



DENTAL COUNCIL
Te Kaunihera Tiaki Niho

2011 ANNUAL REPORT

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FROM THE CHAIR

I am pleased to present this year's Annual Report, which reflects an intensive and challenging year of activity for Council.

An important area of activity is the maintenance and refinement of good business practice. Over this period, Council's Audit and Risk Management Committee and staff involved in Corporate Service have ensured that Council's operational practices and financial management reflect statutory and national best practice. This is visible to practitioners in several ways particularly by efficient services and reduced annual practising certificate fees for some professions.

Although Council can budget for most areas of its operations, non-discretionary spend in the form of discipline and competence processes cannot be reliably predicted and these appear to be increasing in frequency. As such, Council now sets modest reserves in its budget to cover both of these key areas. Over this year, Council was required to undertake several competence reviews, professional conduct committees and individual recertification programmes while ongoing costs on two discipline-related cases stemming from the previous Dental Act 1988 continued during the period.

Council was also required to defend itself in legal action undertaken by the New Zealand Association of Oral and Maxillofacial Surgeons stemming from the registration of a practitioner via the Trans-Tasman Mutual Recognition Act 1997, which takes precedence over the Health Practitioners Competence Assurance Act 2003. Although the action was settled before going to court, and Council received an agreed contribution towards legal costs, the unnecessary proceedings resulted in a heavy workload and could have exposed practitioners to increased annual practising certificate fees.



During the year, Council consulted on the need to modify the scopes of practice for dental hygienists, dental therapists and orthodontic auxiliaries in order to assimilate additional scopes into the general scopes. This was accepted by practitioners and will result in ongoing efficiencies for Council and streamlined registration for practitioners. Additionally, Council modified the scopes of practice for dental technology and clinical dental technology and is confident that the scopes reflect contemporary practice in New Zealand.

The consultation document from Health Workforce New

Zealand on a single regulatory authority secretariat represented a challenge to Council toward the end of this period. Council undertook an extensive analysis of the documentation and, although it recognised areas of potential benefit, it could not support the proposal but would be happy to be involved in looking at various options.

Council's international links remain strong, in particular, its working relationships with the Dental Board of Australia and the Australian Dental Council. Additionally, Council instigated discussions with the Commission on Dental Accreditation of Canada to develop a reciprocity agreement on registration qualifications.

I would like to thank and congratulate the Council secretariat, Council and Board members for their work over the year and, in particular, Deputy Chair Erin Collins and Chief Executive Marie Warner for their dedication and support over my time on Council.

A handwritten signature in black ink that reads "Robert M. Love". The signature is stylized and cursive.

Professor Robert M. Love
Chair

FROM THE CHIEF EXECUTIVE

It was a hectic year for the secretariat characterised by a significant number of consultations; an intense period of hard work in preparation for a new registration database and finance system; an improvement in processing times for registration applications; a continued increase in competence notifications; an upswing in professional conduct cases; together with ongoing accreditation reviews, running examinations and managing litigation.

During the year, Council, in its capacity as a member of the Health Regulatory Authorities of New Zealand forum, jointly developed and agreed a new standardised reporting format for core activities with the Ministry of Health. Whilst regulatory authorities are expected to comply with the new standard for the 2011/12 reporting year, Council has already incorporated the majority of the agreed requirements into this year's annual report.

There was a significant increase in the number of stakeholder consultations undertaken by Council during the year in accordance with its statutory obligation. Three consultation documents were issued, which resulted in changes to 16 scopes of practice; two codes of practice consultations were commenced but remained as work in progress at year end; whilst the Statement on Cone Beam Computed Tomography was consulted upon and issued. Accreditation reviews of five prescribed qualification programmes were facilitated and a moderation review of the clinical component of the Council's dentist registration examination was completed.

As in prior years, the number of competence concerns notified to Council has continued to increase, but whilst the number of competence reviews has remained relatively constant, Council has noticed an increasing trend for practitioners to involve their legal representatives. This has resulted in a more protracted process and significantly increased costs. Council has also experienced an upsurge in professional conduct cases, with seven practitioners being referred to Professional Conduct



Committees (PCCs). This has involved significant additional effort for the secretariat, as prior to this there had not been a referral to a PCC for some five years.

