



DCNZ *news*

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

NEW DENTAL COUNCIL

Regulation of the dental professions took a huge stride forward in February with the inaugural meeting of a new combined Dental Council regulating all the main provider groups. Here we trace the origins of the revolutionary 'combined Council' concept and summarise the immediate challenges ahead.

Unlike many other health professions which have separate regulatory bodies - for example doctors, nurses and midwives - the new Council is an umbrella organisation, covering all dental providers - dentists, dental specialists, dental technicians, clinical dental technicians, dental therapists and dental hygienists.



Historically, contact between the various dental provider groups has been limited. However, with the new Health Practitioners Competence Assurance (HPCA) legislation in mind, a series of meetings were held in the late 1990s to discuss the options for future regulation of the dental professions. The Ministry of Health in developing the HPCA proposals was keen to make sure that the groups seeking registration could be accommodated where there was a risk to public safety. However, it did not want to see a proliferation of small groups - given the considerable costs of self-regulation - and the resulting costs to consumers. The dental groups themselves were also keen to see a greater degree of cooperation in providing dental services to the public. Accordingly, they agreed to recommend to the Ministry of Health that a combined Dental Council should be established to register all dental provider groups.

One Council - four boards

Established under the HPCA, the new 14-member Council consists of five dentists, two therapists, one hygienist, two dental technicians, three lay members and a person involved in teaching dentistry. As an umbrella organisation, the Council will have a uniformity and consistency role and will delegate its regulatory functions to separate boards specific to each workforce. Indeed, at its inaugural meeting on 26 February one of the first actions of the new Dental Council was to appoint workforce boards for

dentistry, dental therapy and dental hygiene. The Dental Technicians Board, which has operated as a separate regulatory body under the Dental Act since 1988, will continue to regulate dental technicians and clinical dental technicians until the HPCA comes into force on 18 September. After that date it will cease to exist and its regulatory powers will be transferred to a new Dental Technicians Board under the ambit of a combined Council.

Tasks ahead

The statutory role of the new Council is to protect the public by ensuring that dental practitioners remain fit and competent to practise within a defined scope of practice throughout their working lives. The new Council faces a challenging time ahead as it seeks to implement the requirements of the HPCA. By the time the legislation comes into force on 18 September this year, it will have to:

- define 'scopes of practice' setting out the tasks that dental practitioners are legally able to perform and delineating the boundaries between the various dental professions
- prescribe the qualifications for every scope of practice (see article on scopes of practice)
- register dental therapy and hygiene workforces
- accredit dental therapy and hygiene training programmes at AUT and University of Otago.

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URGENT

Please advise us of the names and addresses of all your Section 11 workers so that we can send them important information on the registration requirements.

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In contrast to the previous statutory framework under which it was assumed that practitioners once registered were fit for registration indefinitely unless there was adverse evidence to the contrary, the emphasis of the new legislation will be on ongoing competence. The new Council has a wide range of powers to ensure that dental practitioners remain competent to practise throughout their working lives. The mechanisms for ensuring the competence of practitioners will be linked to the issue of an annual practising certificate (APC). The Dental Council is still in the process of defining the competency requirements for the issue of an APC. However, it is being proposed that dental practitioners who apply for an APC will have to meet certain requirements, in particular undertaking

continuing professional development, complying with NZDA/DCNZ joint codes of practice and maintaining regular peer contact. Dental practitioners should note that

these requirements will not be applied to the APC year beginning May this year. However, they will be phased in over the subsequent four-year period, commencing May 2005.

Who is on the new Council?

The new 14-member Dental Council was appointed by the Minister of Health on 18 December 2003. It consists of 11 professional and three lay members. At its first meeting on 26 February, the Chair of the old DCNZ, Dr Brent Stanley, was elected as Chair of the new Council, while lay member Victoria Hinson was elected as Deputy-Chair. The other members appointed to the new Council are as follows.

Vicki Kershaw	Dental Therapist	Ed Alcock	Dentist
Trish Simpson	Dental Therapist	Mary Livingston	Dentist
Robyn Watson	Dental Hygienist	Albert Kewene	Dentist
Keith Pine	Clinical Dental Technician	Erin Collins	Dentist
Danny O'Sullivan	Clinical Dental Technician	Robert Love	Academic
		Riria Handscomb	Layperson
		John Robertson	Layperson

FROM THE CHAIR

“Exciting” might not be the first word that springs to mind when you think of dental regulation, but this year may just prove to be an exception!

