adequate records. The charge relating to informed consent alleged that the dentist failed to advise the patient of:

- the risks of inserting three unsplinted implants into her maxilla
- other risks associated with the implant.

The Tribunal found the first part of this charge proven, being satisfied to the required standard that the dentist did not warn the patient of the risks. The Tribunal stated that this amounted to a serious failure on the dentist's part and justified a disciplinary finding for the purposes of maintaining professional standards and protecting the public. The Tribunal found the second part of the charge, which specifically alleged that the dentist had failed to warn about incorrect placement of implants or failure of implants to integrate, not proven to the requisite standard.

The most serious finding of the Tribunal was in relation to the charge that the dentist had failed to keep adequate records. The Tribunal noted that it was unusual for a health practitioner to be sanctioned because of the inadequacy of their records. However, in this case the dentist's records were so grossly inadequate, that the Tribunal felt a disciplinary sanction was required to maintain professional standards.

The Tribunal found that dentist's failure included inadequate documentation of consultations and in some cases complete lack of documentation. Amongst other things the Tribunal found that the dentist failed to record:

- Which pre- and post-operative drugs were used and their dosages
- The amount and type of local anaesthetic administered
- Details of the surgery undertaken
- The types and size of implants inserted
- Whether or not sutures were placed.

The dentist also faced charges concerning failure to carry out appropriate planning for the placement of implants, embarking on implant surgery for which he was not adequately experienced and qualified and failure to refer the patient to an oral maxillofacial surgeon when he discovered that an implant had failed. The Tribunal found that the first two of these charges were not proven to the required standard. The final charge, that of the alleged failure to refer, was upheld by the Tribunal but it noted that an adverse disciplinary finding was not appropriate in the circumstances.

The dentist gave an undertaking to the Tribunal to restrict his practice to general dentistry and not to practise implant surgery. The Tribunal noted that if that undertaking had not been given, it would have placed conditions on his ability to practice that would have reflected the terms of his undertaking.

MONITORING COMPLIANCE WITH CODES OF PRACTICE

As part of the annual recertification exercise in 2006 practitioners were asked to formally declare that they complied with a number of defined professional standards as set out in Codes of Practice or Council Statements. In March 2007 all oral health practitioners will be asked to declare compliance. The results of the first round of compliance monitoring with these standards have now been evaluated.

Codes of practice for dentists are developed by the New Zealand Dental Association (NZDA) and endorsed by the Council. The use of the word 'must' in a code of practice or Council statement equates to the minimum required standard while use of the word 'should' equates to best practice. Codes of Practice and Council Statements will be used by the Health and Disability Commissioner, the Health Practitioners Disciplinary Tribunal and the Dental Council in evaluating whether a practitioner's practice meets the required standard.

The recertification requirements for oral health practitioners include compliance with professional standards as set out in codes of practice. While practitioners have a responsibility to conform to all the professional standards for dentistry, in the 2006-2007 annual practising certificate (APC) round only those standards considered to be most important for protecting public safety were selected for compliance declarations and monitoring. Dentists were asked to formally declare whether or not they were complying with the following Codes of Practice (where relevant):

- Patient Information and Records
- Informed Consent
- Control of Cross Infection
- Conscious Sedation for Dental Procedures

- Working Relationship Between Dental Hygienists and Dentists
- Professional Relationships Associated with the Practice of Dental Therapy
- Working Relationships Associated with the Practice of Dental Technology and Clinical Dental Technology
- Medical Emergencies in Dental Practice.

In the 2006-2007 APC round the Dental Council introduced systems of monitoring compliance with codes of practice. A total of 5% of dentists and dental specialists were randomly selected from the Dental Register. These practitioners were then sent a codes of practice compliance questionnaire which they were asked to complete and return with their APC application form.

In a further tier of compliance monitoring the list of 5% of randomly selected dentists was filtered so that it only included practitioners in the greater Wellington area. Of the remaining 19 practitioners five were randomly selected for a practice visit by the Dental Council's Professional Adviser, Dr Dexter Bambery.

The five practitioners selected consisted of:

- One in a city group general dental practice
- One in a smaller centre group dental practices
- One specialist in a city solo practice
- Two in city solo general practices.

Compliance to the codes was evaluated using the same questionnaire that was used in the first level of audit. The time taken varied from one to two hours and depended on the practitioner's preparedness and the number of codes that required to be audited. The results of the audit indicated that the practitioners in the group practices and the specialist practitioner had a very high level of compliance to the codes. One of the solo city practitioners received some recommendations for improvements.

Dexter Bambery expressed satisfaction with the outcome of the audit. "The results suggest that practitioners are not only highly familiar with the required standards but are also actively complying with them." He was also appreciative of the positive reaction of practices to the audit visit. "All of the practitioners chosen for a visit were cooperative, friendly and appreciative of the reasons behind the process. Practice managers, receptionists and chairside staff were invariably helpful and interested. The involvement and cooperation of staff members reduced the need for the practitioner to be present for the whole time and minimised disruption to practices."

DENTAL TECHNOLOGY

INTRODUCING KARL LYONS

Earlier this year, prosthodontist, Karl Lyons, was appointed as the dentist member of the Dental Technicians Board.

Now working as Senior Lecturer in the Department of Oral Rehabilitation, University of Otago, Karl began practising dentistry in the early nineties working as a house surgeon and in private practice. He went on to complete an MDS in Prosthodontics at the University of Otago in 1995, where he assumed an academic career path.

Karl has an extensive track record of involvement in dental professional organisations. He is currently an Otago representative on the Board of the New Zealand Dental Association, the Secretary of the New Zealand Association of Prosthodontists and Restorative Dentists, Secretary/Treasurer of the RACDS New Zealand Committee, Vice-President of the Academy of Australian and New Zealand Prosthodontists and an Executive Board Member of the International Maxillofacial Rehabilitation Society.

The author of numerous articles in academic journals, Karl has acquired expertise in several areas of research, and is currently working on a PhD on biofilm formation used to obdurate maxillary resection defects.

Karl hopes that his involvement in the dental technology and clinical dental technology programmes at the School of Dentistry will help him make a useful contribution on the Dental Technicians Board, as they address some important and controversial issues for dental and clinical dental technicians under the HPCAA.

NZIDT – APPROVED CPD PROVIDER

From 1 November 2006 the New Zealand Institute of Dental Technicians (NZIDT) has taken on the responsibility of continuing professional development (CPD) approval and verification for dental technicians and clinical dental technicians throughout New Zealand. The Dental Council will continue to support NZIDT during the transition period and will also continue to assess any overseas courses for CPD approval. Technicians will benefit from the involvement of their own association in the assessment and co-ordination of CPD activities.