Dental Council

Te Kaunihera Tiaki Niho

2017/18

DENTISTRY

DENTAL HYGIENE

DENTAL THERAPY

DENTAL TECHNOLOGY

CLINICAL DENTAL TECHNOLOGY

ORAL HEALTH THERAPY

ANNUAL REPORT

Dental Council
Te Kaunihera Tiaki Niho

SAFE ORAL HEALTH CARE FOR NEW ZEALAND

Annual Report 1 April 2017 – 31 March 2018

The Dental Council is pleased to present this report for the year ended 31 March 2018 to the Minister of Health.

This report is required by section 134 of the Health Practitioners Competence Assurance Act 2003.

Throughout this report:

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

Contents

REPORT
from the Chair and Chief Executive

The Dental Council's primary focus is ensuring that the public receives safe and effective oral health care.

We register nearly 5,000 individual oral health practitioners working in New Zealand. These practitioners provide services ranging from routine to complex dental care, orthodontic and specialist surgical treatments, preventative care, oral health and hygiene education for children, young people, adults, special needs patients and communities. Our practitioners also include highly skilled dental and clinical dental technicians who create dental appliances like dentures, crowns and bridges.

To protect public health and safety, and make sure that oral health practitioners are safe, competent and fit to practise, we set standards of clinical and cultural competence and ethical conduct that all our practitioners must meet.

Our Standards Framework outlines the ethical principles and professional and practice standards for oral health practitioners working in New Zealand. We work with employers, educators, professional associations, other regulators and practitioners, to find the most effective and efficient ways to ensure oral health professionals practise competently and safely.

We are pleased that nearly all of our practitioners are meeting our requirements. However, managing the notifications we receive about practitioner competence still makes up a substantial portion of the Council's workload every year.

In managing each situation brought to our attention, we take the time needed to work with practitioners to review their circumstances. Most frequently these relate to concerns about competence or health. We support them to make improvements, to undertake further education and training, if required, or to make use of health services that are available to help. We work to enable practitioners to resume practising safely and to maintain the trust of their patients and peers, wherever possible.

80 The Terrace and Willis Street premises

Last year, the Council Secretariat settled into temporary premises after the safety of our Wellington offices at 80 The Terrace was compromised by earthquake damage. We have now been located in Willis Street for just over 12 months. We do anticipate returning to our offices on The Terrace, and negotiations with the building owners will continue until we are sure the building is safe for our staff.

Despite major disruption from the relocation, we have continued to fulfil our statutory obligations and provide important services to practitioners. We have also made progress on two major projects: a review of how we recertify that our practitioners are competent to practise each year, and the development of an integrated information technology (IT) system that will be ready to use in the coming months.

The demands on our staff cannot be underestimated. The entire Secretariat team has shown extraordinary resilience and dedication, and we thank them for their energy and enthusiasm over this busy, and often challenging, time.

Despite major disruption from relocation, we have continued to fulfil our statutory obligations and provide key services to practitioners.

Recertification

The Council has a statutory obligation to certify annually that each oral health professional practising in New Zealand is competent and fit to practise.

As part of considering how we might improve the way we recertify practitioners, we canvassed the views of practitioners and stakeholders in a first phase of consultation last year. The consensus was that we can do better.

We have completed a detailed analysis of submissions received to date and have started developing proposed future models for recertification to test in a second phase of consultation.

Ultimately, we want a recertification process that gives us firmer assurance as a regulator, so we can, in turn, assure the public that our practitioners are competent and fit to practise. We want a recertification process that lets us focus on identifying early those practitioners with increased risk of deteriorating competence, allowing them to upgrade their knowledge and skills while minimising the risk of public harm.

At the same time, any new recertification requirements, and the reasons for change, must be clearly understood by practitioners and practical for them to achieve. This may mean some new recertification elements can be put in place sooner, while others will require further thinking and work before they can be finalised and implemented.

We have been extremely pleased with the level of engagement and quality of feedback to date, and we encourage our practitioners and other interested groups to actively participate and contribute to the next round of discussions.

Ultimately, we want a recertification process that gives us firmer assurance as a regulator, so we can, in turn, assure the public that our practitioners are competent and fit to practise.

Practitioners will be able to use their own portal to interact with the Council.

Information technology

We will soon start using our new integrated IT system. This is a major step for the Council, and the introduction of online services heralds the beginning of a new way of working for us and our practitioners.

Developing the integrated IT software to meet our requirements has been one of our greatest challenges in the past year. It has taken longer than we had expected to implement and start using the new system. This is primarily because we want to be sure the experience for our practitioners and staff, when using the new system, is as good as it can possibly be when we go live.

We anticipate starting to use the new system in the second half of 2018. Internally, we will have an integrated system that streamlines our registry and finance processes and improves our ability to collect and analyse data. Existing and new practitioners will be able to use their own portal to interact with the Council for several matters including APC applications, updating their contact details in real time and making applications for registration online.

At the end of the reporting year a total of 517 oral health therapists are registered with the Council.

Oral health therapy

One of the biggest achievements this year was the new scope of practice for oral health therapy that came into effect on 1 November 2017. In total, 441 oral health graduates, previously registered in both the dental hygiene and dental therapy scopes of practice, were transitioned to the new oral health therapy scope of practice. At the end of the reporting year, 517 oral health therapists are registered with the Council.

Alongside the introduction of the new scope of practice, the Council applied to the Minister of Health for oral health therapy to be recognised as a new profession under the Health Practitioners Competence Assurance Act 2003. Cabinet gave its approval of the new profession under the Act, effective 18 January 2018.

The Council also successfully applied for changes to the Medicines Regulations 1984 to allow oral health therapists to administer a defined list of local anaesthetic medicines without a prescription or standing order. Oral health therapy was also included in the Radiation Safety Regulations 2016 list of health practitioners exempted from the need of a use licence. Both sets of changes to these regulations came into effect at the same time as oral health therapy was recognised as a profession, on 18 January 2018. We thank the Ministry of Health staff who worked closely with us to progress these applications.

We were pleased to release a suite of resources for patients considering orthodontic treatment.

Orthodontic resources

As recommended by the recent Orthodontic Working Group, this year, we were pleased to release a suite of resources for patients considering orthodontic treatment, including a digital animation designed to appeal specifically to younger patients. These resources were created through the collaboration of Council, practitioners and professional associations. The brochures and animation are available from practices throughout New Zealand and on our website.

Health Practitioners Competence Assurance Amendment Act

A Bill to amend our core legislation was introduced to Parliament in February 2018 and referred to the Health Select Committee to hear public submissions. The Bill is based on 2009 and 2013 reviews of the Act and seeks to improve its operation through measures such as greater transparency and regulatory authority performance reviews.

The Council made extensive oral and written submissions to the Health Select Committee and, if enacted, we expect the Bill will come into force in early in 2019.

A Bill to amend our core legislation was introduced to Parliament in February 2018.

Thanks

Finally, thank you to everyone who has contributed time, expertise, advice and feedback to the Council in whatever shape or form over the past year. This includes all our Council members, staff, practitioners, education providers, accreditation partners and regulatory colleagues in New Zealand and internationally. It is your support and involvement that helps us maintain the New Zealand public's confidence in the oral health care they receive from the practitioner they choose.

Robin Whyman
Chair

Marie Warner
Chief Executive

At a GLANCE

from 1 April 2017 to 31 March 2018

WE REGULATED
6 PROFESSIONS

- DENTISTS AND DENTAL SPECIALISTS
- DENTAL THERAPISTS
- DENTAL HYGIENISTS
- CLINICAL DENTAL TECHNICIANS
- DENTAL TECHNICIANS
- ORAL HEALTH THERAPISTS (SINCE 1 NOV 2017)

ACROSS
6 PROFESSIONS
WE HAD **4,845** REGISTRATIONS AND **4,073** INDIVIDUAL PRACTITIONERS HELD APCS

WE GRANTED
340
NEW REGISTRATIONS
36% WERE QUALIFIED OVERSEAS
59% WERE DENTISTS
21% WERE ORAL HEALTH THERAPISTS

WE REMOVED
228
PRACTITIONERS FROM THE REGISTER
56% WERE REMOVED VOLUNTARILY
42% WERE REMOVED AS WE WERE UNABLE TO MAKE CONTACT

WE RECEIVED
32
COMPETENCE NOTIFICATIONS

WE MADE
6 NEW ORDERS FOR PRACTITIONERS TO UNDERTAKE A COMPETENCE PROGRAMME

WE RECEIVED
6 NEW HEALTH NOTIFICATIONS

WE REFERRED
6 CONDUCT CASES TO A PROFESSIONAL CONDUCT COMMITTEE FOR INVESTIGATION

3 CASES WERE REFERRED TO THE HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL

WE RECEIVED
192 COMPLAINTS OF WHICH 146 WERE RECEIVED FROM PATIENTS

The year in REVIEW

The Dental Council's Strategic Plan 2015–2020 outlines our vision, purpose and strategic priorities.

VISION

SAFE ORAL HEALTH CARE FOR NEW ZEALAND

PURPOSE

TO PROTECT PUBLIC HEALTH AND SAFETY BY ENSURING ORAL HEALTH PROFESSIONALS ARE SAFE, COMPETENT AND FIT TO PRACTISE

FIVE STRATEGIC PRIORITIES

– described under the following headings:

- **STANDARDS**
- **ENGAGEMENT**
- **LIFELONG PRACTITIONER COMPETENCE**
- **A CAPABLE ORGANISATION**
- **GOVERNANCE**

One of the principles of our strategic plan is about Council being a right-touch risk-based regulator. This approach is characterised by Council making decisions and taking actions which are proportionate to the risk identified.

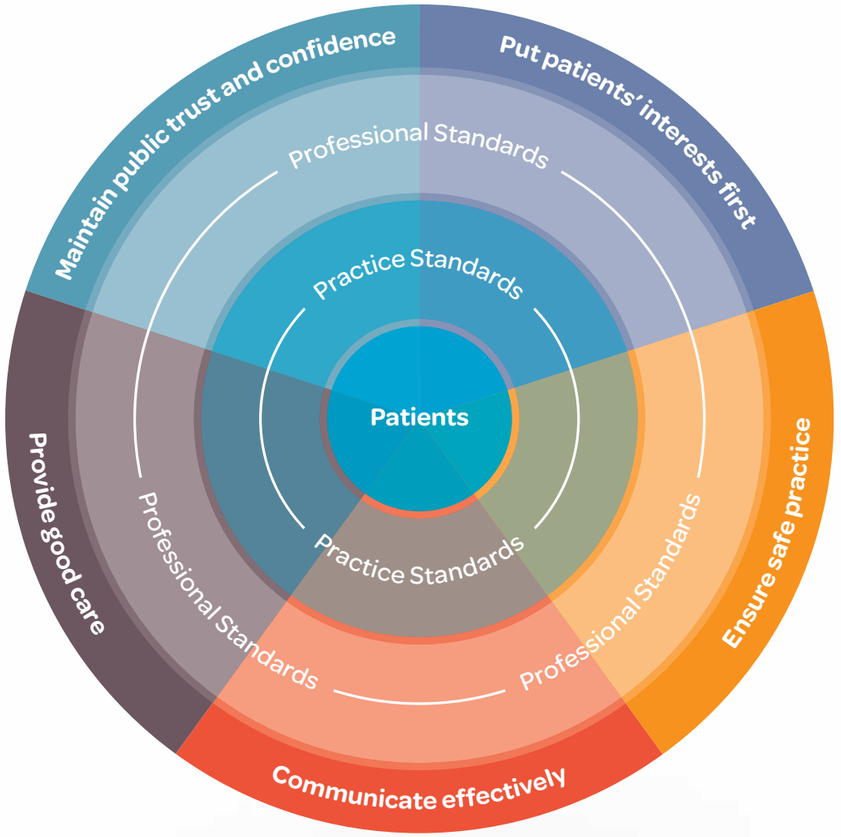
The public rely on us to keep them safe and they trust us to intervene at the earliest opportunity—before they can be harmed. Our systems and processes are designed to protect the public by identifying and managing risk, and by affecting positive change in the behaviours and attitudes of our practitioners. In the past year, we have continued to review our risk and recertification frameworks as we work towards positioning ourselves better as a proactive regulator that warrants the trust placed in us by the public.

