Dental Council

Te Kaunihera Tiaki Niho

Annual Report 2017

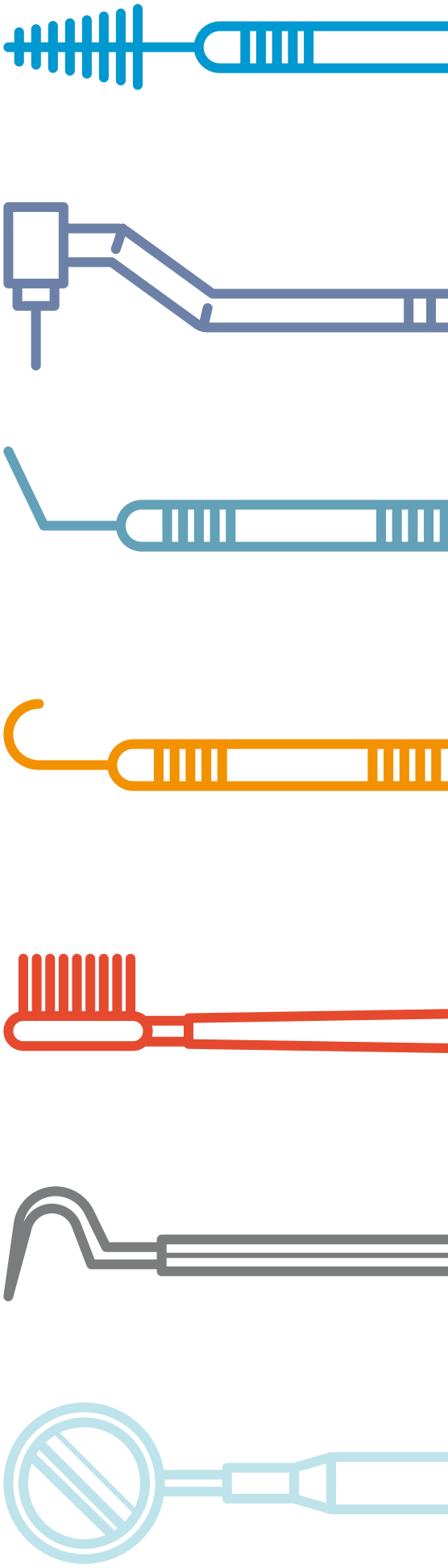
DENTISTRY

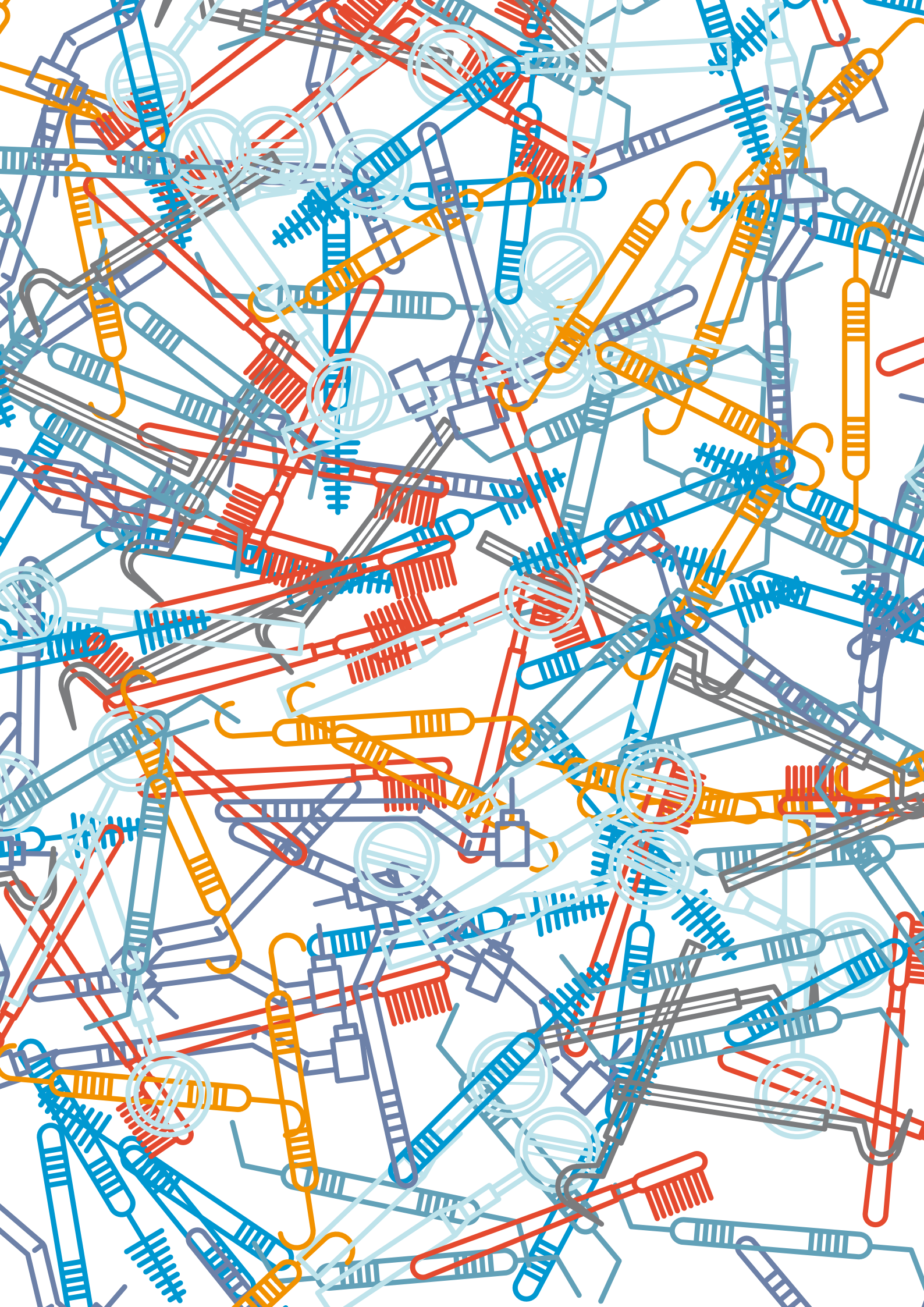
DENTAL HYGIENE

DENTAL THERAPY

DENTAL TECHNOLOGY

CLINICAL DENTAL TECHNOLOGY





Contents

Report from the Chair and Chief Executive

We are delighted to present the Dental Council's annual report for 2016/17.

The Council has had a busy year and made excellent progress on significant projects. The review of our recertification system—one of our five strategic priorities—is under way. We are consulting with our practitioners and other stakeholders on improvements they would like to see to our system. Recertification is the way that we ensure our practitioners are competent and fit to practise, and so is at the absolute heart of all that we do.

We have been encouraged by the interest and enthusiasm our stakeholders have brought to this project so far. We are holding multiple meetings with the sector throughout the country to explain the discussion and listen carefully to feedback about ideas for improvement. We are looking forward to the next stage, which will involve developing potential models for a new and improved framework, and consulting again on specific options.

Our information technology (IT) project is also well under way. This has involved a wide-ranging review of all our IT systems and will result in new workflow processes and online capability for our practitioners. This will allow practitioners to apply for registration, change their personal information and renew annual practising certificates (APCs) online—which we know most of our practitioners want. We expect the new system to come online before the end of this financial year.

The oral health therapy scope of practice was approved in October 2016. This marks a positive step for our oral health therapists because it recognises the unique and important skills they bring to oral health practice. We submitted two applications to the Ministry of Health in support of the new scope. The first is an application for recognition of oral health therapy as a standalone profession under the Health Practitioners Competence Assurance Act 2003. The second is an application to the Medicines Classification Committee to reclassify local anaesthetic medicines used by oral health therapists. Both applications are progressing through the Ministry. The new scope will come into effect on 1 November 2017.

This year, we completed a review of our own business health and safety procedures and documentation to ensure they are consistent with best practice and aligned to the requirements of the Health and Safety at Work Act 2015. We updated our policies, procedures and forms and commissioned an independent audit of the overall system in February, which it passed with flying colours.

In May, we attended the annual conference of the International Society of Dental Regulators (ISDR). The Council's Chief Executive has stepped down from the role of President of the ISDR but remains as Chairperson, and we continue to actively participate in the society's work. The ISDR is currently focused on developing international accreditation standards, attributes and competencies for dentists.

In November, we received a report from the orthodontic working group, which the Council had tasked with investigating concerns around the provision of orthodontic services by general dentists. The group found no evidence of widespread harm or risk to patients, but it did make a series of recommendations to the Council to further safeguard patients from potential harm. The Council accepted all of the working group recommendations and is working through their implementation.

As you may know, because of the November 2016 Kaikoura earthquake, we have moved from our building at 80 the Terrace. We are currently working out of temporary accommodation at 109-125 Willis Street, where we expect to be for the rest of the year.

After leaving 80 the Terrace in February, it took us about two months to secure our current premises. During this time, some Council staff worked from home, while others worked from temporary offices. This displacement caused inevitable delays to some projects. While this is disappointing, it is the reality of working in Wellington, where recent earthquakes, and a deepening understanding of how buildings respond to them, have shown how vulnerable some buildings are.

We want to acknowledge staff for demonstrating commitment and resilience through what was a disruptive time for our team. We hope to be back in our building next year and will keep you updated as new information becomes available.

We also acknowledge all our Council members for their support through our building displacement and their time, dedication and expertise throughout the year.

We acknowledge and thank everyone who helped the Council during the year—those who served on committees, panels and working groups, examiners, assessors and supervisors, and those who provided remedial educational services to practitioners. The support and advice you provide to Council and practitioners greatly benefits the entire oral health sector and the quality of care available to the New Zealand public. We also thank all who contributed to our consultation and submission processes. We know this takes time and effort but the value we gain from your insights and perspectives is immeasurable.

We would also like to acknowledge the Dental Board of Australia, the Australian Dental Council, National Dental Examining Board of Canada, the Commission on Dental Accreditation (Canada) and the Irish Dental Council for their ongoing collaboration—the joint work we do benefits the public and practitioners around the world.

Robin Whyman
Chair

Marie Warner
Chief Executive

At a glance

This year...

5,221
practitioners were on our register (up 2.4%).

4,458
practitioners held annual practising certificates (up 2.2%).

We granted
413
new registrations.

Of our new registrations...

25.9%
are dental hygienists.

46%
are dentists.

28.8%
were qualified overseas.

We removed
258
practitioners from the register (60 more than 2016).

We received
24
competence notifications (up 33.3%).

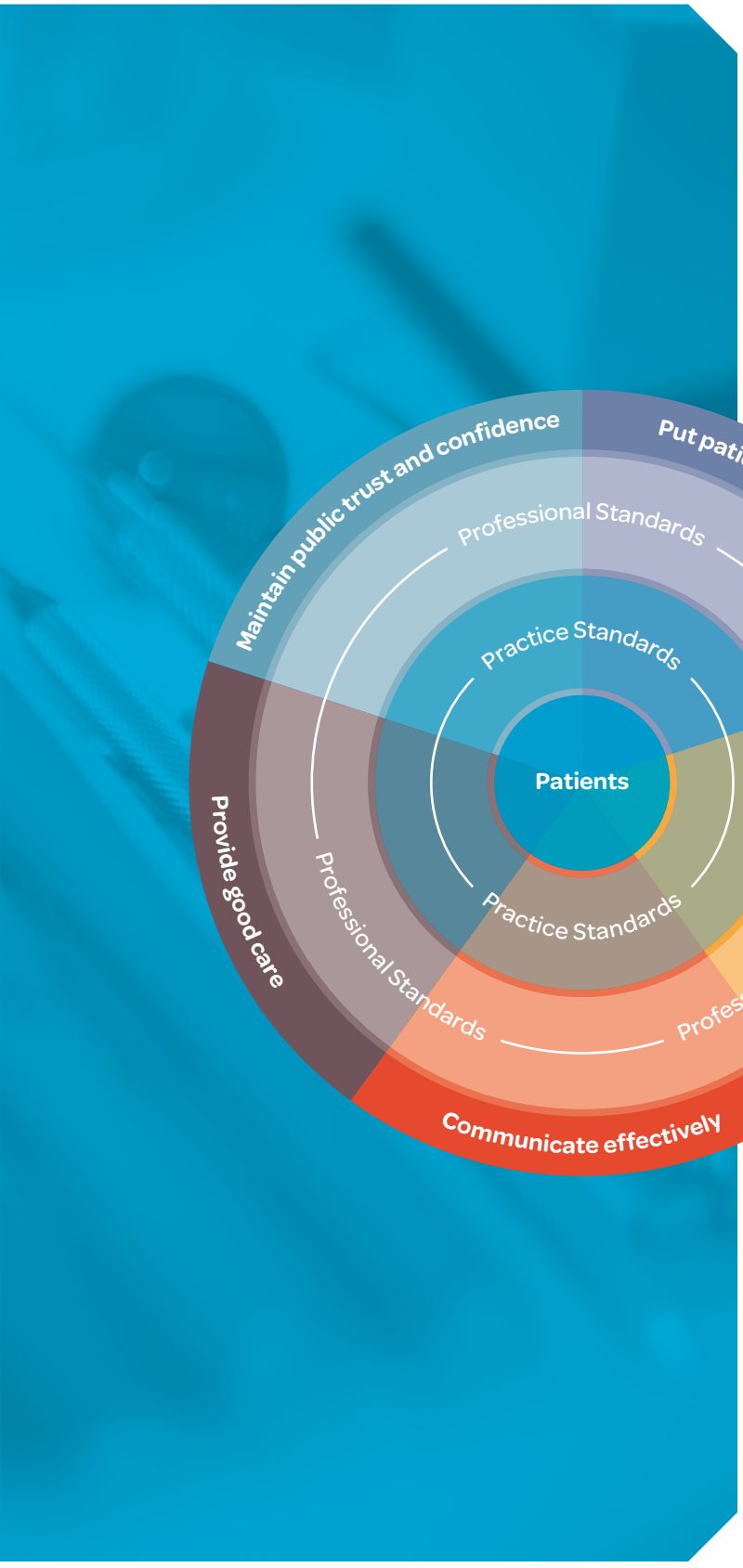
We received
9
new health notifications.

We managed
9
professional conduct committee cases.

We referred
1
case to the Health Practitioners Disciplinary Tribunal.

We received
177
complaints of which 147 were from patients.

Year in review



Standards – year in review

Complete and embed standards of clinical competence, cultural competence and ethical conduct

This year, we completed the review and update of the sedation practice standard and also completed the development phase of the professional boundaries practice standard. In addition, after consultation with key groups, we retracted four standards-related documents that Council had initially considered would form part of a new practice standard for 'advanced and new areas of practice'.

We continued to build awareness of the standards framework, which is now embedded in the education content of the country's tertiary institutions' undergraduate oral health programmes.

Sedation practice standard

We consulted on a draft sedation practice standard between July and September, and the Council approved the final standard in October 2016. The updated standard came into effect on 1 April 2017, with the exception of two educational-related provisions that will come into effect on 1 October 2019.

The updated practice standard applies to all oral health practitioners who practise as part of the clinical team for sedation. It sets out specific requirements for sedation team members, based on the intended level of sedation and includes new requirements around education and training.

Advanced areas of practice

As part of this year's standards work programme, we considered the need to develop an 'advanced and new areas of practice' practice standard. This would address developments within dental practice, often driven by new technologies, and would have brought together several existing documents and standards, namely:

- policy on advanced and new areas of practice
- cosmetic dentistry practice standard
- cone beam computed tomography practice standard
- statement on the administration of Botulinum-A by dentists.

In December, the Council agreed that the existing framework, comprising the standards framework and other regulatory tools (such as scope of practice definitions), sufficiently covered the professional obligations embodied in the above documents. The Council agreed there was questionable value in gathering these standards in one document, because it would basically reiterate what is already covered as professional standards in the standards framework. These professional standards also apply regardless of practice area.

The Council undertook a targeted consultation, primarily with the professional associations, educational institutions and Ministry of Health, and found broad agreement with its position.

As a result, the above four documents were withdrawn in March 2017, and the Council decided no new practice standard was required in the area of 'advanced and new' practices.

Professional boundaries practice standard

The Council completed the development phase in the review of the sexual boundaries practice standard. An updated professional boundaries practice standard was under development at the end of the year. The intent is for the updated practice standard to represent a broader approach, covering other areas of practice where boundary issues may arise and to apply to all oral health practitioners, rather than dentists and dental specialists only.