New Zealand has become the first country in the dental world to establish a joint authority regulating all dental provider groups. After years of planning and negotiation the new combined Dental Council is now up and running!

With this courageous, groundbreaking step, the idea of the team approach has at last been transformed from laudable concept to practical reality.

However, the new structure does not mean the end of self-regulation for dentists. Nor will it mean that key decisions affecting regulation of dentists will be made by other dental provider groups or vice versa. This is because the new Council has devolved its regulatory powers to separate Workforce Boards for dentists, therapists, hygienists and dental technicians. These boards will ensure self-regulation within each professional group while the new Council will have what is essentially a coordinating role.

The boundaries between the dental provider groups and the dental professions will be set out in scopes of practice. These scopes are currently in draft or under consultation and should be signed off



by Council at its June meeting. There are some contentious issues but these are likely to have been resolved by that stage. For new applicants the prescribed qualifications and requirements for registration in each scope will be publicly available and there will be newly designed procedures aimed at increased clarity and consistency and timely processing of applications.

Dental therapists and hygienists will be registered for the first time. Moreover dental hygiene has the additional task of establishing transitional arrangements for those workers currently practising under Section 11 without any formal qualifications in dental hygiene. While these challenges are formidable, hygiene and therapy will be able to draw on the dentists’ longstanding expertise and

experience in self-regulation as well as substantial support from our Secretariat.

As of 18 September this year dental therapists and hygienists will have new - yet to be finalised - working relationships with dentists, and orthodontic auxiliaries will be registered within their own scope of practice

As of the year beginning May 2005 the issue of an APC will no longer be just an administrative formality, subject more or less to the payment of the fee. Instead, it will be tied to compliance with CPD and other requirements to be phased in over a four-year period. More information on the timeframe was sent to your practice recently with the Annual Practising Certificate forms for dentists.

All of these changes have been subject to intense consultation within and between the dental professions and all practitioners will continue to be kept informed. Certainly, it is our intention that practitioners should be given realistic timeframes for compliance with the new HPCA requirements

To all those who have been, or are still involved in the HPCA consultation and implementation process I offer my sincere thanks.

Brent Stanley

URGENT INFORMATION ON HPCA REGISTRATION REQUIREMENTS FOR DENTAL HYGIENISTS, DENTAL AUXILIARIES AND ORTHODONTIC AUXILIARIES

If you are a dentist who employs or works with dental hygienists or dental auxiliaries operating under the current Section 11 provisions of the Dental Act could you please bring the following information to their attention as soon as possible.

With the introduction of the Health Practitioners Competence Assurance Act 2003 (HPCA), all dental workers currently employed under Section 11 of the Dental Act 1988, who undertake restricted activities as gazetted by the Ministry of Health, must be registered and hold an annual practising certificate (APC) in order to be able to practise from 18 September 2004. Performing restricted activities without being registered and holding an APC will be an offence.

Please Note

- A restricted activities list has yet to be declared and gazetted but it is likely that invasive and/or irreversible procedures including scaling, radiography and orthodontic procedures will be included. Anyone currently performing such activities and who wishes to continue to do so under the HPCA will have to be registered.
- It is anticipated that all Section 11 workers currently working and who satisfy the Dental Hygienists Board of their competency and fitness to practise will be registered in a corresponding scope of practice. In the future the usual route to registering with the Dental Council will be by having an approved qualification. In this transitional period, however, experienced Section 11 workers who are not formally qualified will be eligible to apply for registration.
- After 18 September 2004 this route to registration will no longer be available. So it is very important for Section 11 workers who do not have a formal hygiene qualification, to apply for registration in June of this year.

Registration is not simply an administrative process. The Dental Council's role is to protect the public. Being registered with the Dental Council proves that the practitioner has met the high standards, which are expected of all members of the dental team, and takes responsibility for their actions.

Registration will bring increased recognition to the work Section 11 workers are currently undertaking and the public will gain increased confidence in the whole of the dental team. It also means that the Council can back this up with effective procedures to deal with those whose competency might be called into question.