Continued development and refinement of internal business processes has led to a reduction in the processing times for registration applications. In addition, a doubling of the number of chairs available at Otago University has led to up to 32 candidates for the dentists' clinical examination being able to be examined at a time.

Significant business process design work was undertaken by the secretariat over the first six months of the year

to specify the requirements for the proposed new registration database, online recertification and financial management information system, and to prepare for its implementation.

Unfortunately, following the signing of the contract with the system supplier, Health Workforce New Zealand issued a consultation document proposing a shared secretariat service for all health regulatory authorities. This resulted in a contractual pause being negotiated with the system supplier, which will remain in place until there is clarity about the future of the secretariat.

Thank you to the members of Council and the professional boards for your hard work, commitment and decision making throughout the year. Thank you in particular to the Chair, Professor Robert Love, and to the Deputy Chair, Erin Collins, for their ongoing support, their many long hours of hard work and for the exceptional leadership they have exhibited.

I must also thank the secretariat staff for their hard work, dedication and continued commitment throughout this year. It has been a challenging year for us all, especially in such uncertain times.

Marie Warner
Chief Executive

THE DENTAL COUNCIL

Our Mission

To protect the health and safety of the public by ensuring oral health practitioners are competent and fit to practise.

Our Vision

To provide a framework for oral health practitioners to deliver best practice standard of oral health care for the public of New Zealand.

Our Goals

- Administer the Health Practitioners Competence Assurance Act 2003 (HPCA Act) fairly and effectively.
- Maintain an efficient organisation that is sustainable and responsive.
- Promote and communicate Council's functions to stakeholders and the public of New Zealand.
- Promote best practice that is well respected.

Our Duties and Functions

The functions of the Dental Council under section 118 of the HPCA Act are:

- to prescribe the qualifications required for scopes of practice within the profession and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies or programmes
- to authorise the registration of health practitioners under the HPCA Act and to maintain registers
- to consider applications for annual practising certificates
- to review and promote the competence of health practitioners
- to recognise, accredit and set programmes to ensure the ongoing competence of health practitioners
- to receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners
- to notify employers, the Accident Compensation Corporation, the Director-General of Health and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public
- to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession
- to set standards of clinical competence, cultural competence and ethical conduct to be observed by health practitioners of the profession
- to liaise with other authorities appointed under the HPCA Act about matters of common interest
- to promote education and training in the profession
- to promote public awareness of the responsibilities of the authority
- to exercise and perform any other functions, powers and duties that are conferred or imposed on it by or under the HPCA Act or any other enactment.

CORPORATE GOVERNANCE

The role of Council is to set the strategic direction of the organisation, monitor management performance and ensure Council meets the requirements of the HPCA Act. Council members are appointed by the Minister of Health.

COUNCIL MEMBERS

Members of the Dental Council as at 31 March 2011 were as follows.

	Profession	Appointment date	Reappointment date	Expiry date
Robert Love (Chair)	Dental Specialist	December 2003	March 2007 April 2010	April 2011
Erin Collins (Deputy Chair)	Dentist	December 2003	March 2007 April 2010	April 2011
Michael Bain	Dentist	July 2009		July 2012
Bede Carran	Layperson	April 2010		April 2013
Leslea Eilenberg	Dental Hygienist	July 2009		July 2012
Mark Goodhew	Dentist	April 2010		April 2013
Kate Hazlett	Layperson	April 2010		April 2013
Minnie McGibbon	Dental Therapist	July 2009		July 2012
Wendy Tozer	Layperson	July 2009		July 2012
Neil Waddell	Dental Technician/ Clinical Dental Technician	April 2005	April 2008	April 2011



Back row (from left): Michael Bain, Leslea Eilenberg, Minnie McGibbon, Bede Carran, Mark Goodhew, Wendy Tozer, Kate Hazlett. **Front row (from left):** Erin Collins (Deputy Chair), Robert Love (Chair), Neil Waddell.

