DENTISTRY

DENTAL HYGIENE

DENTAL THERAPY

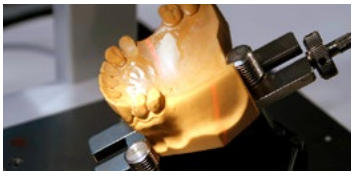
DENTAL TECHNOLOGY

CLINICAL DENTAL TECHNOLOGY

Dental Council

Te Kaunihera Tiaki Niho

Annual Report 2014



Contents

Throughout this report:

- dentists, dental specialists, dental therapists, dental hygienists, orthodontic auxiliaries, dental technicians and clinical dental technicians are collectively referred to as oral health practitioners or practitioners
- the Health Practitioners Competence Assurance Act 2003 is referred to as the Act; and
- the Dental Council is referred to as the Council.

Dear Stakeholders

Following a year that involved a great deal of activity for the Dental Council, we are pleased to report on the following achievements during the period 1 April 2013 to 31 March 2014.

The Council experienced membership changes during the term. Council farewelled its Chair, Dr Mark Goodhew in September 2013. Mark was appointed to the Council in 2010, and served as Chair from August 2011. The Council elected a new Chair and Deputy Chair, Drs Michael Bain and Robin Whyman, respectively. Dr Andrew Gray was appointed to the Council, and Kate Hazlett was reappointed for another three-year term.

Following on from last year's activities associated with the request by the Minister of Health for a single shared secretariat, the proposition for a full amalgamation was not accepted by the majority of responsible authorities. However, there was support for sharing of the back office functions. The Council made the strategic decision to align with the Medical Council, and agreed to collaborate with five other responsible authorities to develop a business case on the migration into the Medical Council's technology systems.

The Council's strategic priorities over the next five years focus on the review of its frameworks within which practitioners are regulated. These can be grouped into two components: the standards set for applicants to gain registration, and the standards that registered oral health practitioners must meet on an ongoing basis. The standards for gaining registration relate to accreditation, the relevant scopes of practices, and associated competencies. The standards for registered practitioners relate to the Council's ethical principles, codes of practice and the recertification programmes set.

Projects

The projects undertaken during the year aligned with Council's strategic priorities to review or develop a number of the Council standards. These projects are outlined below.

Accreditation Standards – The Council and Dental Board of Australia (DBA) commissioned the Australian Dental Council to review the joint accreditation standards, which New Zealand and Australian dental programmes must meet. Professor Maree O'Keefe was appointed as project consultant to lead the review.

A discussion paper was released in January 2014 inviting key stakeholders to submit their views on the current standards. Parallel discussion forums were held in New Zealand and Australia to further inform the investigation phase of the project. General consultation on the proposed revised standards will proceed in August, with the projected delivery date in December 2014.

Competencies for Dental Specialist Scopes of Practice – The Council and DBA commenced a joint review project to develop a qualifications framework and competencies for dental specialist scopes of practice. The competencies will be used to set threshold standards for entry to the Register and will also be used when a concern is raised about a practitioner's competence. An expert reference group was appointed that helped with the development work, with Professor Robert Love and Dr Peter Barwick appointed as New Zealand representatives. Information gathering forums and targeted consultation were held with the relevant specialist bodies, and general consultation will occur in late 2014.

Implementation of the Code of Practice on Advertising – The Code of Practice on Advertising came into effect on 1 November 2013. The code established the minimum standards for oral health practitioners when advertising their services or products. The Secretariat has dealt with 12 complaints since the implementation of the code.

Oral Health Therapy Scope of Practice – A working group was established to develop a draft oral health therapy scope of practice. The development of a proposed scope of practice is under way, and a consultation process will start after completion of the working group's deliberations.

Standards Framework – One of the main priorities identified for 2013/14 was the development of a standards framework for registered practitioners. The proposed Standards Framework for Oral Health Practitioners, developed in consultation with the Standards Review Committee, sets out the ethical principles, professional standards and practice standards that all practitioners must comply with.

Michael Bain
Chair

Marie Warner
Chief Executive

Collectively, these standards would set the clinical and cultural competence and ethical conduct expected. The consultation process with stakeholders is scheduled for the latter part of 2014.

Codes of practice reviews

Medical Emergencies Code of Practice – A revised draft Medical Emergencies Code of Practice was consulted on in May 2013. An expert team was established to consider the feedback, and reported to the Council on further changes required. A follow-up consultation was envisaged following the year-end.

Cross Infection Control Code of Practice – The Standards Review Committee work stream on cross infection developed a gap analysis on the current code based on a review of international and local literature, standards and guidelines. A working group will proceed with the detailed review of the code.

Transmissible Major Viral Infections Code of Practice – Similar to the cross infection review, a gap analysis was completed to help the Transmissible Major Viral Infections (TMVI) working group with its review of the TMVI Code of Practice. The consultation on the proposed updates to the code is expected later in 2014.

In addition to the above, the Council also consulted on the:

- proposed prescribed qualification for the scope of practice for oral medicine specialist
- proposed prescribed qualifications for the general dental, oral and maxillofacial surgery and dental technology scopes of practice
- Budget 2014/15, fees and disciplinary levies
- 2013/14 annual practising certificate fee and disciplinary levy for dentists and dental specialists.

Liaison

During the year, the Council focused on strengthening its working relationships with the professional associations, district health boards, oral health forums, the Ministry of Health and international dental regulators, accreditation and examination bodies.

The Council continued its strong working relationship with the DBA, and, as reported earlier, the regulators engaged in two joint projects during the period. The working relationship with the Australian Dental Council remains important to the Council, with the joint accreditation committee and dentist written examinations offered jointly.

In October 2013, the Council and DBA visited the Irish Dental Council to investigate the recognition of the accreditation processes between the three jurisdictions. The Council agreed the accreditation systems and standards of Ireland were comparable with that of New Zealand and Australia. Further assessment of the academic curriculums will follow, prior to consultation.

The Dental Council was instrumental in bringing into fruition the Inaugural International Dental Regulators Conference held in Edinburgh, Scotland, in August 2013. The conference was attended by 36 delegates from various jurisdictions, which included the Council Chair and Chief Executive. In early 2014, the International Society of Dental Regulators was formed, and the Council is proud to be one of the founding members. Marie Warner, Council's Chief Executive, was elected as Co-Chair of the Executive Committee and conference for another year.

Acknowledgements

We would like to thank everyone who provided their services to the Council during the year, whether it was by acting as examiners, assessors or supervisors; serving on committees or working groups; or providing remedial educational services to practitioners. Your participation and expertise offered is most valued and appreciated.

We would like to acknowledge the valued contribution by Dr Mark Goodhew during his tenure. Finally, we would like to thank the Council members for their support and continued commitment, and to the dedication of the Secretariat staff during the busy year. We look forward to the challenges and opportunities in the year ahead.

Michael Bain
Chair

Marie Warner
Chief Executive

What We Do

The Dental Council is a regulatory authority established by the Health Practitioners Competence Assurance Act 2003 (the Act). Our primary purpose is to protect the health and safety of the public by making sure that oral health practitioners are competent and fit to practise.

The oral health practitioners we regulate are dentists, dental specialists, dental therapists, dental hygienists, clinical dental technicians, dental technicians and orthodontic auxiliaries.

OUR MISSION

To provide public assurance that oral health practitioners are competent and fit to practise.

OUR VISION

Standards are set and maintained for oral health practitioners to deliver safe and competent care to the public of New Zealand.

OUR GOALS

- Administer the Health Practitioners Competence Assurance Act 2003 consistently, fairly and effectively
- Promote appropriate standards of oral health care
- Maintain an organisation that is efficient, responsive and sustainable
- Promote and communicate the Council's functions to stakeholders and the public of New Zealand.

Our Roles and Functions

The Act defines our role and functions. Our primary purpose is to protect the health and safety of the public by making sure that oral health practitioners are competent and fit to practise.

We are responsible for:

- setting standards for entry to the Register
- registering oral health practitioners
- setting standards of clinical and cultural competence, and ethical conduct to be met by all oral health practitioners
- recertifying all practising oral health practitioners each year
- reviewing and remediating the competence of oral health practitioners, where concerns have been identified
- investigating the conduct or health of oral health practitioners where there are concerns about their performance, and taking appropriate action.

As a part of those functions and responsibilities we:

- set accreditation standards and competencies for each of the dental professions
- monitor and accredit the oral health programmes to ensure the quality of education and training is appropriate
- set scopes of practice within which oral health practitioners may practise
- prescribe qualifications for each scope of practice
- maintain a public register of all registered oral health practitioners, including those who are not currently practising
- issue annual practising certificates to oral health practitioners who have maintained their competence and fitness to practise, to continue practising their professions
- develop and maintain minimum standards through codes of practice that all oral health practitioners must comply with
- require registered oral health practitioners to undertake continuing professional development education
- manage oral health practitioners suffering from health issues affecting their practice
- place conditions on, or restrict an oral health practitioner's scope of practice, or suspend their practising certificate, if that is appropriate to protect the health and safety of the public.

The Council's statutory functions are set out in section 118 of the Act.

Who We Are

The Dental Council is appointed by the Minister of Health. It has 10 members:

- four dentists
- one dental therapist
- one dental hygienist
- one dental technician or clinical dental technician
- three lay members.

Council's role is to oversee the strategic direction of the organisation, monitor management performance and ensure the Council meets the requirements of the Act.

The Council is supported by a Secretariat, which is responsible for the delivery of the Council's statutory functions, implementing its strategic direction and managing the projects required to support its goals in the regulation of oral health practitioners in New Zealand.

The Council had 13 meetings during the period, two of which were teleconferences.

The Council

Michael Bain
Chair

Dental practice:

- Dentist, Kerikeri
- In private practice since 1997.

Interests and positions held:

- Twenty-five year career in the New Zealand Defence Force – Director of Defence Dental Services
- Postgraduate training in the United Kingdom
- Member of the Dental Council's Dentist Board until disestablishment in 2011
- Member of the New Zealand Dental Association (NZDA); Past President of Wellington and Northland branches
- Life member of the New Zealand Society of Forensic Odontology.

First appointed July 2009
Current term ends October 2015
Elected Chair in September 2013.

Robin Whyman

Deputy Chair

Dental practice:

- Dental specialist in public health dentistry and a general dentist
- Clinical Director of Oral Health Services at Hawke's Bay and Whanganui district health boards.

Interests and positions held:

- Special interest in hospital based paediatric dentistry, special needs dentistry and general dentistry for high need patients
- Public health dentistry projects – equity of access to oral health services, improving child oral health outcomes, water fluoridation, clinical leadership and quality improvement for dental services
- New Zealand Councillor and Treasurer for the Royal Australasian College of Dental Surgeons
- Member of the NZDA Research Foundation Board
- Previously Regional Director for Oral Health Services Capital and Coast Health and Hutt Valley Health, Executive Director of the NZDA, General Manager Clinical Services at Dental Health Services Victoria (Australia) and Chief Dental Officer for the New Zealand Ministry of Health
- Chair of the Dental Council Medical Emergencies Working Group.

First appointed June 2011
Current term ends June 2017
Elected Deputy Chair in September 2013.

John Aarts

Dental practice:

- Clinical dental technician and registered in Implant Overdentures scope of practice
- Senior Teaching Fellow – Bachelor of Dental Technology; University of Otago
- Consulting at School of Dentistry Clinic.

Interests and positions held:

- Obtained a Bachelor of Education; Bachelor of Health Sciences and Master of Health Sciences
- Executive member of the New Zealand Institute of Dental Technologists (NZIDT); Chair of the NZIDT Continuing Professional Development Sub-Committee until Dental Council appointment.

Appointed December 2012
Current term ends December 2015.

Leslea Eilenberg

Dental practice:

- Dental hygienist
- Director and manager of a dental practice in Auckland.