Scopes of practice

The HPCA requires the registration body to register health practitioners in a designated 'scope of practice'. In addition the registration body must prescribe the qualification(s) required for registration in each scope of practice. A scope of practice describes what you are entitled to do. You may only practise in the scope(s) of practice you register in. Significant penalties may be imposed if you practise outside your scope(s).

It is anticipated that all Section 11 workers currently working and who satisfy the Dental Hygienists Board of their competency and fitness to practise will be registered in one of the following scopes of practice.

- Dental Hygiene Practice
- Dental Auxiliary Practice
- Orthodontic Auxiliary Practice

The HPCA requires that health practitioners must be competent and maintain their competency in the scopes of practice they are registered in. Given that not all Section 11 workers have received training, or maintained recency of practice in such areas as radiography

and local anaesthesia, it would not be appropriate to include these in the above general scopes of practice.

These additional areas of practice will therefore be prescribed as separate scopes of practice together with the qualifications required for registration. Sn 11 workers must apply for registration in one of the scopes of practice above, and those with further approved training may also apply for registration in one or more of the additional scopes.

Dental hygiene practice

If you have formal qualifications in dental hygiene you should apply for registration in the general scope of practice. The qualifications for registration in this scope have yet to be prescribed. However, they are likely to include:

- All New Zealand qualifications
- Australian dental hygiene qualifications from an Australian Dental Council accredited educational institution

Overseas dental hygiene qualifications will be assessed by the Dental Hygienists Board on an individual basis and approved as qualifications acceptable for registration subject to the Board being satisfied that the programme of training is of an equivalent standard to the New Zealand training programmes.

Dental auxiliary practice

If you are currently undertaking dental hygiene work but do not have a formal hygiene qualification you can apply for registration in the scope of dental auxiliary practice. This scope will apply for a fixed-term only - likely to expire in 2008. This is because the scope is intended as a transitional measure to allow those registered within it the opportunity to upgrade to the full hygiene scope of practice (by undertaking further training and/or sitting and passing a dental hygiene registration examination). The dental

auxiliary scope will also be more limited than the full scope of hygiene practice and registrants will have to practise under the direct supervision of a practising dentist or dental specialist.

Orthodontic auxiliary practice

A scope of orthodontic auxiliary practice is envisaged for those currently engaged in orthodontic assisting work and who wish to continue to practise restricted activities under the HPCA. This scope will be ongoing and you will be required to practise under direct supervision of a practising dentist or dental specialist.

Unfortunately the Minister of Health has not yet made decisions on the content of the restricted activities list, but it is highly likely that if you wish to undertake radiography, scaling, placing separators and applying bands you will need to be registered.

Competency

The principal purpose of the HPCA is to protect the health and safety of the public by ensuring that health practitioners remain fit and competent to practise within their scope of practice throughout their working lives. In the future you will be required to meet certain requirements such as continuing professional development (CPD) to be eligible for the issue of an APC. However, for the issue of an initial APC all current Section 11 workers who gain registration will be deemed competent and eligible for an APC. The Dental Hygienists Board will be developing proposals on the future requirements for the issue of an APC and will circulate these proposals for comment.

Application process

Registration application forms will be sent to all current members of the NZ Dental Hygienists Association and all those section 11 workers who have provided us with their contact details. **If you have not yet provided us with your contact details please do so urgently.** You will also be able to obtain a form by contacting the Dental Council or accessing its website www.dcnz.org.nz. Forms will be available as of early June

2004. Applications must be received by no later than 30 June 2004. If an application is received after this date the Council cannot guarantee that the application will be processed by 18 September 2004.

Documentation

To be eligible for registration in any of the scopes of practice mentioned above and to be issued with an APC you will have to demonstrate that you are currently working as a Section 11 worker. You will also need to provide a letter from your employer detailing the duties you currently undertake, confirming the commencement date of your present employment, details of the hours you are employed and attesting that you have maintained your competency.

You will need to provide documentary evidence of your dental qualifications, together with details of any other training you have completed.

If English is not your first language you must provide evidence that you have passed an approved English test to the required level.

Fees

Fees must accompany your application. The registration application fee has yet to be finalised but is likely to be \$150 for holders of New Zealand or Australian dental hygiene qualifications. Other applicants will likely pay \$350 given that their applications will require detailed individual consideration by the Hygienists Board.

The APC fees have yet to be set but are likely to be around \$1100 per year for registrants in the dental hygiene and dental auxiliary scopes. The APC fee for orthodontic auxiliaries has yet to be determined.

