

[REDACTED]
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Dental Council of New Zealand
P.O Box 10-448
Wellington 6143

6th December 2018

Tēnā koe [REDACTED]

RE: Consultation on 2019/2020 budget, APC fees and disciplinary levies

My name is Catherine Patricia Andrew and I am a registered oral health therapist. I would like to provide the following feedback on the Council's consultation on 2019/2020 budget, APC fees and disciplinary levies.

The consultation document clearly makes it clear that the Council budget, fees and levies are calculated at a 'full recovery basis' and while the Council is 'committed to operating cost effectively for our practitioners' that commitment must be balanced with Council's 'obligations to protect the public'.

I agree with the proposed disciplinary levy for dental hygienists of \$1.11 per practitioner. I believe the budgeted minimum disciplinary reserve balance of \$25,000 for dental hygienists is fair (taking into account one potential professional conduct committee) and welcome the fact our refund of \$5,611 in disciplinary levies reduces the cost for APC's of dental hygienists.

However, I note the vast bulk of the proposed dental hygienists fee relates to the APC fee which is proposed at \$736.77 per practitioner. I welcome the detail in which Council have provided in how the APC levy for each profession has been calculated to provide the overall income required by Council. With respect to the profession of dental hygiene, I welcome Council's suggestion a reduction based on the reduced proportion of time spent servicing the dental hygiene profession (a drop from 11.8% to 7.2%) but question why the balance of the APC in operating reserves. I note it seems to have gone into deficit as a result of an under recovery in the 2017/2018 year due to a lower than forecasted number of dental hygienists registering following the creation and implementation of the oral health therapist scope of practice and profession. I hope to see this as a one off increase of \$195.70 which presumably will not be required in the 2020/2021 consultation which would mean the next round of APC fees will be reduced.

The rationale and calculations put forward by Council seem to make arithmetic and financial sense however I suspect that as a proportion of our professional income the fees for dental hygienists, oral health therapists and dental therapists is significantly higher than they are for dentists and dental specialists. I am requesting that Council implement and focus on an appropriate methodology for determining the proportionate APC fees payable by the different dental professions of which Council regulate. Rather than the APC fee being calculated in proportion to membership of the various scopes and/or in proportion to the time spent servicing the various scopes, perhaps Council should also be based (wholly or partly) on affordability namely each scopes ability to afford administration costs of the Council which is there for the mutual benefit of the professions as a whole and to maintain the public's confidence in all professions as a whole.

I forecast this would involve a degree of cross subsidisation with the higher earning practitioners (namely dentists and dental specialists) paying a larger share than the lower earning professions of dental hygiene, oral health therapy and dental therapy. I believe such a proposal would be in the public interest as it would ensure the future financial viability my profession to enable me to provide affordable dental health care to the public while ensuring I remained subject to the certification and supervision of the Council.

If the above does not help in a reduction of APC fees, then I request a detailed analysis of the operating costs of the Council, which I believe would involve a degree of forensic accountancy, to see if any significant cost savings can be made. I note the Council's budget for a total 2019/2020 expenditure of \$3.3 million of which \$1.8 million is wages.

I look forward to Council's response and subsequent outcome and welcome any feedback from Council.

Kind regards,

Catherine Andrew