Standards – the year ahead

Complete and embed standards of clinical competence, cultural competence and ethical conduct

Practice standards under review in the 2017/18 year:

- **Professional boundaries** – consultation on this practice standard was completed in June 2017. We will consider the submission feedback and refine the draft standard for acceptance and implementation.
- **Record keeping** – we expect to review and consult on this practice standard later in the year.
- **Informed consent** – we expect to review and consult on this practice standard later in the year.

Cultural competence—we intended to begin reviewing the standard over the past year but deferred this while the Council focused on the recertification review. We anticipate this will be a long process with extensive engagement opportunities with our practitioners, other stakeholders and interest groups outside of the profession. For this reason, we do not expect to complete the review in the 2018/19 year. We will be working closely with Te Aō Marama on this important project.

Engagement – year in review

Grow understanding of, and engagement with, the Dental Council

This year, we repeated the engagement survey we first undertook in 2015. This was partly to track progress made since that initial survey and partly to ensure we have a good baseline understanding of what our practitioners and other stakeholders know about the Council, how they view us and how they prefer to be communicated with.

Our results were consistent with the 2015 survey and showed there is generally a good understanding of the Council and most people are positive about the Council and its performance. However, we can continue to improve in some areas, and we will be focusing on these this year. We intend to repeat the survey every three years to measure our progress.

In March, we held a symposium on our recertification review project. This marked the start of our public discussions on recertification and covered what we have learnt so far and the opportunities for change that we have identified. We invited policy makers and other parties with roles in health regulation, support and advocacy for oral health professions and with consumer perspectives to the symposium. The event was a success, providing valuable insights and fresh perspectives that have been fed into our recertification consultation material. More information on the recertification review is provided later in this report.

This year, we undertook four consultations: dentist and dental specialist APC fees and disciplinary levies; proposed changes to prescribed qualifications; the sedation practice standard; and the 2017/18 draft budget, (and APC fees and disciplinary levies).

We reviewed our processes for consulting on budgets and fees, with a view to streamlining them. Historically, we have conducted two rounds of consultation: one for the dentist and dental specialist APC fees and disciplinary levies and the other on the entire budget, plus APC fees and levies for non-dentist oral health practitioners.

We have now streamlined these processes so we can have one round of consultation on the budget and APC fees and disciplinary levies across all the professions. This will be done annually, towards the end of the year. We anticipate it will make it more convenient for practitioners and enable greater participation.

Across all consultations we have been pleased with the level of engagement and response, and again, we thank all practitioners and other stakeholders who participated.

The Council has sought opportunities to meet practitioners and other stakeholders face to face. These engagements include:

- regular meetings with the Associate Minister of Health and Ministry of Health staff, allowing the Council to directly advocate on regulatory issues associated with oral health
- working closely with the Ministry of Health and Health Workforce New Zealand representatives on implementation of the oral health therapy scope of practice
- regular meetings with district health board (DHB) clinical directors
- regular meetings with representatives from the University of Otago and Auckland University of Technology
- meetings of both national and regional branches of oral health practitioner professional associations, enabling us to provide regular updates on our work and for associations to raise issues relating to their members directly with us
- presentations to final year students at both tertiary institutions, outlining their professional responsibilities once in practice
- liaison with representatives from other responsible authorities, such as the Medical Council and Pharmacy Council, enabling the sharing of ideas and information about regulatory best practice
- meetings with our international regulatory partners, which ensure we are maintaining international standards and regulatory best practice.

Engagement – the year ahead

Grow understanding of, and engagement with, the Dental Council

This year, we will be upgrading our newsletter to improve its readability and address concerns raised through the engagement survey. We will also review our application forms and other communication material to improve readability and accessibility.

The new IT system, to be implemented later this year, provides us with the opportunity to communicate with our practitioners in a new way, and the IT project team is working to ensure online interactions are clear and accessible for all practitioners.

The first consultation phase on the recertification project began in late June, and we are currently conducting a roadshow of 10 forums throughout the country's cities and regional centres. We will also host webinars to ensure all practitioners have the opportunity to hear directly from the Council on this important subject. We will conduct a second round of consultation next year.

Lifelong practitioner competence – year in review

Introduce an effective, quality assured framework for ongoing practitioner competence and fitness to practise

We made significant progress during the year on this strategic priority. Work on the recertification review is well under way.

Recertification is the system we use to validate our practitioners as competent and fit to practise. Along with the standards framework, it is fundamental to how the Council regulates oral health practitioners.

We identified the need to review how we recertify our practitioners in 2014 and set it as a strategic priority for the Council in 2015. This year, the Council undertook a wide-ranging review of New Zealand and international literature focused on recertification and the regulatory tools used to ensure health practitioners are competent and fit to practise. We produced a literature review that outlines the main articles we reviewed and that have informed our thinking on what a future recertification framework may look like.

In January, we sent an invitation to a targeted group of stakeholders to participate in the March recertification symposium (also discussed earlier in this report). As noted, these included policy makers, representatives from DHBs and other parties with roles in health regulation, support and advocacy for oral health professions, as well as consumer advocacy. The symposium had two objectives: to start a national conversation about the recertification of oral health practitioners and to test the logic and thinking in our preliminary discussion document before we disseminated it more widely.

Feedback from that symposium was analysed and used to develop an updated discussion document for wider dissemination.

The overwhelming feedback from the symposium was that the Council is on the right track. Participants agreed the current framework has weaknesses and that the case for change had been made. Attendees provided many useful insights and views on the current framework, its strengths and weaknesses, and how it could be improved.

Lifelong practitioner competence – the year ahead

Introduce an effective, quality assurance framework for ongoing practitioner competence and fitness to practise

In June 2017, the Council launched its first phase of consultation on the recertification review, based on the updated discussion document. The purpose of this phase is to learn how our practitioners and other stakeholders view the current system, what they see as its strengths and weaknesses and to gather ideas for improvement. This is ongoing, with a series of forums being held around the country to allow practitioners to connect directly with the Council on the subject.

We expect to spend up to three months assessing the submissions and developing draft framework models based on the feedback we receive.

We anticipate holding a second round of consultation in February or March 2018. The second phase will focus on seeking feedback on options for a new framework. We expect a new framework to be implemented the following year.

A capable organisation – year in review

Ensure we have the policies, systems, skills and processes to deliver our functions—smarter, more consistently and in accordance with our principles and values

Information technology project

This year, we made significant progress on our integrated IT system project. This involved a major review of all our IT systems and workflow practices, including our registry, financial management information system, web portal and electronic document management system.

We appointed Solnet as our system provider, and completed the scoping and high level development of a new system that will let practitioners apply for registration and APC renewals online, as well as manage their contact details.

Business continuity planning

We reviewed and updated our business continuity plan this year. The updated plan came into good use in November, when Council staff had to vacate the building at 80 The Terrace following the earthquake in Kaikoura. Staff worked from home for four days while the building underwent initial safety checks. Following this, we reviewed our emergency procedures to check their effectiveness and see if there was room for improvement.

In February, intensive engineering testing required by the Wellington City Council identified that the building needs remedial work following November's earthquakes. Council staff again evacuated the building and some worked remotely while others were located in short-term lease facilities across two offices. We did not know initially how long we would be out of our building. However, a month or so after displacement, it became clear that finding an acceptable engineering solution and fixing the building would take time, so the Council secured a nine-month lease (with the option of a three-month renewal) in alternative premises in Willis Street. Having the team spread across numerous locations for two months caused significant disruption and inevitably affected some project timeframes.

Health and safety compliance project

We commissioned a review of our health and safety procedures and documentation during the year, to assess our compliance with the requirements of the Health and Safety at Work Act 2015. We received a review report in October that outlined several recommendations for the Council to consider.

The Council engaged an independent contractor to help update its procedures and documentation—this was done in consultation with staff and completed in March this year.

We then commissioned an independent audit of our updated system, which found it was fully compliant across all measures.

A capable organisation – the year ahead

Ensure we have the policies, systems, skills and processes to deliver our functions—smarter, more consistently and in accordance with our principles and values

Information technology project

We will complete and implement our new IT system this year. This is a huge step towards our 2020 strategic priority of ensuring the Council is a capable organisation.

The building displacement set the IT project back by some months, so we will not meet our target of completing the first online APC renewal process in September. However, we expect to implement the new IT system by November, meaning 2017 graduates will be the first practitioners to register online. We will be conducting the first full APC renewal online in March for dental hygienists, dental therapists, oral health therapists, dental technicians, clinical dental technicians and orthodontic auxiliaries.

Governance – year in review

Review and refresh our governance model

This year, we sought an independent quality assurance review of our regulatory processes. The Health Practitioners Competence Assurance Act 2003 does not currently impose any express requirement on the Council to undertake this type of audit. However, we decided to incorporate quality assurance and risk management into our work programme as a matter of good governance.

The review's aim was to identify any legal and regulatory risk within our processes. The intent is that this first review will act as a yardstick for the Council to measure its progress in reducing risk and inform its decision making about priority areas of work in relation to policy development and process review.

The paper-based review focused on policies, guidelines and publicly available information relevant to ascertaining our compliance with the Act and general principles of good governance.

The review also looked at other documentation including scopes of practice, prescribed qualifications, gazette notices and consultation material.

The review was positive and identified areas for the Council to consider prioritising. The Council will consider the recommendations in 2017/18.

Governance – the year ahead

Review and refresh our governance model

The Council will consider recommendations from the quality assurance review to assess areas to prioritise over the coming year.

What we do

The Council is a responsible authority established by the Health Practitioners Competence Assurance Act 2003. 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 Council regulates five professions under the Act: dentists, dental therapists, dental hygienists, clinical dental technicians and dental technicians.

Our roles and functions

Our roles and functions include:

- setting accreditation standards and competencies for each of the dental professions and defining scopes of practices and the associated prescribed qualifications
- authorising registrations and maintaining the public register of all registered oral health practitioners
- issuing APCs to oral health practitioners who have maintained their competence and fitness to practise
- receiving and acting on information from health practitioners, employers and the Health and Disability Commissioner (HDC) about the competence of oral health practitioners
- reviewing and remediating the competence of oral health practitioners where concerns have been identified
- investigating the health of oral health practitioners where concerns have been raised about their performance and taking appropriate action
- setting standards of clinical and cultural competence and ethical conduct to be met by all oral health practitioners
- promoting education and training in the oral health professions
- promoting public awareness of the Council's responsibilities.

The Council's statutory functions are set out in full 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 its staff, who are responsible for delivering the Council's statutory functions, implementing the 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

Robin Whyman – Chair

Dental practice

- Dental specialist in public health dentistry and general dentist
- Clinical Director of Oral Health Services at the Hawke's Bay DHB

Interests and positions held

- Clinical leadership and clinical governance
- Chair of the Credentialing Committee at Hawke's Bay DHB
- Chair of the Electronic Oral Health Record project governance group for the Ministry of Health
- Clinical advisor to the 20 DHBs' oral health advisory group
- Member of the New Zealand Dental Association Research Foundation Board
- Member of the New Zealand Institute of Directors
- Elected as the Dental Council Deputy Chair in September 2013 and Chair in February 2016
- Former regional director for Oral Health Services Capital and Coast Health and Hutt Valley Health
- Former executive director of the New Zealand Dental Association (NZDA)
- Former general manager clinical services at Dental Health Services Victoria (Australia)
- Former chief dental officer for the New Zealand Ministry of Health

First appointed June 2011
Current term ends June 2020

Andrew Gray – Deputy Chair

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
- Senior dental officer, Royal New Zealand Navy, Director Defence Dental Services
- Chair of the World Dental Federation Section of Defence Forces Dental Services
- Former clinical tutor, clinical co-ordinator and lecturer at the University of Otago
- 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
- Past member of the New Zealand Dental Association Board and Executive
- Member of the New Zealand Institute of Directors

Appointed September 2013
Current term ends September 2019

John Aarts

Dental practice

- Clinical dental technician and registered in implant overdentures scope of practice
- Senior lecturer at University of Otago; Postgraduate Diploma in Clinical Dental Technology course convenor
- 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 with Distinction (University of Otago)
- Executive member of the New Zealand Institute of Dental Technologists (NZIDT), Chair of the NZIDT Continuing Professional Development Sub-Committee until his Council appointment
- Holds committee memberships at the Professional Development Committee, Faculty of Dentistry at the University of Otago
- Currently the clinical dental technology professional expert for the Tertiary Education Quality and Standards Agency Australia
- Australian Dental Council/ Dental Council (NZ) accreditation assessor

First appointed December 2012
Current term ends December 2018

Karen Ferns

Layperson

Interests and positions held

- Background in sales and marketing and public relations
- Previous experience in market research
- Management consultant and independent director
- Former chief executive of Random House New Zealand
- Experienced in governance
- Member of the New Zealand Institute of Directors and Australian Institute of Company Directors
- Board director of Auckland University Press and New Zealand Book Awards Trust (current)
- Bachelor of Arts (Hons) Geography and History, Otago University and undertakes active learning and development in director and management topics
- Diploma in Teaching (Secondary)
- Has trained and worked as a volunteer for Citizens Advice Bureau

Appointed December 2015
Current term ends December 2018

Lyndie Foster Page

Dental practice

- Dental specialist in public health
- Associate Professor of Dental Public Health, 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 the European Organisation for Caries Research
- Current research: cross sectional surveys and various health services research and clinical projects
- Promoted to Associate Professor by the University of Otago in 2015

First appointed June 2011
Current term ends July 2017

Kate Hazlett

Layperson

Interests and positions held

- Former community board member and director of a community hospital
- Experience in governance and decision making
- Member of the New Zealand Institute of Directors
- Serves on community committees, including the Otago Community Trust and Roxburgh Services Medical Trust
- Trained as a school dental nurse
- Worked mainly in rural areas

First appointed April 2010
Current term ends April 2019

Jocelyn Logan

Dental practice

- Dentist
- Associate in a dental practice in Thames

Interests and positions held

- Bachelor of Dental Surgery (Otago), Diploma in General Dental Practice from the Royal College of General Dental Practitioners (UK), MBA (Nottingham, UK)
- Current member of NZDA
- Chair of the NZDA National Peer Review Committee (2011–15)
- Mentor of new graduate in NZDA mentorship programme
- Author of Dental Protection Ltd column in NZDA News
- Past Chair and member of Dental Council Competence Review Committee
- Worked 27 years in the United Kingdom, mainly in private practice
- Vocational training advisor in UK training scheme
- Dental practice advisor for Nottinghamshire Primary Care Trust
- Dental advisor for Dental Protection Limited in the United Kingdom

Appointed December 2015
Current term ends December 2018

Charlotte Neame

Dental practice

- Dental hygienist at dental practice in Wellington

Interests and positions held

- Dental Council's professional advisor—dental hygiene (2013–15)
- Chair of New Zealand Dental Hygienists' Association (2011–12) and current member
- Member of the Council's accreditation site evaluation team for the University of Otago's Bachelor of Oral Health programme (2014)
- Diploma in Dental Hygiene (University of Otago, 2004)

Appointed December 2015
Current term ends December 2018

Wendy Tozer

Layperson

Interests and positions held

- Served the community in both professional and voluntary capacities in the health sector and through service organisations for many years
- Programme coordinator for Alzheimer's Eastern Bay of Plenty
- Advocate for 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 December 2018

Gillian Tahi

Dental practice

- Dental therapist and team leader with the Auckland Regional Dental Service and Waitemata DHB

Interests and positions held

- Previous President and Chairperson (2009–14) of New Zealand Dental and Oral Health Therapists Association (previously New Zealand Dental Therapists Association)
- Member of Te Aō Marama Association
- Certificate in Dental Nursing
- Bachelor of Arts in Education
- Oral Health Practice III Auckland University of Technology

Appointed December 2015
Current term ends December 2018

Professional committees

Five Council committees operated during 2016/17. Committee membership was as follows.