Interests and positions held:

- Practised as a dental therapist before graduating as a dental hygienist
- One of the founding members of the New Zealand Dental Hygienists' Association – held positions of treasurer, vice president and president, with honorary life membership
- Auckland University of Technology – member of the Oral Health Advisory Committee
- University of Otago – Permanent External Advisory Committee (past)
- Chair of the Dental Council Dental Hygienist Board; member of the Dental Hygienist and Dental Therapist Board until disestablishment in 2011
- Member of the Dental Council Oral Health Therapy Working Group
- Certificate in Business Studies.

First appointed July 2009
Current term ends November 2015.

Lyndie Foster Page

Dental practice:

- Dental specialist in public health
- Senior Lecturer and Head of Discipline: Preventive and Restorative Dentistry; University of Otago.

Interests and positions held:

- First practised in general dental practice; five years in public sector
- Specific interest in dental epidemiology, cariology and oral health related quality of life
- Completed doctorate in 2010
- Member of the NZDA; the International and American Association for Dental Research, and European Organisation for Caries Research
- Current research: involved in cross-sectional surveys and a variety of health services research and clinical projects
- Chair of the Dental Council Oral Health Therapy Working Group.

First appointed June 2011
Current term ends June 2017.

Andrew Gray

Dental practice:

- Dentist
- Director Defence Health – New Zealand Defence Force
- Queen's Honorary Dental Surgeon.

Interests and positions held:

- Practised in general dental practice in the United Kingdom
- Clinical Tutor, Clinical Co-ordinator and Lecturer at University of Otago
- Senior Dental Officer Royal New Zealand Navy, Director Defence Dental Services
- Fellow of The Royal College of General Dental Practitioners (UK) and Fellow of the Academy of Dentistry International
- Graduate of the United States Army Medical Strategic Leadership Program
- Executive member of the World Dental Federation Section of Defence Forces Dental Services
- Vice-Chair of Ministry of Health's Electronic Oral Health Records Board and member of the New Zealand Oral Health Clinical Leadership Board
- Member of the NZDA Board and Executive until Dental Council appointment
- Member of the Institute of Directors.

Appointed September 2013
Current term ends September 2016.

Kathryn Hazlett

Layperson

- Trained as a school dental nurse
- Worked mainly in rural areas
- Former member of a community board
- Director of a community hospital
- Experience in governance and decision making
- Serves on community committees including the Otago Community Trust.

First appointed April 2010
Current term ends April 2016.

Minnie McGibbon

Dental practice:

- Dental therapist
- Manager for Te Manu Toroa Hauora ki Tauranga.

Interests and positions held:

- Special interest in delivering a 'Kaupapa Māori Dental Service' in the Tauranga Moana region, with 'Oranga Niho', a willingness to participate in supporting a pathway to achieve 'healthy teeth for life' for whānau
- Supports the final year University of Otago Bachelor of Dental Surgery outplacement programme
- Member of the Māori Oral Health Quality Improvement Group
- Member of the Dental Council Oral Health Therapy Working Group.

First appointed July 2009
Current term ends October 2015.

David Stephens

Layperson

- Background in law, biological science and iwi affairs, 20 years' corporate and taxation experience in private legal practice
- Doctorate (Canterbury), Master of Science (Hons) (Waikato) and Bachelor of Law (Hons) (Auckland)
- Part-time private consultant in business management and environmental management
- Past member of the Psychologists Board of New Zealand and member of its Audit Finance and Risk Committee
- Member of the Medical Sciences Council of New Zealand and past convenor of its Professional Standards Committee
- Past member of the Health and Disability Northern B Ethics Committee
- Special interest in critically reflective governance.

Appointed October 2012
Current term ends October 2015.

Wendy Tozer

Layperson

- Served the community in both a professional and voluntary capacity in the health sector and through service organisations for many years
- Programme Coordinator for Alzheimers Eastern Bay of Plenty
- Secretary/Treasurer of Disabled Persons Assembly
- Presiding member of Lotteries Bay of Plenty
- Provides volunteer services to several other charitable and community groups in the Bay of Plenty
- Event and campaign management experience.

First appointed July 2009
Current term ends October 2015.

Professional Committees

The following Council committees operated during the 2013/14 financial year. The committee membership as at 31 March 2014 was:

Audit and Risk Management Committee	Brent Kennerley *(Chair – independent member, Grant Thornton Chartered Accountants)* David Stephens *(Deputy Chair)* Michael Bain *(ex-officio – Council Chair)* Leslea Eilenberg
Continuing Professional Development Advisory Committee	Lyndie Foster Page *(Committee Chair, dental academic)* Andrew Gray *(dentist)* Leslea Eilenberg *(dental hygienist)* Minnie McGibbon *(dental therapist)* John Aarts *(dental and clinical dental technician)*
Standards Review Standing Committee	Robin Whyman *(Committee Chair, Council member, dental specialist)* Sue Ineson *(layperson)* Karl Lyons *(academic and dental specialist)* Anita Nolan *(academic and dental specialist)* Diane Pevreal *(dental therapist)* Tania Stuart *(dentist)* Sharmyn Turner *(academic and dental hygienist)* Justin Wall *(Māori representative and dentist)* Mike Williams *(dental technician/clinical dental technician)*
Joint Australian Dental Council/ Dental Council (New Zealand) Accreditation Committee	Professor Michael Morgan *(Chair)* Dr Michael Bain *(New Zealand representative)* Ms Janice Connolly Dr Lyndie Foster Page *(New Zealand representative)* Dr Christopher Handbury Associate Professor Neil Hewson Professor Robert Love *(New Zealand representative)* Ms Clare McNally Ms Jennifer Miller Ms Neda Nikolovski Professor Christopher Peck Dr Bruce Simmons Ms Neroli Stayt Associate Professor Jane Taylor

Health Practitioners Disciplinary Tribunal

The Minister of Health appoints members to the Health Practitioners Disciplinary Tribunal (HPDT). The Ministry of Health maintains the panel, from which members are drawn. The Tribunal membership for oral health practitioners was as follows:

Dentists	Robert East Cathrine Lloyd Paopio Luteru Warwick Ross Sergio Salis Brent Stanley Hugh Trengrove
Dental hygienists	Elsie-May Denne Susan Morriss Mary Mowbray Kirsten Wade
Dental therapists	Pamela Brennan Claire Caddie Heather Krutz Josephine Lowry Lynette Nicholas
Dental technicians	John Batchelor Gerald Bryne Tracy Burke Kenneth Lock Kenneth Scott
Lay members	Moana Avia Wendy Davis Rosemary De Luca Jane Huria Ivan Snook

The Staff

The members of the staff, as at 31 March 2014, were:

Chief Executive – Marie Warner

Executive Assistant/Council Secretary – Lagi Asi

Registrar – Mark Rodgers

Deputy Registrar – Alicia Clark

Senior Registration and Recertification Officer – Kelly Douglas

Registration and Recertification Officer – Trina Liu

Registration and Recertification Officer – Kirsten Cook

Registration and Recertification Officer – Sarah Harding

Corporate Services Manager – Kevin Simmonds

Finance Officer – Kim Hopkinson

Administration Officer – Karen Zhu

Senior Business Development Advisor – Suzanne Bornman

Legal Advisor – Valentina Vassiliadis

Professional advisors

Dentists – Dexter Bambery

Therapists – Marijke van der Leij Conway

Hygienists – Charlotte Neame

Technicians – Barry Williams

Standards and Policy – Duchesne Hall

The Council has five professional advisors. The four profession-specific advisors provide clinical advice to the Council and staff; to undertake inquiries and advise the Council in relation to complaints and competence notifications; and to undertake practitioner audits. The Standards and Policy Advisor helps staff with the review of professional standards , clinical standards and policies from a clinical perspective.

2013/14 at a glance

The Register

Oral health practitioner numbers

4,848 (↑3.6%) registrants

4,008 (↑4.9%) holding APCs

New registrations

↑ **10%** new registrations

236 (↑11) New Zealand qualified practitioners

101 (↑19) overseas qualified practitioners

↑ **150%** dental technicians registered (25)

24 under Trans-Tasman Mutual Recognition Act 1997

181 practitioners removed from Register

Competence, Fitness to Practise, Conduct

Competence

24 competence notifications

7 competence reviews

14 competence programmes

9 individual recertification programmes

15 competence related supervision

Fitness

23 health programmes

Complaints

65 complaints received (↑26)

10 professional conduct committees (↓17)

12 Health Practitioners Disciplinary Tribunal cases

Projects

Implemented:

- Code of Practice on Advertising

Development of:

- Standards framework
- Competencies for dental specialties
- Oral Health Therapy Scope of Practice

Review of:

- Accreditation Standards
- Medical Emergencies Code of Practice
- Oral Medicine Scope of Practice prescribed qualifications
- Cross Infection Control Code of Practice
- Transmissible Major Viral Infections Code of Practice

Key role in establishment of:

- Inaugural International conference of dental regulators
- International Society of Dental Regulators

Registration and Practising Certificates

All practitioners who practise their profession in New Zealand are required by the Act to be registered and to hold a current annual practising certificate (APC). Registration and a current APC confirm to the public that a practitioner has been certified by the Council as being competent and fit to practise.

Registration

Practitioners are registered in one or more of 20 scopes of practice. Practitioners must practise within the scope or scopes of practice in which they are registered, and for which they hold a current APC.

We have a responsibility to protect the health and safety of the public by ensuring that all registered practitioners are competent and fit to practise. The same registration standards apply to all practitioners, regardless of where they were educated.

To practise in New Zealand, practitioners who qualified elsewhere, need to be registered and have qualifications that have either been prescribed by the Council or are assessed as being educationally equivalent to, or as satisfactory as, a New Zealand prescribed qualification. Potential practitioners may also gain eligibility for registration by sitting and passing the New Zealand Dental Registration Examinations in relation to the particular profession they wish to practise. Australian practitioners are generally entitled as of right to register in New Zealand under the Trans-Tasman Mutual Recognition legislation in a similar scope of practice.

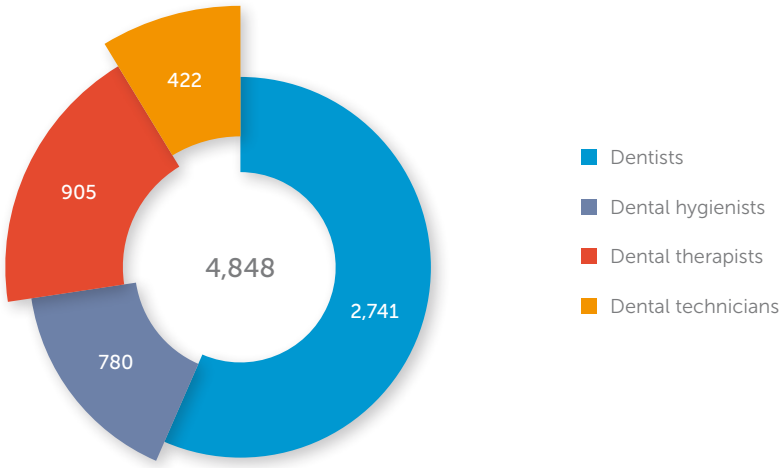
The publicly available Register of oral health practitioners enables anyone to view practitioners' registered qualifications, scope(s) of practice, the currency of their APC and any conditions or limitations placed on their practice. Information on the Register, which may be accessed and searched on the Council's website, is updated daily.