While the APC fee may seem considerable self-regulation does come at a cost. Moreover, it is unfortunate that costs per registrant work out substantially higher for smaller professions, such as hygienists, than they do for larger professional groups, which are able to benefit from economies of scale and divide up the costs of registration over a greater number of registrants. It is anticipated that this fee will decrease in the years after the initial registration process.

HEALTH PRACTITIONER INDEX

The Ministry of Health, in consultation with the wider health sector, is developing a unique index of health professionals, organisations and facilities. The index will be known as the Health Practitioner Index (HPI).

The HPI is intended to be a national database holding identifiers and information about health practitioners, health care organisations and health delivery facilities. A principal purpose of the HPI is to provide a unique identifier for use within the sector. At present providers of health services are not identified in any standardised and uniform way across the health sector. All the organisations with which providers must interact, including ACC, DHBs, regulatory and professional bodies have different ways of identifying health practitioners.

Among the benefits that the Ministry attributes to the HPI are that it will reduce duplication of effort across the sector, enhance the ability of health agencies to plan services and manage contracts, support national health workforce planning, and improve consumer access to information on the qualifications and scopes of practice of practitioners.

The key benefits for practitioners, according to the Ministry, are :

- Simplified compliance processes and reduced compliance costs for practitioners by removing the need to have multiple identifiers.
- Improved access to patient information.

The Dental Council has agreed in principle to assist the Ministry of Health in the development of the HPI. However, it does have concerns relating to the use and disclosure of information held on the HPI, and its agreement is subject to a satisfactory privacy impact assessment. In the meantime, however, any participation by the Dental Council in the project will be restricted to information that is publicly available on the dental register.

For more information on the HPI, contact:

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WHAT ARE SCOPES OF PRACTICE?

'Scope of practice' is a key concept under the HPCA as it lies at the core of the Act's principal purpose of protecting the health and safety of the public by providing for mechanisms to ensure that health practitioners are competent to practise. Here we explain what scopes of practice are and highlight the main implications for practitioners.

A 'scope of practice' describes what a practitioner is entitled to do. The HPCA stipulates that a scope of practice may be described in any way the authority thinks fit including in any one or more of the following ways:

- a name or form of words that is commonly understood by persons who work in the health sector;
- an area of science or learning;
- tasks commonly performed; and
- illnesses or conditions to be diagnosed, treated, or managed.

The Dental Council is in the process of developing scopes of practice for all the dental professionals it registers. As far as dentists and dental specialists are concerned it has considered responses to a consultation document distributed to key 'stakeholders' last year. The proposed scopes of practice for hygienists, therapists and technicians have been or are going through, a similar consultation process.

Implications

In terms of the practical implications practitioners should note the following:

- As of 19 September 2004 all health practitioners covered by the HPCA must be registered in a scope of practice within which the practitioner is permitted and deemed competent to practise. In practice dentists who are registered under the Dental Act 1988 will be automatically registered under the HPCA in the general dental practice scope. Specialists will also be registered in the relevant specialist scope
- Scopes of practice will replace the current categories of general, specialist, temporary and provisional registration
- In the future practitioners who apply for an APC will have to meet certain competency requirements for the scope of practice in which they are registered. These requirements will not be applied to the APC year beginning May this year, but will be phased in during a four-year period beginning May 2005
- The scope of practice must be endorsed on every APC issued to a health practitioner
- Practising outside a designated scope of practice will attract significant penalties
- In the future registrants in specialist scopes of practice will not be required to register in a general scope of practice. However, dentists wishing to practise both general and specialist practice will be required do register and maintain

their competency in both general and specialist scopes of practice. In the May 2005 APC renewal exercise we will therefore be asking dentists registered in two scopes of practice which scopes they wish to continue to be registered in.

Flexibility

Part of the rationale behind the concept of scopes of practice is to allow greater flexibility in the provision of health services. Authorities may define scopes of practice as they choose, and can amend, revoke or replace them at any time subject to consultation. One of the advantages of this approach is that scopes of practice can be amended to take account of changes in technology or practice relating to the provision of health services.