Audit and risk management committee	Brent Kennerley *(Chair—independent member, partner Grant Thornton Chartered Accountants)* Robin Whyman *(ex officio)* John Aarts Wendy Tozer
Continuing professional development advisory committee	Lyndie Foster Page *(Chair, dental academic)* Andrew Gray *(dentist)* John Aarts *(dental and clinical dental technician)* Charlotte Neame *(dental hygienist)* Gillian Tahi *(dental therapist)*
Australian Dental Council/ Dental Council (NZ) accreditation committee	Mike Morgan *(Chair)* Lyndie Foster Page *(New Zealand member)* Robert Love *(New Zealand member)* Robin Whyman *(New Zealand member, ex officio as Chair of Dental Council)* Werner Bischof Jan Connolly Laurence Doan Anthony Evans Mark Gussy Chris Handbury Jane Taylor
Business continuity planning committee	Robin Whyman *(Chair)* John Aarts Andrew Gray Brent Kennerley
Transmissible major viral infections panel	Robin Whyman *(Chair)* Professor Ed Gane *(hepatologist)* Kate Hazlett *(lay member)* Arlo Upton *(infection diseases physician)*

Council staff

The members of the Council staff at 31 March 2017 were:

Chief Executive	Marie Warner
Executive Assistant/Council Secretary	Lagi Asi
Registrar	Mark Rodgers
Deputy Registrar	Alicia Clark
Registration and Recertification Officer	Kelly Douglas
Registration and Recertification Officer	Kirsten Millar
Registration and Recertification Officer	Caroline Morris (part year)
Registration and Recertification Officer	Rangi Wharakura
Registration and Recertification Officer	Sean Phillips (part year)
Legal Advisor	Valentina Vassiliadis
Business and Planning Manager	Tracy Tutty
Financial Accountant	Jarrod Steward (part year)
Business and Finance Assistant	Karen Zhu
IT Business Analyst	Samuel Major
Standards and Accreditation Manager	Suzanne Bornman
Senior Policy Analyst	Mereana Ruri
Communications and Engagement Specialist	Sophie Hazelhurst
Standards Administration Assistant	Vanessa Minhinnick

Professional advisors

Standards and Policy	Duchesne Hall
Dentists	Dexter Bambery
Therapists	Marijke van der Leij Conway
Hygienists	Alaina Kalyan (part year)
Technicians	Barry Williams

Registration and practising certificates

All oral health practitioners need to be registered and hold a current annual practising certificate (APC) to practise in New Zealand. The Council is responsible for maintaining the register of practitioners and issuing APCs. These two core functions are mechanisms we use to confirm to the public that a practitioner is competent and fit to practise.

Registration

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

The same registration standards apply to all practitioners, regardless of where they were educated.

Overseas-qualified practitioners wanting to practise in New Zealand need to have qualifications that have either been prescribed by the Council or qualifications and experience that are assessed as being equivalent to a New Zealand-prescribed qualification.

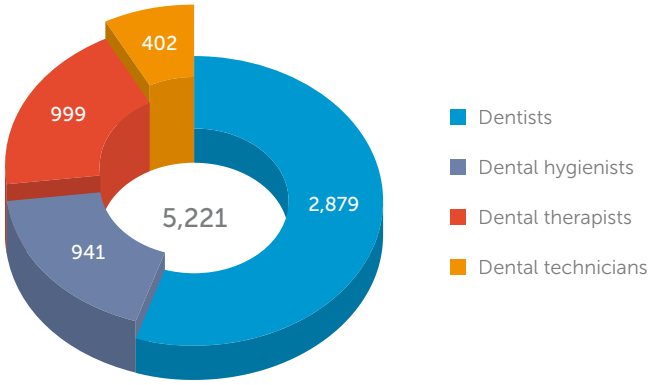
Potential practitioners may also gain eligibility for registration by sitting and passing the New Zealand dental registration examinations in the particular profession they wish to practise. Australian-registered practitioners are generally entitled as of right to register in a similar scope of practice in New Zealand under the Trans-Tasman Mutual Recognition legislation.

The public register is available on our website so anyone can view practitioners' qualifications, scope(s) of practice, the status of their APC and any conditions or limitations placed on their practice. Information on the register is updated daily.

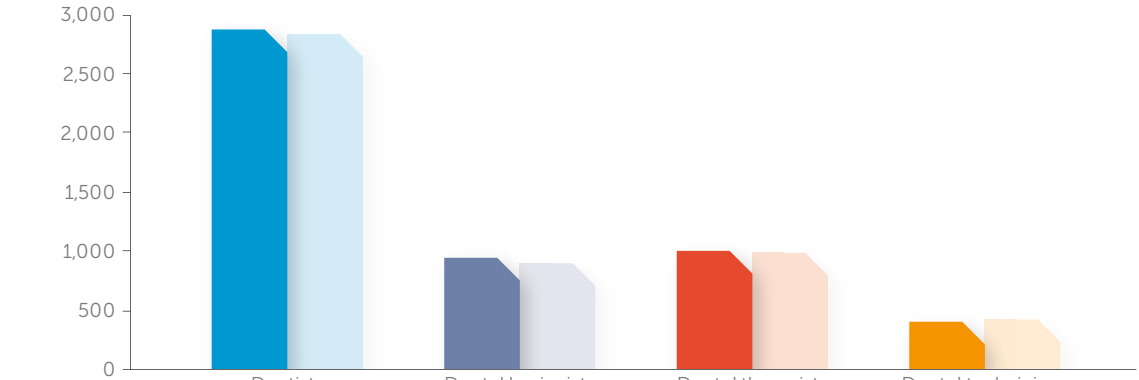
Registration statistics

As at 31 March 2017, 5,221 practitioners were registered with the Council, of which 4,458 held an APC. This is an increase of 121 registered practitioners (2.4 percent) from last year, in line with similar increases recorded over the past five years.

Number of registered oral health practitioners as at 31 March 2017[1]



Number of oral health practitioners registered by profession as at 31 March 2017



	Dentists	Dental hygienists	Dental therapists	Dental technicians
2016/17	2,879	941	999	402
2015/16	2,824	892	977	407

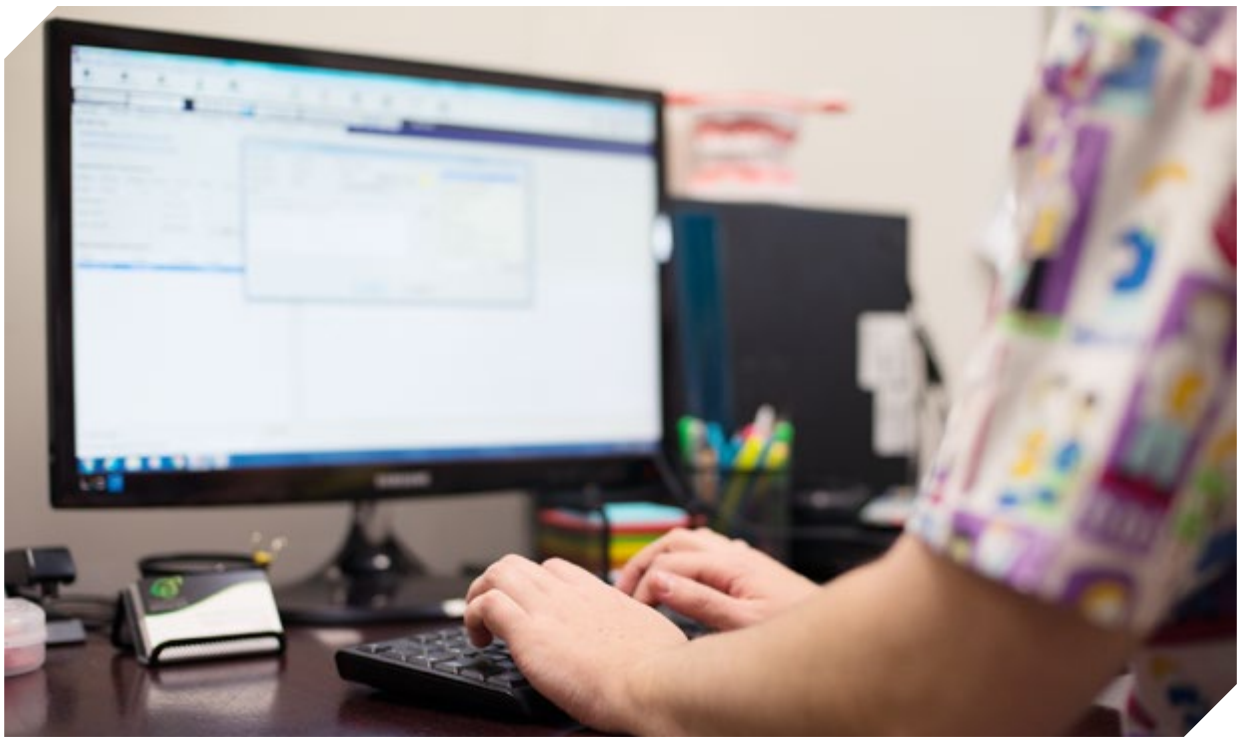
Across all professions, the overall increase in the volume of registered practitioners is 2.4 percent. The increase in practitioners is made up of 5.5 percent more dental hygienists, 2.3 percent more dental therapists and 1.9 percent more dentists. The number of dental technicians decreased by 1.2 percent from the previous year. This continues an annual decline that started in 2009 and has seen an overall decrease of 15.7 percent since then.

Note, practitioners can be registered in more than one scope of practice.

[1] Figures for dentists also include dental specialists, those for dental hygienists also include orthodontic auxiliaries and numbers for dental technicians also include clinical dental technicians

Number of registered practitioners by scopes of practice as at 31 March 2017

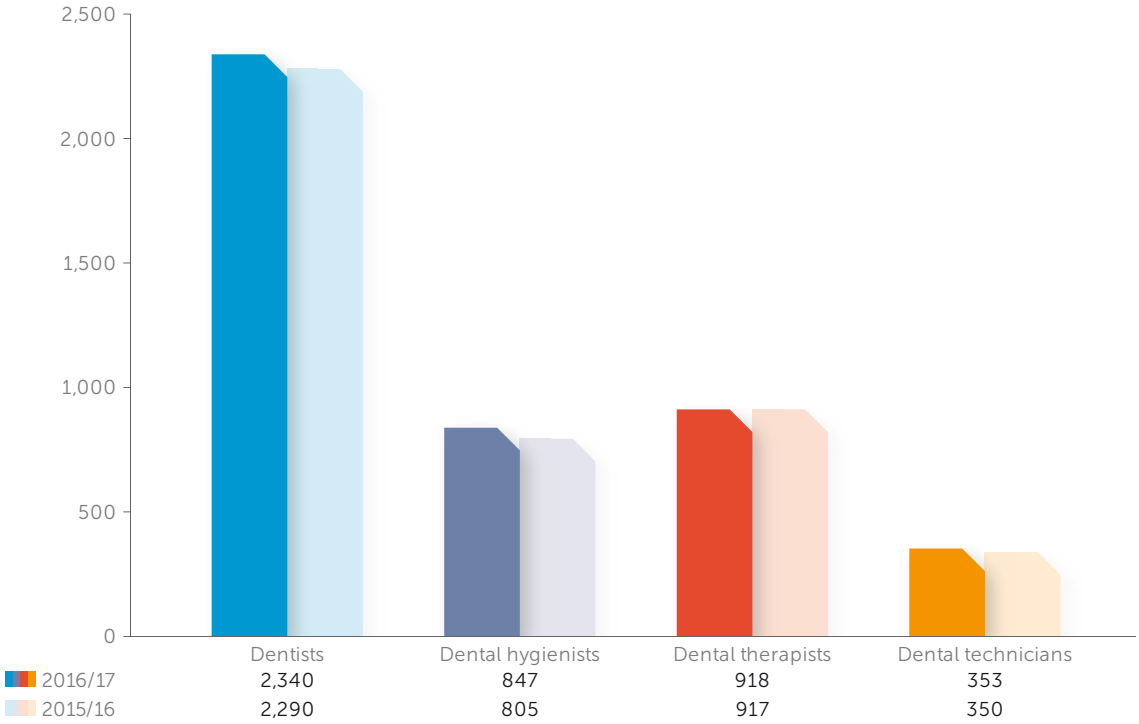
	2016/17	2015/16
General dental practice	2,763	2,714
Orthodontic specialist	119	112
Endodontic specialist	36	36
Oral and maxillofacial surgery specialist	50	51
Oral medicine specialist	5	5
Oral pathology specialist	10	8
Oral surgery specialist	10	10
Paediatric specialist	22	22
Periodontic specialist	39	40
Prosthodontic specialist	35	35
Restorative dentistry specialist	10	10
Public health dentistry specialist	21	21
Special needs dentistry specialist	10	10
Dental hygiene practice	830	784
Orthodontic auxiliary practice	127	124
Dental therapy practice	999	977
Adult care in dental therapy practice	12	13
Dental technology practice	402	407
Clinical dental technology practice	221	220
Implant overdentures in clinical dental technology	16	17



Annual practising certificates

All practitioners who want to practise in New Zealand must hold a current APC, which is renewed annually. To obtain an APC, practitioners need to assure the Council that they have maintained their competence and fitness to practise. By issuing an APC, we confirm to the public of New Zealand that a practitioner has met the standards the Council sets. The Council will decline an APC application if it is not satisfied that a practitioner meets its standards.

Number of oral health practitioners holding an annual practising certificate by profession as at 31 March 2017



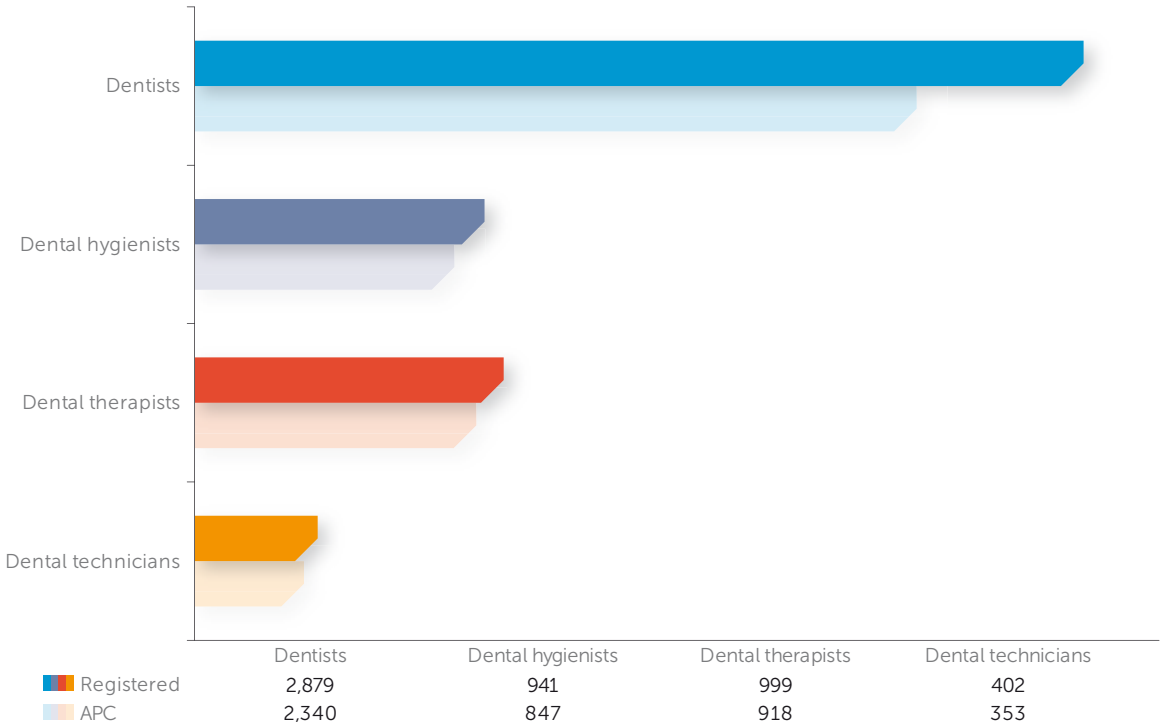
The overall number of practitioners holding APCs was 4,458, an increase of 2.2 percent in 2016/17. By profession, increases occurred in numbers of practitioners holding APCs for each profession, with the most significant being an increase of 5.2 percent for dental hygienists.

Applications for an annual practising certificate (APC)

	Health Practitioners Competence Assurance Act 2003 – section	Applications	Outcomes			
			APC	APC with conditions	Interim APC	APC declined
Total		4,462	4,393	65	0	4
Reasons for non-issue						
Competence	27(1)(a)					2*
Failed to comply with a condition	27(1)(b)					
Not completed required competence programme satisfactorily	27(1)(c)					
Recency of practice	27(1)(d)					4*
Mental or physical condition	27(1)(e)					1
Not lawfully practising within three years	27(1)(f)					2*
False or misleading application	27(3)					

*Three practitioners were declined for multiple reasons.

Comparison of number of registered practitioners with those holding an annual practising certificate (APC) by profession as at 31 March 2017



In 2016/17, of the total number of registered practitioners, 85.4 percent held current APCs, in line with last year. By profession, this percentage ranged from 81.3 percent of registered dentists holding APC certificates to 91.9 percent of dental therapists. These figures are consistent with last year's numbers.