Registration statistics

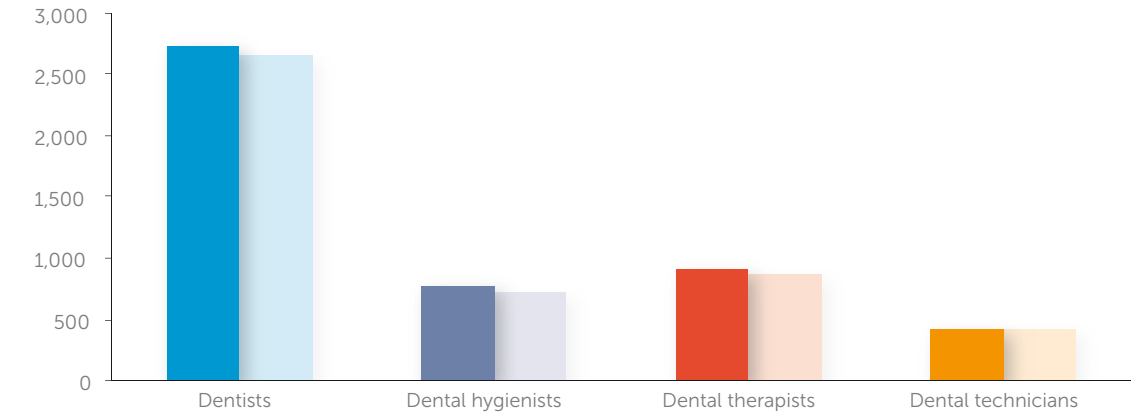
In this section of the report, the total number of dentists includes registered dental specialists (348); the total number of dental hygienists includes registered orthodontic auxiliaries (133); and the total number of dental technicians includes registered clinical dental technicians (207). There are 329 practitioners registered in both the dental hygiene and dental therapy scopes of practice.

A total of 4,848 practitioners were registered with the Council as at 31 March 2014, with 4,008 holding APCs.

Total number of registered oral health practitioners as at 31 March 2014



Total number of oral health practitioners registered by profession as at 31 March 2014

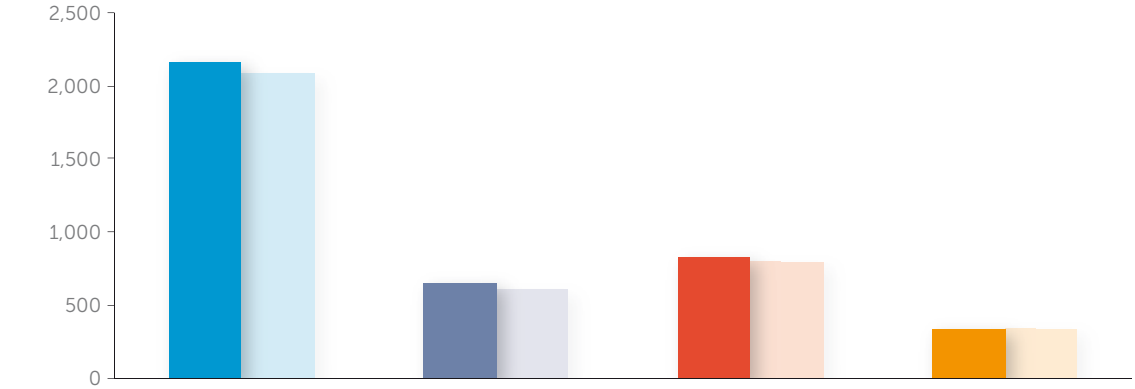


Overall, a 3.6 percent increase has occurred in the total number of registered oral health practitioners in the 2013/14 year. Dentists have seen an increase of 78 (2.9%). The trend for increases in the dental hygiene and dental therapy registration numbers continued from the previous year, with increases of 60 (8.3%) and 31 (3.5%), respectively. In 2013/14, a slight reduction occurred in the number of registered dental technicians (-2) from the previous year, continuing an annual decline that started in 2009.

Annual Practising Certificates

The Act requires that all practitioners who are practising must have a current practising certificate, which must be renewed annually. To obtain an APC, practitioners must declare they have maintained their competence and fitness to practise. The issue of an APC is our certification to the public of New Zealand that a practitioner has maintained the standards that have been set by us, and they are both fit and competent to practise. If the Council is not satisfied that a practitioner meets these standards, an APC application can be declined.

Total number of oral health practitioners holding an annual practising certificate by profession as at 31 March 2014



	Dentists	Dental hygienists	Dental therapists	Dental technicians
2013/14	2,173	662	826	347
2012/13	2,088	607	791	335

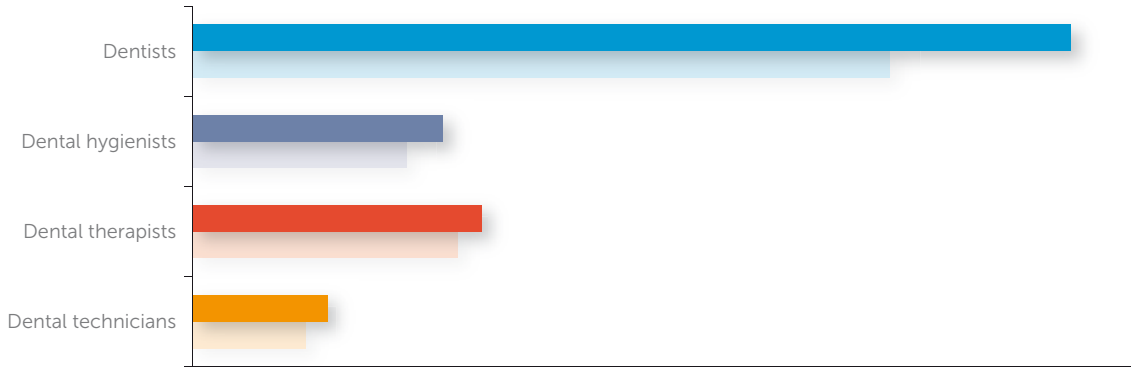
Overall, an increase of 4.9 percent occurred in the number of practitioners holding APCs in 2013/14. A 4.1 percent increase occurred in the number of dentists holding APCs. Increases of 9.1 percent and 4.4 percent occurred in the number of dental hygienists and dental therapists holding APCs in 2013/14, in line with the increases in registrations for this year. The number of dental technicians holding APCs increased by 12 (3.6%), in line with the increase of 15 new registrations this year.

Applications for an annual practising certificate

	Health Practitioners Competence Assurance Act 2003 – section	Applications	Outcomes			
			APC	APC with conditions	Interim APC	APC declined
Total		**4,008**	**3,924**	**84**	**0**	**0**
Reasons for non-issue			Not applicable			
Competence	27(1)(a)					
Failed to comply with a condition	27(1)(b)					
Not completed required competence programme satisfactorily	27(1)(c)					
Recency of practice	27(1)(d)					
Mental or physical condition	27(1)(e)					
Not lawfully practising within three years	27(1)(f)					
False or misleading application	27(3)					

Note: APC = annual practising certificate.

Comparison of total number of registered practitioners with those holding an annual practising certificate by profession as at 31 March 2014



	Dentists	Dental hygienists	Dental therapists	Dental technicians
Registered	2,741	780	905	422
APC	2,173	662	826	347

In 2013/14, the percentages of registrants holding APCs by profession ranged from 91 percent for dental therapists to 79 percent for dentists.

Practitioners can be registered in more than one scope of practice. The number of practitioners registered in the respective scopes of practice as at 31 March 2014 was as follows.

Total number of registered practitioners by scopes of practice as at 31 March 2014

	2013/14	2012/13
General dental practice	2,636	2,558
Orthodontic specialist	109	107
Endodontic specialist	35	36
Oral and maxillofacial surgery specialist	49	49
Oral medicine specialist	4	4
Oral pathology specialist	7	7
Oral surgery specialist	10	8
Paediatric specialist	19	16
Periodontic specialist	39	36
Prosthodontic specialist	34	31
Restorative dentistry specialist	11	11
Public health dentistry specialist	22	22
Special needs dentistry specialist	9	9
Dental hygiene practice	663	605
Orthodontic auxiliary practice	133	128
Dental therapy practice	905	874
Adult care in dental therapy practice	14	14
Dental technology practice	422	424
Clinical dental technology practice	207	194
Implant overdentures in clinical dental technology	17	17

Additions to the Register

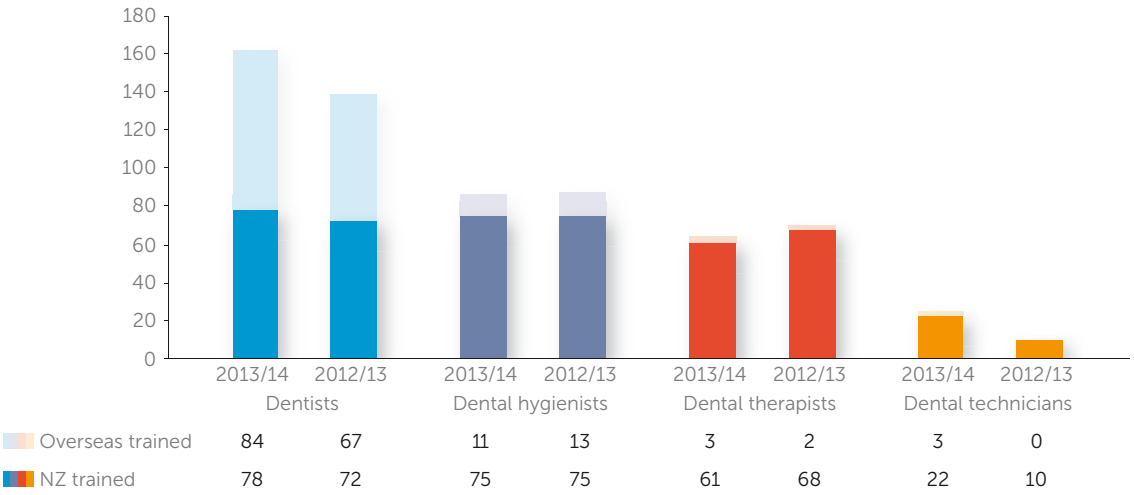
Applications for registration

	Health Practitioners Competence Assurance Act 2003 – section	Brought forward 2012/13	Outcomes				
			Total Applications	Registered	Registered with conditions	Not registered	Pending 2013/14
Total		**15**	**337**	**336**	**1**	**5***	**10**
Reasons for non-registration							
Application period lapsed or application withdrawn						1	
Applicant not considered competent to practise within scope of practice	15(1)(c)						
Qualification not deemed equivalent to a prescribed qualification	15(2)					3	
Communication, including English-language requirements	16(a) and 16(b)						
Conviction of any offence punishable by imprisonment for three months or longer	16(c)					1	
Mental or physical condition	16(d)						
Professional disciplinary procedure in New Zealand or overseas, otherwise under investigation	16(e), 16(f), 16(g)						
Other – danger to health and safety	16(h)						
Subject to preliminary investigations, disciplinary proceedings	TTMR Act sections 19 and 22						
Occupation in which registration is sought is not an equivalent occupation and equivalence cannot be achieved by imposition of conditions	TTMR Act section 22(1)(d)						

* Applicants not granted registration, by profession: dentists (4); dental therapist (1).

Note: TTMR Act = Trans-Tasman Mutual Recognition Act 1997.

Registrations granted during 2013/14



	Dentists		Dental hygienists		Dental therapists		Dental technicians	
	2013/14	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14	2012/13
Overseas trained	84	67	11	13	3	2	3	0
NZ trained	78	72	75	75	61	68	22	10

An overall increase of 10 percent occurred in the total number of registrations in 2013/14. There was a significant increase in the number of dental technicians registered, by 150 percent, and a 16.5 percent increase in dentist registrations. A decrease occurred in the number of registrations of dental hygienists (2%) and dental therapists (9%).

Nineteen more overseas-trained practitioners were registered in 2013/14, the most significant being an increase in the number of overseas-trained dentists (25.4%). Eleven more New Zealand qualified practitioners were registered in 2013/14, compared with the previous year.