While our purpose and vision are set for the long term, we regularly review progress against our strategic priorities and manage our work programme accordingly. Reprioritisation is required from time to time, to achieve the right balance between progressing our strategic priorities, working effectively, providing services to practitioners, and responding to change.

In 2017/18, the Council focussed on two large projects: developing and implementing the new integrated information technology (IT) system and the recertification review. To accommodate the impact of these projects as they moved simultaneously into more intensive stages, the Council has extended timeframes for completing some strategic activities.

We anticipate that additional time will also be required as we adjust to working with the new IT system and embed resulting changes in our workflow and business processes.

Our strategic priorities have remained unchanged, and we report here on the progress made in the past year and planned future actions under each one.



STANDARDS

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

The year in review

As a regulatory authority, we have a statutory responsibility to set standards of competence and conduct for oral health practitioners.

In 2015, we introduced the *Standards Framework for Oral Health Practitioners*. This framework describes the minimum standards of ethical conduct, and clinical and cultural competence that patients and the public can expect from oral health professionals practising in New Zealand.

Together with maintaining clinical competence, the Standards Framework has become the central focus for us and practitioners. We work collaboratively with individuals and education providers to ensure practitioners understand their obligations and meet the required ethical, professional and practice standards.

Both the University of Otago and Auckland University of Technology are working towards embedding the Standards Framework in their programmes of study to ensure oral health graduates have the necessary competencies to work in New Zealand.

Over the past two years, we continued to review practice standards, to ensure they are fit for purpose and reflect current practice and standards. This year, we reviewed and updated the following practice standards:

- professional boundaries
- patient records and privacy of health information
- informed consent.

These updates received support from our stakeholders and practitioners, with only minor refinements required before being finalised and implemented.

Professional boundaries practice standard

We consulted on a draft professional boundaries practice standard between May and June 2017. The Council approved the updated practice standard in July 2017, and it came into effect on 21 August 2017.

The professional boundaries practice standard replaced the previous sexual boundaries practice standard, which applied only to dentists and dental specialists. The new practice standard recognises that wider boundary issues exist in health care and dental practice.

As a result, the content was broadened to include professional and personal relationships, and boundaries with patients, colleagues and staff. The professional boundaries practice standard now applies to all oral health practitioners.

Patient records and privacy of health information

Between August and October 2017, we consulted on a draft patient records and privacy of health information practice standard. The Council approved the final updated practice standard in December 2017, and it came into effect on 1 February 2018. The Council thanks the Office of the Privacy Commissioner for its peer review of the draft practice standard.

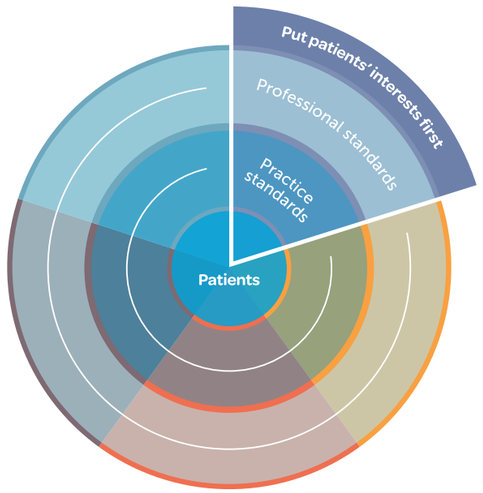
Expanding the title of this standard from 'patient records' reflects the increased focus on the responsibility of oral health practitioners to protect their patients' health information. Accordingly, greater guidance was provided for the security of health information, with emphasis on the security of digital data and management of a privacy breach. A new section was added to highlight the responsibilities of staff in protecting patient data.

Informed consent

After consultation between November 2017 and February 2018, the Council considered feedback and finalised the informed consent practice standard in April 2018. The updated informed consent practice standard came into effect on 14 May 2018. The Council acknowledges the Health and Disability Commissioner's (HDC's) input to this practice standard.

The primary change sets out clearly a practitioner's obligation to assess a patient's competence to make an informed choice and give consent, regardless of age. Guidance was given on how to make this assessment, and what to do when the patient is not competent or their competence is diminished.

The introduction section was strengthened further to enhance practitioners' understanding of the informed consent process and the importance of both working in partnership and effectively communicating with their patients.



The year ahead

We do not anticipate any practice standards reviews in the 2018/19 year, while we focus on implementing and using our new IT system internally and support practitioners to use the new online functions.

In the meantime, we are confident our practice standards remain fit for purpose and, unless an issue arises that requires urgent review, further standards reviews have been deferred until 2019/20. The focus then will be on the areas discussed below.

Professional working relationships

Oral health therapists practise in a consultative professional relationship with a dentist or dental specialist and are not required to have a signed written agreement to support this relationship. Guidelines have been developed on how to establish and maintain this professional relationship.

We will review the professional working relationships for the other professional groups, to consider whether a similar approach could apply.

Cultural competence

Given the importance and breadth of the cultural competence review, we anticipate this project will involve extensive opportunities to engage with our practitioners, stakeholders and interest groups.

Because we are currently in the second phase of consultation on another equally large project—the recertification review—we will defer starting work on cultural competence until the recertification consultation is completed and implementing agreed changes has begun.

We expect the development phase of the cultural competence project to begin in the 2020/21 year. We are looking forward to working closely with Te Aō Marama and hearing the views of practitioners and the public once work begins.

ENGAGEMENT

Grow understanding of, and engagement with, the Dental Council

The year in review

Recertification project engagement

Our major engagement opportunities in the past year focused on the recertification review project. More information on the recertification review is provided later in this report.

Following a symposium held in March 2017, we continued with the first phase of consultation about recertification. This consultation phase ran from July to September 2017.

During the consultation, we:

- invited written submissions from our sector on a discussion document that identified issues and potential opportunities to change our future approach to recertification
- held 10 face-to-face forums throughout New Zealand and two webinars (between July and September 2017) to facilitate conversations about recertification
- established a dedicated recertification review web page with background and contextual information to promote discussion about the review and recertification.

At the end of the consultation period, we had received 248 submissions via our online survey and 10 written submissions.

We had also engaged in discussions with around 500 practitioners and stakeholders who attended our forums and participated in our webinars.

Most online submissions were made by registered oral health practitioners (93.5%) with the balance coming from members of the public and the associations, regulators and specialist sector groups.

Consultations with stakeholders

As well as the consultation on the recertification review, we also undertook consultations on the:

- professional boundaries practice standard
- patient records and privacy of health information practice standard
- informed consent practice standard
- 2017/18 four-month practising fee and disciplinary levy for oral health therapists
- 2018/19 draft budget (APC fees and disciplinary levies and other fees).

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.

Preparing for IT system users

The new IT system will soon be available for use by practitioners. Our focus has been on ensuring we create a positive user experience for APC applications, updating contact details and applying to be removed from the register online. We are also moving our application for registration services online for all New Zealand and overseas applicants.

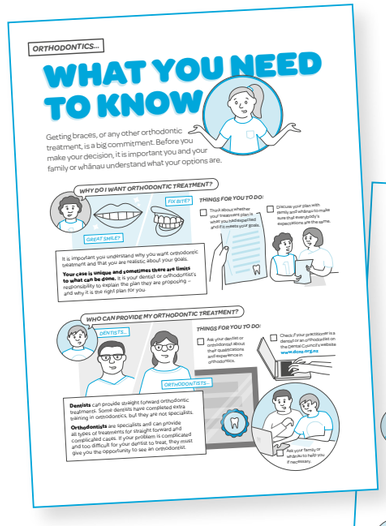
Preparing to provide online services has involved reviewing all our registration, removal and APC application forms, to make them suitable and easier to complete online. It has also required us to review our associated business processes.

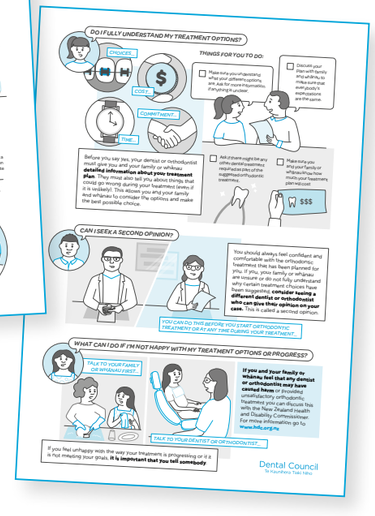
Other engagement

The Council continues its regularly scheduled meetings with the Minister of Health, Ministry of Health and Health Workforce New Zealand representatives, district health board (DHB) clinical directors, representatives from the University of Otago and Auckland University of Technology, and our international regulatory partners.

We also liaise with representatives from other responsible authorities, such as the Medical Council and Pharmacy Council, to share ideas and information about regulatory best practice. Our chief executive makes presentations to final year students at both tertiary institutions, focusing on the Standards Framework and outlining their professional responsibilities once in practice.

We continued to engage positively with national and regional branches of professional associations this year. We were particularly pleased with the collaboration between the Council's orthodontic working group and the New Zealand Association of Orthodontists, New Zealand Dentists Orthodontic Society, New Zealand Dental Association, New Zealand Dental and Oral Health Therapists Association and New Zealand Dental Hygienists' Association. From this collaboration and with input from a children's advocate, the Council developed and distributed patient-focused resources (brochures and animation) for adults and younger patients who are considering orthodontic treatment.





The year ahead

Our focus in the year ahead is to continue to engage with as many practitioners as possible and encourage discussion and quality submissions so as to effectively inform the second phase of the recertification review consultation. We will again be inviting practitioners to participate and share their views on the draft proposals developed through face-to-face forums, webinars and written responses to a discussion document and online survey.

As noted, the new IT system will soon be available for practitioners to use. We will send information to practitioners so they are prepared to start using the new online portal when this is available. We will also create guides and information for users to make their online experience as simple and positive as possible. Opportunities for practitioners to provide feedback on the online services offered through the new IT system will be available, and will also be included in the next engagement survey.

As a regulator, with the primary responsibility to protect public health and safety, we want to be sure we are effectively engaging with New Zealanders. Our aim is to make improvements that ultimately increase engagement opportunities for the public and for us. We plan to identify consumer forums that are available and review how we can best use these to gain insight and feedback from oral health patients and the public.

LIFELONG PRACTITIONER COMPETENCE

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

The year in review

Last year, our recertification review focused on analysing our approach to recertification, so we could understand what was and was not working well.

This year, our focus has been on gaining insights and improving our understanding of practitioners' and stakeholders' experiences—the good and the bad—of recertification.

Following the initial symposium in March 2017, we held face-to-face forums, webinars and an online survey to canvass practitioners' and wider sector views about recertification approaches. We also developed and disseminated, through our sector, an executive summary and summary report of the main themes drawn from the submissions and responses we received.

Our analysis of the submissions largely confirmed what we heard through the forums and webinars—that our practitioners and stakeholders have a broad range of experiences and perspectives about recertification. We agreed that there are areas for improvement.

Some topics resonated more strongly than others with participants and respondents. For example, whether we should make changes to our current approach to continuing professional development (CPD), the difficulties and barriers some practitioners face in participating in CPD activities relevant to their scope of practice and investigating the use of tools and mechanisms to identify and manage risk. However, it was often difficult to identify a preferred perspective to the questions we posed through our discussion document and online survey because we received as many comments in support as we did in opposition.