In keeping with the emphasis on flexibility regulatory authorities also have the authority to vary the scope of practice of individual practitioners. Such variations may take the form of:

- an addition to or restriction of the health services a practitioner can perform. This would normally occur at the point of registration or in response to a specific request from a practitioner. Council has decided that further work is required on the issue of self-limited scopes of practice
- the inclusion of conditions to ensure the competent practice of a practitioner - for example a requirement that he or she work under supervision or not perform tasks of a certain kind. The Council has signalled that conditions will only be placed on scopes of practice as a result of disciplinary, competency or health matters.

Qualifications

As well as determining scopes of practice, regulatory authorities will also have to prescribe the qualifications for every scope of practice. "Qualifications", as used in the HPCA, has a broader definition than its commonly understood meaning of degrees or diplomas. Under the HPCA, qualifications can include a pass in exams or other assessments set by the Council, registration with an overseas organisation comparable to the Council, and various kinds of experience.

While it will be up to the Council to decide which qualifications will be acceptable, the HPCA provides that such qualifications must be necessary to protect the public, may not unnecessarily restrict the registration of health practitioners or impose undue costs on practitioners or the public.

CHANGES TO OMFS SPECIALIST REGISTRATION REQUIREMENTS

Following consultations with relevant stakeholders DCNZ has decided to significantly reduce the length of the training pathway for specialist registration in Oral and Maxillofacial Surgery and to close the specialty of Oral Surgery. While marking a return to a single specialist category the decision does address Council's concern for wider public access.

Specialist registration in Oral & Maxillofacial Surgery (OMFS) will now be awarded on attainment of the intercalated MDS/MBChB (Otago). Council noted that this decision:

- Significantly reduces the training pathway from eight to five years and as such has the potential to broaden access to specialists for the community
- Is consistent with Australian requirements for specialist registration in OMFS
- Encourages OMFS trainees to continue to register with the Dental Council
- Aligns OMFS with all the other specialties where registration is obtained on attainment of the postgraduate qualification

The one-year house surgeon year and the two years advanced surgical training will now be undertaken at the discretion of the individual specialist

and this will be a credentialling issue for the hospital or employer involved.

A scope of practice for Oral and Maxillofacial Surgery is currently being developed. Advanced areas of practice able to be performed if the specialist has undertaken further appropriate training (ie the two years advanced surgical training and/or other appropriate training), will also be described in the scope.

The specialist branch of Oral Surgery will be closed effective from 31 May 2004. However:

- any applications received for registration in Oral Surgery prior to 31 May 2004 will be considered and decided upon as if the branch of Oral Surgery were still open
- any application from an applicant who entered an approved accredited training course during the time the Oral Surgery category was opened (4 September 2002 - 31 May 2004), will have their application for specialist

registration in Oral Surgery considered.

Dental Council Chair, Brent Stanley, said "Council is pleased that these new changes in OMFS specialist registration have resulted in a substantially shortened training pathway, with the potential for improved public access". Dr Stanley further noted that the new OMFS requirements complied with the principles under the HPCA regarding prescribed qualifications - specifically that these should protect the public, should not unnecessarily restrict registration and should not impose undue costs on practitioners or the public. As such he considered the changes were "a worthwhile and beneficial outcome".

The Council is hopeful that the new registration requirements will address its concerns to improve public access to oral and maxillofacial care but will continue to monitor the situation.

A NOTE FOR EMPLOYERS OF OVERSEAS DENTISTS

Prospective employers of overseas dentists need to allow sufficient time for these dentists to sit and complete the final registration examination - the New Zealand Conditions of Practice Examination (NZCOP).

This examination is sat every six weeks and it takes four weeks to mark the examination. It is not a rubber stamp examination as it tests information relevant to conditions affecting New Zealand practice which is vital for overseas dentists to read and comprehend, including:

- Professional standards and codes of practice
- Legislative requirements, eg in relation to consumers rights, sexual boundaries and prescribing
- Topical issues, eg fluoride and dental amalgam
- Running a practice, eg keeping accurate records, handling complaints, dental benefits, ACC
- The New Zealand practice environment, eg role of DCNZ, treating Maori patients
- Support networks and self-care

The marking involves two examiners who compare and mark each script at the Dental School. This process cannot be rushed or overlooked.

Applicants are expected to undertake the NZCOP after sitting and passing the Written Examination and/or Clinical Examination.

The NZCOP examination is based on the New Zealand Conditions of Practice publication which is available from the Council on request. A summarised version of the publication is on the Council's website (www.dcnz.org.nz)