Summary of registrations granted during 2013/14 – country of primary qualification

	Dentists		Dental hygienists		Dental therapists		Dental technicians	
	2013/14	2012/13	2013/14	2012/13	2013/14	2012/13	2013/14	2012/13
Argentina	2							
Australia	7	8	1	2	1			
Brazil	1							
Bulgaria				1				
Canada	3	2	2	3				
China							1	
Colombia			1					
Egypt	1	1						
Fiji	2		1	1				
Germany	1							
Greece	1							
India	10	17	1		2	1		
Iraq		1						
Ireland	2							
Israel	1							
Jordan	1							
Libya	1							
Malaysia		1						
New Caledonia		1						
Northern Ireland	1							
Pakistan		2						
Philippines		1		1		1		
Poland	1							
Singapore	3	4						
South Africa	10	12					1	
Sri Lanka	1							
UK	22	10	5	4			1	
USA	13	7		1				
Total Overseas	**84**	**67**	**11**	**13**	**3**	**2**	**3**	**0**
Total New Zealand	**78**	**72**	**75**	**75**	**61**	**68**	**22**	**10**
Total	**162**	**139**	**86**	**88**	**64**	**70**	**25**	**10**

Registration through Trans-Tasman Mutual Recognition Act 1997

The Trans-Tasman Mutual Recognition Act 1997 (TTMR) recognises Australian and New Zealand registration standards as equivalent. This allows registered oral health practitioners the freedom to work in either country. Under the TTMR, if a practitioner is registered as a practitioner in Australia they are, upon application, entitled (subject to a limited right of refusal) to be registered in the same occupation in New Zealand. Twenty-four practitioners registered in New Zealand under the TTMR in 2013/14.

Registrations in New Zealand under the Trans-Tasman Mutual Recognition Act 1997

	2013/14				2012/13		
	Applications received	Applications approved	Applications declined	Applications carried forward to 2014/15	Applications received	Application withdrawn	Applications approved
Dentists	22	21	–	1	19	1	18
Dental hygienists	3	3	–	–	2	–	2
Dental therapists	–	–	–	–	1	–	1
Clinical dental technicians	–	–	–	–	–	–	–
Total	25	24	–	1	22	1	21

Individual assessment applications

Section 15(2) of the Health Practitioners Competence Assurance Act 2003 permits applicants with non-prescribed qualifications who consider their qualifications, training and experience to be equivalent to, or as satisfactory as, a prescribed qualification, to apply for individual consideration of their eligibility for registration.

In 2013/14, we received 11 individual assessment applications; that is an increase from the three received during the previous year. Eight applications were approved, two declined and three were pending at the end of the reporting year.

Individual assessment applications

	2013/14					2012/13				
	Brought forward 2012/13	Received	Approved	Declined	Pending	Brought forward 2011/12	Received	Approved	Declined	Pending
Dentists	2	6	4	2	2	–	3	1	–	2
Dental hygienists	–	1	1	–	–	1	–	–	1	–
Dental therapists	–	–	–	–	–	–	–	–	–	–
Dental technicians	–	4	3	–	1	–	–	–	–	–
Total	2	11	8	2	3	1	3	1	1	2

Removal of exclusions for dental hygienists, dental therapists and orthodontic auxiliaries

Dental hygienists, dental therapists and orthodontic auxiliaries can remove their exclusions from their scopes of practice by providing evidence that they have completed a Council approved training course.

The following number of applications for removals of exclusions was approved:

Dental hygiene and orthodontic auxiliary scopes of practice	2013/14	2012/13
Orthodontic procedures	3	2
Local anaesthesia	12	15
Extra-oral radiography	10	7
Intra-oral radiography	9	8
Dental therapy scope of practice		
Pulpotomies	26	34
Stainless steel crowns	47	44
Radiography	5	4
Diagnostic radiography	5	3
Total	**117**	**117**

Registration related supervision

Supervision is defined by the Act to be the monitoring of, and reporting on, the performance of a practitioner by a professional peer. It is used to ensure a practitioner is fit and competent to practise, and to protect the public safety in a variety of situations, such as when a practitioner is returning to practise after more than three years out of practice.

We managed 38 practitioners with supervision orders to address registration issues in 2013/14, compared with 35 the previous year. Eight of these practitioners fulfilled their supervision obligations during this year.

Registration related supervision:

	2013/14
New supervision cases	14
Existing supervision cases	24
Total managed	**38**
Practitioners leaving supervision	8
Practitioners remaining under supervision	30

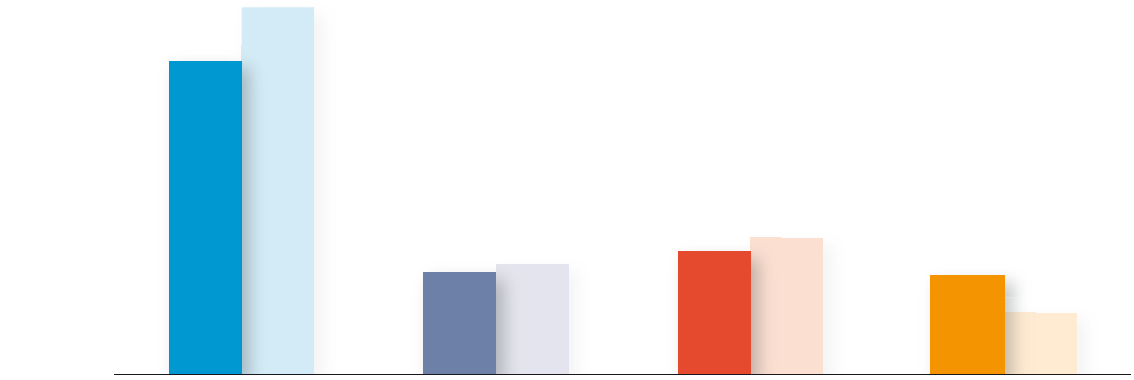
Registration related supervision, by profession:

	2013/14	Practitioners leaving	Practitioners remaining
Dentists	5	2	3
Dental hygienists	13	3	10
Dental therapists	8	2	6
Dental technicians	12	1	11
Total	**38**	**8**	**30**

Removals from the Register

During 2013/14, 181 practitioners were removed from the Register, 122 of whom were voluntarily removed under sections 142 or 144(3) of the Act; four were removed on notification of death; and the remaining 55 (30%) had their registration cancelled under section 144(5) because the Council was unable to make contact with them.

Removals from the Register



	Dentists	Dental hygienists	Dental therapists	Dental technicians
2013/14	89	29	35	28
2012/13	104	31	39	18

Competence, Fitness to Practise and Recertification

We ensure oral health practitioners meet and maintain our standards in order to protect the health and safety of the public of New Zealand. Practitioners declare that they are competent in their scopes of practice, remain fit to practise and meet the recertification requirements, when applying for their APC.

The Act provides mechanisms for helping to remediate the competence of those practitioners who practise below the required standard of competence, or who are unable to perform the required functions due to health issues. The public's safety remains the primary focus at all times.

Competence

The Act provides that oral health practitioners may have their competence reviewed at any time or in response to concerns about their practice.

Unlike other jurisdictions, a concern about a practitioner's competence is not dealt with in New Zealand as a disciplinary matter. Charges are not brought against a practitioner, nor does the Council seek to establish guilt or fault. It is not a punitive process. It is designed to review, remediate and educate.

Competence notifications

A concern or complaint about a practitioner's competence can be raised by:

- a patient
- a colleague
- an employer
- the Ministry of Health
- the Accident Compensation Corporation
- the Health and Disability Commissioner.

Competence notifications by source

Source	Health Practitioners Competence Assurance Act 2003 – section	2013/14	2012/13
Oral health practitioner	34(1)	11	10
Health and Disability Commissioner	34(2)	6	7
Employer	34(3)	3	2
Other		4	3
Total		24	22

Outcomes of competence notifications

When the Council receives a notification or expression of concern about a practitioner's competence, which after review is not considered frivolous or vexatious, the Council is obliged by the Act to undertake initial inquiries into the practitioner's competence. Inquiries are generally completed by one of our professional advisors.

Following consideration by Council of a Professional Advisor's inquiries, possible outcomes could be - no further action; an individual recertification programme established; or a competence review ordered.

If the Council determines the practitioner should undergo a competence review, and the Council has reasonable grounds for believing the practitioner may pose a risk of serious harm to the public by practising below the required standard of competence, an interim order can be made that could lead to the practitioner being suspended, or restrictions placed on their scope of practice, and/or conditions being imposed on their scope of practice.

Outcomes of competence notifications

Outcomes	Health Practitioners Competence Assurance Act 2003 – section	2013/14				2012/13				
		Existing	New	Closed	Still active	Existing	New	Closed	Still active	
(Total number) Initial inquiries	**36**	**–**	**24**	**21**	**3**	**10**	**19**	**29**	**–**	
No further action		–	6	6	–	–	14	14	–	
Notification of risk of harm to public	35	6	2	2	6	1	5	–	6	
Orders concerning competence	38	21	5	4*	22	14	9	2	21	**
Interim suspension/conditions	39	3	1	2	2	1	3	1	3	**
Competence programme	40	11	3	3*	11	7	5	1	11	
Individual recertification programme	41	6	3	4*	5	5	6	5	6	
Unsatisfactory results of competence or recertification programme	43	–	1	1	–	–	1	1	–	
Competence review		5	2	4	3	2	4	1	5	
Other action		–	4	4	–	–	–	–	–	
Outcome of inquiry pending		–	7	–	7	–	–	–	–	
Voluntarily removed from register		–	–	–	–	–	1	1	–	

* Two practitioners have been voluntarily removed from the Register and will not undertake their relevant programme unless they are restored to the Register and apply for an annual practising certificate.

** Amendment from previous report.

Competence reviews

A competent practitioner is one who applies knowledge, skills, attitudes, communication and judgement to delivering appropriate oral health care within the scope of practice in which they are registered.

The objective of a competence review is to assess a practitioner's competence and, if a deficiency is found, to put in place the appropriate training, education and safeguards to help the practitioner to meet the required standards while ensuring they are safe to practise. It is a supportive and educative process.

A competence review committee (CRC), comprising a layperson and at least two professional peers of the practitioner, undertakes the competence review. Most reviews are focused on particular areas of concern, but the terms for the review could be wider if a more general competence problem is suspected.

The practitioner's competence is measured against the Council's minimum standards and a formal report is provided by the CRC to the Council.

This year, two new competence reviews were undertaken, compared with eight new reviews undertaken the prior year. This resulted in seven competence reviews being managed during 2013/14.

Competence reviews

	2013/14	2012/13**	2011/12	2010/11	2009/10
New competence reviews	2	8	2	8	2
Existing practitioners in competence review	5*	2*	2*	2	1
Total cases managed	**7**	**10**	**4**	**10**	**3**
Practitioners leaving competence review	4	5	2	8	1
Practitioners left in competence review	3*	5	2*	2*	2

* One practitioner overseas, review will be initiated if they return to New Zealand.

** Amendment from previous report.

Competence reviews managed, by profession

	2013/14	2012/13	2011/12	2010/11	2009/10
Dentists	7	8	4	10	3
Dental hygienists	–	–	–	–	–
Dental therapists	–	2	–	–	–
Dental technicians	–	–	–	–	–
Total	**7**	**10**	**4**	**10**	**3**

Outcomes of competence reviews

Where, following consideration of the CRC's report, the Council has reason to believe that the practitioner fails to meet the required standard of competence, the Council is required under section 38 of the Act to make one or more of the following orders:

- that the practitioner undertake a competence programme
- that one or more conditions be placed on the practitioner's scope of practice
- that the practitioner undertake an examination or assessment
- that the practitioner be counselled or assisted by one or more nominated persons.

Competence programmes

A competence programme is an individualised educational programme that may require the practitioner to do any one or more of the following, within a specified period or at specified intervals:

- pass any examinations or assessments, or both
- complete a period of practical training
- complete a period of practical experience
- undertake a course of instruction
- permit another practitioner, specified by the Council, to examine their clinical records
- undertake a period of supervised practice.

The Council designs individual educational programmes and appoints clinical supervisors and mentors, where appropriate. A mentor provides "oversight" which is defined to mean professional support and assistance provided by a professional peer, for the purposes of professional development.

The objective of a competence programme and the other orders that may be made is to produce the best possible outcome for the practitioner, while keeping the public safe.

In 2013/14, three practitioners were ordered to undertake competence programmes. This resulted in 14 competence programmes entailing courses of learning being managed during the year. Many of these were followed by an assessment, and frequently in conjunction with an order that the practitioner practise under supervision. Two practitioners have successfully completed their competence programme, with one practitioner removed from the Register.

