# Dental Council
Te Kaunihera Tiaki Niho

# Annual Report 2015

DENTISTRY

DENTAL HYGIENE

DENTAL THERAPY

DENTAL TECHNOLOGY

CLINICAL DENTAL TECHNOLOGY

# 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

We are pleased to present the Dental Council's Annual Report for 2014/15.

As you will see from the activity outlined below, it has been another busy and productive year for both the Council and the Secretariat.

We are making great gains in protecting the health and safety of New Zealanders by implementing robust, best practice regulation for the profession to help ensure oral health practitioners are fit and competent to practise.

This year we advanced the development of the new and comprehensive Standards Framework for Oral Health Practitioners, selected a new examination provider for the New Zealand Dentist Registration Examination, reviewed three codes of practice, and launched the Council's new website.

In addition, we registered 346 new oral health practitioners (an increase of 2.7% on last year), including 242 practitioners with New Zealand qualifications and 104 with overseas qualifications.

We believe the emphasis on safety, higher public expectations and a greater awareness of our role has driven a noticeable increase in complaints, especially from consumers. The Council received 81 more complaints during the period, with a 187% increase of complaints received from consumers compared with last year.

We are also focused on the long-term strategic direction of the Council and its role in supporting safe oral health care in New Zealand. The Council adopted a new strategic framework to guide activities over the next five years. At the heart of this framework is our simple, yet ambitious, vision – Safe oral health care for New Zealand.

Furthermore, the Council has participated actively in the activities of the International Society of Dental Regulators (ISDR). The Council's Chief Executive was elected president of ISDR, and will co-chair the 2015 ISDR conference with the Chief Executive of the Irish Dental Council. The primary project for ISDR is the development of international accreditation standards, attributes, and competencies for dentists.

We acknowledge and thank everyone who provided their services to the Council during the year, whether it was as examiners, assessors or supervisors, serving on committees or working groups, or providing remedial educational services to practitioners. Your participation and expertise are greatly valued and appreciated.

Finally, we would like to thank Council members for their support and continued commitment and the Secretariat staff for their dedication. We look forward to the challenges and opportunities in the year ahead.

Michael Bain
Chair

Marie Warner
Chief Executive

# Year in Review

## Strategic framework

This year we carried out a comprehensive review of our strategic framework – the vision and outcomes we are working towards and the values and principles we operate by. The new framework is designed to give greater transparency to practitioners and the public about what we intend to achieve in the coming years and how we will work to achieve it. It will guide where we focus our resources and effort and provide a basis against which our progress and effectiveness can be measured.

The new framework will help us strike the right balance between protecting public safety and having regulatory activity that is fair, justified and proportionate. By being clear about our vision and outcomes, we will have the greatest positive effect for the public without imposing an undue burden on practitioners. In this way, the framework lays the groundwork for increasing our effectiveness as a regulator.

The new strategic framework has informed the Council's five-year strategic plan, which we also completed this year. The plan for 2015–2020 sets out five new strategic priorities to help bridge the gap between where we are now, and the impact our stakeholders expect from us. Over time, these priorities will change to reflect new opportunities, challenges and circumstances.

## Standards framework

This year, the Council progressed work started in 2013 on the Standards Framework for Oral Health Practitioners. This work is almost complete, and we look forward to implementing the standards across the profession.

The standards framework describes the minimum standards of ethical conduct and of clinical and cultural competence that patients and the wider public can expect from oral health practitioners. These standards will apply to all oral health professionals, including dentists, dental specialists, dental therapists, dental hygienists, orthodontic auxiliaries, dental technicians and clinical dental technicians.

When the Council first consulted stakeholders in August 2014, their overwhelming support for the development and introduction of a standards framework was very pleasing. Council further engaged with key stakeholders at a forum in early 2015, which informed further refinement of the standards framework.

## Dentist examination provider change

This year we were pleased to select the National Dental Examining Board of Canada (NDEB) as the new provider of the New Zealand Dentist Registration Examination.

The Council has been evaluating its dentist examination process and reviewing alternatives over several years. In March 2014, having carefully considered all the information gained during its investigation, the Council concluded that the NDEB process offers a secure and robust system that will help to protect and enhance the health and safety of patients.

The Council is confident that the NDEB competency standards are equivalent to those achieved by a graduating dental student from the University of Otago. The NDEB equivalence process is benchmarked to graduating students from Canadian-accredited programmes, the qualifications of which we have recognised since 2004 and with reciprocity established in 2012.

Following the decision about the new provider, the Council worked with the NDEB to establish the necessary agreements and processes. These included a requirement for the appointment of New Zealand–registered dentists as NDEB examiners and a New Zealand dental academic to the NDEB examination committee.

## Communications and website redesign

We want to improve how we communicate with practitioners, stakeholders and the wider public, with the ultimate aim of growing engagement with the Council.

Central to this will be electronic and online platforms such as our website, the redesign of which went live in July 2014 and has already seen more engagement from the public and practitioners. The redesign has made the website more accessible, informative and intuitive, and all content is now presented in plain English.

A new registration pathway self-assessment tool was also developed to help people interested in practising in New Zealand and to decrease the number of registration inquiries to the Secretariat.

During 2014, the Council also moved all its core communications from hard copy to electronic format, including the newsletter, consultation documents and outcome letters.

## Code of practice reviews

The Council reviewed three codes of practice in the past year.

*Medical emergencies in dental practice code of practice*: This code was adopted and finalised in September, following on from the review that started the previous year. The primary changes were the creation of a single code to apply to all oral health practitioners, updates to the medicine and equipment needed in a dental practice to manage a medical emergency, and revised resuscitation training levels, including an increase in the training level of dentists performing sedation (excluding relative analgesia).

*Transmissible major viral infections (TMVI) code of practice*: An expert working group considered local and international TMVI guidelines, policies and research and developed a draft TMVI code of practice. There was general support for the proposals, and a few amendments were made following consultation. The Council has requested advice from the Health and Disability Commissioner on a TMVI infected practitioner's obligations to patients under the Code of Rights. In addition advice was sought from the Office of the Privacy Commissioner on a TMVI infected practitioner's privacy rights. Following consideration of the advice Council will finalise the TMVI code.

*Control of cross infection in dental practice codes of practice*: A working group was established that included two subject-matter experts with experience in both the private and public sectors and profession representatives. The working group is finalising its recommendations and the updated draft code for the Council's consideration, before stakeholder consultation.

Once the proposed standards framework is adopted, all Council codes of practice will be rebranded as practice standards.

## New accreditation standards

Both the Council and the Dental Board of Australia adopted new accreditation standards in December 2014 that were developed by a joint steering committee led by Professor Maree O'Keefe. The standards support the defined knowledge, competencies and professional attributes required of graduates to register as an oral health practitioner.

The new accreditation standards come into effect on 1 January 2016.

# What We Do

The Dental Council (the Council) is a responsible 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 that the Council regulates are dentists, dental specialists, dental therapists, dental hygienists, clinical dental technicians, dental technicians and orthodontic auxiliaries.

## 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 oral health practitioners are competent and fit to practise.

We are responsible for:

- setting standards for entry to the register of oral health practitioners
- 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 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 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 practitioners not currently practising
- issue annual practising certificates to oral health practitioners who have maintained their competence and fitness to practise
- develop and maintain minimum standards through codes of practice that all oral health practitioners must comply with
- manage oral health practitioners suffering from health issues which may affect 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

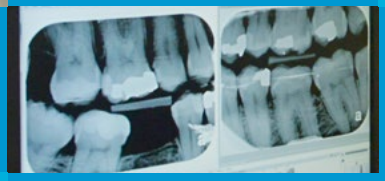
The Council is appointed by the Minister of Health. It has 10 members:

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

The Council oversees the strategic direction of the organisation, monitors management performance, and implements the requirements of the Act.

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

The Council had 18 meetings in the year to 31 March 2015, six of which were teleconferences.



## The Council

### Michael Bain

**Chair**

*Dental practice*

- General dentist, Kerikeri

*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 Council's Dentist Board until its 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*

## 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
- 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

*First appointed June 2011*
*Current term ends June 2017*

## 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*

- Bachelor of Education (Applied) (Central Institute of Technology), Bachelor of Health Science (Central Institute of Technology) and Master of Health Sciences (Otago)
- Executive member of the New Zealand Institute of Dental Technologists (NZIDT), Chair of the NZIDT Continuing Professional Development Sub-Committee until the 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
- Chair of the Council's Dental Hygienist Board, member of the Council's Dental Hygienist and Dental Therapist Board until its disestablishment in 2011
- 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 working 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: cross-sectional surveys and various health services research and clinical projects

*First appointed June 2011*
*Current term ends June 2017*

## Andrew Gray

*Dental practice*

- Dentist
- Director Defence Health / Surgeon General, 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 the 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 the Council appointment
- Member of the Institute of Directors

*Appointed September 2013*
*Current term ends September 2016*

## Kathryn Hazlett

*Layperson*

- Former community board member and Director of a community hospital
- Experience in governance and decision making
- Serves on community committees, including the Otago Community Trust
- Trained as a School Dental Nurse
- Worked mainly in rural areas

*First appointed April 2010*
*Current term ends April 2016*

## Minnie McGibbon

*Dental practice*

- Dental therapist

*Interests and positions held:*

- Special interest in Māori oral health
- Supports the final year University of Otago Bachelor of Dental Surgery outplacement programme
- Life member of New Zealand Māori Dental Association
- Member of the Māori Oral Health Quality Improvement 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 professional and voluntary capacities in the health sector and through service organisations for many years
- Programme Coordinator for Alzheimers Eastern Bay of Plenty
- Secretary/Treasurer of the 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

Four Council committees operated during 2014/15. Committee membership as at 31 March 2015 was as follows.

| | |
|---|---|
| **Audit and Risk Management Committee** | Brent Kennerley *(Chair – independent member, Partner Grant Thornton Chartered Accountants)*<br>David Stephens *(Deputy Chair, resigned effective 19 February 2015)*<br>Michael Bain *(ex-officio – Council Chair)*<br>Leslea Eilenberg<br>Wendy Tozer *(appointed effective 2 March 2015)* |
| **Continuing Professional Development Advisory Committee** | Lyndie Foster Page *(Chair, dental academic)*<br>Andrew Gray *(dentist)*<br>Leslea Eilenberg *(dental hygienist)*<br>Minnie McGibbon *(dental therapist)*<br>John Aarts *(dental and clinical dental technician)* |
| **Standards Review Standing Committee** | Robin Whyman *(Chair, Council member, dental specialist)*<br>Sue Ineson *(layperson)*<br>Karl Lyons *(academic and dental specialist)*<br>Anita Nolan *(academic and dental specialist)*<br>Diane Pevreal *(dental therapist)*<br>Tania Stuart *(dentist)*<br>Sharmyn Turner *(academic and dental hygienist)*<br>Justin Wall *(Māori representative and dentist)*<br>Mike Williams *(dental technician and clinical dental technician)* |
| **Joint Australian Dental Council/ Dental Council (New Zealand) Accreditation Committee** | Michael Morgan *(Chair)*<br>**New Zealand representatives**<br>Michael Bain *(Council Chair)*<br>Lyndie Foster Page *(Council member)*<br>Robert Love *(senior academic representative)*<br>**Australian representatives**<br>Werner Bischof<br>Jan Connolly<br>Mark Gussy<br>Chris Handbury<br>Audrey Irish<br>Neroli Stayt<br>Jane Taylor |

## The Secretariat Team

The members of the secretariat team, as at 31 March 2015, 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 Millar |
| *Registration and Recertification Officer* | Ana Popovich |
| *Professional Advisor – Dentists* | Dexter Bambery |
| *Professional Advisor – Therapists* | Marijke van der Leij Conway |
| *Professional Advisor – Hygienists* | Charlotte Neame |
| *Professional Advisor – Technicians* | Barry Williams |
| *Legal Advisor* | Valentina Vassiliadis |
| *Corporate Services Manager* | Kevin Simmonds |
| *Finance Officer* | Kim Hopkinson |
| *Administration Officer* | Karen Zhu |
| *Senior Business Development Advisor* | Suzanne Bornman |
| *Professional Advisor – Standards & Policy* | Duchesne Hall |