Additions to the register

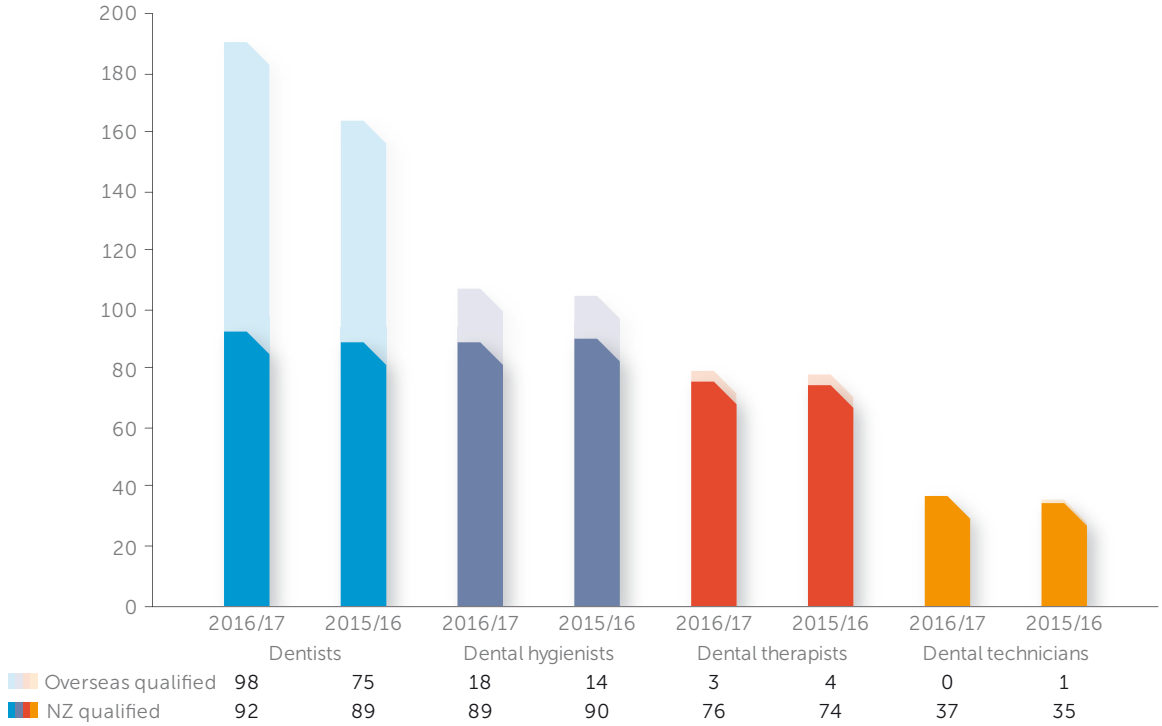
The Council managed 446 applications for registration this year, comprising 428 new applications and 18 brought forward from last year. Note one practitioner may submit multiple applications depending on the number of scopes they wish to register in. Of these applications, 413 were granted (including three that were granted with conditions), 11 applications were declined and 22 were pending at the end of the year.

Applications for registration

	Health Practitioners Competence Assurance Act 2003 – section	Brought forward 2015/16	Outcomes				
			Total new applications 2016/17	Registered	Registered with conditions	Not registered	Pending 2016/17
Total		18	428	410	3	11	22
Reasons for non-registration							
Application period lapsed or application withdrawn						1	
Applicant not considered competent to practise within scope of practice	15(1)(c)						
Qualification not deemed equivalent to a prescribed qualification	15(2)					10	
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)						

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

Breakdown of registrations granted with New Zealand and overseas qualifications



Overall, we saw an increase of 8.1 percent in the number of new registrations granted (a total of 413) in 2016/17 from last year (382). The largest increase was in dentist registrations—up 15.9 percent from 2015/16.

Most additions to the register across all the professions were New Zealand-educated practitioners.

Breakdown by country of qualification for registrations granted

	Dentists		Dental hygienists		Dental therapists		Dental technicians	
	2016/17	2015/16	2016/17	2015/16	2016/17	2015/16	2016/17	2015/16
Argentina	1							
Australia	18	15	4	3	2	3		1
Canada	1	1	1	1				
Chile	1							
China		2						
Fiji	3			1		1		
France	1							
Germany	1							
Hong Kong		1						
India	8	8	1	1				
Indonesia			1					
Iraq		1						
Ireland	2							
Israel	1							
Italy		2						
Malaysia	1	3						
Netherlands	2	2						
Pakistan	1							
Philippines		1	1		1			
Poland		1						
Singapore		2						
South Africa	7	5	2					
Sri Lanka	1							
Sweden	1	1						
Switzerland	1							
UK	37	24	6	5				
USA	9	6	2	3				
Venezuela	1							
Total overseas	**98**	**75**	**18**	**14**	**3**	**4**	**0**	**1**
Total New Zealand	**92**	**89**	**89**	**90**	**76**	**74**	**37**	**35**
TOTAL	**190**	**164**	**107**	**104**	**79**	**78**	**37**	**36**

Registration through Trans-Tasman Mutual Recognition Act 1997

The Trans-Tasman Mutual Recognition Act 1997 (TTMR) recognises Australian and New Zealand registration standards as equivalent. This allows registered oral health practitioners the freedom to work in either country. Under the TTMR, if a practitioner is registered as a practitioner in Australia they are entitled (subject to a limited right of refusal) to be registered in the same occupation in New Zealand. We registered 34 practitioners under the TTMR in 2016/17.

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

	2016/17				2015/16			
	Application brought forward	Application received	Application approved	Application carried forward to 2017/18	Application brought forward	Application received	Application approved	Application carried forward to 2016/17
Dentists	1	27	28	–	2	17	18	1
Dental hygienists	1	3	4	–	–	10	9	1
Dental therapists	1	1	2	–	–	7	6	1
Clinical dental technicians	–	–	–	–	–	–	–	–
TOTAL	3	31	34	–	2	34	33	3

Individual assessment applications

Under the Act, applicants with non-prescribed qualifications (qualifications not formally recognised by the Council) who consider their education and experience to be equivalent to a prescribed qualification can apply to the Council for individual consideration of their eligibility for registration.

In 2016/17, we received 24 individual assessment applications—an increase of 41.2 percent on last year. We also managed nine cases brought forward from 2015/16. Eighteen applications were approved, 10 declined and five were pending at the end of the reporting year.

Individual assessment applications

	2016/17					2015/16				
	Brought forward 2016/17	Received	Approved	Declined	Pending	Brought forward 2015/16	Received	Approved	Declined	Pending
Dentists	9	18	16	6	5	6	16	7	6	9
Dental hygienists	–	4	2	2	–	–	–	–	–	–
Dental therapists	–	2	–	2	–	–	–	–	–	–
Dental technicians	–	–	–	–	–	–	1	1	–	–
TOTAL	9	24	18	10	5	6	17	8	6	9

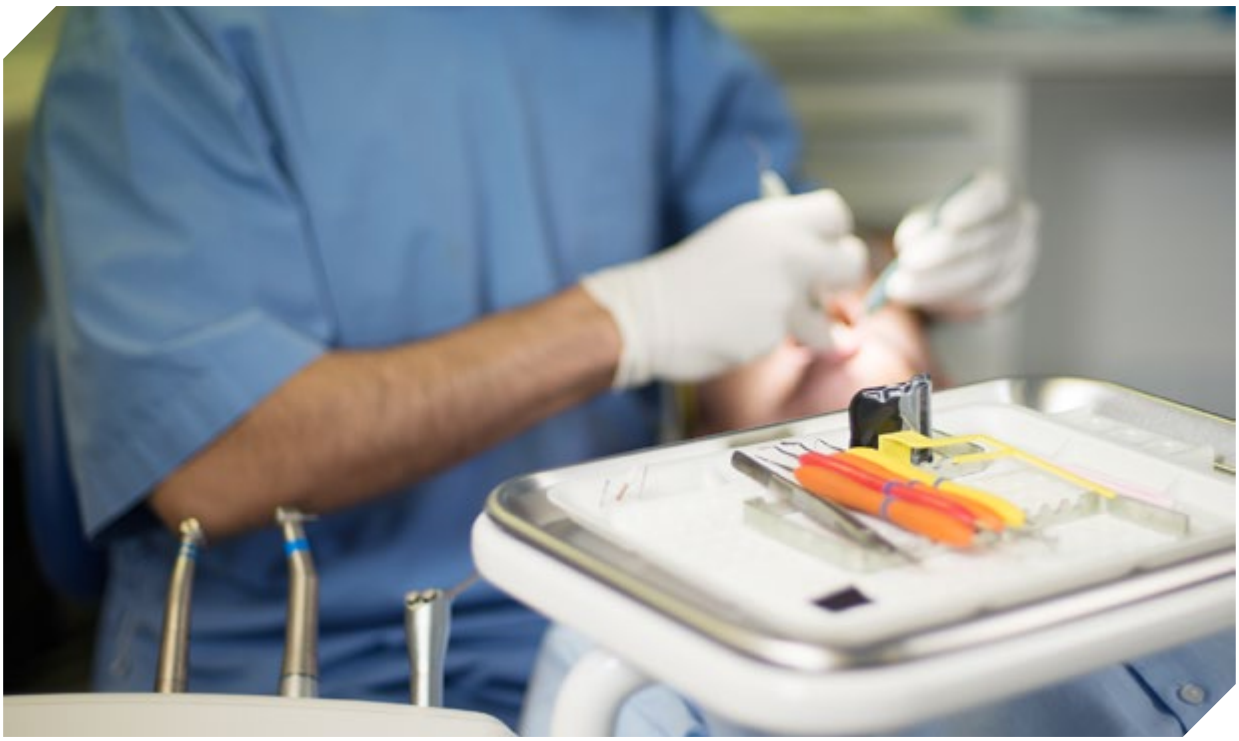
Removal of exclusions for dental hygienists, dental therapists and orthodontic auxiliaries

Dental hygienists, dental therapists and orthodontic auxiliaries can apply to remove exclusions from their scopes of practice, by providing evidence that they have successfully completed a Council-approved training course. These exclusions relate to areas of their scope of practice not covered in their formal education and training.

The number of applications for removal of exclusions approved in 2016/17 is reflected in the table below. There has been a significant decrease in applications, down 64.6 percent on the previous year. This continues a downward trend over previous years.

Applications for removal of exclusions approved

	2016/17	2015/16
Dental hygiene and orthodontic auxiliary scopes of practice		
Orthodontic procedures	3	1
Local anaesthesia	10	15
Extra-oral radiography	5	5
Intra-oral radiography	5	5
Dental therapy scope of practice		
Pulpotomies	–	18
Stainless steel crowns	–	16
Radiography	–	2
Diagnostic radiography	–	3
TOTAL	23	65



Registration-related supervision

Supervision involves the monitoring of, and reporting on, the performance of a practitioner by a professional peer. The Council uses supervision orders 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 practice after more than three years.

We managed 28 practitioners with supervision orders to address registration issues in 2016/17, compared with 23 the previous year.

Registration-related supervision

	2016/17	2015/16	2014/15
New supervision cases	8	1	5
Existing supervision cases	20	22	30
Total managed	**28**	**23**	**35**
Practitioners leaving supervision	10	3	13
Practitioners remaining under supervision	18	20	22

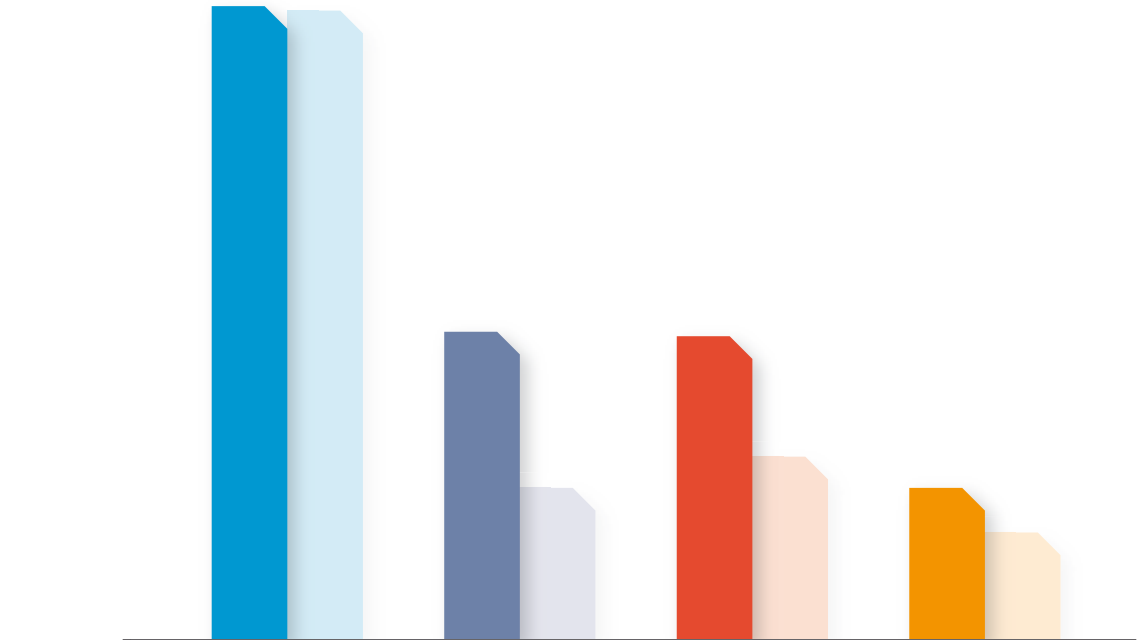
Registration-related supervision, by profession

	2016/17	2015/16	2014/15
Dentists	8	0	2
Dental hygienists	8	5	11
Dental therapists	4	6	7
Dental technicians	8	12	15
Total	**28**	**23**	**35**

Removals from the register

During 2016/17, 258 practitioners were removed from the register. Of these, 149 voluntarily requested their removal under sections 142 or 144(3) of the Act, four were removed on notification of death, and the remaining 105 had their registration cancelled under section 144(5) because the Council was unable to make contact with them.

Removals from the register



	Dentists	Dental hygienists	Dental therapists	Dental technicians
2016/17	117	57	56	28
2015/16	116	28	34	20

Competence, fitness to practise and recertification

It is the Council's role to protect public health and safety by ensuring oral health professionals are safe, competent and fit to practise. When a practitioner applies for an APC, they must sign a declaration to confirm they are competent in their scopes of practice, remain fit to practise and meet the recertification requirements.

The Act provides tools the Council can use when it becomes aware of practitioners who are failing to meet the required standard of competence or who have health issues that affect their ability to work safely. The public's safety is our primary focus at all times.

Competence

Under the Act, oral health practitioners may have their competence reviewed at any time or in response to concerns about their practice.

Unlike other jurisdictions, in New Zealand, a concern about a practitioner's competence is not dealt with as a disciplinary matter. The Council does not seek to establish guilt or fault or bring charges against a practitioner in relation to competence. The Council aims, wherever possible, 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 (HDC).

Competence notifications by source

The Council received 33 percent more notifications than the previous year.

Source	Health Practitioners Competence Assurance Act 2003 – section	2016/17	2015/16
Oral health practitioner	34(1)	11	2
Health and Disability Commissioner	34(2)	6	8
Employer	34(3)	2	3
Other		5	5
Total		24	18

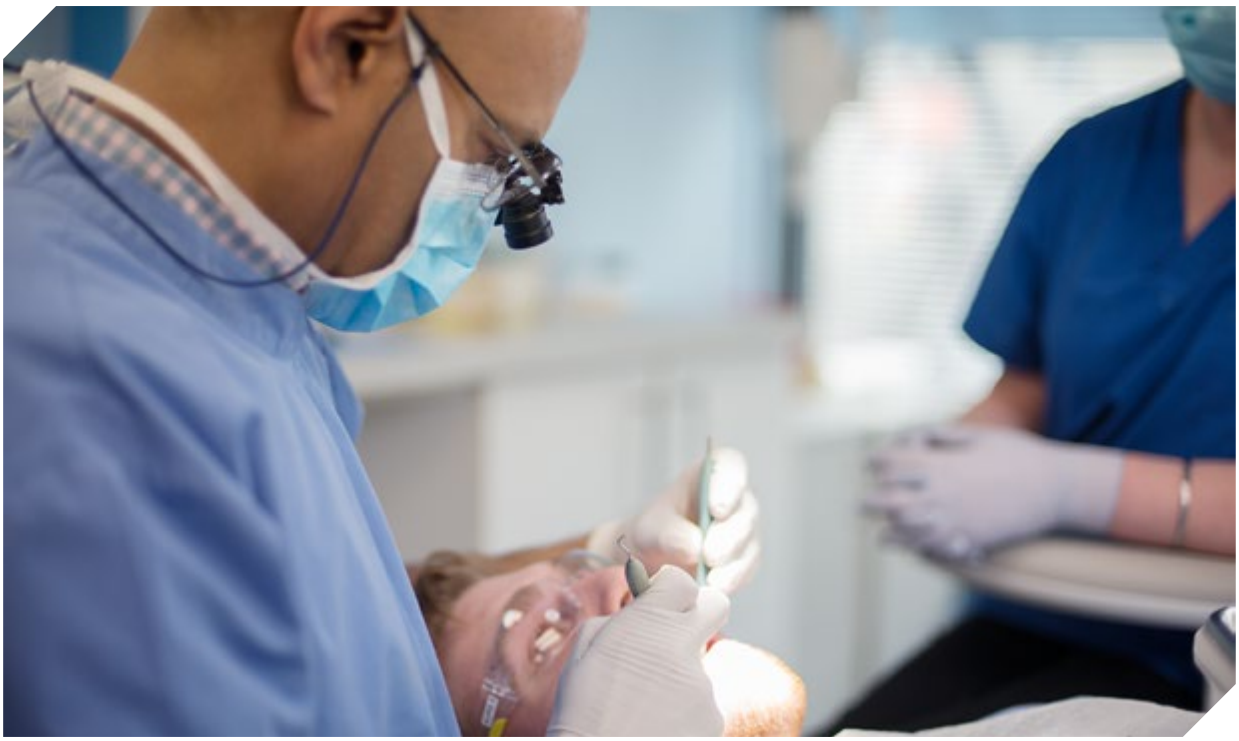
Outcomes of competence notifications

When the Council receives a notification or expression of concern about a practitioner's competence, it makes initial inquiries, usually through its professional advisors. Once it has a better understanding of the situation, the Council may decide to:

- take no further action
- make recommendations to the practitioner
- order a competence review.

