

Summary of Decisions

From the Dental Council meeting 3 October 2016

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The Dental Council (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 meeting held in October 2016.

Council appointments

The Minister of Health, Hon Dr Jonathan Coleman reappointed Andrew Gray to the Council for another term until September 2019.

The Council also reappointed Andrew Gray as the dental representative to the CPD Advisory Committee for another three year term.

Draft Media Policy

Council considered draft policy and agreed that further refinements were required before it can be approved.

Oral Health Therapy scope of practice implementation plan

At its August 2016 meeting, Council agreed to establish the oral health therapy scope of practice, but that the decision relating to the implementation aspects including the gazetting date, and whether or not there was a need to recognise oral health therapy (OHT) as a profession under the HPCA Act, was deferred until consideration of a comprehensive implementation plan.

The Council considered and accepted the operational implementation plan, risk management plan and communications brief. This included a proposed gazette date of the OHT scope of practice on 3 November 2016, with an effective date of 1 November 2017.

Council also agreed:

- That oral health therapy could be considered a standalone profession.
- The benefits of applying for oral health therapy to be recognised as a standalone profession outweighed the risks, and as such it will submit an application to the Minister of Health under section 115 of the HPCA Act.
- To submit an application for reclassification of the local anaesthetic and fluoride medicines for oral health therapists, to the Medicines Classification Committee's next meeting.

Consultation on the proposed changes to prescribed qualifications

The consultation on the proposed changes to prescribed qualifications was issued to all stakeholders on 11 July 2016 and closed on 5 September 2016. Five submissions were received in response to the consultation.

The Council noted that the majority of submitters supported the proposals, with one submitter expressing concern about the Dental Board of Australia (DBA) approved programme of study for registration as an oral and maxillofacial surgeon in Australia, not being university-based. It was considered that this specific concern was outside of the ambit of the Council, as it relates to a DBA decision on an approved programme of study.

The Council considered the responses to the following consultation proposals:

- Q1: To gazette the University of Otago DClinDent (oral surgery) programme as a prescribed qualification for the oral surgery scope of practice
- Q2: To gazette the Royal College of Pathologists of Australasia Fellowship in Oral and Maxillofacial Pathology programme as a prescribed qualification for the oral pathology scope of practice
- Q3: Changes to the description of the Australian prescribed qualifications

The Council agreed to gazette the proposed changes as consulted on, noting that the prescribed qualifications would be gazetted in totality, not just the changes.

Sedation practice standard – consultation feedback

The draft sedation practice standard was issued for consultation on 22 July 2016, and closed on 16 September 2016.

The following consultation questions were asked:

- Q1. Do you agree/disagree with the proposed clinical team for sedation (proposal 1)? If you disagree, please detail why.
- Q2. Do you agree/disagree with the proposed formal education requirements to provide sedation and for monitoring-only of sedated patients (proposals 2&3)? If you disagree, please detail why.
- Q3. Do you agree with the proposed core competencies for providing sedation and monitoring-only of a sedated patient (proposal 4 and appendices B & C of the draft practice standard)? If you disagree, please detail why.
- Q4. Do you agree with the proposal to have scenario training relevant to the management of sedation-related complications, incorporated into the NZRC CORE advanced resuscitation training every two years (proposal 5)? If you disagree, please detail why.
- Q5. Do you have any concern with other areas of the draft practice standard, not already expressed?

25 submissions were received, including two late submissions.

Council considered and discussed the detailed analysis of the consultation submissions, associated commentary and draft recommendations in response to specific submission concerns or suggestions.

Council also noted that further information was sought from the New Zealand Resuscitation Council (NZRC) and the University of Otago BDS programme to support some of the consideration on suggestions made or commentary received.

After careful consideration and discussion, Council agreed to most of the recommended changes. An outcome letter, with the final approved standard will be issued to all stakeholders and published on the Council website in November 2016.

The new sedation practice standard would come into effect by 1 April 2017, with the implementation of the following aspects staggered:

- i. The education and training requirements, as described in part III of the sedation practice standard, by 1 October 2019.

This does not remove practitioners' obligations to meet the existing training requirement to provide IV sedation, and resuscitation training requirements under the Council's medical emergencies practice standard.

- ii. The requirement to use capnography for intended level of moderate sedation, by 1 October 2019.

The current conscious sedation for dental procedures practice standard remains in place until 1 April 2017.