# 2014/15 Report Stats at a Glance

## The Register

### Oral health practitioner numbers

**4,948** registrants (↑2.1%)

**4,176** holding APCs (↑4.2%)

### New registrations

**346** new registrations (↑2.7%)

**242** New Zealand qualified practitioners

**20%↓** dental technicians registered (↓5)

**16%↑** dental therapist registered (↑10)

**39** under Trans-Tasman Mutual Recognition Act 1997 (↑15)

**18** individual assessments received (↑7)

↓ removal of exclusions approved for hygienists, therapists and orthodontic auxiliaries (↓27)

**246** practitioners removed from Register (↑65)

## Competence, Fitness to Practise, Conduct

### Competence

**30** competence notifications (↑6)

**10** competence reviews (↑3)

**12** competence programmes (↓2)

**10** individual recertification programmes (↑1)

**13** competence related supervision (↓3)

### Fitness

**18** health programmes (↓5)

### Complaints

**146** complaints received (↑81)

Includes

**187%↑** complaints from consumers (↑71)

**4** professional conduct committees (↓6)

**4** Health Practitioners Disciplinary Tribunal cases (↓8)

# Our Strategic Direction and the Year Ahead

**The Council's purpose is to protect public health and safety by ensuring oral health professionals are safe, competent and fit to practise. This is our number one priority and drives everything we do.**

The Council was established by the Health Practitioners Competence Assurance Act 2003. Since its establishment, the environment in which oral health professionals operate has evolved significantly. Rapid advances in technology and treatment and new service delivery models are changing how the profession works, and challenging us all to meet changing demographics and consumer expectations.

To position the Council to respond to these changing needs, in 2014/15 we reviewed our functions and performance. As a result, the Council has adopted a new strategic framework to guide our activities over the next five years.

The framework sets out our new vision, Safe oral health care for New Zealand, our objectives and the five strategic priorities to bridge the gap between where we are now and where we want to be.

To achieve our strategic priorities next year we will focus on the following.

## Standards

The Standards Framework for Oral Health Practitioners describes the minimum standards of ethical conduct and clinical and cultural competence that patients and the wider public can expect from oral health practitioners.

Next year, we will finalise and implement the framework and work with practitioners to help them understand their obligations. We will also review, update and implement four practice standards (currently known as codes of practice) and reconfirm the priorities for updating the remaining standards.

## Engagement

We want to grow the Council's engagement with practitioners, stakeholders and the people we ultimately serve, the public.

We will be asking for practitioners' views on our effectiveness in this area and how they would prefer to communicate with us in the future.

We will be more active and engaged with a greater presence at practitioner and district health board events and conferences. We will also establish a consumer forum and make it easier for the public to engage with us.

## Lifelong practitioner competence

The Council sets standards for entry into the profession as well as the standards a registered practitioner is required to comply with while practising in New Zealand. A major component of these standards is to maintain competence through lifelong learning. We are not convinced the current continuing professional development system is providing the proper assurance to do this; we need a smarter and more robust approach.

Over the next year, we will review recertification, including annual renewals and continuing professional development, as well as develop options for a future recertification framework and quality assurance system.

## A capable organisation

We are committed to ensuring the Council is in the best shape possible to perform and deliver.

Over the next year, we will review resourcing and capability, core policy areas and processes. We will also begin to introduce an information technology system to save practitioners time and money and support smarter delivery of our functions – such as online, real-time delivery of services such as annual practicing certificates to practitioners.

## Governance

Effective governance is part of being an effective regulator. After 12 years, it is time to take a fresh look at our governance arrangements.

The Council will seek and consider independent advice on our governance model and implement recommendations as appropriate. In addition, with several current Council members' terms expiring, we will also focus on inducting new Council members thoroughly.

# Strategic Framework

## Our purpose

To protect public health and safety by ensuring oral health professionals are safe, competent and fit to practise.

## Our vision

Safe oral health care for New Zealand

## Long-term outcomes

- The public can trust that they will receive safe and professional oral health care.
- Oral health practitioners are safe, competent and fit to practise their professions.
- Regulation of oral health practitioners is proportionate, fair, transparent and durable.

## Intermediate outcomes

- The public has confidence in the regulation of oral health practitioners.
- Entrants to the Dental Register have the competence and fitness to practise safely and independently.
- Registered oral health practitioners understand and apply standards of safety, clinical and cultural competence and ethical conduct.
- Oral health practitioners maintain lifelong competence.
- Action to address practitioner safety, fitness, competence or conduct concerns is timely, fair, proportionate and effective.
- The regulatory system is understood and upheld by our other stakeholders.

## Strategic priorities

1. Standards: Complete and embed standards of clinical competence, cultural competence and ethical conduct.
2. Engagement: Grow understanding of, and engagement with, the Dental Council.
3. Lifelong practitioner competence: Introduce an effective, quality assured framework for ongoing practitioner competence.
4. A capable organisation: Ensure we have the policies, systems, skills and processes to deliver our functions – smarter, more consistently and in accordance with our principles and values.
5. Governance: Review and refresh our governance model.

## Principles

- We are a "right touch regulator" – regulation of the professions is proportionate, consistent and targeted.
- We focus on outcomes.
- We are clear about our mandate and apply our resources accordingly.
- We hold ourselves to high standards of efficiency, effectiveness, quality and accountability.
- We work with partners, locally and internationally, to increase our effectiveness.
- We actively seek the views of practitioners, the public and other groups committed to the quality and safety of oral health care.
- We ensure our actions reflect the changing environment and societal expectations.

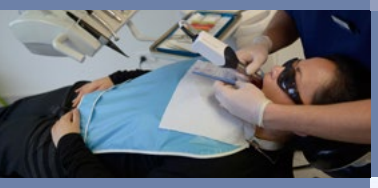
## Values

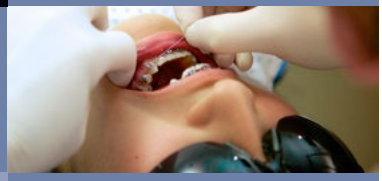
Fairness and consistency | Integrity | Transparency | Responsiveness | Independence

The interests of patients and public come first

# Registration and Practising Certificates

The Act requires all practitioners who practise in New Zealand to be registered and hold a current annual practising certificate (APC). Registration and a current APC confirm to the public that the Council has certified a practitioner 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.

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

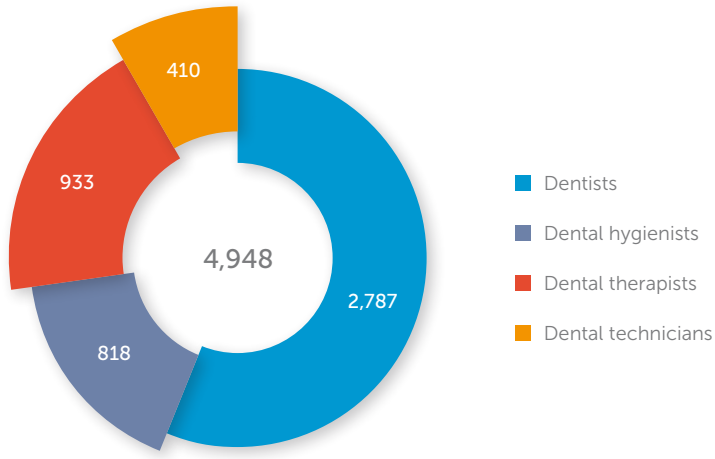
To practise in New Zealand, practitioners who qualified elsewhere need to be registered and have qualifications that have been prescribed by the Council or are assessed as being educationally equivalent to, or as satisfactory as, a New Zealand–prescribed qualification. Potential practitioners may also 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 Act 1997 in a similar scope of practice.

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

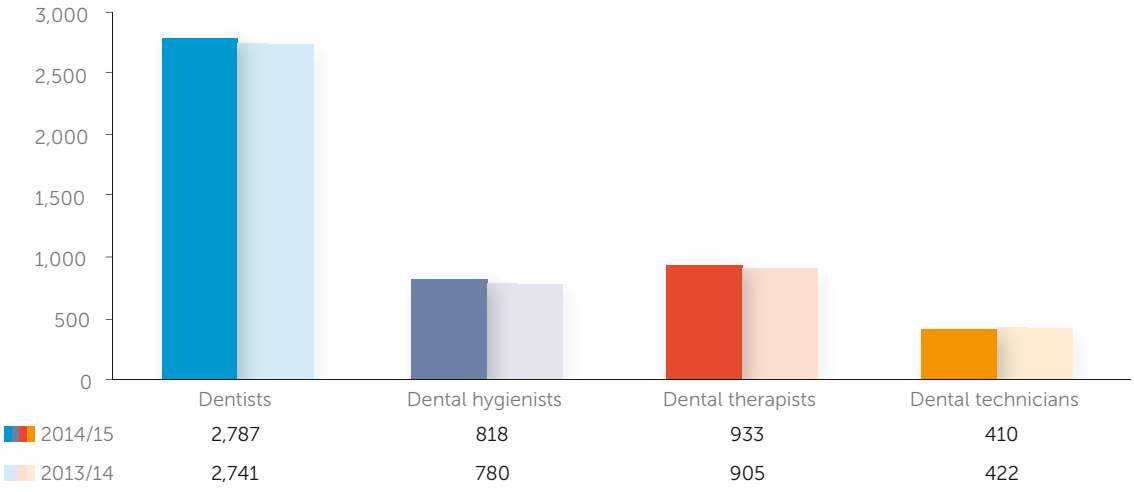
## Registration statistics

A total of 4,948 practitioners were registered with the Council as at 31 March 2015; 4,176 held an APC.

### Number of registered oral health practitioners by profession, as at 31 March 2015




### Number of oral health practitioners registered by profession, as at 31 March 2015



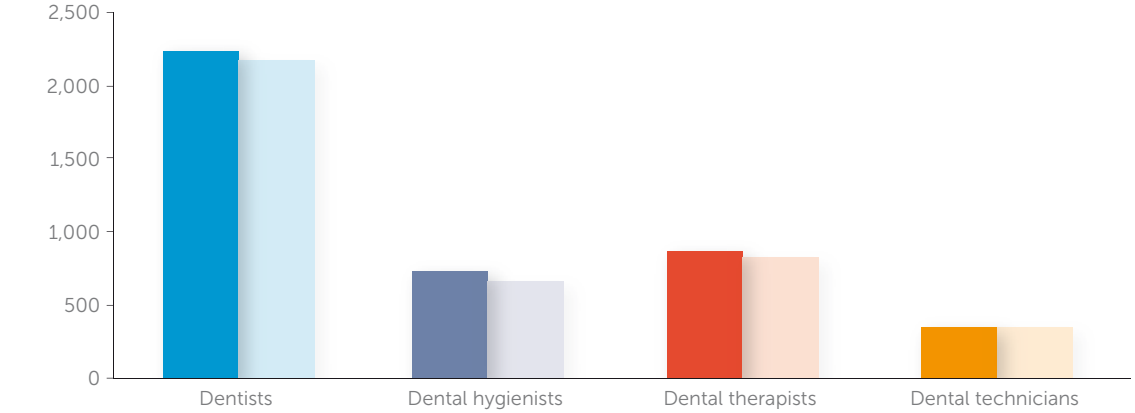
Overall, a 2.1 percent increase occurred in the number of registered oral health practitioners in 2014/15 from the previous year. This is made up of net increases of 46 (1.7%) dentists, 38 (4.9%) dental hygienists and 28 (3.1%) dental therapists. The number of dental technicians decreased by 12 (2.8%) from the previous year, continuing an annual decline that started in 2009.

