

12 December 2023

Dear practitioner/stakeholder,

### Outcome from 2024/25 proposed budget and fees consultation

The outcome from the 2024/25 proposed [budget and fees consultation](#) is set out below.

We received [five submissions](#) from a total of 5,287 practitioners and stakeholders. The submissions were considered by the Audit and Risk Management (ARM) committee on 27 November 2023 and by Council on 4 December 2023. Thank you to those who provided feedback.

### Budget and fees approved by Council take effect on 1 April 2024

After considering the workplan and budget for the next two years and feedback from submissions received, Council approved the following fees:

- registration, examination, competence programme, fitness to practice and other miscellaneous fees
- the APC fees and disciplinary levies for 2024/25 as set out below.

**Table 1** shows approved fees and levies payable for the 2024/25 year (excluding GST).

Profession	APC Fee	Disciplinary Levy	Total Payable
Dentists and dental specialists	\$1,075.82	\$127.46	\$1,203.28
Oral health therapists	\$888.56	(\$6.82)	\$881.74
Dental hygienists and orthodontic auxiliaries	\$781.48	\$51.14	\$832.62
Dental therapists	\$847.72	\$98.49	\$946.21
Dental technicians and clinical dental technicians	\$817.90	(\$1.27)	\$816.63

The 2024/25 fees and levies will be published in the [New Zealand Gazette](#) in January 2024 and take effect from 1 April 2024.

The APC fee and disciplinary levy for professions with a practising year 1 April 2024 – 31 March 2025 will be payable from the date the APC renewal form is issued.

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## Summary of feedback and Council's responses

The themes raised from the submissions and Council's consideration were as follows:

1. *Request to merge the dental therapy, dental hygiene and oral health therapy professions*

As dental therapy, dental hygiene and oral health therapy are named as independent professions within the Health Practitioners Competence Assurance Act 2003 (the Act), Council cannot currently merge them into a single profession. The option to share the cost of regulation across professions is further constrained by the Office of the Auditor General determining that cross subsidisation across independent professions is not permitted.

The Council is preparing a submission that proposes an amendment to the professions regulated under the Act which would merge profession groups, whilst retaining the separate scopes of practice. Several professional associations have already submitted their support for the proposal.

2. *Hold fees at current rate for three years*

The Council follows the good practice guidelines established by the Office of the Auditor General which set out that budgets, fees, and levies should recover costs within a one-to-two-year period, while maintaining minimum reserve levels set to sustain financial viability and provide a buffer against an unknown number of future cases.

Based on these guidelines and the variable factors that feed into setting the fees/levies, it is not possible to hold fees at a fixed rate. For example, the level of APC fee per practitioner depends on:

- the budgeted number of practitioners
- direct profession income and expenditure budgets, that includes the volume of competence, health and conduct cases; and
- minimum reserve levels set for each profession.

3. *Number of employees and salary bands of Dental Council staff*

The Dental Council is audited by Baker Tilly Staples Rodway on behalf of the Office of the Auditor General. One of the areas considered by the auditors is personnel related costs.

We can advise that the proposed salaries budget is based on a headcount of 21 employees. The request for salary bands would enable individual staff member's salaries to be identified which is personal information. The Council is subject to limits on the disclosure of personal information and will not be providing this information.

4. *Dental therapy fees and the relationship to practitioner income or an assumption that Te Whatu Ora can pay higher fees*

The Council does not determine fees based on where a practitioner works.

To assess a fee based on income earning potential would require Council to cross subsidise one profession with another. This is not an option currently intended by the HPCA Act and the Office of the Auditor General has determined cross subsidisation between professions is not permitted.

The APC fee calculation is made up of the net Council expenditure allocated based on the number of practitioners who hold an APC in that profession, the direct profession expenditure

inclusive of cases and any adjustments required to the minimum level of reserves held for each profession. This cost recovery basis does not allow for reductions in fees based on earnings or give consideration to whether an employer may ultimately carry the cost by reimbursing the individual practitioner.

5. *Variation in professional conduct committee (PCC) costs between professions*

The projected expenditure for cases is dependent on a number of variables such as anticipated complexity, accessibility, and resource requirements. As we do not take a one size fits all approach, the assumptions can differ from case to case as is reflected in the different amounts seen in the dental therapy and dental hygiene professions.