It has taken us longer than anticipated to analyse the submissions, develop draft proposals and ready ourselves for a second conversation with our sector about our future approach to recertification. Because of the additional time taken, we have pushed back our timeframes for the next phases of work. This will include another consultation round, making decisions about which proposals to proceed with, operationalising, modelling and testing our preferred options and implementing our new approach to recertification.

We thank all the practitioners and stakeholders who took part in our initial conversations, including the seven professional associations—Auckland branch of the New Zealand Dental Association, the New Zealand Dental Association, New Zealand Dental and Oral Health Therapists Association, New Zealand Institute of Dental Technologists, Royal Australasian College of Dental Surgeons, Royal College of Pathologists of Australasia and the Australasian Dental and Oral Health Therapists Association – that provided submissions on behalf of their organisations and members.

The year ahead

This year, our focus will be on developing draft proposals for how we can improve our current approach to recertification. These proposals will be based on our own experiences and data about recertification as well as the views expressed by practitioners and stakeholders through our first phase of consultation.

As with the previous year's work, we will be inviting practitioners to participate and share their views on the draft proposals through face-to-face forums, webinars and written responses to a discussion document and online survey.

Following this second round of consultation, we will analyse feedback and submissions received and make final decisions about which proposals to proceed with. Our decisions will form the basis for work that will be done in the 2019/20 year on operationalising our preferred proposals as well as modelling and testing these for roll out and implementation the following year.

A CAPABLE ORGANISATION

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

The year in review

Information technology project

Developing and preparing to use our new integrated IT system has been the main strategic priority for the Council this year. Once in place, the system will be a huge step towards ensuring the Council is a capable organisation that delivers its functions smartly and effectively.

After the initial scoping and development work for the new IT system in 2017, work began on configuring the system to align with our business processes.

An important focus has been to develop the practitioner portal functions and features that will let practitioners complete APC renewals and practice standards questionnaires, request certificates, and update their personal details online. We are taking the time needed to ensure we make this online experience as seamless, simple and positive as possible for practitioners.

We have made significant progress with migrating our registry data in a usable and consistent format to the new system. Currently, the project is completing the data transfer, testing the new system and its functions, and working through final details as we prepare to start using the new system in the coming months.

Business continuity planning

We put our business continuity plan into practice in November 2016 and February 2017, following the Kaikoura earthquakes. Having put the plan into action, we can confirm that it remains robust and fit for purpose.

The damage sustained to our offices at 80 The Terrace, Wellington has required us to relocate to alternative premises at 109 Willis Street, Wellington. We have incurred significant disruption and costs resulting from the physical relocation while continuing to provide services and functions to meet our statutory responsibilities. We have lodged a claim with the Council's insurance provider for these costs and will continue to work with them to validate and progress this claim.

Until we are notified that appropriate remedial action has been completed in the building at 80 The Terrace, and we are satisfied our staff will be safe, consistent with our health and safety obligations, we will remain in the Willis St offices.

Risk management

Being able to identify risk in a proportionate, consistent and targeted way is key to our role as a right-touch, risk-based regulator. To this end, the risk management framework was reviewed and updated in 2017/18 and sets out the Council's approach to managing organisational risks.

Work is underway to embed the new risk management framework in the Secretariat. All known risks will be validated against the new risk management framework including defined risk tolerances. This is an important step for us as we move towards more risk-based activity as a regulator, and to ensure our approach to validating risks remains objective and proportionate.

Health Practitioners Competence Assurance Amendment Act

A Bill to amend our core legislation was introduced to Parliament in February 2018, and referred to the Health Select Committee to hear public submissions. Based on recommendations arising from reviews of the Act in 2009 and 2013, the Bill seeks amongst other things to:

- improve the operation of the Act
- create greater transparency for complainants and visibility of Council decisions about practitioners
- introduce regular performance reviews of the Council
- empower the Minister of Health to amalgamate health regulatory authorities
- require the Council to provide information about practitioners to the Ministry of Health for workforce planning and development.

Two additional functions for the Council are proposed by the Bill:

- to receive information from any person about the practice, conduct or competence of health practitioners and, if it is appropriate to do so, act on that information
- to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.

The Council made extensive oral and written submissions to the select committee, which is due to report back to the House in late August 2018. It is anticipated that the Bill will be enacted and come into force early in 2019.

The year ahead

Information technology project

Preparing and starting to use the new IT system will be our main organisational focus for 2018/19 and 2019/20. The level of change involved cannot be underestimated because the new system will affect every aspect of our work, and adjustments will be required to integrate and embed an entirely new way of working.

Once we begin using the new system internally for our registry and finance functions, practitioners will be invited to complete APC renewals and practice standard questionnaires through the new practitioner portal. Future registration applicants will also apply online, making us the first health regulator in New Zealand to offer this feature.

Health Practitioners Competence Assurance Amendment Act

As noted, the amendments proposed by the Health Practitioners Competence Assurance Amendment Bill will likely come into effect early in 2019. While the select committee report to the House may introduce further amendments, the Council is anticipating the need to make business process changes, amend or establish new policies as required, upskill staff and Council members appropriately, and communicate changes and their effects to practitioners and stakeholders in a relatively short timeframe.

The Council anticipates operating costs will increase with the proposed amendments to the Act, such as further disclosure requirements, process changes, data collection for the Ministry of Health, and performance reviews of the Council itself.

GOVERNANCE

Review and refresh our governance model

The year in review and the year ahead

The Council is committed to good governance and good regulation.

An independent quality assurance review of our regulatory processes was completed in 2017 with a view to identifying any legal and regulatory risks. The review also focused on general principles of good governance and recommended reconsidering the format of our governance policy.

We anticipate the review of our governance policy will also include consideration of separate and comprehensive policies on delegations, financial management and internal audit. For this reason, we have delayed embarking on the governance policy review until we start using the integrated IT system, and its new finance functions, in particular. The delay will also ensure we have the organisational capacity in place to complete the governance policy review before considering possible changes.

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 six professions under the Act: dentistry, dental hygiene, clinical dental technology, dental technology, dental therapy and oral health therapy.

Our roles and functions

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

We are responsible for:

- setting standards for entry to the register of oral health practitioners
- registering oral health practitioners
- setting standards of clinical and cultural competence and ethical conduct to be met by all oral health practitioners
- recertifying all practising oral health practitioners each year
- reviewing and remedying 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.

As part of those functions and responsibilities, we:

- develop and maintain minimum practice standards that all oral health practitioners must meet
- issue APCs to oral health practitioners who have maintained their competence and fitness to practise
- manage oral health practitioners suffering from health issues that may affect their practice
- place conditions on, or restrict, an oral health practitioner's scope of practice or suspend their practising certificate if that is appropriate to protect the health and safety of the public
- maintain and publish a register of all registered oral health practitioners, including those not currently practising
- set accreditation standards and competencies for each of the oral health professions
- monitor and accredit oral health programmes to ensure the quality of education and training is appropriate
- set scopes of practice within which oral health practitioners may practise
- prescribe qualifications for each scope of practice.

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 held 15 Board meetings in the year to 31 March 2018, three of which were teleconferences.

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)

Appointed
December 2015

Current term ends
December 2018

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

Michael Holdaway

Dental practice

- Dentist – owner and principal dentist at a dental practice in Ashburton

Interests and positions held

- Bachelor of Science (Victoria)
- Bachelor of Dental Surgery (Otago)
- Diploma in Implant Dentistry, and Postgraduate Diploma in Implant Dentistry (Royal College of Surgeons Edinburgh)
- Member of the Cross Infection Working Group in review of Council's Control of Cross Infection Practice Standard 2015/16
- Mentorship of overseas trained dentists

First appointed
July 2017

Current term ends
July 2020

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), Masters in Business Administration (Nottingham, UK) – dissertation in clinical governance.
- Past president of Auckland Dental Association
- Past chair of the NZDA National Peer Review Committee (2011–15)
- Mentor of new graduate in NZDA mentorship programme
- Past 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
- Fellow of the Royal College of General Dental Practitioners
- 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 Palmerston North

Interests and positions held

- Dental Council's professional advisor—dental hygiene (2013–15)
- Chair of New Zealand Dental Hygienists' Association (2011–12)
- 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

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

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

PROFESSIONAL COMMITTEES

Five Council committees operated during 2017/18

Audit and risk management committee

- **Brent Kennerley** (Chair—independent member, partner Grant Thornton Chartered Accountants)
- **Robin Whyman** (ex officio)
- **John Aarts**
- **Karen Ferns** (from 12 March 2018)
- **Wendy Tozer** (until 12 March 2018)

Continuing professional development advisory committee

- **John Aarts** (Chair, dental and clinical dental technician)
- **Andrew Gray** (dentist)
- **Charlotte Neame** (dental hygienist)
- **Gillian Tahi** (dental therapist)

Australian Dental Council/ Dental Council (NZ) accreditation committee

- **Mike Morgan** (Chair)
- **Robin Whyman** (New Zealand member, ex officio as Chair of Dental Council)
- **John Aarts** (New Zealand member)
- **Werner Bischof**
- **Jan Connolly**
- **Anthony Evans**
- **Lyndie Foster Page** (New Zealand member)
- **Mark Gussy**
- **Chris Handbury**
- **Robert Love** (until August 2017)
- **Cindy Zhou**

Business continuity planning committee

- **Robin Whyman** (Chair)
- **John Aarts**
- **Andrew Gray**
- **Brent Kennerley**

Transmissible major viral infections panel

- **Robin Whyman** (Chair)
- **Ed Gane** (hepatologist)
- **Kate Hazlett** (lay member)
- **Mark Thomas** (infection diseases physician)

COUNCIL STAFF

Council staff at 31 March 2018

Chief Executive	**Marie Warner**
Executive Assistant/Council Secretary	**Lagi Asi**
Registrar	**Mark Rodgers**
Deputy Registrar	**Alicia Clark**
Legal and Special Projects Advisor	**Valentina Vassiliadis**
Case Manager	**Kelly Douglas**
Registration and Recertification Officer	**Kirsten Millar**
Registration and Recertification Officer	**Christina McDonald (part year)**
Registration and Recertification Officer	**Courtney Lowe (part year)**
Business and Planning Manager	**Tracy Tutty**
Corporate Accountant	**Joanne Binns**
Financial Accountant	**Dyan Young**
Business and Finance Assistant	**Karen Zhu**
IT Business Analyst	**Samuel Major**
Standards and Accreditation Manager	**Suzanne Bornman**
Senior Policy & Research Analyst	**Mereana Ruri**
Communications and Engagement Specialist	**Ana Matsis (part year)**
Standards Administration Assistant	**Katherine Green (part year)**

PROFESSIONAL ADVISORS

Standards	**Vacant**
Dentists	**Dexter Bambery**
Therapists	**Marijke van der Leij Conway**
Hygienists	**Rachael Gibson (part year)**
Technicians	**Barry Williams**

REGISTRATION AND PRACTISING CERTIFICATES

All oral health practitioners working in New Zealand must be registered and hold a current annual APC.

Registering practitioners and issuing APCs are two core functions performed by the Council. First, Council must ensure that all practitioners it registers meet the standards required to practise competently. Once a practitioner is registered, Council must be satisfied each year that the practitioner has maintained their competence before granting them an APC.

Registration

Practitioners can register in one or more of 21 scopes of practice. Practitioners can only practise in a particular scope of practice if they are registered in that scope and hold a current APC in that scope.

The same registration standards apply to all practitioners, regardless of whether they trained and gained their qualifications in New Zealand or overseas.

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

Practitioners who want to work in New Zealand may be eligible for registration if they sit and pass the New Zealand dental registration examinations for their profession. 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 a practitioners' qualifications, scopes of practice, the status of their APC and any conditions or limitations placed on their practice. Information on the register is updated daily.