In this section of the report, the total number of dentists includes registered dental specialists (355), the total number of dental hygienists includes registered orthodontic auxiliaries (118) and the total number of dental technicians includes registered clinical dental technicians (211). There are 386 practitioners registered in both the dental hygiene and dental therapy scopes of practice.

## Annual Practising Certificates

The Act requires that all practitioners who are practising must have a current APC that 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 the Council's way of confirming to the public of New Zealand that a practitioner has maintained the standards the Council has set and is both fit and competent to practise. If the Council is not satisfied that a practitioner meets these standards, it will decline an APC application.

### Number of oral health practitioners holding an annual practising certificate by profession, as at 31 March 2015




| | Dentists | Dental hygienists | Dental therapists | Dental technicians |
|---|---|---|---|---|
| 2014/15 | 2,236 | 727 | 867 | 346 |
| 2013/14 | 2,173 | 662 | 826 | 347 |

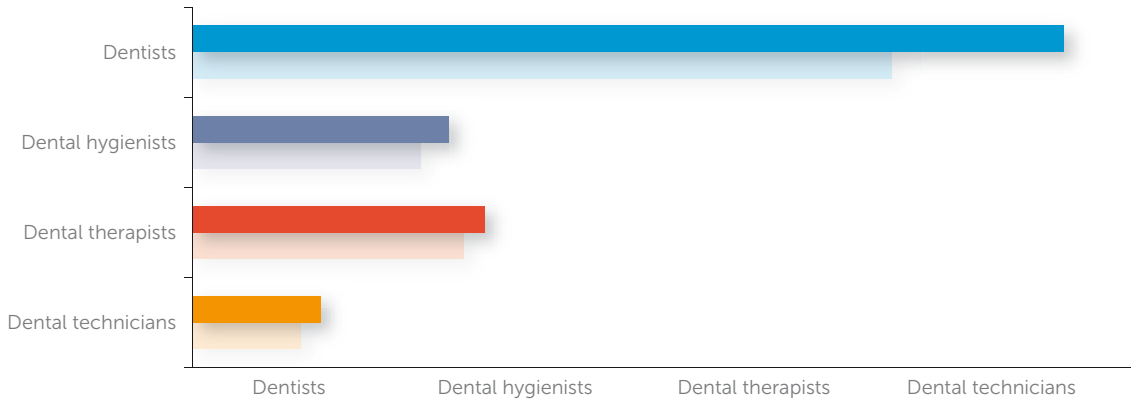
Overall, an increase of 4.2 percent occurred in the number of practitioners holding APCs in 2014/15, double the increase of the total number of registered oral health practitioners in the same year. Increases of 9.8 percent and 5.0 percent occurred in the number of dental hygienists and dental therapists holding APCs in 2014/15. A 2.9 percent increase occurred in the number of dentists holding APCs. The number of dental technicians holding APCs was similar to the number last year.

## Applications for an annual practising certificate

| | Health Practitioners Competence Assurance Act 2003 – section | Applications 2014/15 | Outcomes | | | |
|---|---|---|---|---|---|---|
| | | | APC approved | APC approved with conditions | Interim APC | APC declined |
| **Total** | | 4,177 | 4,092 | 84 | 0 | 1 |
| Reasons for non-issue | | | | | | |
| Competence | 27(1)(a) | | | | | 1 |
| 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 number of registered practitioners with those holding an annual practising certificate (APC) by profession, as at 31 March 2015




| | Dentists | Dental hygienists | Dental therapists | Dental technicians |
|---|---|---|---|---|
| Registered | 2,787 | 818 | 933 | 410 |
| APC | 2,236 | 727 | 867 | 346 |

In 2014/15, the proportions of registrants holding APCs by profession ranged from 92.9 percent for dental therapists to 80.2 percent for dentists.

Practitioners may be registered in more than one scope of practice. The number of practitioners registered in the respective scopes of practice as at 31 March 2015 was as follows.

### Number of registered practitioners by scopes of practice, as at 31 March 2015

| | 2014/15 | 2013/14 |
|---|---|---|
| General dental practice | 2,681 | 2,636 |
| Orthodontic specialist | 110 | 109 |
| Endodontic specialist | 35 | 35 |
| Oral and maxillofacial surgery specialist | 49 | 49 |
| Oral medicine specialist | 5 | 4 |
| Oral pathology specialist | 8 | 7 |
| Oral surgery specialist | 10 | 10 |
| Paediatric specialist | 22 | 19 |
| Periodontic specialist | 37 | 39 |
| Prosthodontic specialist | 37 | 34 |
| Restorative dentistry specialist | 11 | 11 |
| Public health dentistry specialist | 23 | 22 |
| Special needs dentistry specialist | 8 | 9 |
| Dental hygiene practice | 714 | 663 |
| Orthodontic auxiliary practice | 118 | 133 |
| Dental therapy practice | 933 | 905 |
| Adult care in dental therapy practice | 13 | 14 |
| Dental technology practice | 410 | 422 |
| Clinical dental technology practice | 211 | 207 |
| Implant overdentures in clinical dental technology | 17 | 17 |

# Additions to the Register

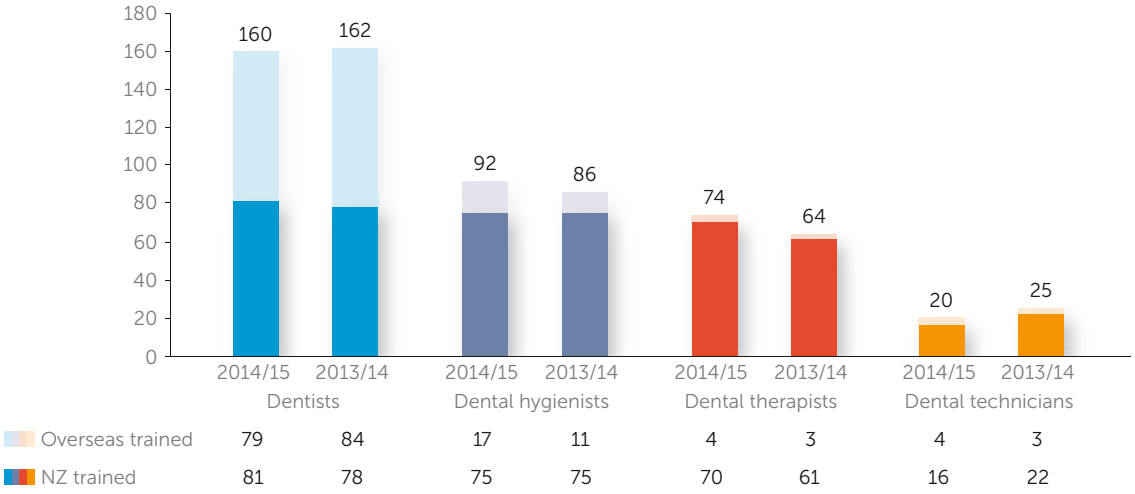
## Applications for registration

| | Health Practitioners Competence Assurance Act 2003 – section | Brought forward from 2013/14 | Outcomes | | | | |
|---|---|---|---|---|---|---|---|
| | | | Applications received during 2014/15 | Registered | Registered with conditions | Not registered | Pending in 2014/15 |
| **Total** | | **10** | **357** | **345** | **1** | **7*** | **14** |
| Reasons for non-registration | | | | | | | |
| Application period lapsed or application withdrawn | | | | | | | |
| Applicant not considered competent to practise within scope of practice | 15(1)(c ) | | | | | 4 | |
| 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) | | | | | | |
| 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 hygienists (1) and dental therapists (2).

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

## Registrations granted




| | Dentists | | Dental hygienists | | Dental therapists | | Dental technicians | |
|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2013/14 | 2014/15 | 2013/14 | 2014/15 | 2013/14 | 2014/15 | 2013/14 |
| Overseas trained | 79 | 84 | 17 | 11 | 4 | 3 | 4 | 3 |
| NZ trained | 81 | 78 | 75 | 75 | 70 | 61 | 16 | 22 |

An overall increase of 2.7 percent occurred in the number of registrations in 2014/15 from the previous year. Most notable were the 20 percent decrease in the number of dental technicians registered and the 15.6 percent increase in the number of dental therapists registered. The number of dental hygienists registered increased 7 percent while a similar number of dentists registered compared with the previous year.

## Summary of registrations granted by country of primary qualification

| | Dentists | | Dental hygienists | | Dental therapists | | Dental technicians | |
|---|---|---|---|---|---|---|---|---|
| | 2014/15 | 2013/14 | 2014/15 | 2013/14 | 2014/15 | 2013/14 | 2014/15 | 2013/14 |
| Argentina | 1 | 2 | | | | | | |
| Australia | 13 | 7 | 2 | 1 | 1 | 1 | 1 | |
| Belgium | 1 | | | | | | | |
| Brazil | 1 | 1 | | | | | | |
| Canada | | 3 | 6 | 2 | | | | |
| China | 1 | | | | | | | 1 |
| Colombia | 1 | | | 1 | | | | |
| Egypt | 1 | 1 | | | | | | |
| Fiji | | 2 | | 1 | | | | |
| Germany | | 1 | | | | | | |
| Greece | 2 | 1 | | | | | | |
| Hungary | 1 | | | | | | | |
| India | 9 | 10 | 1 | 1 | 1 | 2 | | |
| Iraq | 1 | | | | | | | |
| Ireland | 2 | 2 | | | | | | |
| Israel | 1 | 1 | | | | | | |
| Jordan | | 1 | | | | | | |
| Kosovo | 1 | | | | | | | |
| Libya | | 1 | | | | | | |
| Malaysia | 2 | | | | | | | |
| Northern Ireland | | 1 | | | | | | |
| Pakistan | 1 | | | | | | | |
| Philippines | | | 1 | | 1 | | | |
| Poland | | 1 | | | | | | |
| Romania | | | | | | | 1 | |
| Singapore | 1 | 3 | | | | | | |
| South Africa | 9 | 10 | | | | | 2 | 1 |
| Sri Lanka | | 1 | | | | | | |
| Taiwan | 1 | | | | | | | |
| Thailand | 1 | | | | | | | |
| Turkey | 1 | | | | | | | |
| UK | 21 | 22 | 2 | 5 | 1 | | | 1 |
| USA | 6 | 13 | 5 | | | | | |
| **Total overseas** | **79** | **84** | **17** | **11** | **4** | **3** | **4** | **3** |
| **Total New Zealand** | **81** | **78** | **75** | **75** | **70** | **61** | **16** | **22** |
| **Total** | **160** | **162** | **92** | **86** | **74** | **64** | **20** | **25** |

## Registration through the 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, on application, entitled (subject to a limited right of refusal) to be registered in the same occupation in New Zealand. Thirty-nine practitioners registered in New Zealand under the TTMR in 2014/15. During the same period 68 New Zealand registered practitioners applied for registration in Australia.

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

| | 2014/15 | | | | 2013/14 | | |
|---|---|---|---|---|---|---|---|
| | Received and brought forward | Approved | Declined | Pending | Received | Approved | Pending |
| Dentists | 30 | 28 | - | 2 | 22 | 21 | 1 |
| Dental hygienists | 5 | 5 | - | - | 3 | 3 | - |
| Dental therapists | 4 | 4 | - | - | - | - | - |
| Clinical dental technicians | 2 | 2 | - | - | - | - | - |
| Total | 41 | 39 | - | 2 | 25 | 24 | 1 |

## Individual assessment applications

Section 15(2) of the Health Practitioners Competence Assurance Act 2003 (the Act) 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 2014/15, the Council received 18 individual assessment applications; an increase of seven received during the previous year. Twelve applications were approved, three declined and six were pending at the end of the reporting year.