6. *Adult restorative care – Additional scope of practice fee/Removal of exclusion fee to be reviewed with a view to reduce as the number of applications increase*

The accreditation of adult restorative care courses available to both dental therapists and oral health therapists highlighted a discrepancy between the processing costs associated with the application fee that applied to each profession. To correct this inconsistency, the higher 'Application for registration with a prescribed qualification in an additional scope of practice' fee will be reduced to the 'Application for removal of an exclusion(s) on the scope of practice after completion of a DC approved course' fee, as the processing requirements are the same.

A detailed review of 'other fees' is undertaken every two to three years, with the focus for 2024/25 being on those registration fees that should be a full cost recovery. A detailed review includes reviewing any cost assumptions as well as input required from both internal Council staff and external clinical advisors. Although the volume of applications is expected to increase that may not change the time required to process each application.

7. *Increase in Council project and profession expenses and the ability to deliver projects on top of 'business as usual'*

As noted in consultation, the COVID-19 impact over recent years and vacancies across the Council staff led to the delay in some one-off project deliverables, returning Council project and profession expenses for 2022/23 that were lower than budget. The 2024/25 budget includes expenditure associated with implementing the three strategic initiatives, as detailed in the budget consultation.

The budget to implement these strategic initiative deliverables includes additional resource, project management and input from content and clinical subject matter experts which will enable the Council to progress these projects alongside 'business as usual'.

Planning is already underway and key resources are expected to be on board within the last quarter of the 2023/24 financial year.

8. *Further detail on the new projects identified in the 2024/25 budget consultation, specifically the Te Tiriti project and if the new projects will be on-going in future years with costs front loaded in the 2024/25 year*

- The budgeted \$333.9k Te Tiriti project costs include the initial workshops and engagement with stakeholders and iwi required to enable a review of the Council's standards framework and associated practice standards from a Te ao Māori perspective. Consultation with practitioners will be supported by cultural safety roadshows across the

regions to better inform practitioners of the proposed changes and to inform their consultation feedback before finalising and implementing these changes.

- As we start to implement the initiatives from the 2022-2032 strategic plan, expenditure is proposed to be high as we look to both deliver aspects of these initiatives in the 2024/25 financial year alongside scoping out the full requirements of strategic plan deliverables.
  - As the 2024/25 expenditure includes both investigation and scoping of requirements for each strategic initiative as well as the delivery of some aspects of these projects, it is likely that this project expenditure is front loaded. We will have a clearer view on requirements and deliverables once project management is in place and scoping is complete.
9. *Confirmation that the new registrant recertification programme applied to graduates from NZ accredited courses and a potential conflict of interest if the body responsible for determining standards of competence is also the body that is running a compulsory recertification programme to meet those standards*
- The new registrant recertification programme includes all new registrants – including those from overseas and New Zealand graduates. The purpose of the project is to determine the specific requirements for the different groups/categories of new registrants. This means there could be two new registrant recertification programmes, one for overseas registrants and one for NZ graduates to accommodate the potential gaps between curriculum delivery at this point in time and the standards established through the Te Tiriti project.
  - There is no perceived conflict of interest for Council setting the standards of competence and also determining recertification programmes. These are both statutory obligations placed on Council under:
    - Section 118 of the Act which includes the following functions of the Council:
      - (i) to set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession
      - (k) to promote education and training in the profession.
    - Section 41 of the Act provides for the statutory requirement to set recertification programmes for registered practitioners. Council has the ability under section 41 to mandate set learnings, if for instance Council perceived standards were not being met (e.g. education to all registered practitioners regarding cultural safety).

Council can choose to do this themselves or work in partnership with other professional bodies to deliver these.

10. *Providing guidance documents to support practitioner learning relating to cultural safety and improving equitable health outcomes as well as setting the standards of practice*

The Council will develop guidance in areas where it considers there to be a need - the Council previously signalled to support practitioner learning on cultural safety, to ensure upskilling of all registered practitioners.


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(k) to promote education and training in the profession.

It is not Council's intention to provide guidance on other standards beyond what we currently do. Cultural safety is broader than the practice standard itself and as the Council embarks on this cultural journey working with iwi to become a Te Tiriti based regulator it naturally follows that this work will include developing communication resources to better inform practitioners on the changes. The Council would look to partner with associations and for each association to expand on the resources by developing their own guidance and 'how to' documents that suit the various practice settings that exist across the health sector.

Yours sincerely

A handwritten signature in black ink, appearing to read 'MacKay', with a large, sweeping flourish underneath.

Marie MacKay  
Chief Executive