CORPORATE GOVERNANCE

COUNCIL MEETINGS

Meetings	24 May 10	2 Aug 10	27 Aug 10	4 Oct 10	8 Nov 10	6 Dec 10	18 Jan 11	28 Feb 11	21 March 11
Location	Wellington	Wellington	Teleconference	Wellington	Teleconference	Wellington	Teleconference	Wellington	Teleconference
Robert Love (Chair)	✓	✓	✓	✓	Dentist Board member – conflict of interest; not participating in teleconference	✓	✓	✓	✓
Erin Collins (Deputy Chair)	✓	✓	✓	✓	Dentist Board member – conflict of interest; not participating in teleconference	✓	✓	✓	✓
Michael Bain	✓	✓	✓	✓	Dentist Board member – conflict of interest; not participating in teleconference	✓	✓	✓	✓
Bede Carran	✓	✓	✓	✓	✓	✓	✓	✓	✓
Leslea Eilenberg	✓	✓	Apology	✓	✓	✓	✓	✓	✓
Mark Goodhew	✓	✓	✓	Apology	Dentist Board member – conflict of interest; not participating in teleconference	✓	✓	✓	✓
Kate Hazlett	✓	✓	✓	✓	Dentist Board member – conflict of interest; not participating in teleconference	✓	✓	✓	Apology
Minnie McGibbon	✓	✓	Apology	✓	✓	✓	✓	✓	✓
Wendy Tozer	✓	✓	✓	✓	✓	✓	✓	✓	✓
Neil Waddell	✓	✓	✓	✓	✓ (Chair of meeting)	✓	✓	✓	✓

PROFESSIONAL BOARDS

DENTIST BOARD

	Profession	Appointment date	Reappointment date	Expiry date
Erin Collins (Chair)	Dentist	December 2003	May 2007 April 2010	April 2011
Peter Dysart (Deputy Chair)^	Dental Specialist – Orthodontics	February 2008		February 2011
Michael Bain (Deputy Chair)*	Dentist	February 2010		July 2012
Mark Goodhew	Dentist	May 2010		April 2013
John Hale	Dentist	March 2008		March 2011
Kate Hazlett	Layperson	May 2010		April 2013
Robert Love	Dental Specialist – Endodontics	December 2003	May 2007 April 2010	April 2011

^ Served as Deputy Chair until 7 March 2011.

* Elected as Deputy Chair on 7 March 2011.

DENTIST BOARD MEETINGS

Meetings	14 June 10	30 Aug 10	15 Sept 10	29 Sept 10	20 Oct 10	29 Nov 10	7 March 11	4 April 11
Location	Wellington	Wellington	Teleconference	Teleconference	Wellington	Wellington	Wellington	Teleconference
Erin Collins (Chair)	✓	✓	✓	Conflict of interest; not participating in teleconference	✓	✓	✓	✓
Peter Dysart (Deputy Chair)	✓	✓	✓	✓ (Chair of meeting)	✓	✓	✓	✓
Michael Bain	Apology	✓	✓	✓	✓	✓	✓	✓
Mark Goodhew	✓	✓	✓	Apology	✓	✓	✓	✓
John Hale	✓	✓	✓	Conflict of interest; not participating in teleconference	Apology	✓	✓	Apology
Kate Hazlett	✓	✓	✓	✓	✓	✓	✓	✓
Robert Love	✓	✓	✓	✓	✓	✓	✓	✓

CORPORATE GOVERNANCE

DENTAL HYGIENIST – DENTAL THERAPIST BOARD

	Profession	Appointment date	Reappointment date	Expiry date
Barbara Dewson (Chair)*	Therapist	May 2009		May 2011
Kirsty Jennings (Deputy Chair)^	Hygienist	May 2009		May 2012
Sharmyn Turner (Chair)**	Hygienist	May 2009	May 2010	May 2013
Susan Moffat (Deputy Chair)^^	Therapist	May 2009		May 2012
Tanya Cleland	Orthodontic Auxiliary	May 2009		May 2011
Leslea Eilenberg	Hygienist	February 2010		July 2012
Minnie McGibbon	Therapist	February 2010		July 2012
Wendy Tozer	Layperson	February 2010		July 2012

* Served as Chair until 14 March 2011.

^ Served as Deputy Chair until 14 March 2011.

** Elected as Chair on 14 March 2011.

^^ Elected as Deputy Chair on 14 March 2011.