### Individual assessment applications

| | 2014/15 | | | | | 2013/14 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Brought forward | Received | Approved | Declined | Pending | Brought forward | Received | Approved | Declined | Pending |
| Dentists | 2 | 14 | 7 | 3 | 6 | 2 | 6 | 4 | 2 | 2 |
| Dental hygienists | - | 1 | 1 | - | - | - | 1 | 1 | - | - |
| Dental therapists | - | 1 | 1 | - | - | - | - | - | - | - |
| Dental technicians | 1 | 2 | 3 | - | | - | 4 | 3 | - | 1 |
| Total | 3 | 18 | 12 | 3 | 6 | 2 | 11 | 8 | 2 | 3 |

## Removal of Exclusions for Dental Hygienists, Dental Therapists and Orthodontic Auxiliaries

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

The number of applications for removal of exclusions that were approved is shown in the table following.

### Applications for removal of exclusions approved

| | 2014/15 | 2013/14 |
|---|---|---|
| **Dental hygiene and orthodontic auxiliary scopes of practice** | | |
| Orthodontic procedures | 3 | 3 |
| Local anaesthesia | 7 | 12 |
| Extra-oral radiography | 3 | 10 |
| Intra-oral radiography | 3 | 9 |
| **Dental therapy scope of practice** | | |
| Pulpotomies | 27 | 26 |
| Stainless steel crowns | 40 | 47 |
| Radiography | 3 | 5 |
| Diagnostic radiography | 4 | 5 |
| Total | 90 | 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 public safety in a variety of situations, such as when a practitioner is returning to practise after more than three years out of practice.

The Council managed 35 practitioners with supervision orders to address registration issues in 2014/15 compared with 37 the previous year. Thirteen of these practitioners fulfilled their supervision obligations during this year.

### Registration-related supervision

| | 2014/15 | 2013/14 |
|---|---|---|
| New supervision cases | 5 | 14 |
| Existing supervision cases | 30 | 23* |
| **Total managed** | **35** | **37*** |
| Practitioners leaving supervision | 13 | 8 |
| Practitioners remaining under supervision | 22 | 29* |

* correction from last year's report

### Registration-related supervision, by profession

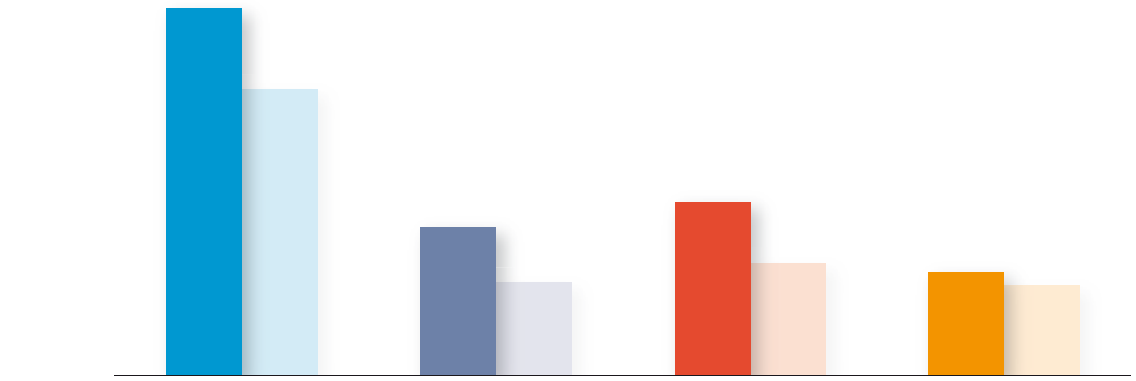
| | 2014/15 | | | 2013/14 | | |
|---|---|---|---|---|---|---|
| | Total 2014/15 | Practitioners leaving | Practitioners remaining | Total 2013/14 | Practitioners leaving | Practitioners remaining |
| Dentists | 2 | 2 | 0 | 4* | 2 | 2 |
| Dental hygienists | 11 | 6 | 5 | 13 | 3 | 10 |
| Dental therapists | 7 | 1 | 6 | 8 | 2 | 6 |
| Dental technicians | 15 | 4 | 11 | 12 | 1 | 11 |
| **Total** | **35** | **13** | **22** | **37*** | **8** | **29** |

* correction from last year's report

## Removals from the Register

During 2014/15, 246 practitioners were removed from the register: 124 were voluntarily removed under section 142 or section 144(3) of the Act, 4 were removed on notification of their death and 117 (48 percent) had their registration cancelled under section 144(5) because the Council was unable to contact them. A practitioner was removed by order of the Health Practitioners Disciplinary Tribunal.

### Removals from the register



| | Dentists | Dental hygienists | Dental therapists | Dental technicians |
|---|---|---|---|---|
| 2014/15 | 114 | 46 | 54 | 32 |
| 2013/14 | 89 | 29 | 35 | 28 |

# Competence, Fitness to Practise and Recertification

The Council ensures oral health practitioners meet and maintain its standards to protect the health and safety of the public. Practitioners declare 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 cannot perform the required functions because of 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 in 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 | 2014/15 | 2013/14 |
|---|---|---|---|
| Oral health practitioner | 34(1) | 13 | 11 |
| Health and Disability Commissioner | 34(2) | 7 | 6 |
| Employer | 34(3) | 3 | 3 |
| Other | | 7 | 4 |
| **Total** | | **30** | **24** |

## Outcomes of competence notifications

When the Council receives a notification or expression of concern about a practitioner's competence that, 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 the Council's professional advisors.

Following the Council's consideration of the professional advisor's inquiries, outcomes may be no further action, an individual recertification programme is established, or a competence review is ordered.

If the Council determines the practitioner should undergo a competence review and 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, the Council may make an interim order. This interim order may lead to the practitioner being suspended, restrictions being placed on their scope of practice, and/or conditions being imposed on their scope of practice.

Consequently, a single notification could result in multiple outcomes that could span an extended period.

## Outcomes of competence notifications

| Inquiries/preliminary assessments | Health Practitioners Competence Assurance Act 2003 – section | 2014/15 | | | | 2013/14 | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Existing | New | Closed | Still active | Existing | New | Closed | Still active |
| Initial inquiries | 36 | 3 | 20 | 23 | - | - | 24 | 21 | 3 |
| Initial inquiries pending | 36 | - | 4 | - | 4 | - | - | - | - |
| Preliminary assessments | | - | 6 | 6 | - | - | - | - | - |
| **Total** | | **3** | **30** | **29** | **4** | **-** | **24** | **21** | **3** |
| **Outcomes*** | | | | | | | | | |
| No further action | | - | 5 | 5 | - | - | 6 | 6 | - |
| Notification of risk of harm to public | 35 | 6 | 2 | 6 | 2 | 6 | 2 | 2 | 6 |
| Orders concerning competence | 38 | 22 | 2 | 3 | 21 | 21 | 5 | 4 | 22 |
| Interim suspension/conditions | 39 | 2 | 4 | 1 | 5 | 3 | 1 | 2 | 2 |
| Competence programme | 40 | 11 | 1 | 2 | 10 | 11 | 3 | 3 | 11 |
| Individual recertification programme | 41 | 5 | 5 | 2 | 8 | 6 | 3 | 4 | 5 |
| Unsatisfactory results of competence or recertification programme | 43 | - | - | - | - | - | 1 | 1 | - |
| Competence review | | 3 | 7 | 5 | 5 | 5 | 2 | 4 | 3 |
| Other action | | - | 11 | 11 | - | – | 4 | 4 | - |
| Voluntarily removed from register | | - | 2 | 2 | - | - | - | - | - |
| Outcome of inquiry pending | | 7 | 1 | 7 | 1 | - | 7 | - | 7 |

* Totals reflect outcomes of 40 competence notifications managed by the Council during 2014/15 and includes new and historic competence notifications still being managed

## 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 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, comprising a layperson and at least two professional peers of the practitioner, undertakes the competence review. Most reviews focus on particular areas of concern, but the terms for the review could be wider if a more general competence problem was suspected.

The practitioner's competence is measured against the Council's minimum standards. The competence review committee provides a formal report to the Council.

Seven new competence reviews were undertaken in 2014/15 compared with two new reviews in the previous year. This resulted in 10 competence reviews being managed during 2014/15.

### Competence reviews

| | 2014/15 | 2013/14 | 2012/13 | 2011/12 | 2010/11 |
|---|---|---|---|---|---|
| New competence reviews | 7 | 2 | 8 | 2 | 8 |
| Existing practitioners in competence review | 3 | 5 | 2 | 2 | 2 |
| **Total cases managed** | **10** | **7** | **10** | **4** | **10** |
| Practitioners leaving competence review | 5 | 4 | 5 | 2 | 8 |
| Practitioners left in competence review | 5 | 3 | 5 | 2 | 2 |

### Competence reviews managed, by profession

| | 2014/15 | 2013/14 | 2012/13 | 2011/12 | 2010/11 |
|---|---|---|---|---|---|
| Dentists | 9 | 6 | 8 | 4 | 10 |
| Dental hygienists | – | – | – | – | – |
| Dental therapists | – | – | 2 | – | – |
| Dental technicians | 1 | 1 | – | – | – |
| **Total** | **10** | **7** | **10** | **4** | **10** |

### Outcomes of competence reviews

Following consideration of the competence review committee's report, if the Council has reason to believe 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 2014/15, one practitioner was ordered to undertake a competence programme. This resulted in 12 competence programmes entailing courses of learning being managed during the year. Many of these were followed by an assessment and, frequently, were in conjunction with an order that the practitioner practise under supervision. Two practitioners completed their competence programmes.

## Competence programmes

| | 2014/15 | 2013/14 | 2012/13 | 2011/12 | 2010/11 |
|---|---|---|---|---|---|
| New competence programmes | 1 | 3 | 5 | 3 | 6 |
| Existing practitioners in competence programmes | 11 | 11 | 7 | 6 | – |
| **Total cases managed** | **12** | **14** | **12** | **9** | **6** |
| Practitioners leaving competence programmes | 2 | 3 | 1 | 2 | – |
| Practitioners left in competence programmes | 10 | 11 | 11 | 7 | 6 |

## Competence programmes managed, by profession

| | 2014/15 | 2013/14 | 2012/13 | 2011/12 | 2010/11 |
|---|---|---|---|---|---|
| Dentists | 11 | 13 | 11 | 9 | 6 |
| Dental hygienists | – | – | – | – | – |
| Dental therapists | 1 | 1 | 1 | – | – |
| Dental technicians | – | – | – | – | – |
| **Total** | **12** | **14** | **12** | **9** | **6** |

## Individual recertification programmes

Individual recertification programmes are designed to ensure practitioners are competent to practise within their scope of practice. They are similar in nature to competence programmes, but have a narrower focus on training and instruction and are typically used where a practitioner has a specific identified competence issue to be addressed.

During 2014/15, five new individual recertification programmes were ordered, meaning 10 programmes were managed in total. Two practitioners successfully completed their programmes.

### Individual recertification programmes

| | 2014/15 | 2013/14 | 2012/13 | 2011/12 | 2010/11 |
|---|---|---|---|---|---|
| New individual recertification programmes | 5 | 3 | 6 | 1 | 4 |
| Existing programmes | 5 | 6 | 5 | 6 | 5 |
| **Total managed** | **10** | **9** | **11** | **7** | **9** |
| Practitioners leaving programme | 2 | 4 | 5 | 2 | 3 |
| Practitioners left in programme | 8 | 5 | 6 | 5 | 6 |

### Individual recertification programmes managed, by profession

| | 2014/15 | 2013/14 | 2012/13 | 2011/12 | 2010/11 |
|---|---|---|---|---|---|
| Dentists | 9 | 8 | 10 | 6 | 8 |
| Dental hygienists | – | – | – | – | – |
| Dental therapists | 1 | 1 | 1 | 1 | 1 |
| Dental technicians | – | – | – | – | – |
| **Total** | **10** | **9** | **11** | **7** | **9** |

## Supervision and Oversight Related to Competence

Supervision and oversight are statutory tools to help the Council ensure 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 health practitioner by a professional peer" (section 5(1)). 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 while a competence review is being conducted
- following a practitioner's failure to satisfy the requirements of a competence programme.