If the Council orders a competence review and has grounds to believe the practitioner may pose a risk of serious harm to the public, an interim order can be made to suspend the practitioner or restrict their scope of practice and/or place their practice under supervision. This is done to ensure the safety of the public.

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



Outcomes of competence notifications

Outcomes	Health Practitioners Competence Assurance Act 2003 – section	2016/17				2015/16			
		Existing	New	Closed	Still active	Existing	New	Closed	Still active
Initial inquiries	36	–	18	18	–	–	15	15	–
Initial inquiries pending	36	1	5	1	5	4	1	4	1
Preliminary assessments		–	1	1	–	–	2	2	–
TOTAL inquiries and preliminary assessments		**1**	**24**	**20**	**5**	**4**	**18**	**21**	**1**
No further action		–	4	4	–	–	7	7	–
Notification of risk of harm to public	35	7	2	2	7	6	3	2	7
Orders concerning competence	38	23	1	5	19	21	5	3	23
Interim suspension/conditions	39	6	2	2	6	5	4	3	6
Competence programme	40	10	1	–	11	10	2	2	10
Individual recertification programme	41	5	1	3	3	8	2	5	5
Unsatisfactory results of competence or recertification programme	43	–	1	–	1	–	–	–	–
Competence review		4	7	4	7	5	4	5	4
Other action		–	15	15	–	–	9	9	–
Voluntarily removed from register		–	–	–	–	–	–	–	–
Outcome of inquiry pending		1	2	1	2	1	1	1	1

Note: Some notifications result in more than one outcome.

Competence reviews

The Council will order a competence review if it believes a practitioner may be operating below the required standards.

The objective is to assess a practitioner's competence and, if a deficiency is found, to put in place the appropriate training, education and safeguards to help the practitioner meet the 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.

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

This year, the Council ordered seven new competence reviews, compared with four undertaken last year. Four reviews were ongoing at the end of last year, which resulted in 11 competence reviews being managed during 2016/17.

Competence reviews

	2016/17	2015/16	2014/15	2013/14	2012/13
New competence reviews	7	4	7	2	8
Existing practitioners in competence review	4	5	3	5	2
Total cases managed	**11**	**9**	**10**	**7**	**10**
Practitioners leaving competence review	4	5	5	4	5
Practitioners left in competence review	7	4	5	3	5

Competence reviews managed, by profession

	2016/17	2015/16	2014/15	2013/14	2012/13
Dentists	9	7	9	6	8
Dental hygienists	–	–	–	–	–
Dental therapists	1	1	–	–	2
Dental hygienist and dental therapist	1	1	–	–	–
Dental technicians	–	–	1	1	–
Total	**11**	**9**	**10**	**7**	**10**

Competence programmes

If, following a competence review, the Council believes a practitioner fails to meet the required standard of competence, it can order the practitioner to undertake a competence programme.

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

A competence programme is an educational programme designed to address the practitioner's specific competence issues. It may include requirements to pass exams or assessments; to complete a period of practical training or experience; to have their clinical records examined by another practitioner; and/or to undertake a period of supervised practice.

In 2016/17, the Council made one order for a new practitioner to undertake a competence programme. This resulted in 11 competence programmes being managed during the year. No practitioners have met the requirements that would enable them to leave the programme during the year.

Many were followed by an assessment and frequently in conjunction with an order that the practitioner practise under supervision.

Competence programmes

	2016/17	2015/16	2014/15	2013/14	2012/13
New competence programmes	1	3	1	3	5*
Existing competence programmes	10*	10*	11*	11*	7
Total cases managed	**11**	**13**	**12**	**14**	**12**
Practitioners leaving competence programmes	–	3	2	3	1
Remaining competence programmes	11*	10*	10*	11*	11*

*One dentist was ordered to complete two competence programmes.

Competence programmes managed, by profession

	2016/17	2015/16	2014/15	2013/14	2012/13
Dentistry	10*	11*	11*	13*	11*
Dental hygiene	–	–	–	–	–
Dental therapy	1	2	1	1	1
Dental technician	–	–	–	–	–
Total	**11**	**13**	**12**	**14**	**12**

*One dentist was ordered to complete two competence programmes.

Individual recertification programmes

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

During the reporting period, the Council ordered one new individual recertification programme, meaning six programmes in total were managed. Three practitioners successfully completed their programmes.

Individual recertification programmes

	2016/17	2015/16	2014/15	2013/14	2012/13
New individual programmes	1	2	5	3	6
Existing programmes	5	8	5	6	5
Total managed	**6**	**10**	**10**	**9**	**11**
Practitioners leaving programme	3	5	2	4	5
Practitioners in programme	3	5	8	5	6

Individual recertification programmes managed, by profession

	2016/17	2015/16	2014/15	2013/14	2012/13
Dentists	5	9	9	8	10
Dental hygienists	–	–	–	–	–
Dental therapists	1	1	1	1	1
Dental technicians	–	–	–	–	–
Total	**6**	**10**	**10**	**9**	**11**

Fitness to practise

At the time of registration, an applicant must be able to demonstrate their fitness to practise and satisfy the Council that they meet several standards. 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.

Health

Oral health practitioners, like anyone else, get ill and suffer injury. If a practitioner develops a physical or mental health problem, it may affect 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.

Health practitioners, employers, or people in charge of an organisation that provides health services are legally obliged to notify the Council if there is any reason to believe that an oral health practitioner is unable to perform the functions required for the practice of their profession.

To protect the health and safety of the public, the Act sets out a regime for the notification and management of practitioner health issues. This is a formal regime that permits us to require a practitioner to undergo medical assessments and, where appropriate, to suspend a practitioner's registration or to place conditions on their scope of practice. The Council uses this regime 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 may use more informal voluntary undertakings.

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

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

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	2016/17				2015/16			
		Existing	New	Closed	Still active	Existing	New	Closed	Still active
Health service	45(1)(a)	–	–	–	–	–	–	–	–
Health practitioner	45(1)(b)	–	2	1	1	–	2	2	–
Employer	45(1)(c)	–	–	–	–	–	2	2	–
Medical Officer of Health	45(1)(d)	–	–	–	–	–	–	–	–
Any person	45(3)	1	–	1	–	–	2	1	1
Person involved with education	45(5)	–	–	–	–	–	–	–	–
Self-notification		1	7	8	–	–	14	13	1
Other regulatory authority		–	–	–	–	–	–	–	–
Professional Conduct Committee	80(2)(b)	–	–	–	–	–	1	1	–
Total		**2**	**9**	**10**	**1**	**–**	**21**	**19**	**2**

Outcomes of new health notifications

Outcomes	Health Practitioners Competence Assurance Act 2003 – section	2016/17*	2015/16*
No further action		1	3
Order medical examination	49	3	5
Interim suspension	48	1	1
Conditions	48	–	2
Restrictions imposed	50	–	–
Voluntary undertaking		8	10
Still under review		–	2
Alteration of scope	21	–	–
Other action		–	4
Total		**13**	**27**

*A notification can result in one or more outcome.

Health programmes

	2016/17	2015/16	2014/15	2013/14	2012/13	2011/12
New health programmes	8	12	2	11	6	5
Existing practitioners in health programmes	16	12	16	12	10	8
Total managed	**24**	**24**	**18**	**23**	**16**	**13**
Practitioners leaving health programmes	3	8	6	7	4	3
Practitioners in health programmes	21	16	12	16	12	10

During 2016/17, eight new health programmes were established by the Council. This resulted in 24 health programmes being managed during the reporting period. Three practitioners had left the health portfolio at the end of the period.

Competence-related supervision and oversight

Supervision and oversight are statutory tools provided to help us ensure that practitioners are fit and competent to practise and do not pose a risk of harm to the public.

The Council may make an order of supervision 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 failure to satisfy the requirements of a competence programme.

The Council made one order involving supervision relating to competence during the reporting period. The practitioner subject to that order joined seven others already practising under supervision. The nature of the supervision varies according to the needs of the practitioner but is focused at all times on maintaining public safety.

One practitioner was released from a supervision programme, based on the termination of the competence programme to which that supervision related. The practitioner is currently suspended from practice.

Supervision orders relating to competence

	2016/17	2015/16	2014/15	2013/14
New supervision cases	1	2	2	5
Existing supervision	7	10	11	11
Total managed	**8**	**12**	**13**	**16**
Practitioners leaving supervision	1	5	3	5
Practitioners in supervision	7	7	10	11

Supervision orders relating to competence, by profession

	2016/17	2015/16	2014/15	2013/14
Dentists	7	10	12	15
Dental hygienists	–	–	–	–
Dental therapists	1	2	1	1
Dental technicians	–	–	–	–
TOTAL	8	12	13	16

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

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

Seven new oversight cases were ordered during 2016/17, while one practitioner was subject to an oversight order from the previous year. Two practitioners were released from oversight in 2016/17.

Oversight

	2016/17	2015/16	2014/15	2013/14
New oversight cases	7	1	3	–
Existing oversight cases	1	3	–	1
Total managed	**8**	**4**	**3**	**1**
Practitioners leaving oversight	2	3	–	1
Practitioners in oversight	6	1	3	–

Oversight by profession

	2016/17	2015/16	2014/15	2013/14
Dentists	7	3	3	1
Dental hygienists	–	–	–	–
Dental therapists	1	1	–	–
Dental technicians	–	–	–	–
TOTAL	8	4	3	1

Recertification

Recertification is a statutory process used to validate practitioners as competent and fit to practise. Our recertification system is a fundamental tool for ensuring lifelong practitioner competence.

To continue to practise in New Zealand, practitioners must renew their APCs each year. As part of this renewal process, they declare their compliance with standards set by the Council, their competence to practise and any health conditions or other issues that may affect their fitness to practise.

The Council declines applications for an APC renewal if it is not satisfied that the practitioner is competent and fit to practise.

Practice standards compliance audit process

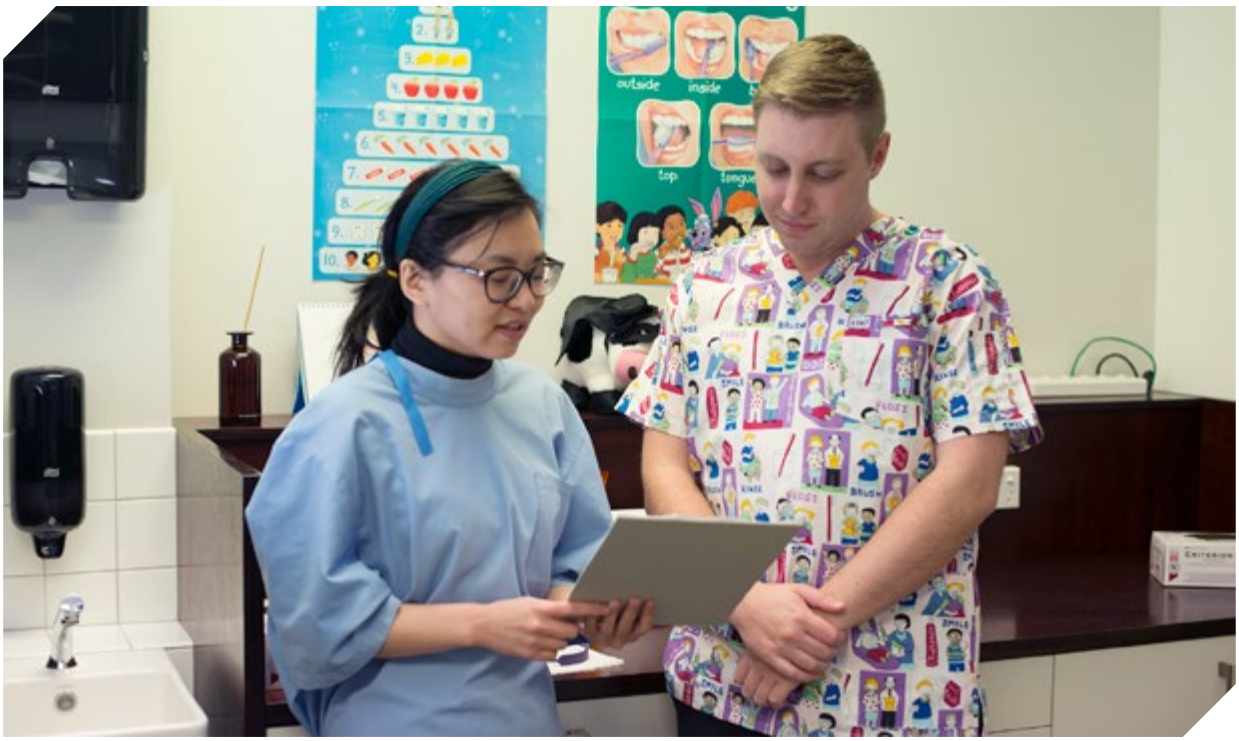
Following the APC renewal cycles, 10 percent of each practitioner group is randomly selected to complete a questionnaire on compliance with our practice standards. From this group, we randomly select a number of practitioners for visits to confirm compliance. We refer to these visits as practice audits. We follow up on any issues arising from the questionnaire.

Continuing professional development

We set a recertification programme for each profession under section 41 of the Act. This currently requires practitioners to complete a specified number of hours of continuing professional development and peer contact activities over a four-year cycle.

Practitioners who do not satisfactorily complete the programme may have their scope of practice altered by changing the health services they are permitted to perform, have conditions imposed on their scope of practice or have their registration suspended.

At the end of each four-year cycle, 10 percent of each practitioner group is randomly selected for an audit of their continuing professional development activities.



Complaints and discipline

We work in conjunction with the HDC to ensure the public and oral health practitioners have access to a fair and responsive complaints and discipline system.

The Code of Health and Disability Services Consumers' Rights establishes the rights of health consumers and the duties of the providers of those services.

Oral health practitioners must respect patient rights and follow the principles of ethical conduct set out by the Council in its standards framework. Failing to provide good care or behaving in a way that shows a lack of professional integrity are matters of conduct.

Complaints

The Council's primary responsibility when receiving a complaint is the protection of the health and safety of the public. We receive complaints from many different sources—the actions we take depend on the nature of the complaint and who has made it.

The Council is mandated to respond directly to complaints from other health professionals, the HDC and employers.

While the Council often receives complaints from the public, it is not mandated to respond to these in a formal sense. We will always listen to them and then either refer them on to the HDC or provide information to the consumer on the avenues available to them. It is then up to the consumer to take action and make their complaint to one of the individuals or agencies listed above.

Complaints fall into two broad categories:

- those that allege the practice or conduct of a practitioner has affected a patient
- those that do not directly involve a patient. These could relate to a practitioner practising outside of their scope of practice, practising without an APC, having committed a disciplinary offence or being convicted by the courts.

Complaints that allege a patient has been affected must be made to the HDC. When the Council receives one of these complaints, it immediately refers it to the HDC. The HDC can refer the complaint back to the Council to establish if a breach has occurred.

Those notifications or complaints received by the Council that do not directly involve a patient are reviewed on a case-by-case basis. Each notification or complaint is assessed, and we decide whether it should be handled as a competence, conduct or health issue.

The Council received 177 complaints during 2016/17, with most (147) coming from consumers. This number of complaints is slightly higher than last year.

