



Marie Warner
Chief Executive Officer
Dental Council of New Zealand
PO Box 10-448
Wellington

15 January 2021

Dear Marie,

Re: Consultation on proposed 2021/22 budget and fees, and policies on the allocation of costs for inquiries and competence remediation

Thank you for taking the time to engage with our members in December 2020 in relation to the consultation above.

The New Zealand Dental Hygienists' Association (NZDHA) Executive Committee met online to discuss concerns we, and our membership of 600 registered dental hygienists, oral health therapists and dental therapists, would like feedback on the information requested below.

On the 2nd of November 2020 the Dental Council's '*Level of Reserves*¹' policy was reviewed by Council. We are requesting a copy of the minutes in relation to this review.

¹ <https://www.dcnz.org.nz/assets/Uploads/Policies/Level-of-Reserves-Policy.pdf>

The NZDHA have extreme ongoing concerns about our professions (namely dental hygiene however also including oral health therapy and dental therapy scopes of practice) being able to afford the continual increases in the Annual Practising Certificate (APC) fees which are increasing every year due to the dental hygiene profession always being in deficit because of the minimum level of reserves set by Council and the Audit and Risk Management Committee (ARM). This has continued for the last 3 years even though dental hygienists (and dental therapists) have declining numbers, and will continue to do so.

It is our understanding that reserve levels are set by Council on the recommendation of the ARM and then Council approve this policy.

We are asking Council and the ARM to assess the dental hygiene profession level of reserves, specifically the operational reserve and disciplinary reserve levels.

To maintain appropriate operational reserves, Council and ARM adjust the APC fees to meet operational activities and provide a buffer against an unknown number of competence cases. Anticipated cases is based on Council's assessment on the Professional Conduct Committee (PCC) and the Health Practitioners Disciplinary Tribunal (HPDT) case trends over the last 3 years.

The NZDHA would like to ask why the disciplinary levies are set at the same reserve of \$27,000 across the professions excluding the general dental/specialist profession with differing numbers of practitioners in each profession?

If the dental hygiene profession have a lower than forecasted volume of practitioners following the creation of the oral health therapy profession in 2017 then why can the operational and disciplinary levels not be based on these lower practitioner numbers? To date, the dental hygiene profession has not had any PCC or HPDT cases in over 3 years. According to the 2019/2020

budget a “medium complexity: case costs approximately \$11,810.00. A low PCC case costs approximately \$4734.00.

The significant increases in the dental hygiene profession APC costs seems to be returning the operating reserve to the minimum balance which in the last 3 years been in deficit. By not adjusting the operational reserve level due to the declining practitioner numbers in the dental hygiene profession we are continually going to see an increase in this part of the APC Fee which is going to financially be unachievable for practitioners in our profession even though we have demonstrated a low risk to the public in the last 3 years. From a public health point of view, if we are continuing to raise the operational reserve level annually for declining numbers of the dental hygiene profession (and by proxy the dental therapy one as well), practitioners holding these scopes of practice will not be able to work due to the financial constraints placed on obtaining and APC, thus seeing these workforces decline dramatically and practitioners unable to work, possibly placing more pressure on oral health therapists and general dentists.

In our ‘*Consultation on 2019/2020 budget, APC fees and disciplinary levies*²’ submission, we requested that Council implement and focus on an appropriate methodology for determining the proportionate APC fees payable by the different dental professions for which Council regulate. Rather than APC fees being calculated in proportion to scope of practice, and/or the proportion to the time spent servicing the various scopes, perhaps Council should also be based 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. We also request the Council make an urgent plea (as we will be doing) to the Minister of Health, and Associate Minister of Health, to have this methodology urgently reviewed.

Our feedback to the other consultation questions are in bold below:

A proposed increase to retention fees of \$50 (proposed retention fee is \$166.91) to reflect direct costs incurred by practitioners.

² <https://www.dcnz.org.nz/assets/Uploads/Consultations/2018/2019-20-Budget-fees-and-levies/A2-NZDHA.pdf>

We disagree

Proposed administration fees at a minimum of one hour of secretariat time to reflect direct costs for this service and IT system overhead costs now that all services are online.

We agree

A proposed increase of \$2,200 for overseas applicants with non-prescribed qualifications due to process changes to strengthen the rigour of review.

We agree

The removal of NZDTREX, NZDHREX, NZDOHTREX and NZDTechREX Examination for 5+ candidates that have not been used in recent years.

We agree

Accreditation and monitoring fees for education institutions is introduced on a full cost recovery basis for educational programmes that have an accreditation condition(s) placed on them.

We agree

A proposed CPI adjustment equivalent to 2.0% for all other fees (registration, examination, competence, accreditation and other miscellaneous fees).

We agree

Costs for inquiries and competence reviews. Do you agree that all practitioners within a profession continue to meet the costs of inquiries and competence reviews into an individual practitioner?

We disagree, we feel the cost should be split between all practitioners within a profession and the individual practitioner.

Competence remediation. Do you agree that where an individual practitioner has undergone a Competence Review and the Council has found that the

practitioner is not practising at the required standard of competence, the full costs associated with the practitioner undertaking the remedial action ordered by the Council should be met by the individual practitioner?

We disagree, we feel the cost should be split between all practitioners within a profession and the individual practitioner.

Do you wish to make any other comment on the Council's approach to costs for inquiries and competence remediation?

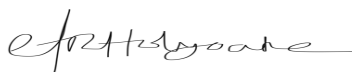
According to the DCNZ's latest annual report³, there were 214 complaints received to Council about practitioners. We are aware Council can order a PCC on a practitioner (if deemed necessary), which subsequently goes to the HPDT. PCC's come at a significant cost to each profession, and can only sometimes be dismissed at the HPDT because whoever complain

The thing that I want to bring up here is the Council can order a PCC and it can go to HPDT at a significant cost to the profession only to be dismissed at tribunal because whoever complained did not follow through with complaint.

214 complaints were made according to annual report but not defined to profession.

We look forward to your response after consulting with the Audit Management Committee and reviewing submissions.

Yours sincerely



Anna Holyoake
NZDHA President

³ <https://www.dcnz.org.nz/assets/Uploads/Publications/Annual-reports/Dental-Council-Annual-Report-2020-PDF.pdf>, Page 11.