Two orders involving supervision related to competence were made by Council during the year. The practitioners subject to these orders joined the 11 already practising under supervision. The nature of the supervision varies according to the needs of the practitioner, but always focuses on maintaining public safety.

Three 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

| | 2014/15 | 2013/14 | 2012/13 |
|---|---|---|---|
| New supervision cases | 2 | 5 | 7 |
| Existing supervision | 11 | 11 | 5 |
| **Total managed** | **13** | **16** | **12** |
| Practitioners leaving supervision | 3 | 5 | 1 |
| Practitioners in supervision | 10 | 11 | 11 |

## Supervision orders relating to competence, by profession

| | 2014/15 | 2013/14 | 2012/13 |
|---|---|---|---|
| Dentists | 12 | 15 | 11 |
| Dental hygienists | - | - | - |
| Dental therapists | 1 | 1 | 1 |
| Dental technicians | - | - | - |
| TOTAL | **13** | **16** | **12** |

Oversight is defined by the Act to mean "professional support and assistance provided to a health practitioner by a professional peer for the purposes of professional development" (section 5(1)).

The nature of oversight varies according to the needs of the individual practitioner, but it always focuses on maintaining public safety and is provided by a mentor.

Three new oversight orders were made during 2014/15, and all were still in place at the end of the year.

## Oversight

| | 2014/15 | 2013/14 | 2012/13 |
|---|---|---|---|
| New oversight cases | 3 | - | - |
| Existing oversight cases | - | 1 | 4 |
| **Total managed** | **3** | **1** | **4** |
| Practitioners leaving oversight | - | 1 | 3 |
| Practitioners left in oversight | 3 | - | 1 |

### Oversight by profession

| | 2014/15 | 2013/14 | 2012/13 |
|---|---|---|---|
| Dentists | 3 | 1 | 4 |
| Dental hygienists | - | - | - |
| Dental therapists | - | - | - |
| Dental technicians | - | - | - |
| TOTAL | 3 | 1 | 4 |

## 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 the 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 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 the Council 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 practice. 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 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, undergo tests, submit medical reports, participate 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 | 2014/15 | | | | 2013/14 | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Existing | New | Closed | Still active | Existing | New | Closed | Still active |
| Health service | 45(1)(a) | 1 | - | 1 | - | 2 | - | 1 | 1 |
| Health practitioner | 45(1)(b) | 2 | - | 2 | - | 2 | 1 | 1 | 2 |
| Employer | 45(1)(c) | 2 | - | 1 | 1 | 1 | 3 | 2 | 2 |
| Medical Officer of Health | 45(1)(d) | 1 | - | 1 | - | – | 1 | – | 1 |
| Any person | 45(3) | - | - | - | – | - | - | - | - |
| Person involved with education | 45(5) | - | - | - | – | 1 | - | 1 | - |
| Self-notification | | 8 | 2 | 1 | 9 | 5 | 5 | 2 | 8 |
| Other regulatory authority | | 1 | - | - | 1 | 1 | - | - | 1 |
| Professional conduct committee | 80(2)(b) | 1 | - | - | 1 | - | 1 | - | 1 |
| Total | | 16 | 2 | 6 | 12 | 12 | 11 | 7 | 16 |

## Outcomes of new health notifications

| Outcomes* | Health Practitioners Competence Assurance Act 2003 – section | 2014/15 | 2013/14 |
|---|---|---|---|
| No further action | | - | 4 |
| Order medical examination | 49 | - | 3 |
| Interim suspension | 48 | - | 1 |
| Conditions | 48 | 1 | – |
| Restrictions imposed | 50 | - | – |
| Voluntary undertaking | | 2 | 3 |
| Still under review | | - | 2 |
| Alteration of scope | 21 | - | 1 |
| **Total** | | **3** | **14** |

* Multiple outcomes per notification can apply.

## Health programmes

| | 2014/15 | 2013/14 | 2012/13 | 2011/12 | 2010/11 |
|---|---|---|---|---|---|
| New health considerations | 2 | 11 | 6 | 5 | 7 |
| Existing practitioners in health portfolio | 16 | 12 | 10 | 8 | 7 |
| **Total managed** | **18** | **23** | **16** | **13** | **14** |
| Practitioners leaving health portfolio | 6 | 7 | 4 | 3 | 6 |
| Practitioners in health portfolio | 12 | 16 | 12 | 10 | 8 |

During 2014/15, two new health-impaired practitioners were brought to the Council's attention. This resulted in 18 health programmes being managed during the year. Six practitioners had left the health portfolio at the end of the year.

Six practitioners were subject to orders of health-related supervision and two were removed from supervision after leaving the health portfolio.

## Recertification

The recertification of practitioners is mandated by 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 establishing and managing recertification programmes.

### Codes of practice compliance audit process

Following the 2014/15 APC cycles, 10 percent of each practitioner group was randomly selected to complete a questionnaire on compliance to the Council's codes of practice. From this group, the Council randomly select practitioners to visit to confirm compliance. These visits are called practice audits. The Council follows up any issues arising from the answers to 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 programme requires practitioners to complete the specified number of hours of continuing professional development 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. The Council may change the health services the practitioner is permitted to perform, impose conditions on their scope of practice or suspend their registration. At the end of each four-year cycle, 10 percent of each practitioner group is randomly selected for an audit of their continuing professional development activities.

# Complaints and Discipline

The Code of Health and Disability Services Consumers' Rights (the Code) grants several 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 is a matter of conduct.

## Complaints

Right 10 of the Code clearly states 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 raises questions about the appropriateness of the conduct or the safety of a practitioner; and to 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, it immediately refers it to the HDC, which may or may not investigate the complaint.

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

The HDC may refer the complaint back to the Council to determine whether a provider has breached their professional or legal responsibilities under the Act or where a practitioner's competence is called into question.

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 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 the Council decides whether it should be handled as a competence, conduct or health issue.

## Complaints from various sources and outcomes

| Source | Complaints 2014/15 | Outcome 2014/15 | | | | | Complaints 2013/14 |
|---|---|---|---|---|---|---|---|
| | | Not Yet Assessed | No further action | Other action | Referred to professional conduct committee | Referred to the Health and Disability Commissioner | |
| Consumer | 109 | – | 94 | – | – | 15 | 38 |
| Health and Disability Commissioner | 11* | – | 1 | 7 | 1 | – | 7 |
| Oral health practitioner | 13** | 4 | 1 | 8 | 1 | – | 11 |
| Other health practitioner | – | – | – | – | – | – | – |
| Courts notice of conviction | 1 | – | – | – | 1 | – | 4 |
| Employer | 3 | 1 | – | 2 | – | – | 3 |
| Self-notification | 1 | – | – | – | 1 | – | |
| Other | 8 | – | 2 | 6 | – | – | 2 |
| TOTAL | 146 | 5 | 98 | 23 | 4 | 15 | 65 |

* One case referred to a professional conduct committee had three complaints.

** One complaint had two outcomes.

# Discipline

## Referrals to a professional conduct committee

Referrals to PCCs occur in two situations. The first situation is where the Registrar of a court notifies the Council 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. A PCC is 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 2014/15, the Council referred four practitioners to PCCs. One PCC outcome is still pending, one practitioner was counselled and no further action was taken in respect of two cases.

## Professional conduct committee cases

| Nature of issue | Source | 2014/15 | Outcome(s) |
|---|---|---|---|
| Concerns about standards of practice | – | – | – |
| Notification of conviction | | | |
| – Drink driving offence | 1 District Court<br>1 self-notification | 2 | 2 no further action |
| – Assault | – | – | – |
| – Fraud | – | – | – |
| Theft | – | – | |
| Conduct | 1 HDC<br>1 Practitioner | 2 | 1 outcome pending<br>1 counselled |
| Practising outside scope | – | – | – |
| Practising without annual practising certificate | – | – | – |
| Other | – | – | – |
| **Total cases** | | **4** | |

Note: HDC = Health and Disability Commissioner.

## Professional conduct committees

| | 2014/15 | 2013/14 | 2012/13 |
|---|---|---|---|
| New PCC cases | 4 | 4 | 23 |
| Existing PCC cases | _ | 6 | 4 |
| **Total managed** | **4** | **10** | **27** |
| PCC cases finalised | 3 | 10 | 21 |
| Practitioners remaining | 1 | – | 6 |

Note: PCC = professional conduct committee.

## Professional conduct committees, managed by profession

| | 2014/15 | 2013/14 | 2012/13 |
|---|---|---|---|
| Dentists | 2 | 6 | 13 |
| Dental hygienists | – | – | 1 |
| Dental therapists | 2 | – | 1 |
| Dental technicians | _ | 3 | 11 |
| Dental hygienist/dental therapist | _ | 1 | 1 |
| TOTAL | 4 | 10 | 27 |

## 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 is 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 that the Ministry of Health maintains. Three of those members must be from the same profession as the practitioner under investigation, and one member must be a layperson.

## Health Practitioners Disciplinary Tribunal Members

The Minister of Health appoints members to the HPDT, and the membership for oral health practitioners, as at 31 March 2015, was as follows:

| | |
|---|---|
| Dentists | Robert East<br>Cathrine Lloyd<br>Paopio Luteru<br>Warwick Ross<br>Sergio Salis<br>Hugh Trengrove |
| Dental hygienists | Elsie-May Denne<br>Susan Morriss<br>Mary Mowbray<br>Kirsten Manchester |
| Dental therapists | Pamela Brennan<br>Claire Caddie<br>Heather Krutz<br>Josephine Lowry<br>Lynette Nicholas |
| Clinical dental technicians and dental technicians | John Batchelor<br>Tracy Burke<br>Kenneth Lock |
| Lay members | Adriana Gunder QSM<br>Angela Hauk-Willis<br>Quentin Hix<br>Amanda Kinzett<br>Harry O'Rourke MNZM<br>Berys Ross QSM<br>Tony Young<br>Stephanie Palmer<br>Jay Lee<br>Marie Taylor-Cyphers |

During 2014/15, one charge was laid before the HPDT. Of the three cases finalised, one practitioner's registration was cancelled with specific conditions set to be satisfied before re-registration, one practitioner was suspended for three months, and the other practitioner had conditions placed on their practice for three years. All three practitioners had costs awarded against them, and one practitioner had an additional fine imposed.

## Tribunal cases

| | 2014/15 | 2013/14 | 2012/13 |
|---|---|---|---|
| New HPDT cases | 1 | 4 | 10 |
| Existing HPDT cases | 3 | 8 | 1 |
| **Total managed** | **4** | **12** | **11** |
| HPDT finalised | 3 | 9 | 3 |
| Practitioners remaining | 1 | 3 | 8 |

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 may be sought in the High Court. No appeal or judicial review was brought against the Council in 2014/15.

Practitioners who have appeared before the HPDT and the PCC that laid charges against a practitioner, have the right to appeal the HPDT's decision in whole or in part to the High Court. An appeal against the HPDT's decline for permanent name suppression was brought by a practitioner, and the High Court decision was deferred at the end of the year. Interim name suppression remains in place.

# 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 2014/15, 49 percent of dentists and dental specialists, 18 percent of dental hygienists, 5 percent of dental therapists and 20 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 an overseas prescribed qualification.

The Council has a responsibility to protect public safety by ensuring 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.

There are registration examinations available for dentistry, dental specialties, dental hygiene, dental therapy and dental technology.

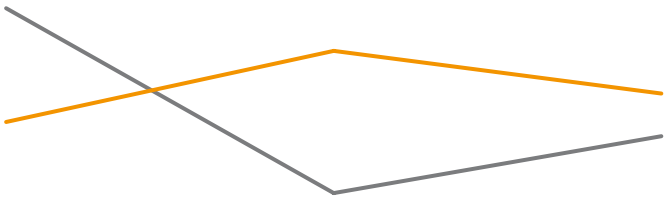
In 2014/15, the written component of the dentist registration examination continued to be held in conjunction with the Australian Dental Council and the clinical component was staged at the University of Otago. The clinical component entails employing the expertise of an examination director and clinical 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, because no applications were received.