DENTAL HYGIENIST – DENTAL THERAPIST BOARD MEETINGS*

Meetings	12 April 10	19 July 10	11 Oct 10	10 Feb 11	14 March 11
Location	Wellington	Teleconference	Teleconference	Teleconference	Wellington
Barbara Dewson (Chair)	✓	✓	✓	✓	✓
Kirsty Jennings (Deputy Chair)	✓	✓	✓	Apology	✓
Sharmyn Turner	✓	✓	✓	✓	✓
Susan Moffat	✓	✓	✓	✓	✓
Tanya Cleland	✓	✓	✓	✓	✓
Leslea Eilenberg	✓	✓	✓	Apology	✓
Minnie McGibbon	✓	✓	✓	Apology	✓
Wendy Tozer	✓	✓	✓	✓	✓

* The Chair of Council is an ex officio member of the Dental Hygienist-Dental Therapist Board

DENTAL TECHNICIAN BOARD

	Profession	Appointment date	Reappointment date	Expiry date
Neil Waddell (Chair)	Dental Technician/ Clinical Dental Technician	April 2005	April 2008	April 2011
Karl Lyons (Deputy Chair) *	Dental Specialist – Prosthodontics	January 2006	January 2009	January 2012
John Batchelor (Deputy Chair) ^	Dental Technician/ Clinical Dental Technician	August 2010		August 2013
Bede Carran	Layperson	August 2010		August 2013
Byron Lord	Dental Technician	April 2009	August 2010	August 2013
Ian Mercer	Dental Technician	August 2010		August 2013

* Served as Deputy Chair until 11 March 2011.

^ Elected as Deputy Chair on 11 March 2011.

DENTAL TECHNICIAN BOARD MEETINGS*

Meetings	22 April 10	30 July 10	22 Oct 10	17 Jan 11	11 March 11
Location	Teleconference	Teleconference	Teleconference	Teleconference	Wellington
Neil Waddell (Chair)	✓	✓	✓	Conflict of interest; not participating in teleconference	✓
Karl Lyons (Deputy Chair)	✓	✓	✓	Conflict of interest; not participating in teleconference	Apology
John Batchelor	✓	✓	✓	✓	✓
Bede Carran	✓	✓	✓	✓	✓
Byron Lord	✓	✓	✓	✓ [Chair of meeting]	✓
Ian Mercer	✓	✓	✓	✓	✓
Robert Love (ex officio)			✓	✓	✓

* The Chair of Council is an ex officio member of the Dental Technician Board

CORPORATE GOVERNANCE

PROFESSIONAL COMMITTEES

AUDIT AND RISK MANAGEMENT COMMITTEE

Brent Kennerley (Chair – Independent Member, Grant Thornton Chartered Accountants)

Bede Carran (Deputy Chair)

Robert Love

Neil Waddell

CEO REMUNERATION AND PERFORMANCE MANAGEMENT COMMITTEE

Robert Love (Chair)

Erin Collins

Brent Kennerley

HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL

The Ministry of Health maintains a panel of practitioners from which members of the Tribunal are drawn. As at 31 March 2011 membership of the panel, which is appointed by the Minister of Health, was as follows.

Dentists	Dental Therapists	Dental Hygienists	Dental Technicians
Dr Robert East	Mrs Pamela Brennan	Mrs Else Denne	Mr Kenneth Lock
Dr Marion Joyce	Ms Claire Caddie	Mrs Susan Morris	Mr Kenneth Scott
Dr Cathrine Lloyd	Ms Heather Krutz	Ms Mary Mowbray	
Dr Paopio Luteru	Ms Lynette Nicholas	Ms Kirsten Wade-Egan	
Dr Warwick Ross	Ms Ruth O'Rourke		
Dr Sergio Salis			
Dr Hugh Trengrove			
Dr Brent Stanley			

JOINT AUSTRALIAN DENTAL COUNCIL/DENTAL COUNCIL (NEW ZEALAND) ACCREDITATION COMMITTEE

The members of the Joint Australian Dental Council/Dental Council (New Zealand) Accreditation Committee as at 31 March 2011, were as follows.

