June 2026

# Newsletter

Dental Council
Te Kaunihera Tiaki Niho

## Disciplinary levy - thank you

I would like to extend my sincere thanks to all registered practitioners for your professionalism and commitment in paying the additional disciplinary levy imposed last year. 99.2% of practitioners have paid the levy, needed to address the rising costs of disciplinary investigations and professional conduct cases managed through Council. We know that any unexpected costs place additional pressure on individuals and organisations, and we appreciate both your understanding and timely compliance.

While such measures are never undertaken lightly, they are essential to support our role as the statutory regulator. Where complaints arise that raise concerns about public safety, it is our responsibility to act decisively and appropriately under the HPCA Act. This ensures that the standards of care expected by the public are upheld and that the services provided remain safe, effective, and trustworthy. There is no alternative to funding these conduct cases outside levying the profession, and this was the first time in over 15 years that an out of cycle levy was required to cover these rising costs.

The Council believe that, although unwelcome, the mid-cycle levy approach was financially prudent and the only option available to prevent future, larger financial burdens on the professions. Without the levy, reserves for two practitioner groups would now be negative, and the minimal reserves allocated to the other professions would have been exhausted before the next round of fee setting.

Ngā manaakitanga,

Dr John Bridgman

**Chair**

Dental Council and practitioners have a shared duty to maintain public confidence in our professions, through dedication to high standards of practice and patient safety. Dental Council remains committed to acting in the best interests of the public, and we recognise the contribution you make to oral healthcare in NZ.

## Engagements

The Council Chair and Chief Executive recently met with the Health Minister Simeon Brown on key issues in oral health regulation. We value our relationship with the Government to connect our regulatory activities with wider workforce and healthcare issues.

## Dental Council Performance Review

Council recently undertook our 5-year performance review overseen by the Ministry of Health, to check our compliance with the functions under the Health Practitioners Competence Assurance Act 2003 and our performance against the regulatory performance standards set by the Ministry of Health. We welcome the opportunity for external review of our processes and to identify areas for development. We will share the outcome and any recommendations of this review once published.

## Health Practitioners Competence Assurance Act review

Last month, the Government introduced an amendment Bill to the Health Practitioners Competence Assurance Act, proposing significant changes to the structure of healthcare regulation in New Zealand. The proposed amendments include changes to:

- increase Ministerial oversight and reporting obligations
- establish a new committee to review decisions regarding registration and conditions on practice
- review practitioner conduct without referral to a PCC

These changes are expected to have direct implications for both practitioners and the Dental Council, including possible cost implications. The Dental Council will continue to closely monitor these developments and actively engage with the Bill as it progresses through Parliament.

## Have your say on recertification: practitioner perceptions survey now open

We're committed to continuous improvement and listening to oral health practitioners. After 5 years since implementation, we're reviewing the recertification programme to understand what's working well, and where improvements may be needed.

A key part of this review is hearing directly from practitioners. This survey follows the 2024 survey, allowing us to track how experiences and views are changing over time.

The survey is being run independently of the Council by At Large, and all responses are anonymous. Your feedback is essential in building a clear, evidence-based picture of how the recertification programme is experienced in practice. The more practitioners who participate, the better picture we have for any future improvements.

Your feedback will play a direct role in shaping the upcoming recertification review and will inform any potential amendments to the programme. Any proposed changes to the programme will be consulted on later in 2026. We encourage all practitioners to take a few minutes to complete the survey and ensure your views are heard. The survey closes 8 July 2026.

If you haven't received the survey link, you can email us at consultations@dcnz.org.nz

## Standards focus: batch control identification

Maintaining high standards of infection prevention and control is essential for patient safety and delivering good, safe care. All registered oral health practitioners must be familiar with the Infection Prevention and Control Practice Standard and regularly review their practices to ensure compliance.

Infection prevention and control describes the practices and procedures that reduce the risk for patients and healthcare workers to be harmed by avoidable infections.

**Key steps**

1. Standard precautions include hand hygiene, safe sharps, waste and contaminated items management, use of Personal Protective Equipment (PPE), environmental cleaning and ventilation
2. Reprocessing instruments and maintaining reprocessing equipment
3. Quality management with documenting of policies and procedures, education and regular risk assessment review
4. Blood or body fluid exposure procedures.

**Helpful reminders**

Your infection prevention control policies and practice specific procedures must be documented and reviewed annually to confirm compliance with the Dental Council practice standard.

The one-year transition period for the recording of Batch Control Identification (BCI) for critical instruments has ended. As of 1 January 2026, the requirement to record the BCI for critical instruments is mandatory.

Sterilisation of semi-critical reusable items is strongly recommended but there is not a requirement for all semi-critical items to be sterilised if the manufacturer's instruction preclude steam sterilisation.