# Dentist registration examination

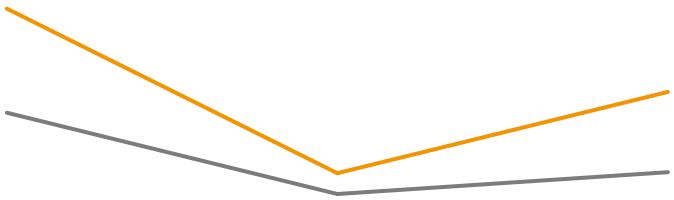
## Dentist registration examination candidates sitting the examination



| | 2012/13 | 2013/14 | 2014/15 |
|---|---|---|---|
| Written | 41 | 46 | 43 |
| Clinical | 49 | 36 | 40 |

In 2014/15, the number of candidates sitting the written component of the dentist registration examinations decreased 7 percent and the number sitting the clinical component increased 11 percent compared with the previous year.

## Dentist registration examination pass rates



| | 2012/13 | 2013/14 | 2014/15 |
|---|---|---|---|
| Written | 68.0% | 34.8% | 51.2% |
| Clinical | 47.0% | 30.6% | 35.0% |

In 2014/15, the pass rate for the written component of the dentist registration examination increased 16 percent, the pass rate for the clinical component increased 4 percent.

### Dental therapy registration examination

In 2014/15, one candidate sat but failed the written component, so could not proceed to the clinical component.

### Dental hygiene registration examination

In 2014/15, one candidate sat and passed the dental hygiene written component, so proceeded to the clinical component but failed that component.

## Accreditation

The purpose of accreditation is 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 and the Australian Dental Council have 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 the ambit of the joint accreditation committee. The Council is responsible for the accreditation of these programmes.

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

As part of the monitoring of accredited programmes, the Council requires each programme to provide an annual report advising of any significant changes, planned or unplanned. During 2014/15, all the annual reports were received for the New Zealand programmes and were accepted as satisfactory.

One accreditation review was conducted during 2014. The University of Otago's Bachelor of Oral Health programme was re-accredited for five years until 31 December 2019.

In 2013, a review of the joint accreditation standards for New Zealand and Australian oral health programmes was commissioned. The draft accreditation standards was consulted on with stakeholders in 2014 and approved in December 2014. Implementation of the new accreditation standards will commence in January 2016.

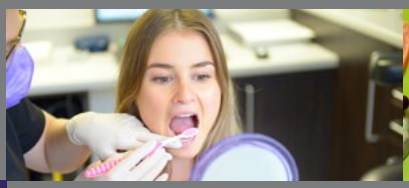
1. The Australian Dental Council has been appointed by the Dental Board of Australia, under the Health Practitioner Regulation National Law Act 2009, as the accreditation authority responsible for accrediting Australian education and training programmes. The Dental Board of Australia is responsible for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

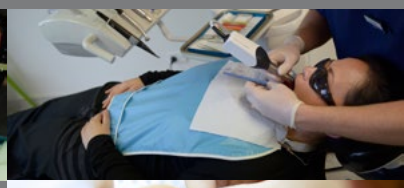
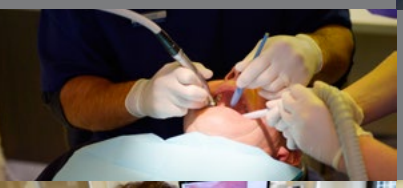
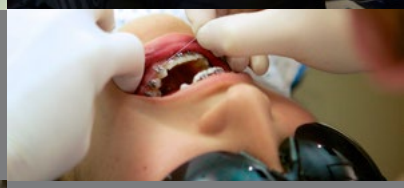
## Accreditation status of New Zealand accredited oral health programmes as at 31 March 2015

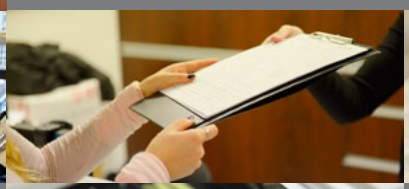
| Title | Provider | Status | Expiry date |
|---|---|---|---|
| Bachelor of Dental Surgery (BDS) | University of Otago | Full accreditation for seven years (in 2010) | 31/12/2017 |
| Bachelor of Dental Surgery (Honours) | University of Otago | Full accreditation for five years (in 2012) | 31/12/2017 |
| Master of Community Dentistry (MComDent) | University of Otago | Full accreditation for five years (in 2011) | 31/12/2016 |
| Doctor of Clinical Dentistry (DClinDent)<br>• Endodontics<br>• Oral and maxillofacial surgery<br>• Oral pathology<br>• Oral medicine<br>• Orthodontics<br>• Paediatric dentistry<br>• Periodontology<br>• Prosthodontics<br>• 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* |
| 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** |
| 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) | 31/12/2018 |
| Bachelor of Oral Health (BOH) | University of Otago | Full accreditation for five years (in 2014) | 31/12/2019 |
| 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 | Full accreditation for five years (in 2013) | 31/12/2018 |

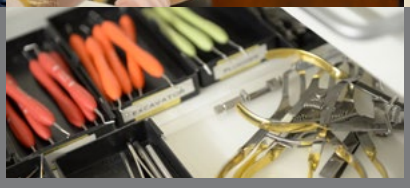
* The MDS/MBChB (oral medicine) programme has been replaced by the DClinDent (oral medicine) programme in 2013. The consultation is still ongoing on the medical component of the prescribed qualification for the oral medicine scope of practice in New Zealand.

** Accreditation to allow current enrolled students in conjoint programme to complete the programme during the transition phase to the DClinDent (oral and maxillofacial surgery) programme.








# 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 2015**

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 i to xiii, that comprise the statement of financial position as at 31 March 2015, 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 i to xiii:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's:
  - financial position as at 31 March 2015; and
  - financial performance and cash flows for the year ended on that date.

Our audit was completed on 11 May 2015. 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

# Statement of Financial Position

AS AT 31 MARCH 2015

| | Note | 2015 $ | 2014 $ |
|---|---|---|---|
| Operational Reserves – Profession | | 1,027,891 | 973,645 |
| Disciplinary Reserves – Profession | | 163,534 | 48,882 |
| Capital Asset Reserve – Council | | 417,518 | 457,142 |
| ACCUMULATED RESERVES | 10 | 1,608,943 | 1,479,669 |
| **Current Assets** | | | |
| Petty Cash | | 200 | 200 |
| ANZ Bank Account | | 60,006 | 204,464 |
| Short Term Bank Deposits | | 3,700,623 | 3,278,879 |
| Accounts Receivable | 11 | 62,732 | 125,650 |
| Office Rental and Outgoings Advance | | 11,979 | 11,979 |
| Other Prepaid Expenses | | 14,332 | 6,520 |
| Interest Accrued | | 25,049 | 22,643 |
| Total Current Assets | | 3,874,921 | 3,650,335 |
| Property, Plant and Equipment | 12 | 86,448 | 106,561 |
| Intangible Assets | 13 | 104,145 | 58,238 |
| Total Fixed Assets | | 190,593 | 164,799 |
| TOTAL ASSETS | | 4,065,514 | 3,815,134 |
| **Current Liabilities** | | | |
| Income in Advance | 14 | 1,866,703 | 1,790,466 |
| Accounts Payable | | 487,017 | 414,895 |
| GST Payable | | 102,851 | 130,104 |
| TOTAL LIABILITIES | | 2,456,571 | 2,335,465 |
| NET ASSETS | | 1,608,943 | 1,479,669 |

Approved by

Chair

11 May 2015

Chief Executive

11 May 2015

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 62-69.

# Statement of Financial Performance

FOR THE YEAR ENDED 31 MARCH 2015

| | Note | 2015 $ | 2014 $ |
|---|---|---|---|
| **Income from Fees and Levies** | | | |
| Annual Practising Fees | 3 | 2,435,714 | 2,415,350 |
| Disciplinary Levies | 3 | 270,430 | 258,230 |
| Certificate of Good Standing Fees | | 10,681 | 11,366 |
| Registration Fees | | 246,458 | 230,776 |
| Retention on Dental Register (Non-practising) Fees | | 65,597 | 97,360 |
| Restoration to Dental Register Fees | | 2,739 | 5,021 |
| New Zealand Dental Registration Examination Fees | | 309,142 | 298,913 |
| INCOME FROM FEES AND LEVIES | | 3,340,761 | 3,317,016 |
| **Other Income** | | | |
| Interest on Investments | | 128,756 | 101,029 |
| Sale of Dental Register Extracts | | 1,400 | 1,800 |
| Discipline Fines/Costs Recovered | | 32,458 | 51,200 |
| Competence Programme Contributions | | 13,548 | - |
| Fitness to Practise Contributions | | 4,380 | 1,671 |
| Recertification Programme Contributions | | 540 | - |
| Accreditation Contributions | | 22,192 | 34,308 |
| Course Accreditation Fees | | - | 1,737 |
| Workforce Survey Contribution | | 10,137 | - |
| OTHER INCOME | | 213,411 | 191,745 |
| **Total Income for Period** | | 3,554,172 | 3,508,761 |
| Less Expenditure as per Schedule | | 3,424,898 | 3,089,624 |
| NET SURPLUS (DEFICIT) FOR PERIOD | | 129,274 | 419,137 |

# Statement of Movements in Reserves

FOR THE YEAR ENDED 31 MARCH 2015

| | Note | 2015 $ | 2014 $ |
|---|---|---|---|
| Balance Beginning of the Year | | 1,479,669 | 1,060,532 |
| **Net Surplus/(Deficit) for the Period** | | | |
| – Council | 10 | (39,624) | 28,897 |
| – Professions – Operational | 10 | 54,246 | 437,286 |
| – Professions – Disciplinary | 10 | 114,652 | (47,046) |
| **Total Net Surplus/(Deficit) for the Period** | | 129,274 | 419,137 |
| BALANCE AT END OF YEAR | | 1,608,943 | 1,479,669 |

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 62-69.

# Schedule of Expenses

FOR THE YEAR ENDED 31 MARCH 2015

| | Note | 2015 $ | 2014 $ |
|---|---|---|---|
| **Administration Expenses** | | | |
| Salaries | | 1,185,634 | 1,194,361 |
| Staff Welfare, Training, ACC Levies and Recruitment | | 54,200 | 77,866 |
| Telephone Call Charges and Services | | 20,976 | 17,676 |
| Photocopying, Printing, Postage and Couriers | | 34,924 | 32,436 |
| Doubtful Debts | | 45,411 | 11,126 |
| Office Expenses | | 28,098 | 31,485 |
| Publications and Media Monitoring | | 4,710 | 6,070 |
| Audit Fee | | 13,908 | 13,778 |
| Advertising | | 2,040 | 1,120 |
| Rent and Building Outgoings | | 129,703 | 81,489 |
| Insurance | | 36,195 | 28,637 |
| Bank Charges | | 32,188 | 29,216 |
| Legal | | 7,700 | 7,607 |
| Amortisation of Intangible Assets | 7 | 37,401 | 10,604 |
| Depreciation of Physical Assets | 8 | 37,791 | 37,715 |
| Loss on Disposal of Assets | | 8,104 | 2,811 |
| **Total Administration Expenses** | | **1,678,983** | **1,583,997** |
| **Project Expenses** | | | |
| Dental Council – Fees and Expenses | | 250,562 | 221,184 |
| Audit, Risk and Remuneration Standing Committees | | 26,632 | 34,028 |
| Information Technology | | 88,149 | 99,704 |
| New Zealand and International Liaison | | 124,417 | 106,454 |
| Strategic and Organisational Planning | | 71,850 | 33,175 |
| Registration and Recertification Standards | | 144,267 | 93,118 |
| Continuing Professional Development | | 335 | 2,760 |
| Scopes of Practise | | 91,852 | 39,295 |
| Policy | | 152,343 | - |
| Communications – Stakeholders | | 22,348 | 23,263 |
| Workforce Data Analysis | | 7,894 | 5,383 |
| Education and Accreditation | | 154,918 | 72,551 |
| Examinations | | 181,028 | 192,379 |
| Registration | | 7,605 | 5,976 |
| Recertification | | 80,410 | 70,592 |
| Complaints | | 89,882 | 85,283 |
| Fitness to Practise | | 9,501 | 12,639 |
| Competence Assessments and Reviews | | 99,096 | 62,492 |
| **Disciplinary Expenses** | | | |
| – Sundry Disciplinary Expenses | | 155 | 531 |
| – Professional Conduct Committees | | 22,857 | 27,276 |
| – Health Practitioners Disciplinary Tribunal | | 65,174 | 252,609 |
| – Disciplinary Case Appeals | | 54,640 | 64,935 |
| **Total Project Expenses** | | **1,745,915** | **1,505,627** |
| **Total Expenditure** | | **3,424,898** | **3,089,624** |

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 62-69.