Professor Paul Abbott	Ms Kirsty Jennings*
Dr Michael Bain*	Professor Robert Love* – ex officio (Chair Dental Council - New Zealand)
Dr Deborah Cockrell (Coordinator, Postgraduate)	Professor Ward Massey
Ms Jan Connolly	Ms Clare McNally (Acting Coordinator, Undergraduate Oral Health)
Dr Ralph Neller – ex officio (President Australian Dental Council)	Professor Michael Morgan (Chair and Coordinator, Undergraduate Dental)
Dr Mark Goodhew*	Dr Bruce Simmons
Dr Neil Hewson	Ms Neroli Stayt

* Dental Council representatives; Kirsty Jennings resigned February 2011.

SECRETARIAT

Staff members of the Dental Council as at 31 March 2011 were as follows.

Chief Executive	Marie Warner
Registrar	Mark Rodgers
Senior Business Development Advisor	Suzanne Bornman
Executive Assistant/Board Secretary	Wendy Bunny
Registration Team	
Deputy Registrar	Carolyn Young
Registration and Recertification Officers	Alicia Clark Kelly Douglas Sarah Harding Stella Moon
Corporate Service Team	
Corporate Services Manager	Kevin Simmonds
Finance Officer	Kim Hopkinson
Administration Officer	Karen Zhu

REGISTRATION

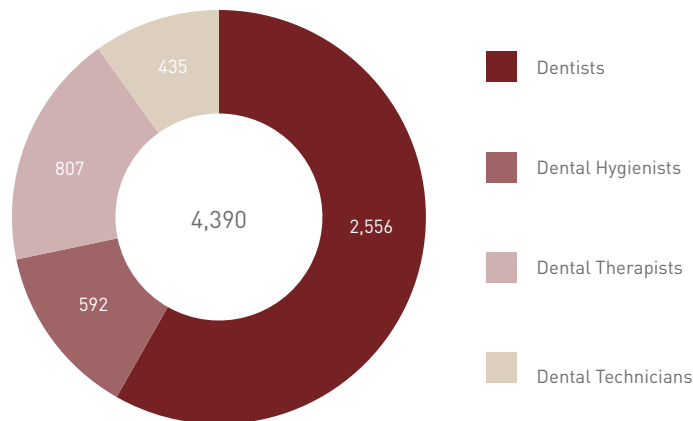
Registration of oral health practitioners is a primary function of the Dental Council. By ensuring that all oral health practitioners who are registered meet the standard required for safe and competent practise, Council is meeting its role of protecting the public.

Note in the registration section of this report dentists' totals include dental specialists; dental hygienists' totals include orthodontic auxiliaries (115 registered); and dental technicians' totals include clinical dental technicians (183 registered). A practitioner may be registered in more than one scope of practice and profession.

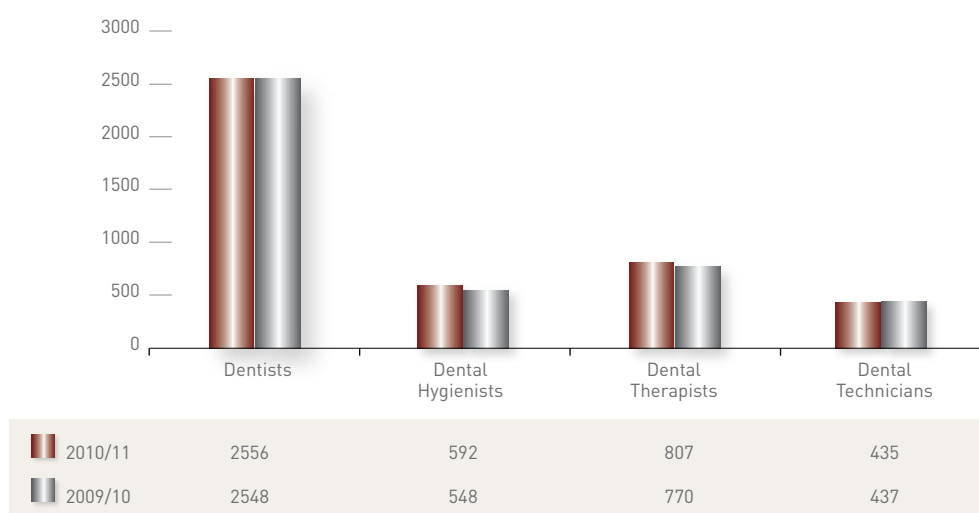
REGISTRATION STATISTICS

A total of 4,390 oral health practitioners were registered with the Dental Council as at 31 March 2011, with 3,689 holding Annual Practising Certificates (APCs). These are increases of 2 percent and 3 percent respectively from the 2009/10 practising year.