Complaints from various sources and outcomes

Source	Complaints 2016/17	Outcomes 2016/17					Complaints 2015/16
		Not yet assessed	No further action	Other action	Referred to professional conduct committee	Referred to the Health and Disability Commissioner	
Consumer	147	–	135	–	–	12	125
Health and Disability Commissioner	7*	–	1	5	2	–	8*
Oral health practitioner	11*	2	2	9	–	–	6*
Other health practitioner	1	–	–	1	–	–	–
Courts notice of conviction	1	–	–	–	1	–	–
Employer	2	1	–	1	–	–	4
Self-notifications	7	2	–	1	4	–	4
Other	1	1	–	–	–	–	5
TOTAL	177	6	138	17	7**	12	152

*Some complaints had more than one outcome.

**The seven complaints referred to the PCC related to six practitioners, resulting in six cases being managed by PCCs

Discipline

Referrals to a professional conduct committee

A professional conduct committee (PCC) is a statutory committee appointed to investigate when issues of practitioner conduct arise. It is completely independent of the Council.

The Council will refer a case to a PCC in two situations. The first is when we are notified that a practitioner has been convicted of an offence in court. Certain offences automatically trigger a PCC investigation, as do convictions that are punishable by imprisonment for three months or longer.

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

A PCC comprises two professional peers of the practitioner and a layperson. A PCC may make recommendations to the Council or lay charges against the practitioner before the Health Practitioners Disciplinary Tribunal (HPDT).

In 2016/17, the Council referred six practitioners to PCCs, while three existing cases from 2015/16 were also managed this year. The PCC recommended two were counselled by the Council, determined that one be charged before the HPDT, and no further action was taken in one case. The outcomes of five cases are still pending.

Professional conduct committee cases

Nature of issue	Source	2016/17	Outcome(s)
Concerns about standards of practice			
Notification of conviction			
– Drink driving offence	1 District Court	1	1 outcome pending
– Assault			
– Fraud			
– Theft			
– Other conviction	1 self-notification	1	1 no further action
Conduct	1 practitioner 2 HDC	3*	2 counselled 1 outcome pending
Practising outside scope			
Practising without APC	3 self-notification	3	3 outcomes pending
Practising while suspended	1 ACC	1*	1 HPDT
Other			
Total cases		**9**	

*Some PCC cases were existing cases with the outcome pending from 2015/16, finalised this year.

ACC = Accident Compensation Corporation; APC = annual practising certificate; HDC = Health and Disability Commissioner; HPDT = Health Practitioners Disciplinary Tribunal.

Professional conduct committees

	2016/17	2015/16	2014/15	2013/14
New PCC cases	6	7	4	4
Existing PCC cases	3	1	_	6
Total managed	**9**	**8**	**4**	**10**
PCC finalised	4	5	3	10
Practitioners remaining	5	3	1	–

Note: PCC = professional conduct committee.

Professional conduct committees, managed by profession

	2016/17	2015/16	2014/15	2013/14
Dentists	5	5	2	6
Dental hygienists	1	1	–	–
Dental therapists	–	–	2	–
Dental technicians	2	1	_	3
Dental hygienist and dental therapist	1	1	–	1
TOTAL	9	8	4	10

Health Practitioners Disciplinary Tribunal

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

The tribunal operates independently from the Council.

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

During 2016/17, PCCs appointed by the Council laid charges against one practitioner before the HPDT. The charges were dismissed by the HPDT. One outcome was still pending at the end of the reporting year.

Health Practitioners Disciplinary Tribunal cases

	2016/17	2015/16	2014/15	2013/14
New HPDT cases	1	1	1	4
Existing HPDT cases	1	1	3	8
Total managed	**2**	**2**	**4**	**12**
HPDT finalised	1	1	3	9
Practitioners remaining	1	1	1	3

Note: HPDT = Health Practitioners Disciplinary Tribunal.

Appeals and judicial reviews

Decisions of the Council may be appealed to the District Court. No decisions were appealed to the District Court during the reporting period.

Practitioners may also seek to judicially review decisions of the Council in the High Court. Essentially, this involves the Court assessing whether, in making a decision, the Council has followed its own policies and processes, and that these are reasonable.

One judicial review was heard during 2016/17.

A practitioner brought judicial review proceedings alleging that the Council's decision to suspend their practising certificate until a competence programme was successfully completed was unreasonable, as was the competence programme that the Council required them to undertake. The hearing was held in April 2016 and the judgement delivered in August. The High Court upheld the Council's decision.

Examinations and accreditation

The Council prescribes qualifications for its scopes of practice and monitors, through accreditation, every New Zealand educational institution providing a prescribed qualification.

The Council also provides access, through the National Dental Examining Board of Canada, to the New Zealand dental registration examinations for candidates who do not have a prescribed qualification, to enable them to register in New Zealand.

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

Examinations

Of the 2016/17 new registrants, 53 percent of the dentists and dental specialists, 15.4 percent of the dental hygienists and 3.8 percent of the dental therapists gained their primary qualifications in countries other than New Zealand. A significant proportion of them did not hold a prescribed qualification.

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

Eligible candidates can take a registration examination to fully assess their skills and competence and to ensure they meet the standards required of New Zealand-qualified practitioners. A pass in one of the registration examinations is a prescribed qualification for registration within New Zealand.

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

Since 2015, the National Dental Examining Board of Canada (NDEB) has been the provider of the New Zealand Dentist Registration Examination (NZDREX)—the registration examinations for dentists. The first assessment of fundamental knowledge was offered to New Zealand candidates in August 2015.

The clinical examinations offered by the University of Otago were phased out for all eligible candidates during 2015/16. The last clinical examination, as a component of the old NZDREX University of Otago pathway, was held in June 2016 for the remaining eligible candidates.

Nine candidates sat the exam—three candidates passed, making a pass rate of 33.3 percent, up from 21.1 percent last year.

All new NZDREX candidates enrol directly into the NDEB equivalency process.

The dental therapy and dental hygiene examinations were held at the Auckland University of Technology.

One dental therapy candidate sat and passed the written component. The candidate proceeded to the clinical component but did not pass.

One dental hygiene candidate sat and passed the written component of the dental hygiene examination but did not pass the clinical component.

There were no registration examinations held for dental specialists or dental technicians.

Accreditation

The Dental Council (NZ) 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.

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.

Prescribed qualifications

Following the accreditation in late 2015 of the University of Otago Doctor of Clinical Dentistry in Oral Surgery and the Royal College of Pathologists of Australasia Fellowship in Oral and Maxillofacial Pathology programmes, the Council consulted on gazetting these qualifications as prescribed qualifications for registration in the oral surgery and oral pathology scopes of practice respectively. Minor administrative updates on the description for the Australian programmes were also proposed. These proposals were accepted, and the qualifications were gazetted on 24 November 2016.

Education providers

The University of Otago Faculty of Dentistry asked the Council to revisit the accreditation process and review schedule of its accredited programmes. Under the existing process, the faculty was undergoing an accreditation review almost every year—four visits over a five-year cycle.

The Council agreed to revise the process by dividing the programme reviews into two groups: undergraduate and postgraduate programmes. The programmes will still be required to meet the same accreditation standards. The postgraduate review is scheduled for 2018, with the undergraduate review the following year. This will allow for the faculty's new facilities to be completed and inspected as part of the reviews.

The Council has updated the accreditation periods for the programmes, to align with the new review dates. To support the extension of some of the accreditation periods by a year or two, the Council has strengthened its monitoring of the University of Otago accredited programmes.

The Council identified the building project at the faculty as posing a potential risk to its ability to meet the accreditation standards. The Council has worked closely with the faculty in establishing a quarterly building update—focused on educational risks and mitigation strategies, throughout the building project.

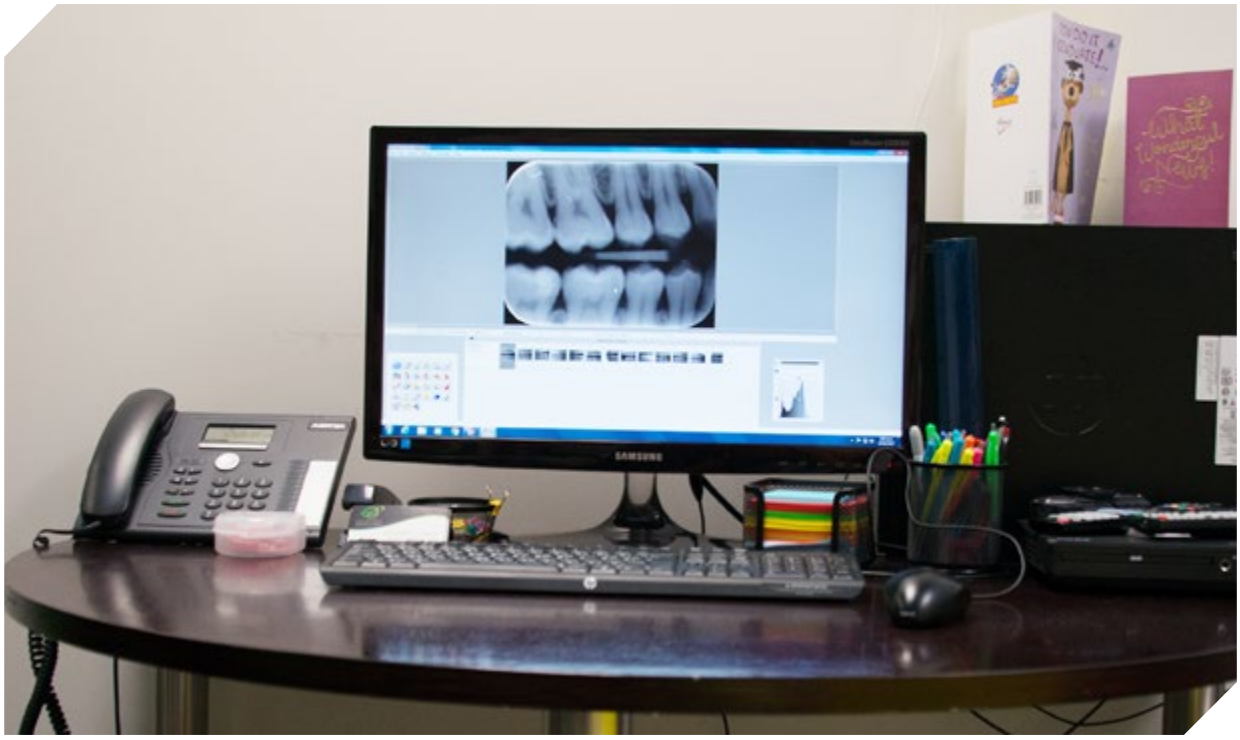
In addition, the Council worked closely with the Department of Oral Health at Auckland University of Technology during a period of key changes. This included monitoring the potential impact on student clinical experiences as a result of the move of the oral health clinic to a new facility around mid-2017.

Accreditation reviews

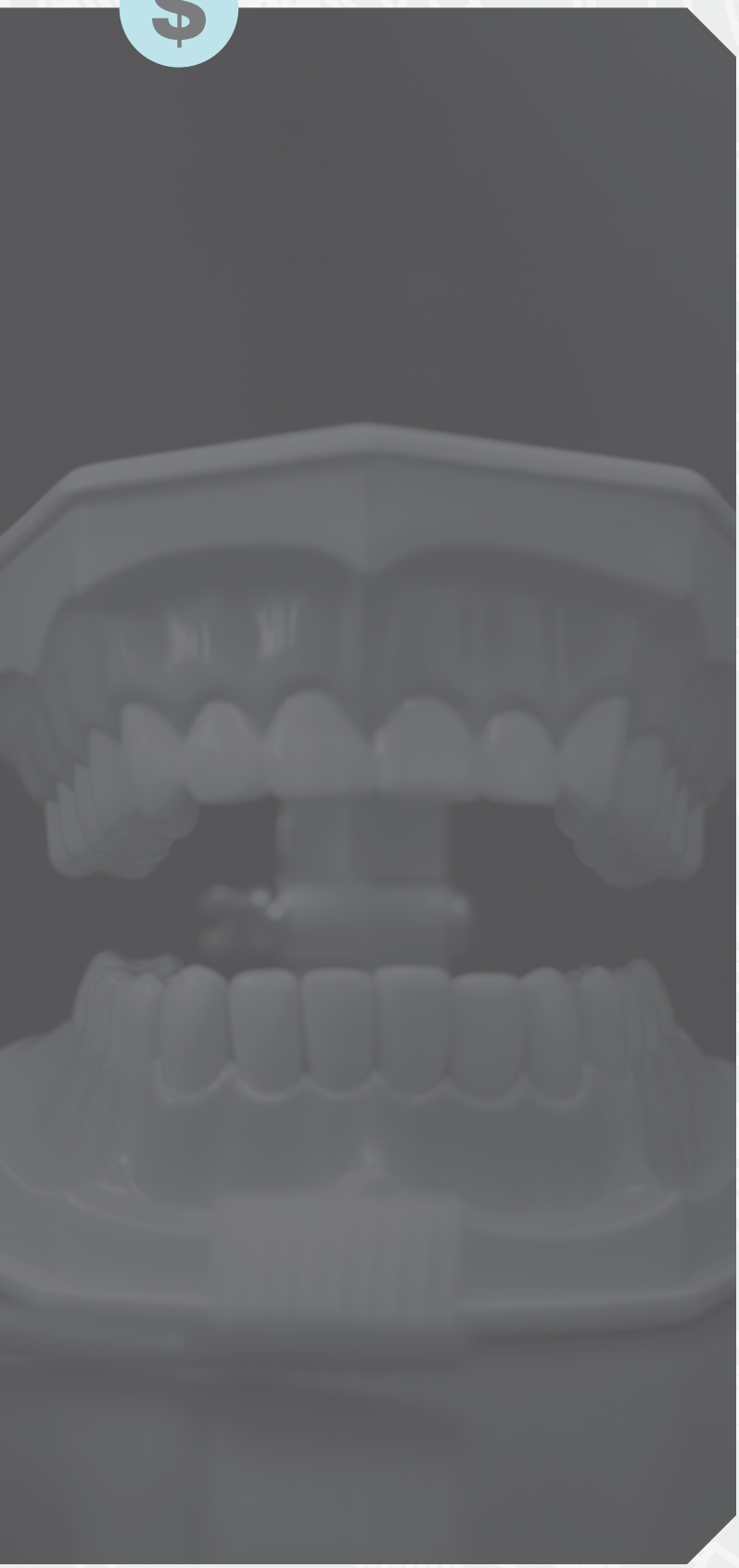
No accreditation reviews were scheduled this year.

The Council has begun a joint review process for the Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) programme, working with the Australian Medical Council, Australian Dental Council and the Medical Council of New Zealand. The dental and medical accreditation standards were mapped at a principle level to identify the level of overlap, and were found to be in alignment. The site evaluation team consists of four dental and medical appointees each; two of the dental members are appointed by the Dental Council (NZ). The aims of working collaboratively are to remove unnecessary regulatory burden for the provider and to share regulatory resources. However, each jurisdiction will still make its independent accreditation decision. The review will conclude towards the end of 2017. Several reviews are scheduled for next year:

- University of Otago postgraduate programmes
- Certificate of Orthodontic Assisting, New Zealand Association of Orthodontists: Orthodontic Auxiliary Training Programme
- Royal College of Pathologists of Australasia Fellowship in Oral and Maxillofacial Pathology—a joint process with the Australian Dental Council is being explored.



Our financials



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CHARTERED ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

TO THE READERS OF DENTAL COUNCIL'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2017

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 Audit Limited, to carry out the audit of the financial statements of the Council on her behalf.

Opinion
We have audited the financial statements of the Council on pages 56 to 74, that comprise the statement of financial position as at 31 March 2017, the statement of comprehensive revenue and expenses, the statement of changes in net assets and cash flow statement for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

In our opinion the financial statements of the Council on pages 56 to 74, present fairly, in all material respects:

- its financial position as at 31 March 2017; and
- its financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Reduced Disclosure Regime (PBE RDR)

Our audit was completed on 12 June 2017. 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 relating to the financial statements 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 Professional and Ethical Standards and International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the Auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of the Council for the financial statements
The Council is responsible for preparing financial statements that are fairly presented and that comply with generally accepted accounting practice in New Zealand.

The Council is 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.

In preparing the financial statements, the Council is responsible on behalf of the Council for assessing the Council's ability to continue as a going concern. The Council is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to liquidate the Council or to cease operations, or there is no realistic alternative but to do so.

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

Responsibilities of the auditor for the audit of the financial statements
Our objectives are to obtain reasonable assurance about whether the financial statements, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures, and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers taken on the basis of these financial statements.