Competence programmes

	2013/14	2012/13	2011/12	2010/11	2009/10
New competence programmes	3	5	3	6	–
Existing practitioners in competence programmes	11	7	6	–	–
Total cases managed	**14**	**12**	**9**	**6**	**–**
Practitioners leaving competence programmes	3*	1	2	–	–
Practitioners left in competence programmes	11	11	7	6	–

* One practitioner has been removed from the Register and will not undertake the competence programme unless they are restored to the Register and apply for an annual practising certificate. One practitioner has not completed their competence programme satisfactorily, and their scope of practice was restricted.

Competence programmes managed, by profession

	2013/14	2012/13	2011/12	2010/11	2009/10
Dentists	13*	11	9	6	–
Dental hygienists	–	–	–	–	–
Dental therapists	1	1	–	–	–
Dental technicians	–	–	–	–	–
Total	**14**	**12**	**9**	**6**	**–**

*One dentist was ordered to complete two competence programmes.

Individual recertification programmes

Individual recertification programmes (IRPs) are specifically designed to ensure practitioners are competent to practise within their scope of practice. Similar in nature to competence programmes, they have a narrower focus on training and instruction, and are typically employed where a practitioner has a specific identified competence issue to be addressed.

During the reporting period, three new IRPs were ordered, while nine programmes were managed. Three practitioners completed their programmes and one practitioner has been removed from the Register.

Individual recertification programmes

	2013/14	2012/13	2011/12	2010/11	2009/10
New individual programmes	3	6	1	4	7
Existing programmes	6	5	6	5	5
Total managed	**9**	**11**	**7**	**9**	**12**
Practitioners leaving programme	4*	5	2	3	7
Practitioners in programme	5	6	5	6	5

*One practitioner was removed from the Register

Individual recertification programmes managed, by profession

	2013/14	2012/13	2011/12	2010/11	2009/10
Dentists	8	10	6	8	12
Dental hygienists	–	–	–	–	–
Dental therapists	1	1	1	1	–
Dental technicians	–	–	–	–	–
Total	**9**	**11**	**7**	**9**	**12**

Fitness to practise

At the time of registration, an applicant must be able to demonstrate their fitness for registration. This requires the Council to satisfy itself that the applicant meets a number of standards set out in the Act. These standards relate to conduct, the ability to speak and understand English well enough to protect the health and safety of the public, and mental or physical conditions that prevent the applicant from performing the functions of their profession.

Once registered, practitioners are required to annually recertify that they have retained their fitness to practise. This means that they are free from convictions and disciplinary proceedings both in New Zealand and internationally, and are free from both physical and mental conditions that may render them unable to practise safely.

Health

Oral health practitioners, like anyone else, get ill and suffer injury. If a practitioner develops a physical or mental health problem, it may impair their ability to practise safely, endangering patients and the public. Such health conditions could include alcohol or drug dependence, psychiatric disorders, a temporary stress condition, an infection with a transmissible disease, physical disabilities or certain illnesses or injuries.

Practitioners, employers, or people in charge of an organisation that provides health services, have a legal obligation to notify the Council if there is any reason that an oral health practitioner in their service is unable to perform the functions required for the practice of their profession.

To protect the health and safety of the public, the Act establishes a regime for the notification and management of practitioner health issues. This is a formal regime that permits us to require a practitioner to undergo medical assessments and, where appropriate, to suspend a practitioner's registration or to place conditions on their scope of practice that limit their practise. It is a regime used in more severe cases where less formal measures are not appropriate or where the practitioner is not prepared to enter into a voluntary undertaking.

> *"Where the health and safety of the public is not otherwise compromised, and where the practitioner is prepared to cooperate, the Council utilises more informal voluntary undertakings."*

In all cases, the Council consults with relevant medical practitioners, who act in an independent advisory capacity. Cases are handled in a compassionate and non-judgemental way, with the emphasis being on a swift return to safe practice.

A rehabilitation programme for an impaired practitioner may include limiting the practitioner's practice to certain procedures, requiring the practitioner to work under supervision, carrying out laboratory tests and/or medical reports, participating in support groups and working with a mentor.

Health

Source and number of notifications of inability to perform required functions due to mental or physical (health) condition

Source	Health Practitioners Competence Assurance Act 2003 – section	2013/14				2012/13			
		Existing	New	Closed	Still active	Existing	New	Closed	Still active
Health service	45(1)(a)	2	–	1	1	2	–	–	2
Health practitioner	45(1)(b)	2	1	1	2	1	1	–	2
Employer	45(1)(c)	1	3	2	2	1	1	1	1
Medical Officer of Health	45(1)(d)	–	1	–	1	–	–	–	–
Any person	45(3)	–	–	–	–	–	–	–	–
Person involved with education	45(5)	1	–	1	–	–	1	–	1
Self-notification		5	5	2	8	5	3	3	5
Other regulatory authority		1	–	–	1	1	–	–	1
Professional Conduct Committee	80(2)(b)	–	1	–	1	–	–	–	–
Total		**12**	**11**	**7**	**16**	**10**	**6**	**4**	**12**

Outcomes of new health notifications

Outcomes	Health Practitioners Competence Assurance Act 2003 – section	2013/14*	2012/13*
No further action		4	–
Order medical examination	49	3	4
Interim suspension	48	1	1
Conditions	48	–	1
Restrictions imposed	50	–	–
Voluntary undertaking		3	3
Still under review		2	1
Alteration of scope	21	1	–
Total		**14**	**10**

*Multiple outcomes per notification can apply.

Health programmes

	2013/14	2012/13	2011/12	2010/11	2009/10
New health considerations	11	6	5	7	2
Existing practitioners in health portfolio	12	10	8	7	10
Total managed	**23**	**16**	**13**	**14**	**12**
Practitioners leaving health portfolio	7	4	3	6	5
Practitioners in health portfolio	16	12	10	8	7

During 2013/14, 11 new health impaired practitioners were brought to the Council's attention. This resulted in 23 health programmes being managed during the reporting period. Seven practitioners had left the health portfolio at the end of the period. Four practitioners were subject to orders of health related supervision.

Supervision and oversight

Supervision and oversight are statutory tools provided to help us ensure that practitioners are fit and competent to practise and do not pose a risk of harm to the public. They are used to address practitioner registration, fitness to practise and competence issues.

Supervision is defined by the Act to be "...the monitoring of, and reporting on, the performance of a practitioner by a professional peer". An order of supervision is used to ensure a practitioner is fit and competent to practise and to protect the public safety in a variety of situations, including:

- where a practitioner is returning to practice after more than three years out of practice
- where a practitioner is suffering from a health condition
- as an interim measure whilst a competence review is being conducted
- following a failure to satisfy the requirements of a competence programme.

Five orders involving supervision were made by Council during the reporting period. The practitioners subject to these orders joined the ten already practising under supervision who had been the subject of orders during the prior year. The nature of the supervision varies according to the needs of the practitioner, but is focused at all times on maintaining public safety.

Five practitioners were released from supervision programmes, based on the fulfilment of their supervision period and/or confirmation from their supervisor that they were safe and competent to practise.

Supervision orders relating to competence

	2013/14	2012/13*	2011/12
New supervision cases	5	7	2
Existing supervision	10	4	3
Total managed	**15**	**11**	**5**
Practitioners leaving supervision	5	1	1
Practitioners in supervision	10	10	4

*Amendment from previous report

Supervision orders relating to competence, by profession

	2013/14	2012/13*	2011/12
Dentists	14	10	5
Dental hygienists	–	–	–
Dental therapists	1	1	–
Dental technicians	–	–	–
Total	**15**	**11**	**5**

*Amendment from previous report.

Oversight is defined by the Act to mean "...professional support and assistance provided to a practitioner by a professional peer for the purposes of professional development".

The nature of oversight varies according to the needs of the individual practitioner but is focused at all times on maintaining public safety, and is provided by a mentor.

While no new oversight was ordered during 2013/14, one practitioner was subject to oversight orders from a previous year. This practitioner was released from oversight in 2013/14.

Oversight

	2013/14	2012/13	2011/12
New oversight cases	–	–	2
Existing oversight cases	1	4	3
Total managed	**1**	**4**	**5**
Practitioners leaving oversight	1	3	1
Practitioners in oversight	–	1	4

Oversight by profession

	2013/14	2012/13	2011/12
Dentists	1	4	5
Dental hygienists	–	–	–
Dental therapists	–	–	–
Dental technicians	–	–	–
Total	1	4	5

Recertification

The recertification of practitioners is mandated by both Parts 2 and 3 of the Act. The provisions of Part 2 allow the Council to decline an APC if it is not satisfied that the practitioner is competent and fit to practise in accordance with their scopes of practice.

Accordingly, practitioners are required to recertify each year and declare:

- their compliance with the Council's codes of practice
- their competence to practise
- any health conditions, fitness, competence or disciplinary issues that may affect their competence or fitness to practise.

Part 3 of the Act provides the mechanisms for the establishment and management of recertification programmes.

Codes of practice compliance audit process

Following the 2013/14 APC cycles, 10 percent of each practitioner group was randomly selected to complete a questionnaire on compliance to our codes of practice. From this group, we randomly select a number of practitioners for visits to confirm compliance. We refer to these visits as practice audits. We follow up on any issues arising out of the questionnaire.

Continuing professional development

Practitioners must meet the requirements of the recertification programme set for their profession under section 41 of the Act. This requires practitioners to complete the specified number of hours of continuing professional development (CPD) and peer contact activities specified for their profession over a four-year cycle.

Practitioners who do not satisfactorily complete the programme may, under section 43 of the Act, have their scope of practice altered by changing the health services they are permitted to perform; have conditions imposed on their scope of practice or their registration suspended. At the end of each four-year cycle, 10 percent of each practitioner group is randomly selected for an audit of their CPD activities.

Complaints and Discipline

The Code of Health and Disability Services Consumers' Rights (the Code) grants a number of rights to all consumers of health and disability services in New Zealand, and places corresponding obligations on the providers of those services.

Oral health practitioners must respect patient rights and follow the principles of ethical conduct for oral health practitioners. Failing to provide good care or behaving in a way that shows a lack of professional integrity are matters of conduct.

Complaints

Right 10 of the Code, clearly spells out that it is every patient's right to complain about an oral health practitioner. A patient may make a complaint to:

- the oral health practitioner or practitioners who provided the services complained of
- any person authorised to receive complaints about the oral health practitioner
- any other appropriate person, including:
  - an independent advocate provided under the Health and Disability Commissioner Act 1994
  - the Health and Disability Commissioner (HDC).

The Act creates a consistent accountability regime for all health practitioners by:

- making the HDC a 'one-stop-shop' for all complaints where the practice or conduct of a practitioner is alleged to have affected a health consumer
- providing for the appointment of professional conduct committees (PCCs) to investigate the basis of specified court convictions or information that raise questions about the appropriateness of the conduct or the safety of a practitioner; and to either recommend to the Council the appropriate response or lay charges before the Health Practitioners Disciplinary Tribunal (HPDT)
- creating a single Tribunal to hear and determine charges brought by the HDC or by a PCC.

Complaints fall into two broad categories: those that allege the practice or conduct of a practitioner has affected a health consumer, and those that do not directly involve a health consumer.

Those complaints that allege a health consumer has been affected must be made to the HDC. When such a complaint is received by the Council, we immediately refer it to the HDC, which may or may not proceed to investigate the complaint.

We cannot take action on a conduct issue while the HDC is considering it. If the complaint raises an issue of competence or health, however, we can investigate that while the HDC is still considering the matter. Public safety is our absolute priority in all cases.

The complaint may be referred back to us by the HDC to determine whether there has been a breach by the provider of their professional or legal responsibilities under the Act, or where a practitioner's competence is called into question.

Those notifications or complaints received by the Council that do not allege that a health consumer has been affected are reviewed on a case-by-case basis. These could relate to a practitioner practising outside of their scope of practice, practising without a practising certificate, having committed a disciplinary offence or being convicted by the courts.

Each notification or complaint is investigated and we decide whether it should be handled as a competence, conduct or health issue.