TOTAL NUMBER OF REGISTERED ORAL HEALTH PRACTITIONERS AS AT 31 MARCH 2011

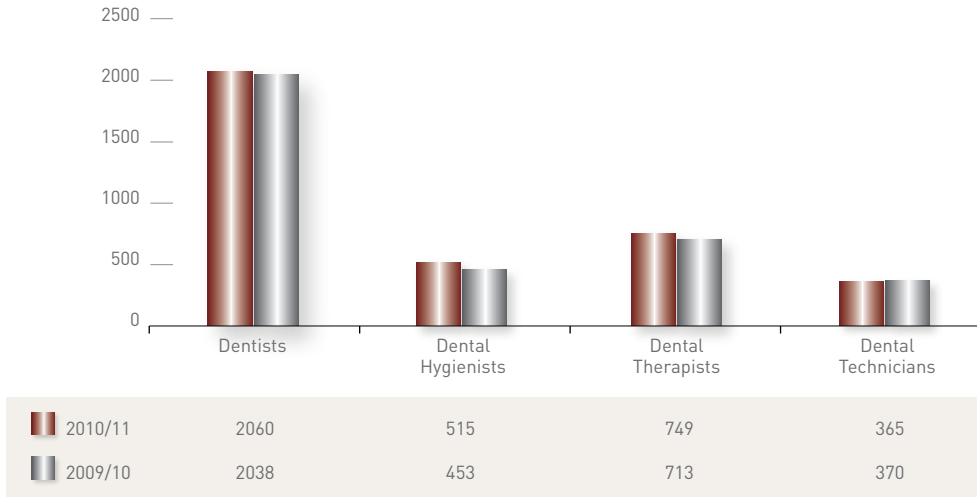


TOTAL NUMBER OF ORAL HEALTH PRACTITIONERS REGISTERED BY PROFESSION AS AT 31 MARCH 2011



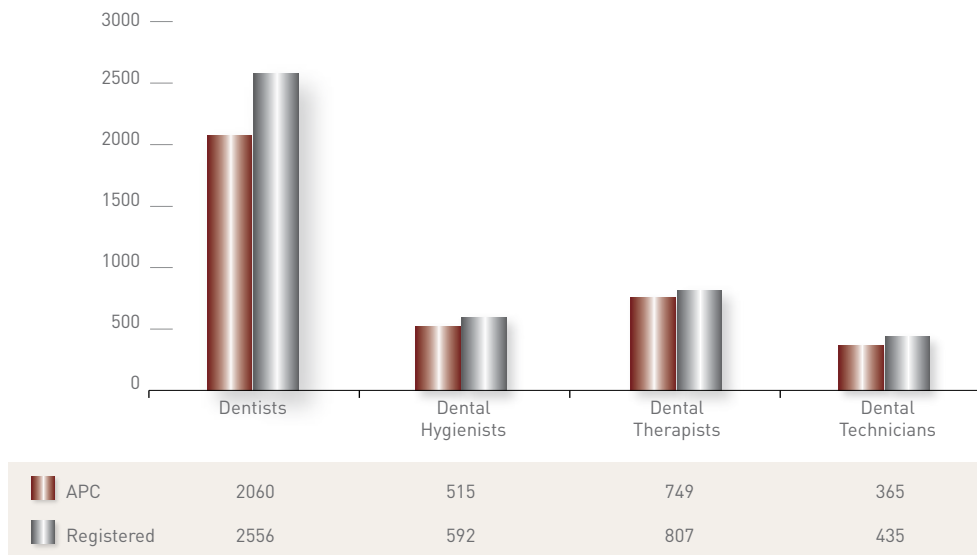
Overall, there has been a 2 percent increase in the number of registered oral health practitioners. Dentists had a small increase of eight practitioners while dental technicians decreased by two on the Dental Register. There was a significant increase of 44 registered dental hygienists and 37 dental therapists for the 2010/11 period.

