

Summary of Decisions

From the Dental Council meeting 5 October 2015

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The Dental Council is the statutory body constituted under the Health Practitioners Competence Assurance Act 2003 (The Act) to maintain the health and safety of members of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise. Council endeavours to keep its key stakeholders up to date with key decisions.

This document is a summary of Council's decisions from the meetings held in October 2015.

Performance Framework

Earlier this year, the Dental Council agreed on a new strategic framework and Strategic Plan, including a vision, outcomes and strategic priorities. Council has also determined its performance measurement framework across the five strategic priorities identified in its 2015-2020 Strategic Plan. Council approved performance measurement framework setting measures from four perspectives – Stakeholder View, Financial Performance, Internal Operations and Organisational Capability.

After considering the proposed performance measurement framework, Council agreed to trial the framework for 12 months, with quarterly reporting to the Council.

Orthodontics Working Group

At its September 2015 meeting, Council resolved to establish a working party to closely investigate the issues around orthodontics treatment by general dentists and determine an appropriate way forward. Council had agreed that the composition of the working group would comprise:

- Dental Council member (Chair of the group)
- Registered Dentist – performing orthodontic treatments
- Registered Orthodontist specialist
- Specialist (not orthodontics) or Dentist with an understanding of the role in setting standards in relation to scopes of practice and competencies, and with an appreciation of the complex issues related to orthodontic treatment
- Senior dental academic – in another specialist area
- External lay member.

Dr Robin Whyman was appointed as the Chair of the working group. After discussions with key stakeholders (New Zealand Association of Orthodontists (NZAO), the New Zealand Dentists Orthodontic Society (NZDOS), and the University of Otago), to identify appropriate individuals that could be considered by the Council for appointment to the working group. Council reconsidered the composition of the working group based on feedback from the sector and necessary skillsets required.

Accordingly, Council agreed to amend the composition of the Orthodontic Working Group by:

- a) removing the requirement for the dental academic to be a dental specialist
- b) adding a general dentist with no particular practice interest in orthodontics
- c) adding a children's advocate to represent the rights of the child.

After considerable discussion, Council approved the amended working group composition as:

- Dental Council member (Chair of the group)
- Registered Dentist – performing orthodontic treatments
- Registered Orthodontist specialist
- Specialist (not orthodontics) or Dentist with an understanding of the role in setting standards in relation to scopes of practice and competencies, and with an appreciation of the complex issues related to orthodontic treatment
- Dentist with no particular practice interest in orthodontics
- Senior dental academic
- Children's advocate
- External lay member.

Council will approach individuals – including recommendation from the NZAO, NZDOS and the University of Otago, to determine their willingness to be considered for appointment to the working group.

Draft Infection Prevention & Control Practice Standard

In May 2015, Council had approved a draft Infection Prevention and Control Code of Practice (now Practice Standard) to be issued for consultation. However following this meeting, a decision was made to revisit the structure of practice standards. In particular, to separate the additional information, definitions and recommendations from the actual standards required to be met. As a result, considerable changes were made to the original practice standard.

Council considered and discussed the proposed changes from the May 2015 version of the draft practice standard and the updated consultation document.

Council agreed to:

1. Rescind its decision of 11 May 2015 to approve the draft Infection Prevention and Control Practice Standard and consultation document to be issued for consultation.
2. Accept the proposed change that all semi-critical items “must be cleaned and sterilised before re-use” to ensure that sterilisation standards were maintained, acknowledging that the amount of semi-critical items within the dental practice that could not be sterilised or are not single-use items were very limited.
3. Not to amend the examples list of critical items in the draft practice standard. The Council emphasised that it was not the item as such that directed the reprocessing requirement, rather the intended use of that item that dictated the reprocessing requirements.
4. Approve the draft Infection Prevention and Control Practice Standard for consultation, subject to some changes, and following consideration by the Cross Infection Working Group and the Standards Review Standing Committee:
5. Approve the draft consultation document, subject to a minor change.

6. Delegate authority to Andrew Gray and Robin Whyman to consider any proposed changes from the Cross Infection Working Group and the Standards Review Standing Committee, and to approve the final draft practice standard for consultation.

Medical emergencies - oxygen requirement for clinical dental technicians

The Council received a request from the New Zealand Institute of Dental Technologists (NZIDT) to review the *"keeping and administering of Oxygen by Clinical Dental Technicians"*. The Secretariat has also received phone calls from clinical dental technicians that indicated their Level 4 resuscitation training did not include any/or very limited components of safe administration of oxygen.

The unintended oversight was acknowledged of the requirement to stock oxygen by 30 September 2015, earlier than when the new training requirements have fully come into operation (30 September 2016).

The Medical Emergencies in Dental Practice – Practice Standard requires dental technicians undertaking restricted activities and clinical dental technicians to complete CORE Level 4 or equivalent resuscitation training.

Clinical dental technicians were required to stock:

- Oxygen cylinder, regulator and associated equipment suitable for delivering high flow oxygen
- Bag mask device with oxygen reservoir
- Basic airway adjuncts (oropharyngeal airways)

After careful consideration and based on the balance of information provided, Council agreed that it would not revise its original decision for CDTs to keep oxygen to enable practitioners to use it when required in the management of a medical emergency.

Council further agreed to exempt those clinical dental technicians who have not yet been required to complete their new CORE Level 4 resuscitation training before the 30 September 2015 from the requirement to hold oxygen and the associated equipment, until completion of the practitioner's CORE Level 4 resuscitation training, but by no later than 30 September 2016.

The Council acknowledged there were inconsistencies in training courses offered, and it would be willing to work with the NZIDT to explore additional training opportunities in this area.

Council would also revisit the Medical Emergencies in Dental Practice – Practice Standard following the NZRC updates to the resuscitation guidelines and the CORE Review – anticipated in April 2016.