# Statement of Cash Flows

FOR THE YEAR ENDED 31 MARCH 2015

| | Note | 2015 $ | 2014 $ |
|---|---|---|---|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| **Cash was provided from:** | | | |
| Statutory Fees and Disciplinary Levies | | 2,839,802 | 2,791,274 |
| Registration and Examination Fees | | 575,658 | 564,682 |
| Prepaid Competence Course | | - | 1,392 |
| Disciplinary Fines/Costs Recovered | | 32,458 | 51,200 |
| Interest on Investments | | 126,350 | 89,341 |
| Other Revenue | | 65,618 | 55,904 |
| **Cash was disbursed to:** | | | |
| Suppliers and Employees | | (3,241,628) | (3,133,695) |
| Prepaid Competence Course | | (11,882) | - |
| **Net Cash Inflow/(Outflow) from Operating Activities** | 15 | **386,376** | **420,098** |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| **Cash was provided from:** | | | |
| Sale of Fixed Assets | | - | - |
| **Cash was disbursed to:** | | | |
| Purchase of Fixed Assets | | (25,783) | (32,822) |
| Purchase of Intangible Assets | | (83,307) | (45,655) |
| Increase in Term Deposits | | (421,744) | (248,844) |
| **Net Cash Inflow/(Outflow) from Investing Activities** | | **(530,834)** | **(327,321)** |
| **Net Increase/(Decrease) in Cash Held** | | **(144,458)** | **92,777** |
| **Add Opening Cash and Cash Equivalents** | | **204,464** | **111,687** |
| **Closing Cash and Bank Balances** | | **60,006** | **204,464** |
| This is represented by: | | | |
| **ANZ Bank Account** | | **60,006** | **204,464** |

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 62-69.

# Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2015

## 1. Statement of Accounting Policies

### REPORTING ENTITY

The Dental Council (the Council) is a body corporate constituted under the Health Practitioners Competence Assurance Act 2003 (the Act). The Act established the 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 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 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 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, so is 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 2015 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.

**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 |

# Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2015 (CONTINUED)

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) **Accounts Receivable**

Accounts receivable are stated at their estimated net realisable value after allowing for doubtful debts.

h) **Reserves**

The 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.

i) **Operating Lease Incentives (refer Note 18)**

On 1 November 2014, the Council jointly entered into a nine-year lease agreement at 80 The Terrace with the Physiotherapy Board of New Zealand, Medical Sciences Council of New Zealand, New Zealand Medical Radiation Technologists Board and the Pharmacy Council of New Zealand (refer Note 18).

As an incentive for entering into the lease agreement, the Lessor granted a rent-free period of 13 months for the floor area lease and a rent-fee period of 6 months for car parks. The Council is recognising these incentives as a reduction of rental expense over the lease term on a straight-line basis. The Council share of incentives is $108,002 of which $5,000 has been recognised in 2014/15.

### CHANGES IN ACCOUNTING POLICIES

There have been no material changes in accounting policies.

### CHANGES IN REPORTING CLASSIFICATIONS

With the introduction of a new financial management information system in 2014/15, the opportunity was taken to review the Council's chart of accounts, mainly to improve the classification of project expenditure. As a result of this review, it has been necessary to recast the 2013/14 comparative numbers to align with the new classifications in 2014/15. The changes in classifications in 2013/14 do not impact on the reserve balances at both the Council and profession levels brought forward as at 1 April 2014.

## 2. Related Parties

The Council has related-party transactions with respect to fees paid to Council members (refer Note 9) and with respect to Council members who pay to the Council APC fees and disciplinary levies as dental practitioners.

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

# Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2015 (continued)

## 3. Annual Practising Fees and Disciplinary Levies

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

### Annual practising fees and disciplinary levies income by profession

| Profession | 2015 $ Annual practising fees | 2015 $ Disciplinary levies | 2014 $ Annual practising fees | 2014 $ Disciplinary levies |
|---|---|---|---|---|
| Dentists | 1,594,437 | 116,255 | 1,580,527 | 51,400 |
| Dental therapists | 378,741 | 63,123 | 416,717 | 30,585 |
| Dental hygienists and orthodontic auxiliaries | 279,904 | 33,367 | 233,649 | 70,213 |
| Dental technicians and clinical dental technicians | 182,632 | 57,685 | 184,457 | 106,032 |
| **Total Fees and Levies** | **2,435,714** | **270,430** | **2,415,350** | **258,230** |

## 4. 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 (PCCs) and the HPDT.

## 5. Non-Cancellable Operating Lease Commitments (refer Note 18)

| | 2015 $ | 2014 $ |
|---|---|---|
| **Current** | | |
| ASB House 101–103 The Terrace (Office Rental) | 18,223 | 75,560 |
| 80 The Terrace (Office Rental) | 73,830 | - |
| Multi-Function Device (Photocopier, Printer etc) | 2,926 | - |
| **Total Current** | **94,979** | **75,560** |
| **Non-Current** | | |
| ASB House 101–103 The Terrace (Office Rental) | - | 18,782 |
| 80 The Terrace (Office Rental) | 1,061,901 | |
| Multi-Function Device (Photocopier, Printer etc) | 6,584 | |
| **Total Non-Current** | **1,068,485** | **18,782** |
| **Total Operating Lease Commitments** | **1,163,464** | **94,342** |

The figures above mainly reflect the Council's share of office rental for the shared premises at ASB House, 101–103 The Terrace and at 80 The Terrace, Wellington (refer Note 18).

The lease agreement at ASB House is in the names of the Dental Council, Physiotherapy Board of New Zealand, Occupational Therapy Board of New Zealand, Podiatrists Board of New Zealand, Psychotherapists Board of Aotearoa New Zealand, Osteopathic Council of New Zealand, Medical Sciences Council of New Zealand, and New Zealand Medical Radiation Technologists Board (eight responsible authorities) all of which have joint and several liability. This lease expires on 30 June 2015.

# Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2015 (continued)

The lease agreement at 80 The Terrace (commencement date 1 November 2014) is in the names of the Dental Council, Physiotherapy Board of New Zealand, Medical Sciences Council of New Zealand, New Zealand Medical Radiation Technologists Board and the Pharmacy Council of New Zealand (five responsible authorities) all of which have joint and several liability. This lease expires on 31 October 2023 with a right of renewal of a further six years.

The total lease commitment at 31 March 2015 for ASB House (eight responsible authorities) is current $57,846 and non-current nil. The total lease commitment at 31 March 2015 for 80 The Terrace (five responsible authorities) is current $221,691 and non-current $3,245,615.

## 6. Capital Commitments (refer Note 18)

At 31 March 2015, the Council has a capital commitment of $187,123 with respect to its share of the fit-out of its new office premises at 80 The Terrace, Wellington (refer Note 18). The total capital commitment for the five responsible authorities at 31 March 2015 for the 80 The Terrace fit-out is $568,660. (The Council capital commitments as at 31 March 2014 totalled $17,744, comprising refresh of the Council website $13,720 and the business case to investigate a replacement registration system $4,024).

As at 31 March 2015, the Council has a credit card facility of $35,000 of which $2,054 has been utilised on a short term basis.

## 7. Amortisation of Intangible Assets

| | 2015 $ | 2014 $ |
|---|---|---|
| Computer software | 37,401 | 10,604 |
| **Total Amortisation** | **37,401** | **10,604** |

## 8. Depreciation of Physical Assets

| | 2015 $ | 2014 $ |
|---|---|---|
| Computer hardware | 24,438 | 23,192 |
| Office equipment | 3,462 | 4,202 |
| Office furniture and fit-out | 9,891 | 10,321 |
| **Total Depreciation** | **37,791** | **37,715** |

## 9. Fees Paid to Members of Council

Member meeting and other Council business fees.

| | 2015 $ | 2014 $ |
|---|---|---|
| **Total fees paid to members of Council** | **273,765** | **238,839** |

# Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2015 (continued)

## 10. Accumulated Reserves

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

| Dental Council | Dentists $ | Dental hygienists $ | Dental therapists $ | Dental technicians $ | Total 2015 $ | Total 2014 $ |
|---|---|---|---|---|---|---|
| **Operational Reserves Profession** | | | | | | |
| Balance 1 April 2014 | 562,817 | 138,715 | 177,359 | 94,754 | 973,645 | 536,359 |
| Surplus/(deficit) 2014/15 | 108,070 | (34,392) | (40,713) | 21,281 | 54,246 | 437,286 |
| **Balance 31 March 2015** | **670,887** | **104,323** | **136,646** | **116,035** | **1,027,891** | **973,645** |
| **Disciplinary Reserves – Profession** | | | | | | |
| Balance 1 April 2014 | 39,252 | 26,633 | (5,035) | (11,968) | 48,882 | 95,928 |
| Surplus/(deficit) 2014/15 | 8,735 | 33,367 | 60,154 | 12,396 | 114,652 | (47,046) |
| **Balance 31 March 2015** | **47,987** | **60,000** | **55,119** | **428** | **163,534** | **48,882** |
| **Capital Asset Reserve – Council** | | | | | | |
| Balance 1 April 2014 | | | | | 457,142 | 428,245 |
| Capital Replacement APC Fee | | | | | 43,672 | 80,028 |
| Depreciation, Amortisation and Loss on Disposal of Fixed Assets | | | | | (83,296) | (51,131) |
| **Balance 31 March 2015** | | | | | **417,518** | **457,142** |
| **Total Balance 31 March 2015** | | | | | **1,608,943** | **1,479,669** |

| Reconciliation of Movement in Dental Council Reserves | 2015 $ | 2014 $ |
|---|---|---|
| **Opening Balance 1 April 2014** | 1,479,669 | 1,060,532 |
| Operational Reserve – all professions surplus/(deficit) 2014/15 | 54,246 | 437,286 |
| Disciplinary Reserve – all professions surplus/(deficit) 2014/15 | 114,652 | (47,046) |
| Council Depreciation, Amortisation and Loss on Disposal 2014/15 | (83,296) | (51,131) |
| Council Capital Replacement APC Fee 2014/15 | 43,672 | 80,028 |
| **Total Council Surplus/(deficit) 2014/15** | **129,274** | **419,137** |
| **Closing Balance 31 March 2015** | **1,608,943** | **1,479,669** |

## 11. Accounts Receivable

| | 2015 $ | 2014 $ |
|---|---|---|
| Accounts Receivable | 157,368 | 174,768 |
| Less Provision for Doubtful Debts | 94,636 | 49,118 |
| **Total Accounts Receivable** | **62,732** | **125,650** |

# Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2015 (continued)