TOTAL NUMBER OF ORAL HEALTH PRACTITIONERS PRACTISING WITH AN ANNUAL PRACTISING CERTIFICATE BY PROFESSION AS AT 31 MARCH 2011



Overall, there has been a 3 percent increase in the number of oral health practitioners holding APCs. There was a slight increase (1%) in dentists, and a slight decrease by five dental technicians with APCs. Similar to the number of registered practitioners, there was a significant increase in the number of dental hygienists (14%) and dental therapists (5%) with APCs for the 2010/11 period.

COMPARISON OF TOTAL NUMBER OF REGISTERED ORAL HEALTH PRACTITIONERS TO THOSE HOLDING AN ANNUAL PRACTISING CERTIFICATE BY PROFESSION AS AT 31 MARCH 2011



For the 2010/11 period, high percentages, ranging between 93 percent for dental therapists and 81 percent for dentists, of registered oral health practitioners held APCs.

REGISTRATION

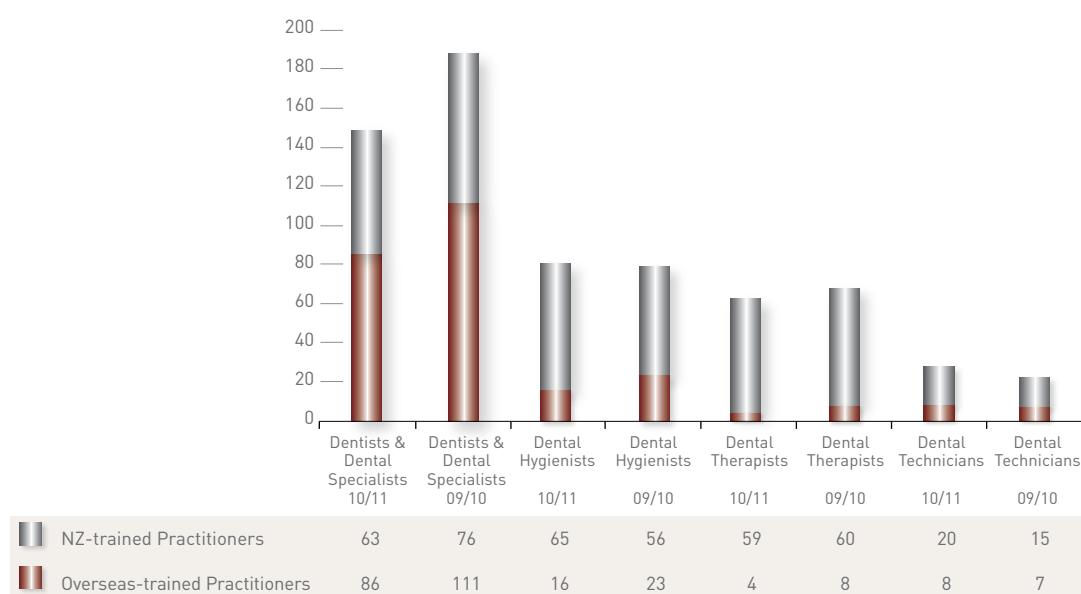
TOTAL REGISTERED PRACTITIONERS BY SCOPE OF PRACTICE AS AT 31 MARCH 2011

	2010/11	2009/10
General Dental Practice	2,454	2,452
Orthodontic Specialist	104	102
Endodontic Specialist	32	30
Oral and Maxillofacial Surgery Specialist	47	47
Oral Medicine Specialist	5	3
Oral Pathology Specialist	6	6
Oral Surgery Specialist	6	6
Paediatric Specialist	12	12
Periodontic Specialist	36	36
Prosthodontic Specialist	26	25
Restorative Dentistry Specialist	12	12
Public Health Dentistry Specialist	19	17
Special Needs Dentistry Specialist	8	8
Dental Hygiene Practice	488	447
Orthodontic Procedures in Dental Hygiene Practice*	0	144
Extra-oral Radiography in Dental Hygiene Practice*	0	56
Intra-oral Radiography in Dental Hygiene Practice*	0	317
Local Anaesthetic in Dental Hygiene Practice*	0	256
Orthodontic Auxiliary Practice	115	112
Extra-oral Radiography in Orthodontic Auxiliary Practice*	0	38
Intra-oral Radiography in Orthodontic Auxiliary Practice*	0	32
General Dental Therapy Practice	807	771
Adult Care in Dental Therapy Practice	14	15
Radiography in Dental Therapy Practice*	0	54
Diagnostic Radiography in Dental Therapy Practice*	0	665
Pulpotomies in Dental Therapy Practice*	0	348
Stainless Steel Crowns in Dental Therapy Practice*	0	252
Dental Technology Practice	434	437
Clinical Dental Technology Practice	183	173
Implant Overdentures in Clinical Dental Technology	18	18