Other key aspects of the practice standard related to reprocessing are:

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| **Dedicated sterilisation area** | All reusable instruments must be reprocessed in a designated area with a clear workflow from contaminated to clean zones. |
| **Cleaning and drying** | Before sterilisation, reusable instruments must be thoroughly cleaned and dried to ensure effectiveness. |
| **Packaging and tracking** | Critical items must be packaged and labelled with batch-control information. From 1 January 2026, this identifier must also be recorded in the patient's record. |
| **Steam sterilisation** | All reusable critical items, and semi-critical items where possible, must be sterilised using a validated steam steriliser. Sterilisers must include a drying cycle for packaged items. |
| **Monitoring and maintenance** | Every sterilisation cycle must be monitored using equipment with data recording or printing capability. Reprocessing equipment require daily cleaning and checks, regular function tests at the correct times, and annual preventative maintenance. |
| **Validation protocols** | Sterilisers and instrument washer-disinfectors must undergo installation, operational and performance qualification, with at least annual performance re-validation. Additional validation may be required during changes in equipment status. |

More details and helpful guidance to support compliance and understanding in these areas can be found in the Infection Prevention and Control Practice Standard.

**READ THE STANDARD HERE**

## Standards focus: record keeping

Through our processes the Council frequently identifies inadequate patient records that do not meet the required standard. Clinicians are expected to maintain records in such a state that any other clinician could seamlessly ensure continuity of care.

Patients have a right to expect that clinicians will examine them thoroughly, ask the right questions, diagnose their needs correctly, provide clear options, listen and support informed consent to agree a treatment plan. Patients also have a right to their records.

Thorough, accurate, time bound patient records is both part of day-to-day practice and a core part of safe, ethical dental practice. Good documentation protects you, your patients, supports colleagues, and safeguards your professional standing.

The *Patient Records and Privacy of Health Information Practice Standard* sets the minimum expected level of practice and is used as a benchmark if concerns are raised about a practitioner's practice.

Good records demonstrate the clinical reasoning behind decision making, including patient consultation, clinical finding, diagnosis, treatment options, consent and a defined treatment plan with records of all visits and care provided.

**What good record keeping looks like**

The type and extent of records will vary for each category of patient that presents. A new patient will require a more comprehensive baseline examination than a patient who has been seen previously and

the records should reflect this. However, even for a short consultation, there is still a minimum data set that must be collected and recorded prior to arriving at a diagnosis and providing appropriate treatment and/or advice. Records should provide a **clear, complete and accurate picture of care**, including:

- The reason of the visit
- Medical history, or any updates to it
- Extra and intra oral examination where appropriate
- Any special tests
- Findings and diagnosis
- Treatment options
- Informed consent, a treatment plan, including necessary referrals
- Care provided and materials used, and
- Any necessary follow-up.

**Key reminders from the Council-set standard**

- **Be timely and accurate:** Record details as soon as possible and ensure entries are correct and time locked within the patient information system.
- **Show your reasoning:** Document why decisions were made, not just what you did.
- **Check information:** Confirm that information recorded by others is accurate before using it.
- **Protect privacy:** Collect, store, and share health information lawfully and securely, in line with the Privacy Act.
- **Informed consent:** Obtaining informed consent is an interactive process that relies on effective communication with your patient to ensure your patient understands the clinical diagnosis, receives a balanced explanation of all the possible options, risks, side effects, benefits and costs to enable them to make an informed decision and provide consent. It is also not a one-off process for extended treatment, or when things change. These discussions must be accurately recorded against a patient record. If suggested treatment is declined, also record the details.

**Record keeping that raises concerns:**

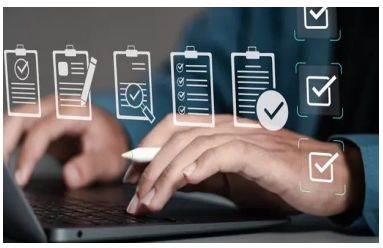
- Absent, minimal or vague notes
- Consent not recorded
- Overuse of templates without individualisation

Sometimes records are not ideal, contain inaccuracies or are incomplete when time locked in the system. Records in the patient information system can be ‘voided’ or additional notes/services added, but records must never be falsified, post-dated or altered.

Any additional records must be accurately dated when recorded but can refer to previous visits. The reason for additional records or new/updated records must be recorded accurately within the additional record.

**READ THE STANDARD HERE**

## Consultation on gazetting three new dental specialists programmes and hygiene and therapy examination changes – your views



The Council has accredited three new dental specialist programmes developed by the Royal Australasian College of Dental Surgeons, subject to new registrar training posts being approved by Health NZ. The Council is now consulting to gazette these three programmes as prescribed qualifications for the oral medicine, paediatric dentistry and special needs dentistry scopes of practice. This will support training in areas of critical workforce shortages. Further, we are proposing to remove reference to a dentist qualification from the prescribed qualifications for dental hygiene and dental therapy registration examinations. We’re seeking your views through consultation.

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**READ THE CONSULTATION HERE**