Oral health therapy

Before November 2017, oral health therapists were registered in both dental hygiene and dental therapy professions. With the introduction of the new oral health therapist profession, these practitioners are now reported in the single oral health therapy profession and no longer hold two separate registrations.

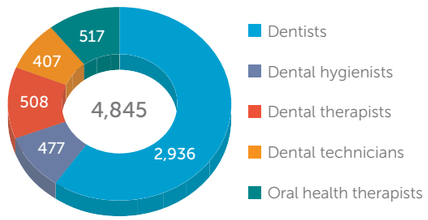
The new oral health therapy scope of practice came into effect on 1 November 2017. At that date, 441 oral health graduates were moved to the new oral health therapy scope, from dental hygiene and dental therapy. As at 31 March 2018, 517 oral health therapists were registered with the Council.

Registration statistics

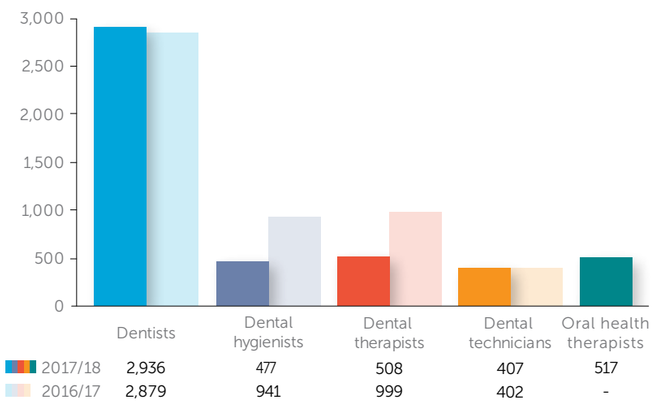
As at 31 March 2018, 4,845 practitioners were registered with the Council of which 4,143 held an APC. This is a decrease of 376 registered practitioners from last year. However, the number is consistent with the movement of oral health therapists who, since November 2017, have held a single registration in their new profession, instead of two registrations as dental therapists and dental hygienists.

The profession of oral health therapy appears for the first time in this graph.

Number of registered oral health practitioners by profession as at 31 March 2018[1]



Number of oral health practitioners registered by profession as at 31 March 2018[1]



	Dentists	Dental hygienists	Dental therapists	Dental technicians	Oral health therapists
2017/18	2,936	477	508	407	517
2016/17	2,879	941	999	402	-

Since the profession of oral health therapy came into effect in November 2017, several practitioners (previously registered as both dental hygienists and therapists) have moved to hold a single registration as oral health therapists. The decrease in dental hygienists and dental therapists reflects this change.

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

Number of registered practitioners by scopes of practice as at 31 March 2018

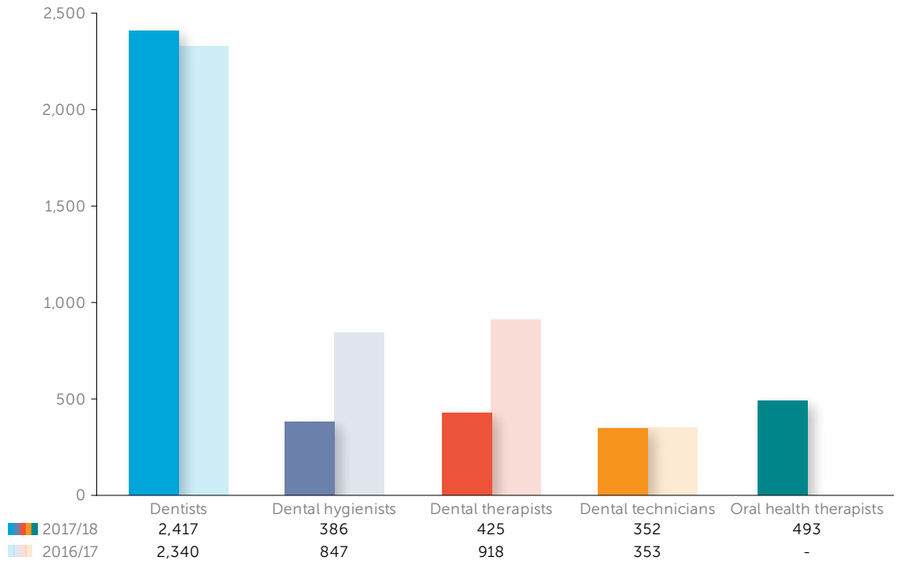
	2017/18	2016/17
General dental practice	2,813	2,763
Endodontic specialist	40	36
Oral and maxillofacial surgery specialist	51	50
Oral medicine specialist	7	5
Oral pathology specialist	9	10
Oral surgery specialist	10	10
Orthodontic specialist	123	119
Paediatric specialist	24	22
Periodontic specialist	40	39
Prosthodontic specialist	36	35
Public health dentistry specialist	26	21
Restorative dentistry specialist	10	10
Special needs dentistry specialist	12	10
Oral health therapy practice	517	-
Dental therapy practice	508	999
Adult care in dental therapy practice	10	12
Dental hygiene practice	367	830
Orthodontic auxiliary practice	121	127
Dental technology practice	407	402
Clinical dental technology practice	238	221
Implant overdentures in clinical dental technology	16	16

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 New Zealand public that a practitioner has met the standards the Council sets. The Council may decline an APC application, if it is not satisfied that a practitioner meets those standards, or set an individual recertification programme or impose conditions on the practitioner's scope of practice.

Number of oral health practitioners holding an annual practising certificate by profession as at 31 March 2018



The overall number of practitioners holding APCs was 4,073, a total decrease of 385 across all professions in 2017/18 relating to the creation of the new oral health therapy profession.

An increase of 77 dentists holding APCs is noted this year. However the most significant increase is in the profession of oral health therapists in which 493 practitioners hold APCs.

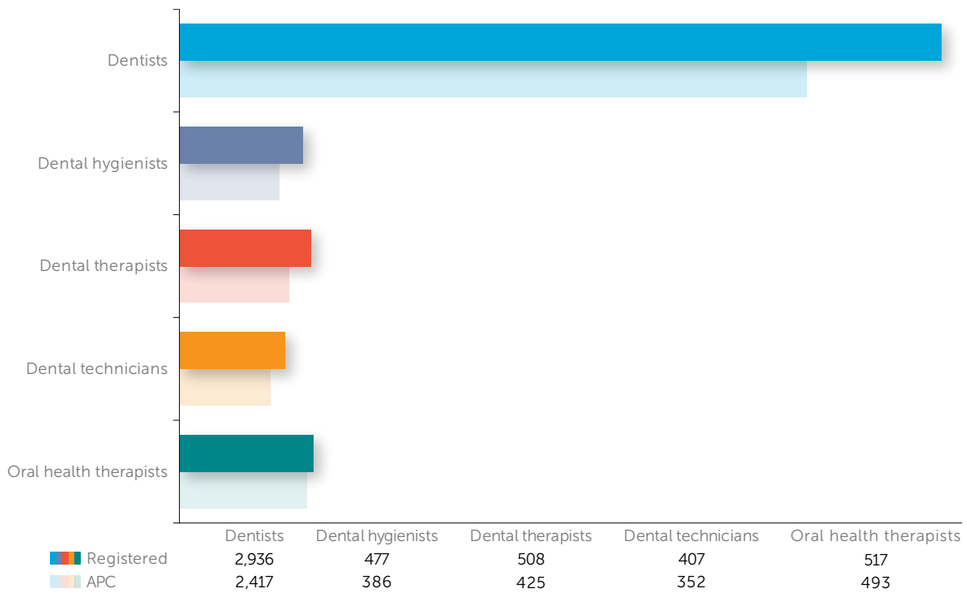
APCs are issued to each practitioner by profession so an individual practitioner may hold more than one APC. Since November 2017 some practitioners no longer hold two APCs for dental hygiene and dental therapy scopes of practice and now hold a single APC for oral health therapy. New registrants have also been issued with APCs in oral health therapy since November 2017.

The marked increase in oral health therapists in 2017/18 offsets the decrease in APCs held for dental hygienists and dental therapists in the last year.

Applications for an annual practising certificate

	Applications	Outcomes			
		APC	APC with conditions	Interim APC	APC declined
Total	4,073	4,001	72	0	0

Comparison of number of registered practitioners with those holding an annual practising certificate by profession as at 31 March 2018



In 2017/18, of the total number of registered practitioners, 84 percent held current APCs, in line with last year. By profession, this percentage ranged from 95 percent of registered oral health therapists holding APCs to 81 percent of dental hygienists. These figures are consistent with last year's numbers.

Additions to the register

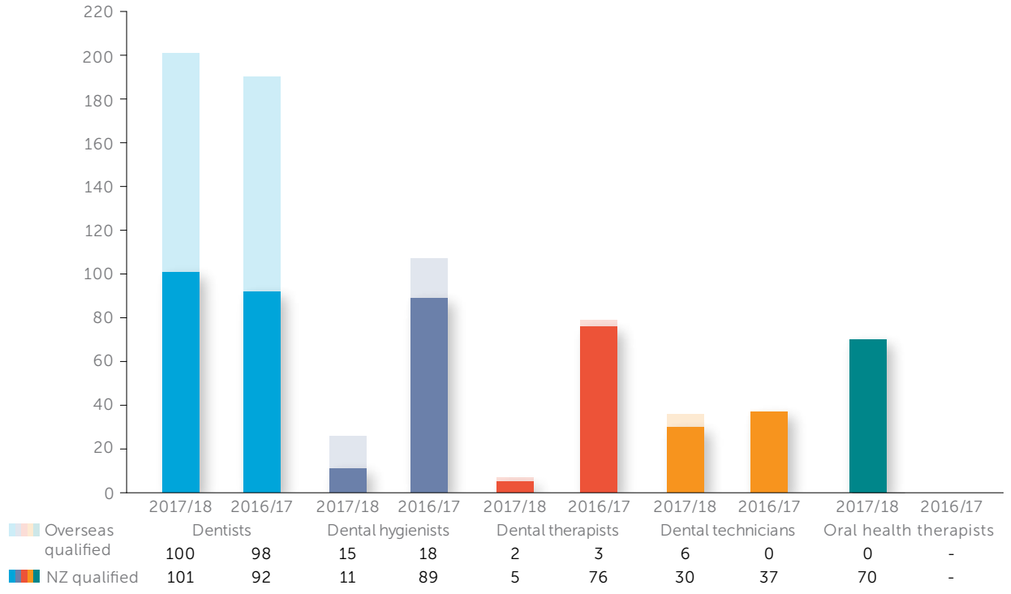
The Council managed 372 applications for registration this year, comprising 350 new applications and 22 brought forward from last year (note: one practitioner may submit multiple applications, depending on the number of scopes they wish to register in). Of these applications, 340 were granted (including one that was granted with conditions), five were declined and 27 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 2017/18	Registered	Registered with conditions	Not registered	Pending 2016/17
Total		22	350	339	1	5	27
Reasons for non-registration							
Application period lapsed or application withdrawn						1	
Applicant not considered competent to practise within scope of practice	15(1)(c)					2	
Qualification not deemed equivalent to a prescribed qualification	15(2)					2	

Applications for registration

Breakdown of individuals granted registration by profession with New Zealand overseas qualifications



Consistent with previous years, the figure shows a small increase in dentist registrations (up 5.8 percent from 2016/17) and that the largest profession we register with overseas qualifications is dentists.

The breakdown for registered oral health therapists shows this group of practitioners are all New Zealand qualified.

As noted, the creation of the new profession of oral health therapists represents the decline in dental hygiene and dental therapy, offset by the increase in oral health therapists.