Complaints from various sources and outcomes

Source	Complaints 2013/14	Outcome 2013/14				Complaints 2012/13
		No further action	Other action	Referred to professional conduct committee	Referred to the Health and Disability Commissioner	
Consumer	38	28	–	–	10	13
Health and Disability Commissioner	7	1	6	–	–	7
Oral health practitioner	11	–	11	–	–	9
Other health practitioner	–	–	–	–	–	1
Courts notice of conviction	4	–	–	4	–	4
Employer	3	1	2	–	–	2
Other	2	–	2	–	–	3
Total	**65**	**30**	**21**	**4**	**10**	**39**

Discipline

Referrals to a professional conduct committee

Referrals to PCCs occur in two situations. The first is where the Registrar of a court notifies us that a practitioner has been convicted of an offence:

- against specified legislation, or
- where a conviction is punishable by imprisonment for a term of three months or longer.

In such cases, the Council must refer the matter to a PCC for investigation.

The second situation is where the Council considers that information it holds raises one or more questions about a practitioner's conduct or the safety of the practitioner's practice. The Council may refer any or all of those questions to a PCC. The Council may do so in response to a complaint that the HDC has referred to the Council, or the Council may do so on its own initiative.

A PCC is a statutory committee appointed to investigate the basis of specified convictions or the appropriateness of the conduct of a practitioner, and is completely independent of Council. It comprises two professional peers of the practitioner and a layperson. A PCC may make certain specified recommendations to the Council or lay charges against the practitioner before the HPDT.

A PCC may receive evidence relevant to the complaint or conviction, appoint its own legal advisors and/or investigators as necessary and make recommendations and determinations on the completion of its investigation.

In 2013/14, the Council referred 10 practitioners to PCCs. The PCCs charged four before the HPDT; two had their fitness to practise reviewed; one was counselled by the Council; one had a competence review ordered, and no further action was taken in respect of four cases.

Professional conduct committee cases

Nature of issue	Source	2013/14	Outcome(s)
Concerns about standards of practice	–	–	–
Notification of conviction			
– Drink driving offence	4 District Court 1 Self notification	5	4 No further action 1 review fitness to practise
– Assault	–	–	–
– Fraud	Ministry of Health	1	1 referred to Tribunal
Theft	–	–	
Conduct	Police	1	Referred to Tribunal Review fitness to practise
Practising outside scope	Other practitioner / anonymous	1*	Referred to Tribunal* Review competence*
Practising without annual practising certificate	1 Other practitioner 1 Practitioner's employer 1 Self notification	3*	Referred to Tribunal* Review competence* 1 Counselled 1 Referred to Tribunal
Other	–	–	–
Total cases		**10**	

* One practitioner was before a PCC for practising without an APC and practising outside their scope of practice, it was heard as a single case, and had multiple outcomes.

Note: Tribunal = Health Practitioners Disciplinary Tribunal.

Professional conduct committees

	2013/14	2012/13	2011/12
New PCC cases	4	23	6
Existing PCC cases	6	4	5
Total managed	**10**	**27**	**11**
PCC finalised	10	21	7
Practitioners remaining	–	6	4

Note: PCC = professional conduct committee.

Professional conduct committees, managed by profession

	2013/14	2012/13	2011/12
Dentists	6	13	9
Dental hygienists	–	1	1
Dental therapists	–	1	–
Dental technicians	3	11	1
Dental hygienists/Dental therapists	1	1	–
Total	10	27	11

Health Practitioners Disciplinary Tribunal

The HPDT hears and decides disciplinary charges brought against registered health practitioners. The charges may be brought by a PCC or the Director of Proceedings of the HDC office.

The HPDT operates independently of the Council.

The HPDT may discipline a practitioner if it is satisfied the practitioner has:

- been guilty of professional misconduct because of an act or omission that amounted to malpractice or negligence in relation to the practitioner's registered scope of practice when the conduct occurred
- been guilty of professional misconduct because of an act or omission that has brought or was likely to bring discredit to the dental profession
- been convicted of an offence that reflects adversely on the practitioner's fitness to practise
- practised their profession while not holding a current practising certificate
- performed a health service without being permitted to perform that service by their scope of practice
- failed to observe any conditions included in their scope of practice
- breached a penalty order of the HPDT.

For each disciplinary proceeding, the HPDT comprises a chair and deputy chair (barristers or solicitors) and four members from the panel maintained by the Ministry of Health. Three of those members must be from the same profession as the practitioner under investigation and one must be a layperson.

During 2013/14, PCCs appointed by the Council laid charges against 4 practitioners before the HPDT. Of the nine cases finalised, one practitioner was suspended for 12 months with conditions being placed on their registration when they return to practice, one had conditions placed on their registration, nine practitioners were censured, eight fined and nine required to pay costs.

Tribunal cases

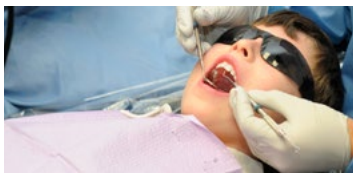
	2013/14	2012/13	2011/12
New HPDT cases	4	10	4
Existing HPDT cases	8	1	–
Total managed	**12**	**11**	**4**
HPDT finalised	9	3	3
Practitioners remaining	3	8	1

Note: HPDT = Health Practitioners Disciplinary Tribunal.

Appeals and judicial reviews

Decisions of the Council may be appealed to the District Court or, in some cases, judicial review sought in the High Court. No judicial reviews or appeals were brought against the Council in 2013/14.

Practitioners who have appeared before the HPDT and the PCC that laid charges against them have the right to appeal the HPDT's decision in whole or in part to the High Court. An appeal against a component of the HPDT's determination against a practitioner was brought by a PCC during the period and was successful.



Examinations and Accreditation

The Council provides the New Zealand Dental Registration Examinations for those candidates who do not have a prescribed qualification, to enable them to register in New Zealand.

The Council is required by the Act to prescribe qualifications for its scopes of practice and to monitor, through accreditation, every New Zealand educational institution providing a prescribed qualification.

Examinations

In 2013/14, 52 percent of the dentists and dental specialists, 13 percent of the dental hygienists and 12 percent of dental technicians registered in New Zealand, gained their primary qualifications in countries other than New Zealand. A significant proportion of them did not hold a prescribed qualification.

The New Zealand oral health workforce relies on practitioners who gained their primary training in other jurisdictions. The Council has a responsibility to protect the public safety by ensuring that all registered practitioners are competent and safe to practise regardless of where they were educated.

The Council offers eligible candidates a registration examination to fully assess their skills and competence and to ensure they meet the standards required of New Zealand trained practitioners. A pass in the New Zealand Dental Registration Examinations is a prescribed qualification for registration within New Zealand.

The following examinations are available:

- New Zealand Dentist Registration Examination
- New Zealand Dental Specialist Registration Examination
- New Zealand Dental Hygiene Registration Examination
- New Zealand Dental Therapy Registration Examination
- New Zealand Dental Technology Registration Examination.

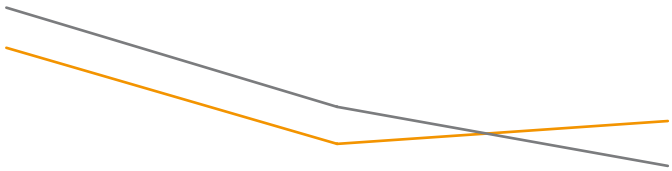
Dentist registration examination

In 2013/14, the written component of the dentist registration examination continued to be held in conjunction with the Australian Dental Council, while the clinical component was staged at the University

of Otago. The clinical component entails employing the expertise of an examination director and a number of clinical examiners over the course of the three clinical examinations held during the year.

The dental therapy and dental hygiene examinations were held at the Auckland University of Technology. Registration examinations for dental specialists and dental technology were not held, as no applications were received.

Dentist registration examination candidates sitting the examination



	2011/12	2012/13	2013/14
Written	62	41	46
Clinical	71	49	36

In 2013/14, there was a 12 percent increase in the number of candidates sitting the written component of the dentist registration examinations and a 27 percent decrease in those sitting the clinical component, compared with the previous reporting year.

Dentist registration examination pass rates

	2011/12	2012/13	2013/14
Written	44%	68.3%	34.8%
Clinical	34%	46.9%	30.6%

In 2013/14, there was a decrease of 33 percent in the pass rate for the written component of the dentist registration examination and a 16 percent decrease in the pass rate for the clinical component.

Dental therapy registration examination

In 2013/14, three candidates sat the written component, all of whom passed. All three candidates proceeded to the clinical component, of whom two passed.

Dental hygiene registration examination

In 2013/14, one candidate sat and passed the dental hygiene written and clinical registration examinations.

Accreditation

The purpose of accreditation is both to assure the quality of education and training and to promote continuous programme improvements. All New Zealand prescribed qualifications must be accredited and monitored by the Council.

The Council together with the Australian Dental Council has established a joint accreditation committee for the purpose of accrediting and monitoring New Zealand and Australian educational programmes to ensure common standards across both countries.[1]

The accreditation standards specify the criteria against which education and training programmes are assessed for accreditation. They support the defined knowledge, competencies and professional attributes required of graduates to register as oral health practitioners.

The accreditation of dental technology and orthodontic auxiliary programmes falls outside of the ambit of the joint accreditation committee. The Council is responsible for the accreditation of these programmes.

As part of the monitoring of accredited programmes, we require each programme to provide an annual report advising of any significant changes, planned or unplanned. During 2013/14, all the annual reports were received for the New Zealand programmes and were satisfactory in meeting the accreditation standards.

The Council monitors 21 New Zealand accredited programmes across the oral health professions.

[1] The Australian Dental Council (ADC) has been appointed by the Dental Board of Australia under the Health Practitioner Regulation National Law Act 2009, as the accreditation authority responsible for accrediting Australian education and training programmes. The Dental Board of Australia has responsibility for approving programmes accredited by the ADC as providing a qualification for the purpose of registration.

Three accreditation reviews were conducted during 2013.

- Auckland University of Technology Bachelor of Health Science in Oral Health was granted re-accreditation until 31 December 2018.
- New Zealand Association of Orthodontists – Orthodontic Auxiliary Training Programme was granted re-accreditation until 31 December 2018, subject to meeting the following condition:

  That a clinical position be established by June 2014, to:

  a. link the students and the supervisors to a contact person who is a clinician
  b. review all applications for training before consideration by the selection committee
  c. verify the completed Clinic Assessment Sheet prior to the administrator entering the student for the final retreat
  d. submit a report to the Dental Council on the implementation of the condition by 30 June 2014.

- Oral and Maxillofacial Surgery Education and Training Program of the Royal Australasian College of Dental Surgeons was granted re-accreditation until 31 December 2018, subject to meeting the following condition:

  a. That the College identifies a person or body for consideration by the Council as appropriate to undertake a peer evaluation of the Oral and Maxillofacial Surgery programme and provide a satisfactory peer evaluation report by December 2014.

In 2013 the Council and Dental Board of Australia commissioned the Australian Dental Council to conduct a review of the joint accreditation standards for all the professions' programmes. The target date for project finalisation and approval of the revised standards is December 2014.