We did not evaluate the security and controls over the electronic publication of the financial statements.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- We obtain an understanding of internal control relevant to the audit 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.

- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Council.

- We conclude on the appropriateness of the use of the going concern basis of accounting by the Council and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Council's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Council to cease to continue as a going concern.

- We evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Council regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during 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
We are independent of the Council in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1(Revised): *Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing and Assurance Standards Board.

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

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

Statement of comprehensive revenue and expenses

FOR THE YEAR ENDED 31 MARCH 2017

	Note	31 March 2017 $	31 March 2016 $
Revenue from non-exchange transactions			
Annual practising certificate fees	5	3,112,022	2,561,164
Disciplinary levies	5	161,955	419,891
Discipline fines/costs recovered		–	67,959
		3,273,977	**3,049,014**
Revenue from exchange transactions			
Interest on investments		90,264	116,383
Sale of dental register extracts		1,200	2,000
Certificate of good standing fees		8,399	6,436
Registration fees		266,082	235,982
Retention on dental register (non-practising) fees		73,458	63,901
Restoration to dental register fees		2,606	2,739
New Zealand dental registration examination fees		73,923	265,857
Competence programme contributions		10,344	21,698
Fitness to practise contributions		2,123	1,905
Recertification programme contributions		8,060	13,848
Accreditation contributions		3,763	44,532
Sundry income		-	418
		540,222	**775,699**
Total revenue		**3,814,199**	**3,824,713**
Expenses as per schedules	6		
Administration expenses		2,186,451	1,851,712
Council project and profession expenses		1,641,944	1,867,873
Total expenditure		**3,828,395**	**3,719,585**
Total surplus/(deficit) for the year		**(14,196)**	**105,128**
Other comprehensive revenue and expenses		–	–
Total comprehensive revenue and expense for the year		**(14,196)**	**105,128**

Signed for and on behalf of Council members who authorised these financial statements for issue on 6 June 2017.

Chair of Council

Deputy Chair

These financial statements should be read in conjunction with the notes to the financial statements.

Statement of financial position

AS AT 31 MARCH 2017

	Note	31 March 2017 $	31 March 2016 $
Current assets			
Cash and cash equivalents	8	974,220	1,832,921
Short-term investments	9	2,860,000	2,063,748
Receivables from exchange transactions		49,140	112,756
Receivables from non-exchange transactions		26,685	46,928
Prepayments		19,977	33,889
		3,930,022	**4,090,242**
Non-current assets			
Intangible assets	10	31,489	65,194
Property, plant and equipment	11	219,235	234,771
Work in progress	12	174,340	–
		425,064	**299,965**
Total assets		**4,355,086**	**4,390,207**
Current liabilities			
Accounts payable		537,145	527,854
Other liabilities		26,282	22,930
Revenue in advance		933,975	922,500
Employee entitlement		200,544	216,893
Goods and services tax payable		69,520	98,213
Total liabilities		**1,767,466**	**1,788,390**
Net assets		**2,587,620**	**2,601,817**
Equity			
Operational reserves – profession		1,417,707	1,452,286
Disciplinary reserves – profession		484,285	601,295
Capital asset reserve – Council		685,628	548,236
Total net assets attributable to the owners of the controlling entity		**2,587,620**	**2,601,817**

These financial statements should be read in conjunction with the notes to the financial statements.

Statement of changes in net assets

FOR THE YEAR ENDED 31 MARCH 2017

	Note	Capital asset reserve (note 13) $	Disciplinary reserve $	Operational reserve $	Total equity $
Opening balance 1 April 2016		548,236	601,295	1,452,285	2,601,816
Surplus/(deficit) for the year		137,392	(117,011)	(34,577)	(14,196)
Other comprehensive revenue					–
Closing equity 31 March 2017		**685,628**	**484,284**	**1,417,708**	**2,587,620**
Opening balance 1 April 2015		422,823	260,145	1,813,723	2,496,691
Surplus/(deficit) for the year		125,413	341,150	(361,438)	105,125
Other comprehensive revenue					–
Closing equity 31 March 2016		**548,236**	**601,295**	**1,452,285**	**2,601,816**

These financial statements should be read in conjunction with the notes to the financial statements.

Statement of cash flows

FOR THE YEAR ENDED 31 MARCH 2017

	Note	31 March 2017 $	31 March 2016 $
Cash flows from operating activities			
Receipts			
Receipts from annual practising certificate fees and disciplinary levies (non-exchange)		3,284,591	2,977,121
Receipts from other non-exchange transactions		41,452	26,989
Receipts from exchange transactions		488,876	595,713
Interest received		94,614	112,834
		3,909,534	**3,712,657**
Payments			
Payments to suppliers and employees		3,762,616	3,366,729
		3,762,616	**3,366,729**
Net cash flows from operating activities		**146,918**	**345,928**
Cash flows from investing activities			
Receipts		–	–
Payments			
Purchase of property, plant and equipment and intangibles (including work in progress)		209,366	210,088
Net investments in short-term investments		796,252	803,748
		1,005,618	**1,013,836**
Net cash flows from investing activities		**(1,005,618)**	**(1,013,836)**
Net increase/(decrease) in cash and cash equivalents		(858,701)	(667,908)
Cash and cash equivalents at 1 April		1,832,921	2,500,829
Cash and cash equivalents at 31 March		**974,220**	**1,832,921**
This is represented by:			
ANZ Bank Account		974,220	1,832,921

These financial statements should be read in conjunction with the notes to the financial statements.

Notes to the financial statements

FOR THE YEAR ENDED 31 MARCH 2017

1 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.

These financial statements and the accompanying notes summarise the financial results of activities carried out by the Council. In order to protect the health and safety of the New Zealand public, the Council provides mechanisms to ensure that oral health practitioners are competent and fit to practise their professions. The Council is a charitable organisation registered under the Charities Act 2005.

These financial statements have been approved and were authorised for issue by the Council on 6 June 2017.

2 Statement of compliance

The financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand (NZ GAAP). They comply with public benefit entity international public sector accounting standards (PBE IPSAS) and other applicable financial reporting standards as appropriate that have been authorised for use by the External Reporting Board for public sector entities. For the purposes of complying with NZ GAAP, the Council is a public benefit public sector entity and is eligible to apply Tier 2 public sector PBE IPSAS on the basis that it does not have public accountability and is not defined as large.

The Council has elected to report in accordance with Tier 2 public sector PBE accounting standards and, in doing so, has taken advantage of all applicable reduced disclosure regime disclosure concessions.

3 Summary of accounting policies

The significant accounting policies used in the preparation of these financial statements as set out below have been applied consistently to both years presented in these financial statements.

3.1 Basis of measurement

These financial statements have been prepared on the basis of historical cost.

3.2 Functional and presentational currency

The financial statements are presented in New Zealand dollars ($), which is the Council's functional currency. All information presented in New Zealand dollars has been rounded to the nearest dollar.

3.3 Revenue

Revenue is recognised to the extent that it is probable that the economic benefit will flow to the Council and revenue can be reliably measured. Revenue is measured at the fair value of the consideration received. The following specific recognition criteria must be met before revenue is recognised.

Revenue from non-exchange transactions

Annual practising certificate fees

The Council's annual recertification cycle runs from 1 October to 30 September for dentists and from 1 April to 31 March for the other dental professions that the Council regulates, that is, dental therapists, dental hygienists, orthodontic auxiliaries, dental technicians and clinical dental technicians. Fees received in advance of the commencement of the recertification cycle are recognised on the first day of the recertification year, that is, either 1 October or 1 April. Fees received within the recertification year to which they relate are recognised in full on receipt.

Disciplinary levies

Disciplinary levies imposed and collected as part of the annual recertification cycle are recognised in full on the first day of the recertification year, that is, on 1 October for dentists and 1 April for the other dental professions that the Council regulates. Levies received within the recertification year to which they relate are recognised in full on receipt.

Disciplinary fines and recoveries

Disciplinary fines and costs recovered represent 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 and the HPDT.

Once awarded by the HPDT, disciplinary recoveries are reflected in the accounts at the time those costs were incurred and at the amount determined by the HPDT.

Revenue from exchange transactions

Professional standards fees recovered

Professional standards fees recovered represent the recovery of costs from individual practitioners undergoing competence, recertification and fitness to practise programmes ordered by the Council. Revenue from these exchange transactions is recognised when earned and is reported in the financial period to which it relates.

Retention on the dental register (non-practising) fees

Only those fees attributable to the current financial period are recognised in the statement of comprehensive revenues and expenses.

Interest income

Interest revenue is recognised as it accrues, using the effective interest method.

All other income

All other revenue from exchange transactions is recognised when earned and is reported in the financial year to which it relates.

3.4 Financial instruments

Financial assets and financial liabilities are recognised when the Council becomes a party to the contractual provisions of the financial instrument.

The Council ceases to recognise a financial asset or, where applicable, a part of a financial asset or part of a group of similar financial assets when the rights to receive cash flows from the asset have expired or are waived, or the Council has transferred its rights to receive cash flows from the asset or has assumed an obligation to pay the received cash flows in full without material delay to a third party; and either:

- the Council has transferred substantially all the risks and rewards of the asset; or
- the Council has neither transferred nor retained substantially all the risks and rewards of the asset but has transferred control of the asset.

Financial assets

Financial assets within the scope of PBE IPSAS 29 Financial Instruments: Recognition and Measurement are classified as financial assets at fair value through surplus or deficit, loans and receivables, held-to-maturity investments or available-for-sale financial assets. The classifications of the financial assets are determined at initial recognition.

The categorisation determines subsequent measurement and whether any resulting revenue and expense is recognised in surplus or deficit or in other comprehensive revenue and expenses. The Council's financial assets are classified as loans and receivables. The Council's financial assets include: cash and cash equivalents, short-term investments, receivables from non-exchange transactions, receivables from exchange transactions and non-equity investments.

All financial assets are subject to review for impairment at least at each reporting date. Financial assets are impaired when there is any objective evidence that a financial asset or group of financial assets is

impaired. Different criteria to determine impairment are applied for each category of financial assets, which are described below.

Receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition, these are measured at amortised cost using the effective interest method, less any allowance for impairment. The Council's cash and cash equivalents, short-term investments, receivables from non-exchange transactions, receivables from exchange transactions and non-equity investments fall into this category of financial instruments.

Impairment of financial assets

The Council assesses at the end of each reporting date whether there is objective evidence that a financial asset or a group of financial assets is impaired. A financial asset or a group of financial assets is impaired and impairment losses are incurred if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset (a 'loss event') and that loss event has an impact on the estimated future cash flows of the financial asset or the group of financial assets that can be reliably estimated.

For financial assets carried at amortised cost, if there is objective evidence that an impairment loss on loans and receivables carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. The carrying amount of the asset is reduced through the use of an allowance account. The amount of the loss is recognised in the surplus or deficit for the reporting period.

In determining whether there is any objective evidence of impairment, the Council first assesses whether there is objective evidence of impairment of financial assets that are individually significant, and individually or collectively significant for financial assets that are not individually significant. If the Council determines there is no objective evidence of impairment for an individually assessed financial asset, it includes the asset in a group of financial assets with similar credit risk characteristics and collectively assesses them for impairment.

Assets that are individually assessed for impairment and for which an impairment loss is or continues to be recognised are not included in a collective assessment for impairment.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed by adjusting the allowance account. If the reversal results in the carrying amount exceeding its amortised cost, the amount of the reversal is recognised in surplus or deficit.

Financial liabilities

The Council's financial liabilities include trade and other creditors (excluding goods and services tax (GST) and pay as you earn (PAYE) tax and employee entitlements.

All financial liabilities are initially recognised at fair value (plus transaction costs for financial liabilities not at fair value through surplus or deficit) and are measured subsequently at amortised cost using the effective interest method except for financial liabilities at fair value through surplus or deficit.

3.5 Cash and cash equivalents

Cash and cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash and that are subject to an insignificant risk of changes in value.

3.6 Short-term investments

Short-term investments comprise term deposits that have a term of greater than three months and therefore do not fall into the category of cash and cash equivalents.

3.7 Property, plant and equipment

Items of property, plant and equipment are measured at cost less accumulated depreciation and impairment losses. Cost includes expenditure that is directly attributable to the acquisition of the asset. Where an asset is acquired through a non-exchange transaction, its cost is measured at its fair value as at the date of acquisition.

Depreciation is charged on a straight-line basis over the useful life of the asset. Depreciation is charged at rates calculated to allocate the cost or valuation of the asset less any estimated residual value over its remaining useful life:

- office refit 10% per annum
- office furniture 10% per annum
- office equipment 6% – 30% per annum
- computer equipment 30% per annum

Depreciation methods, useful lives and residual values are reviewed at each reporting date and are adjusted if there is a change in the expected pattern of consumption of the future economic benefits or service potential embodied in the asset.

3.8 Capital work in progress

Capital work in progress is stated at cost and not depreciated. Depreciation on capital work in progress commences when assets are ready for their intended use. The cost of capital work in progress has not been deducted from the capital replacement reserve.

3.9 Intangible assets

Intangible assets acquired separately are measured on initial recognition at cost. The cost of intangible assets acquired in a non-exchange transaction is their fair value at the date of the exchange. The cost of intangible assets acquired in a business combination is their fair value at the date of acquisition.

Following initial recognition, intangible assets are carried at cost less any accumulated amortisation and accumulated impairment losses. Internally generated intangibles, excluding capitalised development costs, are not capitalised and the related expenditure is reflected in surplus or deficit in the period in which the expenditure is incurred.

The useful lives of intangible assets are assessed as either finite or indefinite.

Intangible assets with finite lives are amortised over the useful economic life and assessed for impairment whenever there is an indication that the intangible asset may be impaired.

The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each reporting period. Changes in the expected useful life or the expected pattern of consumption of future economic benefits or service potential embodied in the asset are considered to modify the amortisation period or method, as appropriate, and are treated as changes in accounting estimates.

The amortisation expense on intangible assets with finite lives is recognised in surplus or deficit as the expense category that is consistent with the function of the intangible assets.

The Council does not hold any intangible assets that have an indefinite life.

The amortisation rate for the Council's intangible assets is:

- software 30% per annum

Notes to the financial statements

FOR THE YEAR ENDED 31 MARCH 2017 (continued)

3.10 Leases

Payments on operating lease agreements, where the lessor retains substantially the risk and rewards of ownership of an asset, are recognised as an expense on a straight-line basis over the lease term.

3.11 Employee benefits

Wages, salaries and annual leave

Liabilities for wages, salaries and annual leave are recognised in surplus or deficit during the period in which the employee provided the related services. Liabilities for the associated benefits are measured at the amounts expected to be paid when the liabilities are settled.

3.12 Income tax

Due to its charitable status, the Council is exempt from income tax. The Dental Council was registered as a charitable entity under the Charities Act 2005 on 7 April 2008 to maintain its tax exemption status.

3.13 Goods and services tax

Revenues, expenses and assets are recognised net of the amount of GST except for receivables and payables, which are stated with the amount of GST included.

The net amount of GST recoverable from, or payable to, the Inland Revenue Department is included as part of receivables or payables in the statement of financial position.

Cash flows are included in the statement of cash flows on a net basis, and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the Inland Revenue Department is classified as part of operating cash flows.

3.14 Equity

Equity is measured as the difference between total assets and total liabilities. Equity is the accumulation of reserves made up of the following components.

Operational reserves

Operational reserves by individual dental profession group are funded from annual practising certificate (APC) fee revenue after each profession's share of Council costs has been provided for. The gazetted practitioner APC fee will vary across dental profession groups, depending on shares of Council costs and activity within a dental profession and direct profession costs.

Disciplinary reserves

Disciplinary reserves are funded from disciplinary levy revenue for each profession group. The gazetted practitioner disciplinary levy will vary across dental profession groups, depending on the number of disciplinary cases projected to be heard by each profession group in any one year.

Capital asset reserve

The capital asset 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. 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.

4 Significant accounting judgements, estimates and assumptions

The preparation of the Council's financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts of revenues, expenses, assets and liabilities, and the accompanying disclosures, and the disclosure of contingent liabilities. Uncertainty about these assumptions and estimates could result in outcomes that require a material adjustment to the carrying amount of assets or liabilities affected in future periods.

Judgements

In the process of applying the accounting policies, management has not made any significant judgements that would have a material impact on the financial statements.

Estimates and assumptions

The main assumptions concerning the future and other significant sources of estimation uncertainty at the reporting date, which have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year, are described below.

Council based its assumptions and estimates on parameters available when the financial statements were prepared. Existing circumstances and assumptions about future developments, however, may change due to market changes or circumstances arising beyond the control of the Council. Such changes are reflected in the assumptions when they occur.