Breakdown by country of qualification for registrations granted

	Dentists		Dental hygienists		Dental therapists		Dental technicians		Oral health therapists	
	2017/18	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18	2016/17	2017/18	2016/17
Argentina		1								
Australia	15	18	1	4	2	2				
Canada	1	1	4	1						
Chile		1								
Fiji		3								
France	1	1					2			
Germany	1	1					1			
Greece	3									
India	13	8		1						
Indonesia				1						
Iran	1									
Iraq	2									
Ireland		2								
Israel	1	1								
Japan	1									
Jordon	1									
Libya	1									
Malaysia	2	1								
Netherlands		2								
Pakistan		1								
Philippines	1		1	1		1				
South Africa	11	7		2			2			
Sri Lanka	1	1								
Sweden		1								
Switzerland		1								
Ukraine	1									
United Arab Emirates	1									
United Kingdom	31	37	4	6			1			
USA	10	9	5	2						
Venezuela	1	1								
Total overseas	**100**	**98**	**15**	**18**	**2**	**3**	**6**	**0**	**0**	**0**
Total New Zealand	**101**	**92**	**11**	**89**	**5**	**76**	**30**	**37**	**70**	**0**
Total	**201**	**190**	**26**	**107**	**7**	**79**	**36**	**37**	**70**	**0**

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 24 practitioners under the TTMR in 2017/18.

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

	2017/18				2016/17			
	Application brought forward	Application received	Application approved	Application carried forward to 2018/19	Application brought forward	Application received	Application approved	Application carried forward to 2017/18
Dentists	–	20	20	–	1	27	28	–
Dental hygienists	–	1	1	–	1	3	4	–
Dental therapists	–	2	2	–	1	1	2	–
Clinical dental technicians	–	1	1	–	–	–	–	–
Oral health therapists	–	–	–	–	–	–	–	–
TOTAL	–	24	24	–	3	31	34	–

Individual assessment applications

Under the TTMR, 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 2017/18, we received 27 individual assessment applications—an increase of three applications on last year. In total, with carried forward applications, the year-on-year volume shows minor variation.

Individual assessment applications

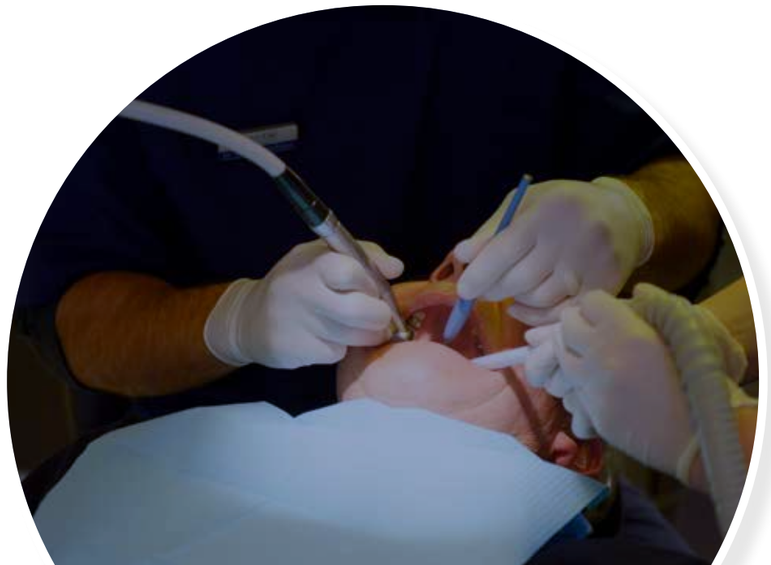
	2017/18					2016/17				
	Brought forward from 2016/17	Received	Approved	Declined	Pending	Brought forward from 2015/16	Received	Approved	Declined	Pending
Dentists	5	24	13	4	12	9	18	16	6	5
Dental hygienists	–	2	–	–	2	–	4	2	2	–
Dental therapists	–	–	–	–	–	–	2	–	2	–
Dental technicians	–	1	1	–	–	–	–	–	–	–
Oral health therapists	–	–	–	–	–	–	–	–	–	–
TOTAL	5	27	14	4	14	9	24	18	10	5

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 approved for removal of exclusions in 2017/18 is reflected in the table below and shows the minor difference of only one application from last year.

Applications for removal of exclusions approved	2017/18	2016/17
Dental hygiene and orthodontic auxiliary scopes of practice		
Orthodontic procedures	1	3
Local anaesthesia	8	10
Extra-oral radiography	6	5
Intra-oral radiography	6	5
Dental therapy scope of practice		
Pulpotomies	–	–
Stainless steel crowns	1	–
Radiography	–	–
Diagnostic radiography	–	–
TOTAL	22	23



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.

In 2017/18, the total number of practitioners managed declined.

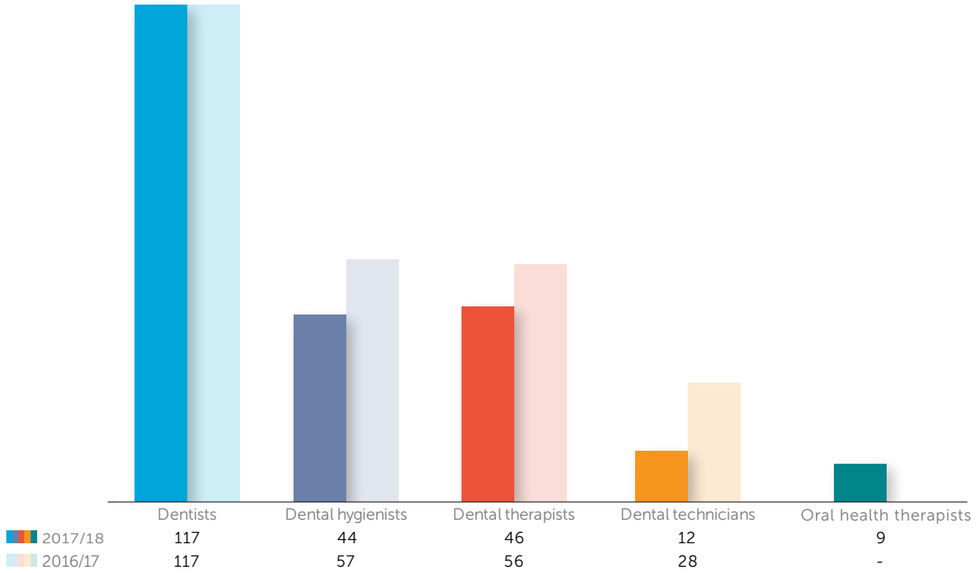
Registration-related supervision	2017/18	2016/17	2015/16
New supervision cases	4	8	1
Existing supervision cases	18	20	22
Total managed	**22**	**28**	**23**
Practitioners leaving supervision	6	10	3
Practitioners remaining under supervision	16	18	20

Registration-related supervision, by profession	2017/18	2016/17	2015/16
Dentists	11	8	-
Dental hygienists	6	8	5
Dental therapists	2	4	6
Dental technicians	3	8	12
Total	**22**	**28**	**23**

Removals from the register

During 2017/18, 228 practitioners were removed from the register. Of these, 127 voluntarily requested their removal under sections 142 or 144(3) of the Act (including nine oral health therapists), three were removed on notification of death, one was cancelled by order of the Health Practitioners Disciplinary Tribunal (HPDT) and the remaining 97 had their registration cancelled under section 144(5) because the Council was unable to make contact with them.

Removals from the register



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 are required to answer questions about their practise, and their physical and mental condition. They must also sign a declaration to confirm they are competent in their scopes of practice, remain fit to practise and meet the recertification requirements, and have provided true and accurate information.

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 practise.

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 HDC.

Competence notifications by source

The Council received 33 percent more notifications than the previous year. This is consistent with the increase in 2016/17.

Source	Health Practitioners Competence Assurance Act 2003 – section	2017/18	2016/17	2015/16
Oral health practitioner	34(1)	15	11	2
Health and Disability Commissioner	34(2)	2	6	8
Employer	34(3)	2	2	3
Other		13	5	5
Total		**32**	**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	2017/18				2016/17			
		Existing	New	Closed	Still active	Existing	New	Closed	Still active
Initial inquiries	36	–	17	17	–	–	18	18	–
Initial inquiries pending	36	5	7	5	7	1	5	1	5
Preliminary assessments		–	3	3	–	–	1	1	–
TOTAL inquiries and preliminary assessments		**5**	**27**	**25**	**7**	**1**	**24**	**20**	**5**
No further action		–	5	5	–	–	4	4	–
Notification of risk of harm to public	35	7	4	2	9	7	2	2	7
Orders concerning competence	38	19	13	2	30	23	1	5	19
Interim suspension/conditions	39	6	4	4	6	6	2	2	6
Competence programme	40	9	6	1	14	10	1	2*	9*
Individual recertification programme	41	3	–	2	1	5	1	3	3
Unsatisfactory results of competence or recertification programme	43	1	–	–	1	–	1	–	1
Competence review		7	8	9	6	4	7	4	7
Other action		–	5	3	2	1	15	15	–
Voluntarily removed from register		–	1	1	–	–	–	–	–
Outcome of inquiry pending		2	5	2	5	1	2	1	2

Note: Some notifications result in more than one outcome.

**Amended number*

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 volume of competence cases managed increased by five. However by the end of the year the volume of practitioners in competence reviews overall had reduced by one.

Competence reviews	2017/18	2016/17	2015/16	2014/15	2013/14
New competence reviews	9	7	4	7	2
Existing practitioners in competence review	7	4	5	3	5
Total cases managed	**16**	**11**	**9**	**10**	**7**
Practitioners leaving competence review	10	4	5	5	4
Practitioners left in competence review	6	7	4	5	3

Competence reviews managed, by profession	2017/18	2016/17	2015/16	2014/15	2013/14
Dentists	15	9	7	9	6
Dental hygienists	–	–	–	–	–
Dental therapists	1	1	1	–	–
Dental hygienist and dental therapist	–	1	1	–	–
Dental technicians	–	–	–	1	1
Total	**16**	**11**	**9**	**10**	**7**

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 2017/18, the Council made six new orders for practitioners to undertake a competence programme. This resulted in 17 competence programmes being managed during the year. One practitioner met the requirements to enable them to leave their programme during the year. One practitioner was removed from the register, and therefore their competence programme ended.

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

Competence programmes	2017/18	2016/17	2015/16	2014/15	2013/14
New competence programmes	6	1	3	1	3
Existing competence programmes	11	10*	10*	11*	11*
Total cases managed	**17**	**11**	**13**	**12**	**14**
Practitioners leaving competence programmes	2	0	3	2	3
Remaining competence programmes	15	11*	10*	10*	11*

**One dentist was ordered to complete two competence programmes.*

Competence programmes managed, by profession	2017/18	2016/17	2015/16	2014/15	2013/14
Dentists	15*	10*	11*	11*	13*
Dental hygienists	–	–	–	–	–
Dental therapists	2	1	2	1	1
Dental technicians	–	–	–	–	–
Total	**17**	**11**	**13**	**12**	**14**

**One dentist was ordered to complete two competence programmes.*

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 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	2017/18				2016/17			
		Existing	New	Closed	Still active	Existing	New	Closed	Still active
Health service	45(1)(a)	–	–	–	–	–	–	–	–
Health practitioner	45(1)(b)	1	–	–	1	–	2	1	1
Employer	45(1)(c)	–	–	–	–	–	–	–	–
Medical Officer of Health	45(1)(d)	–	–	–	–	–	–	–	–
Any person	45(3)	–	1	1	–	1	–	1	–
Person involved with education	45(5)	–	–	–	–	–	–	–	–
Self-notification		–	4	4	–	1	7	8	–
Other regulatory authority		–	–	–	–	–	–	–	–
Professional Conduct Committee	80(2)(b)	–	1	1	–	–	–	–	–
Total		**1**	**6**	**6**	**1**	**2**	**9**	**10**	**1**

Outcomes of new health notifications

Outcomes	Health Practitioners Competence Assurance Act 2003 – section	2017/18	2016/17*
No further action		–	1
Order medical examination	49	1	3
Interim suspension	48	–	1
Conditions	48	1	–
Restrictions imposed	50	–	–
Voluntary undertaking		3	8
Still under review		–	–
Alteration of scope	21	–	–
Other action		1	–
Total		**6**	**13**

**A notification can result in one or more outcome.*

Health programmes

	2017/18	2016/17	2015/16	2014/15	2013/14	2012/13
New health programmes	3	8	12	2	11	6
Existing practitioners in health programmes	21	16	12	16	12	10
Total managed	**24**	**24**	**24**	**18**	**23**	**16**
Practitioners leaving health programmes	6	3	8	6	7	4
Practitioners in health programmes	18	21	16	12	16	12

In 2017/18, three new health programmes were established by the Council. This resulted in 24 health programmes being managed during the reporting period. Six 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 five orders involving supervision relating to competence during the reporting period. The practitioners subject to those orders 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 their supervision programme, based on the fulfilment of their supervision period and/or confirmation from their supervisor that they were safe and competent to practise.