Status of New Zealand accredited oral health programmes as at 31 March 2014

Title	Provider	Status	Expiry date
Bachelor of Dental Surgery (BDS)	University of Otago	Full accreditation for seven years (in 2010)	31/12/2017
Bachelor of Dental Surgery (Honours)	University of Otago	Full accreditation for five years (in 2012)	31/12/2017
Master of Community Dentistry (MComDent)	University of Otago	Full accreditation for five years (in 2011)	31/12/2016
Doctor of Clinical Dentistry (DClinDent) • Endodontics • Oral and maxillofacial surgery • Oral pathology • Oral medicine • Orthodontics • Paediatric dentistry • Periodontology • Prosthodontics • Special needs dentistry	University of Otago	Full accreditation for five years (in 2011)	31/12/2016
Master of Dental Surgery (MDS)/ Bachelor of Medicine and Bachelor of Surgery (MBChB) in Oral Medicine	University of Otago	Full accreditation for five years (in 2011)	31/12/2016[2]
Master of Dental Surgery (MDS)/ Bachelor of Medicine and Bachelor of Surgery (MBChB) in Oral and Maxillofacial Surgery	University of Otago	Full accreditation for five years (in 2011)	31/12/2016[3]
Fellowship of the Royal Australasian College of Dental Surgeons Oral and Maxillofacial Surgery	Royal Australasian College of Dental Surgeons	Accreditation with conditions for five years (in 2013): Condition The College identifies a person or body for consideration by the Council as appropriate to undertake a peer evaluation of the Oral and Maxillofacial Surgery programme and provide a satisfactory peer evaluation report by December 2014.	31/12/2018

[2] The MDS/MBChB (oral medicine) programme has been replaced by the DClinDent (oral medicine) programme in 2013. The consultation process is still in progress on the medical component of the prescribed qualification for the oral medicine scope of practice in New Zealand.

[3] Accreditation to allow current enrolled students in conjoint programmes to complete programme during transition phase to DClinDent (oral and maxillofacial surgery) programme.

Title	Provider	Status	Expiry date
Bachelor of Oral Health (BOH)	University of Otago	Full accreditation for five years (in 2010)	31/12/2014
Bachelor of Health Science in Oral Health BHSc (Oral Health)	Auckland University of Technology	Full accreditation for five years (in 2013)	31/12/2018
Bachelor of Dental Technology (BDentTech)	University of Otago	Full accreditation for five years (in 2010)	31/12/2015
Bachelor of Dental Technology (Honours) (BDentTech (Hons))	University of Otago	Full accreditation for five years (in 2010)	31/12/2015
Postgraduate Diploma in Clinical Dental Technology (PGDipCDTech)	University of Otago	Full accreditation for five years (in 2010)	31/12/2015
Certificate of Orthodontic Assisting, New Zealand Association of Orthodontists: Orthodontic Auxiliary Training Programme	New Zealand Association of Orthodontists	Accreditation with conditions for five years (in 2013): Condition That a clinical position be established by June 2014, to: a. link the students and the supervisors to a contact person who is a clinician; b. review all applications for training before consideration by the selection committee; c. verify the completed Clinic Assessment Sheet prior to the administrator entering the student for the final retreat; and submit a report to the Dental Council on the implementation of the condition by 30 June 2014.	31/12/2018

Our Financials

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staplesrodway
CHARTERED ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT TO THE READERS OF DENTAL COUNCIL'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2014

The Auditor-General is the auditor of the Dental Council (the Council). The Auditor-General has appointed me, Robert Elms, using the staff and resources of Staples Rodway Wellington, to carry out the audit of the financial statements of the Council on her behalf.

We have audited the financial statements of the Council on pages 54 to 64, that comprise the statement of financial position as at 31 March 2014, the statement of financial performance, the schedule of expenses, the statement of movements in reserves and statement of cash flows for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

Opinion

In our opinion the financial statements of the Council on pages 54 to 64:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's:
  - financial position as at 31 March 2014; and
  - financial performance and cash flows for the year ended on that date.

Our audit was completed on 7 July 2014. This is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Council and our responsibilities, and we explain our independence.

Basis of opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and carry out our audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

Material misstatements are differences or omissions of amounts and disclosures that, in our judgement, are likely to influence readers' overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

An audit involves carrying out procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the financial statements whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the preparation of the Council's financial statements that fairly reflect the matters to which they relate. We consider internal control in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control.

staplesrodway
CHARTERED ACCOUNTANTS

An audit also involves evaluating:

- the appropriateness of accounting policies used and whether they have been consistently applied;
- the reasonableness of the significant accounting estimates and judgements made by the Council;
- the adequacy of all disclosures in the financial statements; and
- the overall presentation of the financial statements.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements. Also we did not evaluate the security and controls over the electronic publication of the financial statements.

We have obtained all the information and explanations we have required and we believe we have obtained sufficient and appropriate audit evidence to provide a basis for our audit opinion.

Responsibilities of the Council

The Council is responsible for preparing financial statements that:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's financial position, financial performance and cash flows.

The Council is also responsible for such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Council is also responsible for the publication of the financial statements, whether in printed or electronic form.

The Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

Responsibilities of the Auditor

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you based on our audit. Our responsibility arises from section 15 of the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

Independence

When carrying out the audit, we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the External Reporting Board.

Other than the audit, we have no relationship with or interests in the Council.

Robert Elms
Staples Rodway Wellington
On behalf of the Auditor-General
Wellington, New Zealand

DENTAL COUNCIL
STATEMENT OF FINANCIAL POSITION

AS AT 31 MARCH 2014

	Note	2014 $	2013 $
Operational Reserves – Profession		973,645	536,359
Disciplinary Reserves – Profession		48,882	95,928
Capital Asset Reserve – Council		457,142	428,245
ACCUMULATED RESERVES	11	1,479,669	1,060,532
Current Assets			
Petty Cash		200	200
ANZ Bank Account		204,464	111,687
Short Term Bank Deposits		3,278,879	3,030,035
Accounts Receivable	12	125,650	75,164
Office Rental and Outgoings Advance		11,979	11,979
Other Prepaid Expenses		6,520	-
Interest Accrued		22,643	10,955
Total Current Assets		3,650,335	3,240,020
Property, Plant and Equipment	13	106,561	114,266
Intangible Assets	14	58,238	23,187
Total Fixed Assets		164,799	137,453
TOTAL ASSETS		3,815,134	3,377,473
Current Liabilities			
Income in Advance	15	1,790,466	1,733,746
Accounts Payable		414,895	471,686
GST Payable		130,104	111,509
TOTAL LIABILITIES		2,335,465	2,316,941
NET ASSETS		1,479,669	1,060,532

Approved by

Chair
7 July 2014

Chief Executive
7 July 2014

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 58-64

STATEMENT OF FINANCIAL PERFORMANCE

FOR THE YEAR ENDED 31 MARCH 2014

	Note	2014 $	2013 $
Income from Fees and Levies			
Annual Practising Fees	4	2,415,350	2,079,415
Disciplinary Levies	4	258,230	271,521
Certificate of Good Standing Fees		11,366	8,515
Registration Fees		230,776	159,698
Retention on Dental Register (Non-practising) Fees	1	97,360	58,271
Restoration to Dental Register Fees		5,021	5,000
New Zealand Dental Registration Examination Fees		298,913	285,452
INCOME FROM FEES AND LEVIES		3,317,016	2,867,872
Other Income			
Interest on Investments		101,029	90,372
Sale of Dental Register Extracts		1,800	1,600
Discipline Fines/Costs Recovered	5	51,200	56,192
Judicial Review – Insurance Claim		-	7,524
Health Contributions		1,671	-
Accreditation Contributions		34,308	-
Course Accreditation Fees		1,737	1,737
OTHER INCOME		191,745	157,425
Total Income for Period		3,508,761	3,025,297
Less Expenditure as per Schedule		3,089,624	2,781,705
NET SURPLUS (DEFICIT) FOR PERIOD		419,137	243,592

STATEMENT OF MOVEMENTS IN RESERVES

FOR THE YEAR ENDED 31 MARCH 2014

	Note	2014 $	2013 $
Balance Beginning of the Year		1,060,532	816,940
Net Surplus/(Deficit) for the Period			
– Council	11	28,897	33,962
– Professions – Operational	11	437,286	194,882
– Professions – Disciplinary	11	(47,046)	14,748
Total Net Surplus/(Deficit) for the Period		419,137	243,592
BALANCE AT END OF YEAR		1,479,669	1,060,532

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 58-64

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED 31 MARCH 2014

	Note	2014 $	2013 $
Administration Expenses			
Salaries, Kiwisaver and ACC levies		1,194,361	1,170,122
Staff Welfare, Training and Recruitment Costs		77,866	39,526
Information Technology Support Services		47,324	28,346
Telephone Call Charges and Services		17,675	20,699
Printing, Postage and Couriers		32,435	43,568
Office Expenses		31,485	43,164
Publications and Media Monitoring		6,070	3,630
Audit Fee		13,778	12,648
Advertising		1,119	1,843
Rent and Building Outgoings		81,488	93,416
Insurance		28,637	27,360
Bank Charges		29,216	25,548
Legal		7,607	-
Amortisation of Intangible Assets	8	10,604	619
Depreciation of Physical Assets	9	37,716	23,428
Loss on Disposal of Assets		2,811	41,069
Total Administration Expenses		**1,620,192**	**1,574,986**
Project Expenses			
Dental Council – Fees and Expenses		221,184	243,011
Audit, Risk and Remuneration Standing Committees		34,028	30,571
New Zealand and International Liaison		98,277	70,418
Strategic and Organisational Planning		90,408	66,829
Communications – Stakeholders		23,263	29,361
Workforce Data Analysis		5,383	8,155
Education and Accreditation		73,328	37,218
Examinations		192,379	103,652
Policies and Standards		70,295	-
Registration		49,177	18,680
Recertification		94,435	115,458
Health Advisory		12,639	5,877
Competence Assessments and Reviews		148,159	164,525
Disciplinary Expenses			
– Gazette Notice		531	113
– Professional Conduct Committees		27,276	115,280
– Health Practitioners Disciplinary Tribunal		252,609	153,029
– Disciplinary Case Appeals		64,935	6,542
– Doubtful Debts	12	11,126	38,000
Total Project Expenses		**1,469,432**	**1,206,719**
Total Expenditure		**3,089,624**	**2,781,705**

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 58-64

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 MARCH 2014

	Note	2014 $	2013 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Cash was provided from:			
Statutory Fees and Disciplinary Levies		2,791,274	2,717,078
Registration and Examination Fees		564,682	417,151
Prepaid Competence Course		1,392	14,811
Insurance Claim		-	7,524
Disciplinary Fines/Costs Recovered		51,200	56,192
Interest on Investments		89,341	97,902
Other Revenue		55,904	16,852
Cash was disbursed to:			
Suppliers and Employees		(3,133,695)	(2,567,391)
Net Cash Inflow/(Outflow) from Operating Activities	16	**420,098**	**760,119**
CASH FLOWS FROM INVESTING ACTIVITIES			
Cash was provided from:			
Sale of Fixed Assets		-	915
Cash was disbursed to:			
Purchase of Fixed Assets		(32,822)	(70,591)
Purchase of Intangible Assets		(45,655)	(23,782)
Increase in Term Deposits		(248,844)	(623,924)
Net Cash Inflow/(Outflow) from Investing Activities		**(327,321)**	**(717,382)**
Net Increase/(Decrease) in Cash Held		**92,777**	**42,737**
Add Opening Cash and Cash Equivalents		**111,687**	**68,950**
Closing Cash and Bank Balances		**204,464**	**111,687**
This is represented by:			
ANZ Bank Account		**204,464**	**111,687**

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 58-64

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2014

1. Statement of Accounting Policies

REPORTING ENTITY

The Dental Council is a body corporate constituted under the Health Practitioners Competence Assurance Act 2003 (the Act). The Act established the Dental Council with effect from 18 September 2004.

GENERAL ACCOUNTING POLICIES

These financial statements are a General Purpose Financial Report as defined in the Statement of Concepts of the External Reporting Board and have been prepared in accordance with generally accepted accounting practice in New Zealand as defined in that statement.

MEASUREMENT BASE

The accounting principles recognised as appropriate for the measurement and reporting of financial performance and financial position on a historical cost basis are followed by the Dental Council.

SPECIFIC ACCOUNTING POLICIES

The following specific accounting policies that materially affect the measurement and reporting of financial performance and financial position have been applied:

a) **Differential Reporting**

The Dental Council qualifies for differential reporting as provided for in the Framework for Differential Reporting of the External Reporting Board as it is not publicly accountable (as defined) and it is not large (as defined).

Under the framework for Differential Reporting an entity is publicly accountable if, during the current or preceding financial year it was an issuer (of financial securities) as defined in the Financial Reporting Act 1993 or if it has the coercive power to tax, rate or levy to obtain public funds.