Useful lives and residual values

The useful lives and residual values of assets are assessed using the following indicators to determine potential future use and value from disposal:

- the condition of the asset
- the nature of the asset, its susceptibility and adaptability to changes in technology and processes
- the nature of the processes in which the asset is deployed
- availability of funding to replace the asset
- changes in the market in relation to the asset.

The estimated useful lives of the asset classes held by the Council are listed in notes 3.7 and 3.9.

5 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.

Annual practising fee and disciplinary levy revenue by profession

Profession	2017 $ Annual practising fees	2017 $ Disciplinary levies	2016 $ Annual practising fees	2016 $ Disciplinary levies
Dentists and dental specialists	2,051,365	228,085	1,655,574	328,107
Dental therapists	477,337	(31,072)	376,840	16,627
Dental hygienists and orthodontic auxiliaries	397,890	(25,776)	331,582	17,505
Dental technicians and clinical dental technicians	185,430	(9,282)	197,168	57,652
Total fees and levies	**3,112,022**	**161,955**	**2,561,164**	**419,891**

Notes to the financial statements

FOR THE YEAR ENDED 31 MARCH 2017 (continued)

6 Components of net surplus

Expenditure	Note	2017 $	2016 $
Administration expenses			
Salaries		1,532,044	1,262,968
Staff welfare, training, ACC levies and recruitment		187,959	170,471
Telephone call charges and services		22,082	16,181
Photocopying, printing, postage and couriers		32,939	26,054
Doubtful debts/(doubtful debts recovered)		(1,760)	(9,700)
Office expenses		29,063	36,406
Publications and media monitoring		7,018	4,781
Audit fees	7	16,335	14,195
Advertising		4,714	2,667
Rent and building outgoings		133,924	143,382
Insurance		43,058	40,807
Bank charges		38,225	33,840
Legal		16,642	6,253
Finance		39,940	2,693
Amortisation of intangible assets	10	41,724	46,399
Depreciation of physical assets	11	40,556	49,831
Loss on disposal of assets	11	1,988	4,487
Total administration expenses		**2,186,451**	**1,851,712**
Council project and profession expenses			
Dental Council – fees and expenses		230,272	232,213
Audit and risk and remuneration standing committees		117,055	31,301
Information technology		154,380	147,874
New Zealand and international liaison		128,402	59,524
Strategic and organisational planning		38,174	245,812
Registration and recertification standards		138,265	153,690
Continuing professional development		1,566	228
Scopes of practice		78,151	96,332
Policy		7,888	73,546
Quality assurance		37,642	–
Communications – stakeholders		58,824	41,608
Education and accreditation		34,791	123,789
Examinations		54,439	133,810
Registration		7,726	32,801
Recertification		86,832	93,136
Complaints		109,041	103,982
Fitness to practise		22,836	8,638
Competence assessments and reviews		63,155	155,243
Discipline – overhead recoveries		(11,861)	(22,054)
Discipline – sundry expenses		11,861	23,131
Discipline – professional conduct committees		20,182	48,539
Discipline – Health Practitioners Disciplinary Tribunal		252,323	82,616
Discipline – disciplinary case appeals		–	2,114
Total Council project and profession expenses		**1,641,944**	**1,867,873**
Total expenditure		**3,828,395**	**3,719,585**

7 Auditor's remuneration

Staples Rodway, Wellington, provide audit services to the Council. The total amount recognised for audit fees is $16,335 (2016: $14,195). No non-audit services are provided by Staples Rodway.

8 Cash and cash equivalents

Cash and cash equivalents include the following components:

	2017 $	2016 $
Cash at bank	974,020	1,832,721
Petty cash	200	200
Total Cash and cash equivalents	**974,220**	**1,832,921**

9 Investments

	2017 $	2016 $
Term deposits – maturing within 12 months of balance date	2,860,000	2,063,748
Total investments	**2,860,000**	**2,063,748**

Notes to the financial statements

FOR THE YEAR ENDED 31 MARCH 2017 (continued)

10 Intangible assets

2017	Software $
Cost/valuation	277,046
Accumulated amortisation	(245,557)
Net book value	**31,489**

2016	Software $
Cost/valuation	269,027
Accumulated amortisation	(203,833)
Net book value	**65,194**

Reconciliation of the carrying amount at the beginning and end of the period:

2017	Software $
Opening balance	65,194
Additions	8,019
Disposals	–
Amortisation	41,724
Closing balance	**31,489**

2016	Software $
Opening balance	104,145
Additions	7,448
Disposals	–
Amortisation	46,399
Closing balance	**65,194**

11 Property, plant and equipment

2017	Office furniture $	Office refit $	Computer equipment $	Office equipment $	Total $
Cost/valuation	85,652	185,169	126,166	22,456	419,443
Accumulated depreciation	47,227	33,307	97,530	22,144	200,208
Net book value	**38,425**	**151,862**	**28,636**	**312**	**219,235**

2016	Office furniture $	Office refit $	Computer equipment $	Office equipment $	Total $
Cost/valuation	83,414	185,169	105,358	22,456	396,397
Accumulated depreciation	41,265	14,790	85,149	20,422	161,626
Net book value	**42,149**	**170,379**	**20,209**	**2,034**	**234,771**

Reconciliation of the carrying amount at the beginning and end of the period:

2017	Office furniture $	Office refit $	Computer equipment $	Office equipment $	Total $
Opening balance	42,149	170,379	20,209	2,034	234,771
Additions	3,388	–	23,620	–	27,008
Disposals	68	–	1,920	–	1,988
Depreciation	7,045	18,517	13,272	1,722	40,556
Closing	**38,424**	**151,862**	**28,637**	**312**	**219,235**

2016	Office furniture $	Office refit $	Computer equipment $	Office equipment $	Total $
Opening balance	33,162	15,757	32,513	5,016	86,448
Additions	20,559	169,412	12,248	421	202,640
Disposals	4,026	–	460	–	4,486
Depreciation	7,546	14,790	24,092	3,403	49,831
Closing	**42,149**	**170,379**	**20,209**	**2,034**	**234,771**

12 Capital work in progress

	2017 $	2016 $
Software	174,340	–
Total capital work in progress	**174,340**	**–**

Notes to the financial statements

FOR THE YEAR ENDED 31 MARCH 2017 (continued)

13 Movement in equity

Dental Council	Dentists $	Dental hygienists $	Dental therapists $	Dental technicians $	Total 2017 $
Operational reserves – profession					
Balance 1 April 2016	1,201,148	93,209	52,414	105,515	1,452,286
Surplus/(deficit) 2016/17	37,800	(18,857)	(20,151)	(33,371)	(34,579)
Balance 31 March 2017	**1,238,948**	**74,352**	**32,264**	**72,145**	**1,417,707**
Disciplinary reserves – profession					
Balance 1 April 2016	402,089	72,208	70,135	56,863	601,295
Surplus/(deficit) 2016/17	(52,115)	(26,251)	(31,161)	(7,483)	(117,010)
Balance 31 March 2017	**349,974**	**45,957**	**38,974**	**49,380**	**484,285**
Total profession reserves					
Capital asset reserve – Council					
Balance 1 April 2016					548,236
Capital replacement annual practising certificate fee					221,660
Depreciation, amortisation and loss on disposal of fixed assets					(84,268)
Capital asset reserve – Council 31 March 2017					**685,628**
Total net assets attributable to the owners of the controlling entity 31 March 2017					**2,587,620**

Notes to the financial statements

FOR THE YEAR ENDED 31 MARCH 2017 (continued)

Dental Council	Dentists $	Dental hygienists $	Dental therapists $	Dental technicians $	Total 2016 $
Operational reserves – profession					
Balance 1 April 2015	1,456,720	104,323	136,646	116,035	1,813,724
Surplus/(deficit) 2015/16	(255,572)	(11,114)	(84,232)	(10,520)	(361,438)
Balance 31 March 2016	**1,201,148**	**93,209**	**52,414**	**105,515**	**1,452,286**
Disciplinary reserves – profession					
Balance 1 April 2015	144,598	60,000	55,119	428	260,145
Surplus/(deficit) 2015/16	257,491	12,208	15,016	56,435	341,150
Balance 31 March 2016	**402,089**	**72,208**	**70,135**	**56,863**	**601,295**
Total profession reserves	**1,603,237**	**165,417**	**122,549**	**162,378**	**2,053,581**
Capital asset reserve – Council					
Balance 1 April 2015					422,823
Capital replacement annual practising certificate fee					226,130
Depreciation, amortisation and loss on disposal of fixed assets					(100,717)
Capital asset reserve – Council 31 March 2016					**548,236**
Total net assets attributable to the owners of the controlling entity 31 March 2016					**2,601,817**

14 Related party transactions

Remuneration paid to the Council members

The Council has related party transactions with respect to fees paid to the Council members and with respect to the Council members who pay to the Dental Council APC fees and disciplinary levies as dental practitioners. Fees paid to the Council members for attending Council, committee and working party meetings and participating in other forums are disclosed below.

	2017 $	2016 $
Council members	Fees	Fees
M Bain	–	48,507
R Whyman	61,458	29,114
A Gray	20,622	17,930
J Aarts	24,150	19,530
L Eilenberg	–	20,910
K Ferns	18,722	4,500
L Foster Page	26,056	20,271
K Hazlett	16,974	20,812
J Logan	18,446	8,798
M McGibbon	–	19,463
C Neame	18,256	8,060
D Stephens	–	7,335
G Tahi	19,964	3,780
W Tozer	25,852	23,002
Total fees paid	250,500	252,012

Key management personnel

The key management personnel, as defined by PBE IPSAS 20 Related Party Disclosures, are the members of the governing body comprising the Council members, the Chief Executive, Registrar and Business and Planning Manager, who constitute the governing body of the Council with authority and responsibility for planning, directing and controlling the activities of the entity. The aggregate remuneration paid to the Council members is set out above. The aggregate remuneration of key management personnel and the number of individuals, determined on a full-time equivalent basis, receiving remuneration are as follows:

	2017 $	2016 $
Total remuneration	561,202	543,323
Number of persons	3.2	3.0

Remuneration and compensation provided to close family members of key management personnel

During the reporting period, total remuneration and compensation of $0 (2016: $20,175) was provided by the Council to an employee who is a close family member of key management personnel.

15 Leases

As at the reporting date, the Council has entered into the following non-cancellable operating leases:

Lease of premises 80 The Terrace (Dental Council share)	2017 $	2016 $
Not later than one year	142,101	142,101
Later than one year and no later than five years	710,506	710,506
Later than five years	82,893	224,994
	935,500	1,077,601

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.

Lease of premises 80 The Terrace (five responsible authorities)	2017 $	2016 $
Not later than one year	434,203	434,203
Later than one year and no later than five years	2,171,015	2,171,015
Later than five years	253,285	687,488
	2,858,503	3,292,706

Lease of multi-function devices (photocopier, printer etc)	2017 $	2016 $
Not later than one year	2,926	2,926
Later than one year and no later than five years	732	3,658
Later than five years	–	–
	3,658	6,584

Notes to the financial statements

FOR THE YEAR ENDED 31 MARCH 2017 (continued)

16 Categories of financial assets and liabilities

The carrying amounts of financial instruments presented in the statement of financial position relate to the following categories of assets and liabilities:

Financial assets	2017 $	2016 $
Receivables		
Cash and cash equivalents	974,220	1,832,921
Investments	2,860,000	2,063,748
Receivables from exchange transactions	49,140	112,756
Receivables from non-exchange transactions	26,685	46,928
	3,910,045	4,056,353

Financial liabilities	2017 $	2016 $
Accounts payable	632,947	648,997
Employee entitlements	200,544	216,893
	833,491	865,890

17 Capital commitments

There were no capital commitments at the reporting date (2016: $0).

18 Contingent liabilities

There were no contingent liabilities at year end (2016: one judicial review case).

19 Contingent assets

There were no contingent assets owed to the Council at year end (2016: one judicial review case).

20 Events after the reporting date

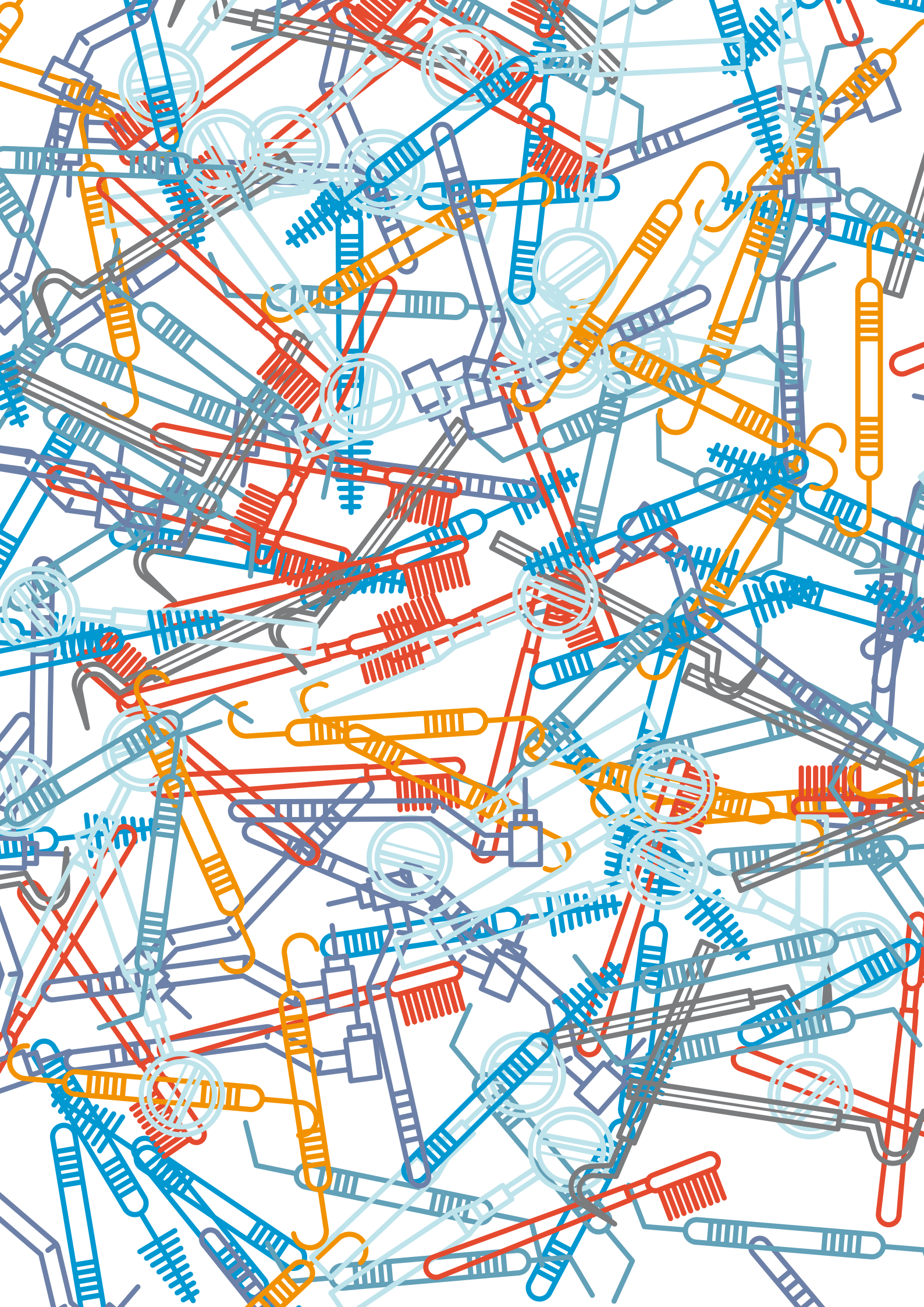
The Council has been unable to occupy the premises located at 80 The Terrace since 17 February 2017 due to remedial work required on the building following the Kaikoura earthquake on 14 November 2016. The Council has withheld monthly lease payments of $11,842 from 3 April 2017 and has signed a new lease agreement to occupy 109 Willis Street, Wellington. This lease agreement was signed on 24 April 2017 with a commencement date of 24 April 2017 and expiry date of 24 January 2018. This lease agreement has one right of renewal for an additional three-month period.

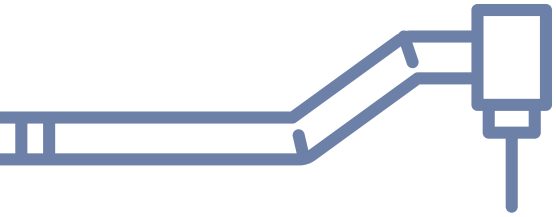
Glossary

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. The annual recertification process requires practitioners to declare yearly: • 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. 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. 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.
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: • 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 • 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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