Two practitioners were released from supervision programmes, based on their voluntary removal from the register.

Supervision orders relating to competence

	2017/18	2016/17	2015/16	2014/15
New supervision cases	5	1	2	2
Existing supervision	7	7	10	11
Total managed	**12**	**8**	**12**	**13**
Practitioners leaving supervision	3	1	5	3
Practitioners in supervision	9	7	7	10

Supervision orders relating to competence, by profession

	2017/18	2016/17	2015/16	2014/15	2013/14
Dentists	10	7	10	12	15
Dental hygienists	–	–	–	–	–
Dental therapists	2	1	2	1	1
Dental technicians	–	–	–	–	–
Total	**12**	**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.

One new oversight case was ordered during 2017/18, while six practitioners were subject to oversight orders from the previous year. Two practitioners were released from oversight in 2017/18.

Oversight

	2017/18	2016/17	2015/16	2014/15
New oversight cases	1	7	1	3
Existing oversight cases	6	1	3	–
Total managed	**7**	**8**	**4**	**3**
Practitioners leaving oversight	2	2	3	–
Practitioners in oversight	5	6	1	3

Oversight by profession

	2017/18	2016/17	2015/16	2014/15
Dentists	7	7	3	3
Dental hygienists	–	–	–	–
Dental therapists	–	1	1	–
Dental technicians	–	–	–	–
Total	**7**	**8**	**4**	**3**

Recertification

Recertification is a statutory process used to revalidate practitioners' competence and fitness 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 a 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. Alternatively, we may require a practitioner to undertake an individual recertification programme or impose conditions on the practitioners' scope of practice.

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.

Recertification programmes

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.

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.

Practitioners who do not satisfactorily complete the programme may be required to undertake an individual recertification programme, 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.

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.

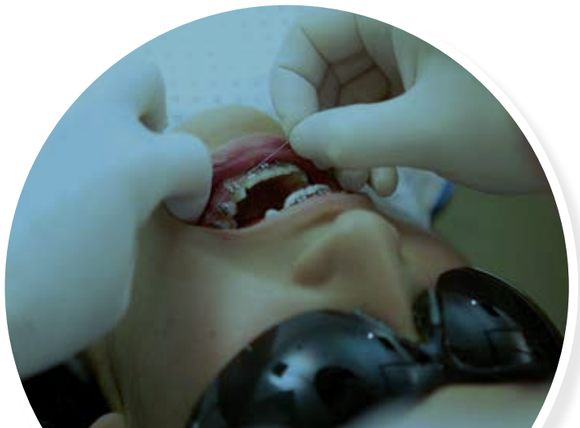
During the reporting period, the Council ordered no new individual recertification programmes, meaning three programmes in total were managed. One practitioner successfully completed their programme, another elected to be removed from the register meaning their programme ended.

Individual recertification programmes

	2017/18	2016/17	2015/16	2014/15	2013/14
New individual programmes	0	1	2	5	3
Existing programmes	3	5	8	5	6
Total managed	**3**	**6**	**10**	**10**	**9**
Practitioners leaving programme	2	3	5	2	4
Practitioners in programme	1	3	5	8	5

Individual recertification programmes managed, by profession

	2017/18	2016/17	2015/16	2014/15	2013/14
Dentists	3	5	9	9	8
Dental hygienists	–	–	–	–	–
Dental therapists	–	1	1	1	1
Dental technicians	–	–	–	–	–
Total	**3**	**6**	**10**	**10**	**9**



COMPLAINTS AND DISCIPLINE

The Council works with the Health and Disability Commissioner (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 receives telephone complaints from the public, it is not mandated to respond to these formally. We will always listen and then either refer the complainant to the HDC or provide information on other avenues available to them. It is then up to the complainant to either take formal action, or refer back to the practitioner involved.

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 which may refer the complaint back to the Council for consideration.

Those notifications or complaints received by the Council that do not directly involve a patient, and those referred back by the HDC 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 192 complaints during 2017/18, with most (146) coming from consumers. This number of complaints is slightly higher than last year.

Complaints from various sources and outcomes

Source	Complaints 2017/18	Outcomes 2017/18					Complaints 2016/17
		Not yet assessed	No further action	Other action	Referred to professional conduct committee	Referred to the Health and Disability Commissioner	
Consumer	146	–	142	–	–	4	147
Health and Disability Commissioner	9	3	1	2	3	–	7*
Oral health practitioner	18**	7	2	9**	–	–	11*
Other health practitioner	1	–	1	–	–	–	1
Courts notice of conviction	–	–	–	–	–	–	1
Employer	4	1	2	–	1	–	2
Self-notifications	5	–	1	2	2	–	7
Other	9	3	2	4	–	–	1
TOTAL	192	14	151	17	6	4	177

**Some complaints had more than one outcome.*

***The 18 complaints from the oral health practitioners related to 14 practitioners, of the 9 of these that resulted in other action 3 related to a single practitioner*

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 HPDT.

In 2017/18, the Council referred six practitioners to PCCs, while five existing cases from 2016/17 were also managed this year. The PCC recommended three practitioners were counselled by the Council and determined three be charged before the HPDT. The outcomes of five cases are still pending.

Professional conduct committee cases

Nature of issue	Source	2017/18	Outcome(s)
Concerns about standards of practice			
Notification of conviction			
– Drink driving offence	1 District Court 2 self-notification	3*	3 counselled
– Assault			
– Fraud			
– Theft			
– Other conviction			
Conduct	4 HDC 1 Employer	5*	5 outcomes pending
Practising outside scope			
Practising without APC	3 self-notification	3*	3 HPDT
Practising while suspended			
Other			
Total cases		11	

**Some PCC cases were existing cases with the outcome pending from 2016/17, finalised this year.*

Professional conduct committees

	2017/18	2016/17	2015/16	2014/15
New PCC cases	6	6	7	4
Existing PCC cases	5	3	1	–
Total cases managed	**11**	**9**	**8**	**4**
PCC finalised	6	4	5	3
Practitioners remaining	5	5	3	1

Professional conduct committees, managed by profession

	2017/18	2016/17	2015/16	2014/15
Dentists	6	5	5	2
Dental hygienists	1	1	1	–
Dental therapists	–	–	–	2
Dental technicians	3	2	1	–
Dental hygienist and dental therapist	1	1	1	–
Total	**11**	**9**	**8**	**4**

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–its members are appointed by the Minister of Health, but its costs are met by the Council.

For each disciplinary proceeding, the HPDT comprises a chair and deputy chair (barristers or solicitors), four members, three of whom must be from the same profession as the practitioner under investigation, and one a layperson.

During 2017/18, PCCs appointed by the Council laid charges against three practitioners before the HPDT. Two cases were finalised, and both practitioners were censured, fined and required to pay costs. One outcome was still pending at the end of the reporting year.

Within the reporting period one practitioner also had charges brought against them by the Director of Proceedings. This practitioner was censured, fined and required to pay costs.

One case laid by a PCC from the 2016/17 reporting period was finalised within this period. This practitioner had their registration cancelled, was censured, ordered to complete a course of education or training set by the Council before applying for re-registration, and required to pay costs.

Health Practitioners Disciplinary Tribunal cases

	2017/18	2016/17	2015/16	2014/15
New HPDT cases	4	1	1	1
Existing HPDT cases	1	1	1	3
Total cases managed	**5**	**2**	**2**	**4**
HPDT finalised	4	1	1	3
Practitioners remaining	1	1	1	1

Appeals and judicial reviews

Decisions of the Council may be appealed to the District Court. No decisions were appealed 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 acted fairly, followed its own policies and processes, and that these are reasonable.

No judicial review proceedings were brought against the Council during the reporting period.

EXAMINATIONS AND ACCREDITATION

The Council prescribes qualifications that it considers deliver graduates competent to practise in the relevant scope of practice. 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 to promote continuous programme improvements.

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

Examinations

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 to practise, regardless of where they were educated.

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

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

Since 2015, the 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.

All NZDREX candidates enrol directly into the NDEB equivalency process.

There were no candidates for examination in 2017/18 for dental hygiene, dental therapy and dental technology.

Accreditation

The Council and the Australian Dental Council have a joint accreditation committee to accredit and monitor New Zealand and Australian educational programmes, to ensure common standards across both countries.

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

The programmes are monitored through cyclical reviews (five or seven years) and annual reports—highlighting any programme changes. Monitoring reports can also be put in place as required.

Monitoring

Quarterly reporting by the University of Otago during the building of its new dental school is ongoing. The faculty reports on areas of risk for patient safety, delivery of the educational programmes, and student experiences. The report also closely monitors staffing and any impact on didactic and clinical hours as a result of disruptions—and how these were recovered. In November last year, the Council also introduced a quarterly visit to the school by two Council members, to meet with student representatives and staff. This gave them the opportunity to raise any concerns directly with the Council.

The Council is satisfied that to date the educational quality of its programmes has been maintained, and that the faculty management is working effectively to manage this difficult period for students and staff to the best of its ability.

The Council also worked closely with the Department of Oral Health at Auckland University of Technology during a period of significant changes. The move of the oral health clinic into the new Akoranga Integrated Health Clinic was successful with no disruption to students' clinical experience.

Accreditation reviews during 2017/18

Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery)

The Council conducted a joint review of the Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) programme with the Australian Medical Council, Australian Dental Council and the Medical Council of New Zealand. The review included visits to various training sites across Australia and New Zealand, observation of two examinations, feedback from stakeholders, students and supervisors, and meetings with the College and Board of Studies for Oral and Maxillofacial Surgery.

There was strong alignment between the findings of the dental and medical accreditation team members against the respective accreditation standards—especially on a principle level. Each council made its own accreditation decision, based on the site evaluation team report and recommendations.

The Council re-accredited the programme until 31 December 2022, with a condition on assessment that must be reported on by 31 December 2018.

Fellowship in Oral and Maxillofacial Pathology of the Royal College of Pathologists of Australasia

The Council also started the review of the Royal College of Pathologists of Australasia's Fellowship in Oral and Maxillofacial Pathology programme, in conjunction with the Australian Dental Council. The review will be concluded in the next reporting year.

