

## Summary of Decisions

From the Dental Council meeting – 7 September 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 September 2015.

### Governance operating model

As part of the Council's review of the new strategic framework and five-year strategic plan, it agreed that a 'review and refresh of our governance model' would be one of its five strategic priorities for 2015 – 2020. Council wants to ensure that as a governance board it has the skills, policies and processes to operate efficiently and effectively, to put its energy into areas of most value, and to be assured that decision-making was timely, fair and justifiable. As a first step, Council engaged O'Connor Sinclair in June 2015 to review and advise on its governance operating model. O'Connor Sinclair conducted its review and presented a report of the findings for Council's consideration.

After careful consideration and discussion of the options presented in the O'Connor Sinclair report, Council agreed in principle to adopt a risk-based (or value-based) governance operating model, subject to the Secretariat's development of the final detailed model.

### 2016 Council meeting dates

Council approved the 2016 Council and Audit and Risk Management meeting dates.

### Preliminary investigation - orthodontic treatment undertaken by general dentists

Council noted the report received from Professor Mauro Farella, Head of Orthodontics at the University of Otago on the extent of the orthodontic training within the BDS programme, including the specific learning outcomes achieved at the end of the learning modules.

As agreed at September 2014 meeting, Council resolved it would establish a working party to closely investigate the issues and determine an appropriate way forward. The composition of the working group was discussed and agreed that it 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 (e.g. endodontics, prosthodontics or periodontics)
- External laymember.

Council further appointed Dr Robin Whyman as the Chair of the working group.

Discussions would be held with the New Zealand Association of Orthodontists, New Zealand Dentists Orthodontic Society, and the University of Otago to identify appropriate individuals that would be considered by the Council for appointment to the working group.

### Use of Botulinum-A by dentists

Council confirmed that its policy on the administration of Botulinum-A by dentists was clear and current. It acknowledged there could be some refinement of the terminology used, but the principles would remain unchanged. The administration of Botulinum-A by dentists was restricted to the nasolabial folds and/or perioral area; and subject to - the dentist having the requisite knowledge and documented evidence of training to undertake the procedure; and the dentist having obtained the patient's informed consent for the procedure. The use of Botulinum-A around a patient's eyes and forehead did not fall within the general dentistry scope of practice.

### DClinDent(oral surgery) site evaluation team

Council approved the revised site visit approach for the DClinDent(oral surgery) programme at the University of Otago.