The Dental Council has applied all differential reporting exemptions with the exception of the inclusion of a Statement of Cash Flows.

b) **Goods and Services Tax**

The financial statements have been prepared on a GST exclusive basis, where applicable.

c) **Income Tax**

The Dental Council has been recognised as a charity by Inland Revenue and is therefore exempt of income tax. On 7 April 2008 the Dental Council was registered as a charitable entity under the Charities Act 2005. Registration as a charitable entity is a prerequisite to ensuring ongoing exempt income tax status.

d) **Revenue Recognition**

Revenue in the Statement of Financial Performance is recognised either at the time a one time service is provided or across the 12-month service period for which the revenue has been collected.

Income in Advance represents the liabilities at 31 March 2014 to third parties for services yet to be provided, including examination fees received in advance of the examination date, and annual practising fees for services still to be provided across the future period to which they relate.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2014

e) **Plant, Property and Equipment**

Plant, property and equipment are recorded at cost and shown at cost less accumulated depreciation. The assets are depreciated so as to write them off over their useful life using the straight line basis. Depreciation rates are:

Computer Hardware	30% per annum
Office Equipment	5.5% – 30% per annum
Office Furniture and Fit Out	10% per annum

f) **Intangible Assets**

Intangible assets are recorded at cost and amortised over the useful life of the asset. Software under development is not amortised until commissioned. The amortisation rate for computer software is:

Computer Software	30% per annum

g) **Sundry Debtors**

Sundry debtors are stated at their estimated net realisable value after allowing for doubtful debts.

h) **Reserves**

The Dental Council maintains separate operational and disciplinary reserves for each oral health profession regulated under the Act. These reserves are represented by liquid assets set aside for funding direct profession activities.

At Council level a separate Capital Asset Reserve is maintained. This reserve is represented by the net book value of fixed assets already purchased and liquid assets set aside for capital expenditure to meet future capital replacement requirements.

Operational reserves at profession level are funded from annual practising certificate (APC) fees after each profession's share of Council costs have been provided for. These fees can vary across profession groups depending on levels of activity and direct profession costs.

Disciplinary reserves are funded from disciplinary levies set for each profession, and reserve levels can fluctuate according to the number of disciplinary cases heard in any one year.

Capital replacement reserve funding is provided through the APC fee at a standard rate across all professions. The capital replacement portion of the APC fee is based on planned capital expenditure requirements after taking current capital reserve levels into account.

CHANGES IN ACCOUNTING POLICIES

Retention on the Oral Health Register (Non-practising) fees actually received in 2013/14 have been recognised in full in 2013/14. In prior years these fees were recognised across the full recertification year for which they were collected. The change in recognition policy better reflects the one time service and non-refundable nature of these fees.

There have been no other material changes in accounting policies.

2. Delivery of Office Functions

In February 2011, Health Workforce New Zealand (HWNZ), on behalf of the Minister of Health, issued a consultation document proposing a single shared secretariat and office function for all 16 health regulatory authorities (RAs). As at 31 March 2014, this proposal is no longer under consideration with any uncertainty disclosed in previous financial years being removed.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2014

3. Related Parties

Council has related party transactions with respect to fees paid to members of Council (see Note 10), and with respect to members of Council who pay to the Dental Council annual practising certificate fees and disciplinary levies as dental practitioners.

Dr David Stephens PhD MSc (Hons), LLB (Hons), is currently an appointed member of both the Dental Council and Medical Sciences Council of New Zealand.

4. Annual Practising Fees and Disciplinary Levies

Council is responsible for regulating all the oral health professions specified in the Act. The details of registered oral health practitioners may be found in the Annual Report under the Registration section. These statistics are not audited.

ANNUAL PRACTISING FEES AND DISCIPLINARY LEVIES INCOME BY PROFESSION

Profession	2014 $ Annual Practising Fees	2014 $ Disciplinary Levies	2013 $ Annual Practising Fees	2013 $ Disciplinary Levies[1]
Dentists	1,580,527	51,400	1,393,641	189,300
Dental therapists	416,717	30,585	279,232	(257)
Dental hygienists and orthodontic auxiliaries	233,649	70,213	198,203	(182)
Dental technicians and clinical dental technicians	184,457	106,032	208,339	82,660
Total Fees and Levies	**2,415,350**	**258,230**	**2,079,415**	**271,521**

[1] Amounts in brackets represent refunds of disciplinary levies paid in prior years.

5. Discipline Fines/Costs Recovered

Discipline Fines/Costs Recovered represents fines and costs awarded against practitioners by the Health Practitioners Disciplinary Tribunal (HPDT). Costs represent recoveries of a portion of the costs of Professional Conduct Committees (PCC) and the HPDT.

6. Non-Cancellable Operating Lease Commitments

	2014 $	2013 $
Current	75,560	74,226
Non – current	18,782	92,048
Total operating lease commitments	**94,342**	**166,274**

The figures above reflect Dental Council's share of office rental for the shared premises at ASB House, 101 – 103 The Terrace, Wellington (see note 19). Council's share of rental commitment is current $75,560 and non-current $18,782. The lease agreement is in the name of all eight health RAs which have joint and several liability. The full lease commitment as at 31 March 2014 is current $231,384 and non-current $57,846.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2014

7. Capital Commitments

At 31 March 2014 Council has a capital commitment of $17,744 with respect to the refresh of its Website $13,720 and the business case to investigate a replacement registration system $4,024 (2013 $27,684 upgrade of IT desktop and server infrastructure).

As at 31 March 2014, the Council has a credit card facility of $20,000 of which $131 has been utilised on a short term basis at this date.

8. Amortisation of Intangible Assets

	2014 $	2013 $
Computer Software	10,604	619
Total Amortisation	**10,604**	**619**

9. Depreciation of Physical Assets

	2014 $	2013 $
Computer Hardware	23,192	4,348
Office Equipment	4,202	3,953
Office Furniture & Fit-out	10,322	15,127
Total Depreciation	**37,716**	**23,428**

10. Fees Paid to Members of Council

Member meeting and other Council business fees.

	2014 $	2013 $
Total fees paid to members of Council	**238,839**	**219,780**

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2014

11. Accumulated Reserves

The two tables below represent the carrying value of reserves of Council, including the carrying value by practitioner group of operational and disciplinary reserves.

Dental Council	Dentists $	Dental hygienists $	Dental therapists $	Dental technicians $	Total 2014 $	Total 2013 $
Operational Reserves – Profession						
Balance 1 April 2013	252,022	140,265	81,262	62,810	536,359	341,477
Surplus/(deficit) 2013/14	310,795	(1,550)	96,097	31,944	437,286	194,882
Balance 31 March 2014	**562,817**	**138,715**	**177,359**	**94,754**	**973,645**	**536,359**
Disciplinary Reserves – Profession						
Balance 1 April 2013	182,706	(42,374)	(21,737)	(22,667)	95,928	81,180
Surplus/(deficit) 2013/14	(143,454)	69,007	16,702	10,699	(47,046)	14,748
Balance 31 March 2014	**39,252**	**26,633**	**(5,035)**	**(11,968)**	**48,882**	**95,928**
Capital Asset Reserve – Council						
Balance 1 April 2013					428,245	394,283
Capital Replacement APC Fee					80,028	99,078
Depreciation, Amortisation and Loss on Disposal of Fixed Assets					(51,131)	(65,116)
Balance 31 March 2014					**457,142**	**428,245**
Total Balance 31 March 2014					**1,479,669**	**1,060,532**

Reconciliation of Movement in Dental Council Reserves	2014 $	2013 $
Opening Balance 1 April 2013	1,060,532	816,940
Operational Reserve – all professions surplus/(deficit) 2013/14	437,286	194,882
Disciplinary Reserve – all professions surplus/(deficit) 2013/14	(47,046)	14,748
Council Depreciation and Amortisation 2013/14	(51,131)	(65,116)
Council Capital Replacement APC Fee 2013/14	80,028	99,078
Total Council surplus/(deficit) 2013/14	**419,137**	**243,592**
Closing Balance 31 March 2014	**1,479,669**	**1,060,532**

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2014

12. Accounts Receivable

	2014 $	2013 $
Accounts Receivable	174,768	113,164
Less Provision for doubtful debts	49,118	38,000
Total Accounts Receivable	**125,650**	**75,164**

13. Property Plant & Equipment

	Cost 31 Mar 14 $	Accum Depn 31 Mar 14 $	Net Book Value 31 Mar 14 $	Cost 31 Mar 13 $	Accum Depn 31 Mar 13 $	Net Book Value 31 Mar 13 $
Computer Hardware	98,640	44,595	54,045	118,046	71,816	46,230
Office Equipment	24,370	15,892	8,478	28,597	15,917	12,680
Office Furniture and Fit Out	92,840	48,802	44,038	105,028	49,672	55,356
Total Property Plant & Equipment	**215,850**	**109,289**	**106,561**	**251,671**	**137,405**	**114,266**

14. Intangible Assets

	Cost 31 Mar 14 $	Accum Amort 31 Mar 14 $	Net Book Value 31 Mar 14 $	Cost 31 Mar 13 $	Accum Amort 31 Mar 13 $	Net Book Value 31 Mar 13 $
Computer Software	**194,555**	**136,317**	**58,238**	**155,420**	**132,233**	**23,187**

15. Income in Advance

Income received that relates to services to be provided beyond 31 March 2014 is stated at cost.

	2014 $	2013 $
Examination Fees		
- Written	-	-
- Clinical	38,170	3,176
- Other Course Fees	16,203	14,810
Total Examination Fees in Advance	**54,373**	**17,986**
Annual Practising Certificate Fees & Disciplinary Levies	1,736,093	1,684,002
Retention on the Oral Health Register Fees (non practising)	-	31,758
Total Annual Practising/Non Practising Fees in Advance	**1,736,093**	**1,715,760**
Total Income in Advance	**1,790,466**	**1,733,746**

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2014

16. Operating Cash Flow Reconciliation

	2014 $	2013 $
Net operating surplus/(deficit) for the period	419,137	243,592
Add/(Deduct) non-cash items		
Depreciation & Amortisation Costs	48,320	24,047
(Gain)/Loss on disposal of asset	2,811	41,069
Add/(Deduct) working capital items		
Accounts Receivable	(50,486)	109,206
Accrued Interest	(11,688)	7,530
Other Receivables & Prepayments	(6,520)	(11,979)
Accounts Payable	(56,791)	27,994
Income Received in Advance	56,720	285,272
GST Payable	18,595	33,388
Net Cash inflow/(outflow) from Operating Activities	**420,098**	**760,119**

17. Contingent Liabilities and Assets

At year-end, there is one contingent liability. The Professional Conduct Committee determined pursuant to section 80(3)(b) of the Act that a charge should be brought against a dental practitioner before the Health Practitioners Disciplinary Tribunal. The costs of the HPDT hearing cannot be measured with sufficient reliability at the date of completion of the financial statements. (2013 – nil contingent liabilities)

At year-end, there are no contingent assets. (2013 – nil contingent assets)

18. Events Occurring After Year End

No adjustable or non-adjustable events (as defined in the applicable financial reporting standard) have occurred between year-end and the date of completion of the financial statements. (2013 – nil adjustable events)

19. Shared Services

In 2012/13 the Dental Council and seven other health RAs agreed to co-locate in shared premises on the 10th and 11th floors of ASB House, 101 – 103 The Terrace, Wellington. The other RAs include the Physiotherapy Board, Occupational Therapy Board, Podiatrists Board, Psychotherapists Board, Osteopathic Council of New Zealand, Medical Sciences Council of New Zealand and Medical Radiation Technologists Board.

To facilitate the management of shared resources including a joint lease agreement for office rental purposes and shared telephony and network services, the eight RAs have entered into a cost-sharing agreement. Generally, for one-off fixed costs (such as legal agreement costs) each RA receives an equal share of those costs, whereas for ongoing operational costs (such as office rental) each RA's share is based on the number of staff places within each RA.

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