Accreditation reviews for the next year

The next year will be a busy period on accreditation with the following reviews scheduled:

University of Otago – postgraduate programmes

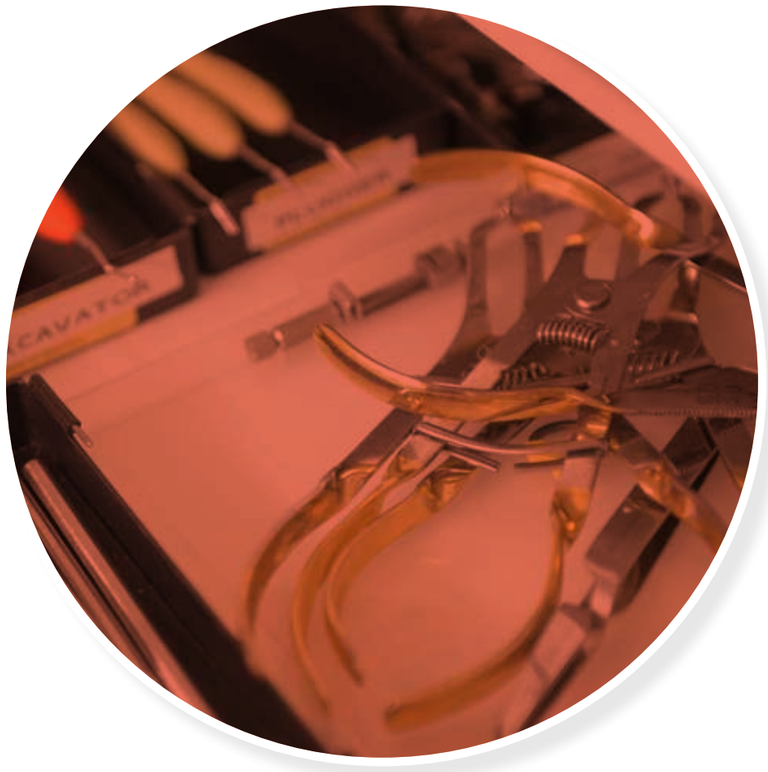
- Doctor of Clinical Dentistry
  - Endodontics
  - Oral and maxillofacial surgery
  - Oral pathology
  - Oral medicine
  - Oral surgery
  - Orthodontics
  - Paediatric dentistry
  - Periodontology
  - Prosthodontics
  - Special needs dentistry
- Master of Community Dentistry
- Postgraduate Diploma in Clinical Dental Technology

Historically, the accreditation of postgraduate programmes relied heavily on external peer review reports as the team did not include representatives across all of the disciplines. The review process has been significantly strengthened by including two representatives from each discipline under review on the site evaluation team—one senior Australian academic (except for oral and maxillofacial surgery who is from the United States of America) and one New Zealand dental specialist. A core team, led by two co-chairs, will review all the generic accreditation standards, while the discipline representatives will focus on the individual programmes.

In addition, it is also the first time that the Dental Council /Dental Board of Australia dental specialist competencies will be used as a benchmark for the dental specialist curriculums and assessment processes.

New Zealand Association of Orthodontists
– Orthodontic Auxiliary Training Programme

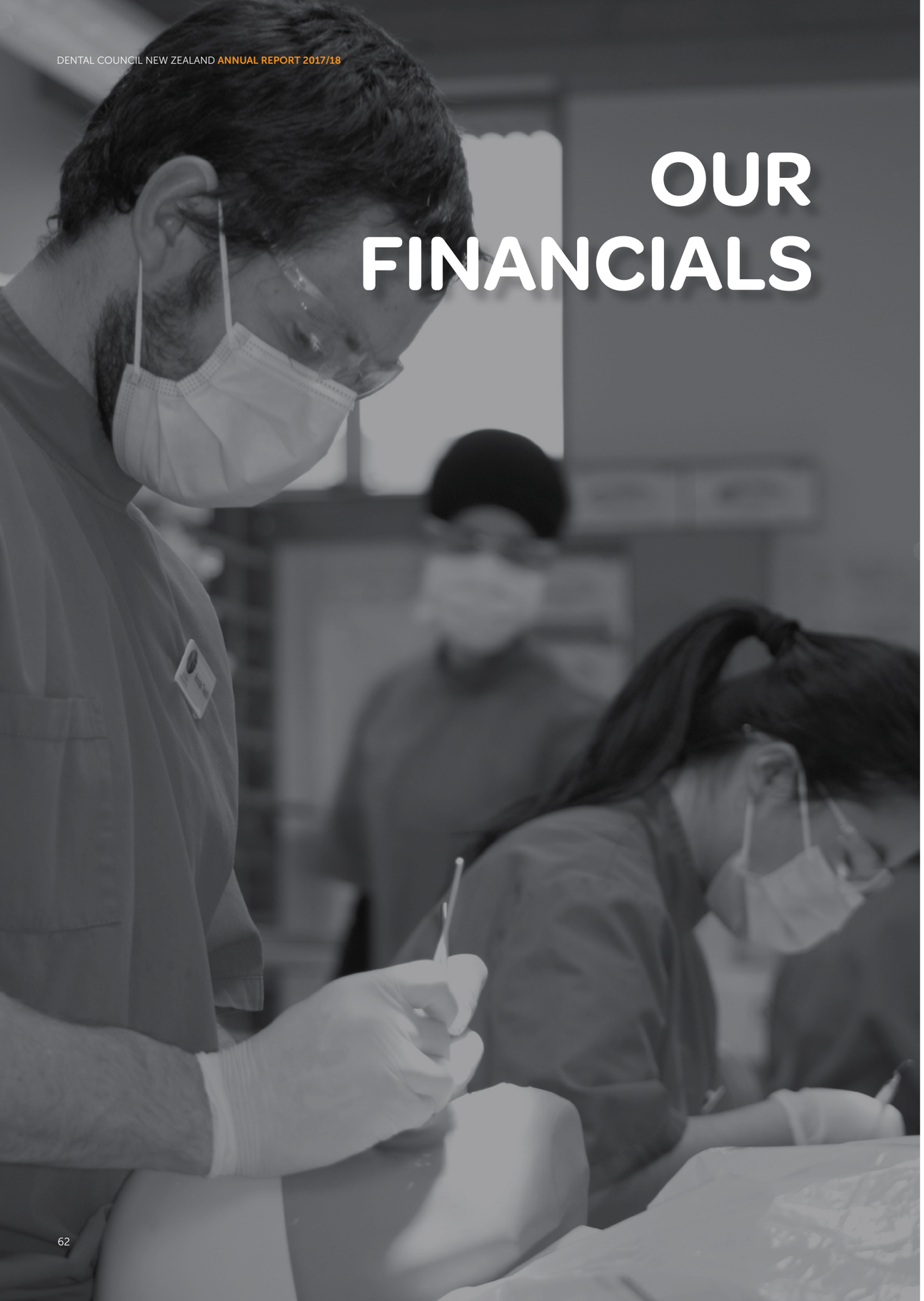
Auckland University of Technology
– Bachelor of Health Science in Oral Health.



Status of New Zealand accredited programmes

The following programmes are accredited and monitored by the Dental Council.

Title	Provider	Status	Expiry date
Bachelor of Dental Surgery (BDS)	University of Otago	Full accreditation	31/12/2019
Bachelor of Dental Surgery (Honours)	University of Otago	Full accreditation	31/12/2019
Master of Community Dentistry (MComDent)	University of Otago	Full accreditation	31/12/2018
Doctor of Clinical Dentistry (DClinDent) Endodontics Oral and maxillofacial surgery Oral pathology Oral medicine Orthodontics Paediatric dentistry Periodontology Prosthodontics Special needs dentistry Oral surgery	University of Otago	Full accreditation	31/12/2018
Fellowship in Oral and Maxillofacial Surgery	Royal Australasian College of Dental Surgeons	Accreditation with a condition	31/12/2022
Fellowship in Oral and Maxillofacial Pathology	Royal College of Pathologists of Australasia	Full accreditation	31/12/2018
Bachelor of Oral Health (BOH)	University of Otago	Full accreditation	31/12/2019
Bachelor of Health Science in Oral Health (BHSc (Oral Health))	Auckland University of Technology	Full accreditation	31/12/2018
Bachelor of Dental Technology (BDentTech)	University of Otago	Full accreditation	31/12/2019
Bachelor of Dental Technology (Honours) (BDentTech (Hons))	University of Otago	Full accreditation	31/12/2019
Postgraduate Diploma in Clinical Dental Technology (PGDipCDTech)	University of Otago	Full accreditation	31/12/2018
Certificate of Orthodontic Assisting, New Zealand Association of Orthodontists: Orthodontic Auxiliary Training Programme	New Zealand Association of Orthodontists	Accreditation	31/12/2018



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 2018

The Auditor-General is the auditor of the Dental 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 Dental Council on his behalf.

Opinion

We have audited the financial statements of the Dental Council that comprise the statement of financial position as at 31 March 2018, the statement of comprehensive revenue and expenses, the statement of changes in net assets and statement of cash flows for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

In our opinion the financial statements of the Dental Council present fairly, in all material respects:

- its financial position as at 31 March 2018; 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 International Public Sector Accounting Standards Reduced Disclosure Regime.

Our audit was completed on 20 June 2018. 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 Dental Council for assessing the Dental 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 Dental 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.

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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 governing body.

- We conclude on the appropriateness of the use of the going concern basis of accounting by the governing body 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 the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

Independence
We are independent of the Dental 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 Dental Council.

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

Financial Statements

Statement of comprehensive revenue and expenses

FOR THE YEAR ENDED 31 MARCH 2018

	Note	31 March 2018 $	31 March 2017 $
Revenue from non-exchange transactions			
Annual practising certificate (APC) fees	5	3,159,855	3,112,022
Disciplinary levies	5	375,367	161,955
Discipline fines/costs recovered		59,650	–
		3,594,872	**3,273,977**
Revenue from exchange transactions			
Interest on investments		70,248	90,264
Sale of dental register extracts		2,032	1,200
Certificate of good standing fees		9,030	8,399
Registration fees		296,476	266,082
Retention on dental register (non-practising) fees		73,284	73,458
Restoration to dental register fees		932	2,606
New Zealand dental registration examination fees		7,239	73,923
Competence programme contributions		27,295	10,344
Fitness to practise contributions		(36)	2,123
Recertification programme contributions		472	8,060
Accreditation contributions		37,499	3,763
		524,471	**540,222**
Total revenue		**4,119,343**	**3,814,199**
Expenses as per schedules	6		
Administration expenses		2,269,852	2,186,451
Council project and profession expenses		1,709,120	1,641,944
Total expenditure		**3,978,972**	**3,828,395**
Total surplus/(deficit) for the year		**140,371**	**(14,196)**
Other comprehensive revenue and expenses		–	–
Total comprehensive revenue and expense for the year		**140,371**	**(14,196)**

Signed for and on behalf of Council members who authorised these financial statements for issue on 11 June, 2018.