## 12. Property Plant and Equipment

| | Cost 31 Mar 15 $ | Accum Depn 31 Mar 15 $ | Net Book Value 31 Mar 15 $ | Cost 31 Mar 14 $ | Accum Depn 31 Mar 14 $ | Net Book Value 31 Mar 14 $ |
|---|---|---|---|---|---|---|
| Computer Hardware | 101,546 | 69,033 | 32,513 | 98,640 | 44,595 | 54,045 |
| Office Equipment | 24,370 | 19,354 | 5,016 | 24,370 | 15,892 | 8,478 |
| Office Furniture and Fit Out | 100,521 | 51,602 | 48,919 | 92,840 | 48,802 | 44,038 |
| **Total Property Plant and Equipment** | **226,437** | **139,989** | **86,448** | **215,850** | **109,289** | **106,561** |

## 13. Intangible Assets

| | Cost 31 Mar 15 $ | Accum Amort 31 Mar 15 $ | Net Book Value 31 Mar 15 $ | Cost 31 Mar 14 $ | Accum Amort 31 Mar 14 $ | Net Book Value 31 Mar 14 $ |
|---|---|---|---|---|---|---|
| **Computer Software** | **277,862** | **173,717** | **104,145** | **194,555** | **136,317** | **58,238** |

## 14. Income in Advance

Income received that relates to services to be provided beyond 31 March 2015 is stated at cost.

| | 2015 $ | 2014 $ |
|---|---|---|
| **Examination Fees** | | |
| – Written | - | - |
| – Clinical | 58,228 | 38,170 |
| – Other Course Fees | 4,321 | 16,203 |
| **Total Examination Fees in Advance** | **62,549** | **54,373** |
| APC Fees and Disciplinary Levies | 1,804,154 | 1,736,093 |
| **Total Annual Practising/Non-Practising Fees in Advance** | **1,804,154** | **1,736,093** |
| **Total Income in Advance** | **1,866,703** | **1,790,466** |

# Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2015 (continued)

## 15. Operating Cash Flow Reconciliation

| | 2015 $ | 2014 $ |
|---|---|---|
| Net operating surplus/(deficit) for the period | 129,274 | 419,137 |
| **Add/(deduct) non-cash items** | | |
| Depreciation and Amortisation Costs | 75,192 | 48,320 |
| (Gain)/Loss on Disposal of Asset | 8,104 | 2,811 |
| **Add/(deduct) working capital items** | | |
| Accounts Receivable | 62,918 | (50,486) |
| Accrued Interest | (2,406) | (11,688) |
| Other Receivables and Prepayments | (7,812) | (6,520) |
| Accounts Payable | 72,122 | (56,791) |
| Income Received in Advance | 76,237 | 56,720 |
| GST Payable | (27,253) | 18,595 |
| **Net Cash Inflow/(Outflow) from Operating Activities** | **386,376** | **420,098** |

## 16. Contingent Liabilities and Assets

At year-end, there are two contingent liabilities.

In March 2015, a dentist discontinued an appeal against the Council, but advised through his lawyer that he may (instead) seek to judicially review the Council. There has been no confirmation that the dentist will pursue a judicial review.

In March 2015, an appeal brought by a dentist was heard in the High Court, Wellington. This was an appeal against a finding of professional misconduct made against the dentist by the Health Practitioners Disciplinary Tribunal and associated penalty decision. The High Court's decision has not been released. There will be a further right of appeal for either the practitioner or the professional conduct committee of the Council against this decision.

(2014 – There was one contingent liability for an HPDT hearing that could not be measured with sufficient reliability in that reporting period.)

At year-end, there are no contingent assets. (2014 – nil contingent assets.)

## 17. 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. (2014 – nil adjustable events).

# Notes to the Financial Statements

FOR THE YEAR ENDED 31 MARCH 2015 (continued)

## 18. Shared Services

In 2012/13, the Dental Council and seven other responsible authorities agreed to co-locate in shared premises on the 10th and 11th floors of ASB House, 101–103 The Terrace, Wellington. The other responsible authorities are the Physiotherapy Board of New Zealand, Occupational Therapy Board of New Zealand, Podiatrists Board of New Zealand, Psychotherapists Board of Aotearoa New Zealand, Osteopathic Council of New Zealand, Medical Sciences Council of New Zealand and New Zealand 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 responsible authorities entered into a cost-sharing agreement. Generally, for one-off fixed costs (such as legal agreement costs) each responsible authority receives an equal share of those costs, whereas for ongoing operational costs (such as office rental) each responsible authority's share is based on the number of staff places within each authority.

The cost sharing agreement at ASB House ends on the expiry of the lease agreement at ASB House on 30 June 2015.

In November 2014, the Dental Council, Physiotherapy Board of New Zealand, Medical Sciences Council of New Zealand, New Zealand Medical Radiation Technologists Board and Pharmacy Council of New Zealand entered into an agreement to co-locate to 80 The Terrace, Wellington. The lease agreement for 80 The Terrace (signed jointly by the five responsible authorities) is for nine years, taking effect from 1 November 2014 and expiring on 31 October 2023. A floor area rent-free period of 13 months and a car park rent-free period of 6 months, both effective from 1 November 2014, has been granted by the lessor as a contribution to the office fit-out. Building operating expenses were payable immediately from 1 November 2014.

# Glossary

| | |
|---|---|
| accounts payable | Amounts payable to creditors for goods and services provided to an entity. |
| accounts receivable | Amounts receivable from debtors for goods and services provided by an entity. |
| accreditation | The Council process of assuring the quality of education and training of oral health programmes. All New Zealand–prescribed qualifications must be accredited. |
| administration expenses | The expenses incurred to support an entity's day to day operations. |
| annual practising certificate | The certification that an oral health practitioner is considered competent and fit to practise their registered profession. A practitioner must not practise their profession if they do not hold a current annual practising certificate. |
| audit | The process of verifying and validating an oral health practitioner's compliance with the ethical and professional standards set by the Council. Audits may include practice visits, electronic reviews or self-declarations of compliance. |
| cash flows | Cash Flows are the movement of money in and out of an entity's bank accounts. |
| codes of practice | The detailed standards established by the Council relate to specific dental practice areas. These enable oral health practitioners to meet the standards of cultural and clinical competence, and ethical conduct. |
| competence | A practitioner who practises their profession at the required standard of competence applies knowledge, skills, attitudes, communication and judgement in their delivery of appropriate oral health care within their registered scope of practice. |
| competence review | A review of an oral health practitioner's competence typically undertaken in response to concerns about the practitioner's practice, but may be undertaken at any time as determined necessary by the Council. The review is a measure of the quality of the practitioner's performance, based on competencies and the evaluation of these in relation to standards. |
| competence review committee | A committee appointed by the Council to undertake a competence review. |
| continuing professional development | Educational activities and interactive peer contact activities aimed at ensuring an oral health professional's continuing competence to practise. |
| Council | The Dental Council established by the Health Practitioners Competence Assurance Act 2003. |
| current assets | The assets that are capable of being converted into cash within a year. |
| current liabilities | An entity's debts and obligations that are due within a year. |
| dental register | A public register maintained by the Council of all registered oral health practitioners, including those practitioners not currently practising. The register is available on the Council's website (www.dcnz.org.nz). |
| disciplinary expenses | The expenses resulting from disciplinary actions taken against oral health practitioners through Professional Conduct Committees and Health Practitioner Disciplinary Tribunal hearings and can include court costs resulting from appeals against the decisions of those bodies. |
| fixed assets | The long term tangible assets held for more than a year for the purposes of sustaining an entity's ability to continue in operation over a period of time. |
| Health and Disability Commissioner, Office of the | The Office of the Health and Disability Commissioner promotes and protects the rights of health and disability services consumers and facilitates the fair, simple, speedy and efficient resolution of complaints. |

| | |
|---|---|
| Health Practitioners Competence Assurance Act 2003 | The Act that provides a framework for the regulation of health practitioners. The principal purpose of the Act is to protect the public's health and safety. The Act includes mechanisms to ensure practitioners are competent and fit to practise their professions. |
| Health Practitioners Disciplinary Tribunal | The tribunal that hears and decides disciplinary charges brought against registered health practitioners. The charges may be brought by a professional conduct committee or the Director of Proceedings from the Office of the Health and Disability Commissioner. |
| income from fees and levies | Revenue received from oral health practitioners and applicants provided with services relating to dental professions. |
| intangible assets | Assets that are not of a physical nature such as computer software and intellectual property. |
| oral health practitioner | The collective term used to describe any person registered in one of the regulated professions associated with the delivery of dentistry. The regulated professions include dentists, dental specialists, dental therapists, dental hygienists – including orthodontic auxiliaries, dental technicians and clinical dental technicians. |
| order | A formal direction from the Council or the Health Practitioners Disciplinary Tribunal of a decision made under the Health Practitioners Competence Assurance Act 2003. An order by the Council may, for example, require a practitioner to undertake a competence programme, assessment or examination or that conditions be included in a practitioner's scope of practice. |
| other income | The income from investments and the recovery of costs from organisations and individuals. |
| prescribed qualification | A qualification specified by the Council as delivering a competent graduate to practise a particular scope of practice in New Zealand once registered. Prescribed qualifications are published in the New Zealand Gazette. |
| professional conduct committee | A committee appointed by the Council to independently investigate matters referred to it, such as concerns about a practitioner's conduct or safety or a notice of conviction. A professional conduct committee may make recommendations to the Council or determinations, including about the laying of charges before the Health Practitioners Disciplinary Tribunal. |
| project expenses | The expenses incurred on projects or activities that are distinct from an entity's day to day operations, and tend to be less routine than administration expenses. |
| recertification | The process for ensuring registered oral health practitioners are competent and fit to practise their professions.<br>The annual recertification process requires practitioners to declare yearly:<br>• their compliance with the Council's codes of practice<br>• their competence to practise<br>• any health conditions, fitness, competence or disciplinary issues that may affect their competence or fitness to practise.<br>Practitioners are also required to meet the recertification programme set by the Council for each profession, requiring them to complete a specified number of hours of continuing professional development and peer contact activities over a four-year cycle.<br>Individual recertification programmes can also be developed by the Council to remediate the competence of a practitioner found to be practising below the required standard of competence. |
| registration | The process of adding an oral health practitioner to the dental register when they have satisfied the Dental Council that they are fit for registration; have the prescribed qualifications for their profession; – or qualifications deemed equivalent to the prescribed qualifications, and are competent to practise their profession. |
| removal | The cancellation of the entry in the dental register relating to an oral health practitioner. |

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| reserves | The accumulation of net surpluses during the period of an entity's operation, which are held for defined purposes. |
| restoration | The reinstatement of an oral health practitioner on the dental register following the cancellation of their entry. |
| retention | The process of maintaining a non-practising registered oral health practitioner without an annual practising certificate on the dental register. |
| risk of harm | The risk of harm is that posed to the health and safety of the public by a practitioner's competence, health or conduct. |
| schedule of expenses | The entity's expenditure against a set of reporting categories that are pertinent to the entity's particular operation. |
| scope of practice | The scope of practice of a profession describes the activities permitted for the practice of that profession. |
| statement of cash flows | Analysis of the cash flows coming into and leaving an entity. |
| statement of financial performance | The entity's income and expenditure and net surplus or deficit for a period in time. |
| statement of financial position | The entity's assets, liabilities and accumulated surpluses or reserves at a point in time. |
| statement of movement in reserves | The movement in reserves that results from an entity's financial performance in a defined period. |
| surplus / deficit | A surplus occurs when income is larger than expenditure and a deficit occurs when expenditure is larger than income, over a defined period of time. |
| suspension | The outcome of either:<br>• a temporary order made by the Council to prevent an oral health practitioner from practising their profession when their competence is under review or assessment and they pose a risk of serious harm to the public, or when a practitioner is suspected of being unable to perform the required functions of their profession because of health issues, or there is a pending prosecution or investigation casting doubt on the practitioner's professional conduct<br>• an order made by the Health Practitioners Disciplinary Tribunal to suspend the registration of an oral health practitioner. |
| Trans-Tasman Mutual Recognition Act 1997 | The Act that recognises Australian and New Zealand registration standards as equivalent and allows registered oral health practitioners to work in either country in the same scope of practice. |

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