Robin Whyman
Chair

Andrew Gray
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 2018

	Note	31 March 2018 $	31 March 2017 $
Current assets			
Cash and cash equivalents	8	1,478,843	974,220
Short-term investments	9	2,100,000	2,860,000
Receivables from exchange transactions		38,303	49,140
Receivables from non-exchange transactions		37,540	26,685
Prepayments		93,747	19,977
		3,748,433	**3,930,022**
Non-current assets			
Intangible assets	10	12,063	31,489
Property, plant and equipment	11	206,709	219,235
Work in progress	12	883,509	174,340
		1,102,281	**425,064**
Total assets		**4,850,714**	**4,355,086**
Current liabilities			
Accounts payable	16	594,137	537,145
Other liabilities	16	8,472	26,282
Revenue in advance		1,222,865	933,975
Employee entitlement	16	161,785	200,544
Goods and services tax payable	16	135,464	69,520
Total liabilities		**2,122,723**	**1,767,466**
Net assets		**2,727,991**	**2,587,620**
Equity			
Operational reserves – profession		1,213,432	1,417,707
Disciplinary reserves – profession		646,201	484,285
Capital asset reserve – Council		868,358	685,628
Total net assets attributable to the owners of the controlling entity		**2,727,991**	**2,587,620**

Statement of changes in net assets

FOR THE YEAR ENDED 31 MARCH 2018

	Note	Capital asset reserve $	Disciplinary reserve $	Operational reserve $	Total equity $
Opening balance 1 April 2017	13	685,628	484,284	1,417,708	2,587,620
Surplus/(deficit) for the year	13	182,730	161,917	(204,276)	140,371
Other comprehensive revenue					–
Closing equity 31 March 2018		**868,358**	**646,201**	**1,213,432**	**2,727,991**
Opening balance 1 April 2016	13	548,236	601,295	1,452,285	2,601,816
Surplus/(deficit) for the year	13	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**

Statement of cash flows

FOR THE YEAR ENDED 31 MARCH 2018

	Note	31 March 2018 $	31 March 2017 $
Cash flows from operating activities			
Receipts			
Receipts from APC fees and Disciplinary levies (non-exchange)		3,824,112	3,284,591
Receipts from other non-exchange transactions		88,518	1,452
Receipts from exchange transactions		410,610	488,876
Interest received		84,974	94,614
		4,408,214	**3,909,534**
Payments			
Payments to suppliers and employees		3,915,238	3,762,615
		3,915,238	**3,762,615**
Net cash flows from operating activities		**492,976**	**146,919**
Cash flows from investing activities			
Receipts			
Sale of property plant and equipment		–	–
Net withdrawal of short-term investments		760,000	
		760,000	**–**
Payments			
Purchase of property, plant and equipment and intangibles		748,353	209,367
Net investments in short-term investments		–	796,252
		748,353	**1,005,619**
Net cash flows from investing activities		**11,647**	**(1,005,619)**
Net increase/(decrease) in cash and cash equivalents		504,623	(858,701)
Cash and cash equivalents at 1 April		974,220	1,832,921
Cash and cash equivalents at 31 March		**1,478,843**	**974,220**
This is represented by:			
ANZ Bank Account		**1,478,843**	**974,220**

Notes to the financial statements
FOR THE YEAR ENDED 31 MARCH 2018

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 11 June 2018.

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 (RDR) disclosure concessio.

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

TThe 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, clinical dental technicians and oral health therapists. 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 (PCC) 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 revenue

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

All other revenue

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.

Notes to the financial statements for the year ended 31 March 2018 (continued)

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

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 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.

Notes to the financial statements for the year ended 31 March 2018 (continued)

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 key assumptions concerning the future and other key 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	2018 $ Annual practising fees	2018 $ Disciplinary levies	2017 $ Annual practising fees	2017 $ Disciplinary levies
Dentists and dental specialists	2,160,599	382,481	2,051,365	228,085
Dental therapists	412,973	(1,507)	477,337	(31,072)
Dental hygienists and orthodontic auxiliaries	354,884	(2,204)	397,890	(25,776)
Dental technicians and clinical dental technicians	216,931	(3,403)	185,430	(9,282)
Oral health therapists	14,468	-	-	-
Total fees and levies	**3,159,855**	**357,367**	**3,112,022**	**161,955**

6 Components of net surplus

Expenditure	Note	2018 $	2017 $
Administration expenses			
Salaries		1,561,072	1,532,044
Staff welfare, training, ACC levies and recruitment		198,052	187,959
Telephone call charges and services		30,094	22,082
Photocopying, printing, postage and couriers		35,878	32,939
Doubtful debts/(doubtful debts recovered)		19,515	(1,760)
Office expenses		33,297	29,063
Publications and media monitoring		7,718	7,018
Audit fees	7	14,800	16,335
Advertising		2,952	4,714
Rent and building outgoings		133,777	133,924
Insurance		40,499	43,058
Bank charges		45,172	38,225
Legal		16,640	16,642
Finance		59,251	39,940
Amortisation of intangible assets	10	30,195	41,724
Depreciation of physical assets	11	39,604	40,556
Loss on disposal of assets	11	1,336	1,988
Total administration expenses		**2,269,852**	**2,186,451**
Council project and profession expenses			
Dental Council – fees and expenses		237,287	230,272
Audit and risk and remuneration standing committees		253,343	117,055
Information technology		147,389	154,380
New Zealand and international liaison		117,047	128,402
Strategic and organisational planning		4,000	38,174
Registration and recertification standards		76,203	138,265
Continuing professional development		188	1,566
Scopes of practice		25,860	78,151
Policy		-	7,888
Quality assurance		-	37,642
Communications – stakeholders		36,227	58,824
Workforce data analysis		120	-
Education and accreditation		74,746	34,791
Examinations		-	54,439
Registration		55,154	7,726
Recertification		103,192	86,832
Complaints		110,102	109,041
Fitness to practise		1,342	22,836
Competence assessments and reviews		223,380	63,155
Discipline – overhead recoveries		(10,045)	(11,861)
Discipline – sundry expenses		10,045	11,861
Discipline – professional conduct committees		78,300	20,182
Discipline – Health Practitioners Disciplinary Tribunal		164,778	252,323
Discipline – disciplinary case appeals		462	-
Total Council project and profession expenses		**1,709,120**	**1,641,944**
Total expenditure		**3,978,972**	**3,828,395**

7 Auditor's remuneration

Staples Rodway, Wellington, provide audit services to the Council. The total amount recognised for audit fees is $14,800 (2017: $16,335). No non-audit services are provided by Staples Rodway.

8 Cash and cash equivalents

Cash and cash equivalents include the following components:

	2018 $	2017 $
Cash at bank	1,478,643	974,020
Petty cash	200	200
Total Cash and cash equivalents	**1,478,843**	**974,220**

9 Investments

	2018 $	2017 $
Term deposits – maturing within 12 months of balance date	2,100,000	2,860,000
Total investments	**2,100,000**	**2,860,000**

10 Intangible assets

2018	Software $
Cost/valuation	287,815
Accumulated amortisation	(275,752)
Net book value	**12,063**

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

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

2018	Software $
Opening balance	31,489
Additions	10,769
Disposals	–
Amortisation	30,195
Closing balance	**12,063**

2017	Software $
Opening balance	65,194
Additions	8,091
Disposals	–
Amortisation	41,724
Closing balance	**31,489**

11 Property, plant and equipment

2018	Office furniture $	Office refit $	Computer equipment $	Office equipment $	Total $
Cost/valuation	87,002	185,169	131,263	23,879	447,858
Accumulated depreciation	53,482	51,824	92,797	22,501	239,812
Net book value	**33,520**	**133,345**	**38,466**	**1,378**	**206,709**

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**

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

2018	Office furniture $	Office refit $	Computer equipment $	Office equipment $	Total $
Opening balance	38,425	151,862	28,636	312	219,235
Additions	1,350	-	25,641	1,423	28,414
Disposals	-	-	1,336	-	1,336
Depreciation	6,255	18,517	14,475	357	39,604
Closing	**33,520**	**133,345**	**38,466**	**1,378**	**206,709**

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	**38,425**	**151,862**	**28,636**	**312**	**219,235**

12 Capital work in progress

	2018 $	2017 $
Software	883,509	174,340
Total capital work in progress	**883,509**	**174,340**

13 Movement in equity

Dental Council	Dentists $	Dental hygienists $	Dental therapists $	Dental technicians $	Oral health therapists $	Total 2018 $
Operational reserves – profession						
Balance 1 April 2017	1,238,948	74,352	32,264	72,145	-	1,417,707
Transfer to Oral health therapists	-	(10,886)	(10,885)	-	21,771	-
Surplus/(deficit) 2017/18	58,734	(88,885)	(135,183)	(24,623)	(14,319)	(204,276)
Balance 31 March 2018	**1,297,682**	**(25,419)**	**(113,805)**	**47,522**	**7,452**	**1,213,432**
Disciplinary reserves – profession						
Balance 1 April 2017	349,974	45,957	38,974	49,380	-	484,285
Transfer to Oral health therapists	-	(8,461)	(8,461)	-	16,922	-
Surplus/(deficit) 2017/18	245,148	(43,931)	(16,537)	(22,764)	-	161,917
Balance 31 March 2018	**595,122**	**(6,435)**	**13,976**	**26,616**	**16,922**	**646,201**
Total profession reserves	**1,892,804**	**(31,854)**	**(99,829)**	**74,138**	**24,374**	**1,859,633**
Capital asset reserve – Council						
Balance 1 April 2017						685,628
Capital replacement annual practising certificate fee						253,865
Depreciation, amortisation and loss on disposal of fixed assets						(71,135)
Capital asset reserve – Council 31 March 2018						**868,358**
Total net assets attributable to the owners of the controlling entity 31 March 2018						**2,727,991**

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	**1,588,922**	**120,309**	**71,238**	**121,525**	**1,901,992**
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**

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.

Council members	2017 $ Fees	2016 $ Fees
R Whyman	48,385	61,458
A Gray	25,717	20,622
J Aarts	23,382	24,150
K Ferns	16,704	18,722
L Foster Page	9,759	26,056
K Hazlett	14,921	16,974
M Holdaway	9,853	-
J Logan	14,686	18,446
C Neame	15,390	18,256
G Tahi	13,888	19,964
W Tozer	19,779	25,852
Total fees paid	**212,464**	**250,500**

Related parties

Grant Thornton performed consultancy services for the Dental Council during the year. Grant Thornton is a related party as the Chair of the Audit and Risk Management Committee is also a partner at Grant Thornton. The value of services provided in the year was $84,753 (2017: $61,783). At the year-end, $55,879 was owed to Grant Thornton by the Dental Council (2017: $2,622).

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:

	2018 $	2017 $
Total remuneration	552,032	**561,202**
Number of persons	2.9	3.2

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)	2018 $	2017 $
Not later than one year	142,101	142,101
Later than one year and no later than five years	568,405	710,506
Later than five years	82,893	82,893
	793,399	935,500

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)	2018 $	2017 $
Not later than one year	434,203	434,203
Later than one year and no later than five years	1,736,812	2,171,015
Later than five years	253,285	253,285
	2,424,300	2,858,503

Lease of premises 109 Willis Street	2018 $	2017 $
Not later than one year	34,126	-
Later than one year and no later than five years	-	-
Later than five years	-	-
	34,126	-

Lease of multi-function devices (photocopier, printer etc)	2018 $	2017 $
Not later than one year	731	2,926
Later than one year and no later than five years	-	732
Later than five years	-	-
	731	3,658

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	2018 $	2017 $
Receivables		
Cash and cash equivalents	1,478,843	974,220
Investments	2,100,000	2,860,000
Receivables from exchange transactions	38,303	49,140
Receivables from non-exchange transactions	37,540	26,685
	3,654,686	3,910,045

Financial liabilities	2018 $	2017 $
Accounts payable	738,073	632,947
Employee entitlements	161,785	200,544
	899,858	833,491

17 Capital commitments

There were $222,054 capital commitments at the reporting date (2017: $0).

18 Contingent liabilities

There were no contingent liabilities at year-end (2017: none).

19 Contingent assets

There was $217,299 contingent assets owed to the Council at year-end (2017: none).

The Council has been unable to occupy the premises located at 80 The Terrace since 17 February 2017. Council has recognised costs incurred with being unable to occupy 80 The Terrace but has not recorded any revenue associated with an insurance recovery. An insurance claim has been lodged with insurers and as at balance date the claim has not yet been accepted by the insurer. In accordance with PBE IPSAS 19 – Provisions, Contingent Liabilities, and Contingent Assets, Council considers a recovery probable and the best estimate of that recovery is $217,299.

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 Wellington earthquake on 14 November 2016. The Council have withheld monthly lease payments of $101,610 from 3 April 2017 to 18 December 2017 (inclusive). Remediation was completed in December 2017 and rent payments were recommenced.

A subsequent engineering report identified an alpha slab issue on the building which meant as a Person Conducting a Business or Undertaking (PCBU), the building was considered unsafe to occupy. Council are awaiting a resolution on this issue.

Council continues to occupy 109 Willis Street, Wellington. This lease agreement was signed on 24 April 2017 with a commencement date of 24 April 2017 and, following execution of the one right of renewal, the expiry date is 30 June 2018.

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, oral health 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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