* New scopes of practice were gazetted on Thursday 17 March 2011 for the dental hygiene, dental therapy and orthodontic auxiliary scopes of practice, in which the relevant additional scopes of practice were merged into the relevant general scopes of practice for dental hygiene, dental therapy and orthodontic auxiliary. Those practitioners who were not registered in these additional scopes of practice before the change will have those activities registered as exclusions against their relevant scope(s) of practice.

ADDITIONS TO THE REGISTER

SUMMARY OF REGISTRATIONS GRANTED DURING 2010/11



For the period 2010/11, new registrations granted ranged from a decrease of 20 percent for dentists to an increase of 27 percent for dental technicians. There has been an increase, ranging from 1 to 9 percent, in the proportion of New Zealand-trained practitioners granted registration year on year. There was a decrease in overseas-trained practitioners granted registration of between 50 to 22 percent, except for an increase in the overseas-trained dental technicians' registrations.

SUMMARY OF DENTIST AND DENTAL SPECIALIST REGISTRATIONS GRANTED DURING 2010/11 – COUNTRY OF QUALIFICATION

	2010/11	2009/10	2008/09	2007/08	2006/07
Argentina		1	1	2	
Australia	5	7	4	8	8
Bangladesh				1	
Brazil	3	1		1	2
Bulgaria			1		
Canada	2	1		2	
Chile				1	
China		1	1	1	
Colombia					1
Egypt	1		1	1	3
Fiji	1	1		1	
France					1
Germany		5	1	2	1

REGISTRATION

	2010/11	2009/10	2008/09	2007/08	2006/07
Hong Kong			1	1	1
India	23	30	12	18	17
Indonesia		1		1	
Iran		1			
Iraq	1	2	3	4	4
Ireland		2	1		1
Israel	1				
Italy	1				
Jordan	1	2		1	
Korea		1			
Latvia		1			
Macedonia	1			1	
Malaysia			1	1	
Netherlands			1	1	1
Pakistan					1
Philippines	1			1	3
Poland					1
Puerto Rico			1		
Romania				2	1
Russia		1		1	2
Serbia					1
Singapore	3	1		1	
South Africa	14	17	13	7	4
Sri Lanka			1	1	2
Sweden				1	
Syria					1
Thailand	1			1	
Ukraine	1			1	
UK	20	22	10	13	19
USA	6	13	6	2	4
Yugoslavia				1	
Total Overseas	86	111	59	80	79
Total New Zealand	63	76	61	65	62
TOTAL	149	187	120	145	141

Note: Five overseas dentists were registered for a short period to perform forensic identification work after the February 2011 Christchurch earthquake.

SUMMARY OF DENTAL HYGIENE REGISTRATIONS GRANTED DURING 2010/11 – COUNTRY OF QUALIFICATION

	2010/11	2009/10	2008/09	2007/08	2006/07
Australia					1
Brazil			1		
Canada	7	7	4	3	2
China		1			
Egypt				1	
Fiji				1	
India					
Ireland					
Israel					1
Mexico		1			
Netherlands					2
Philippines	1	1	1	2	
Romania					1
Russia		1			
Samoa		1			
South Africa	1	1	2	3	3
Sweden					
UK	3	7	2	7	5
USA	4	3	3		4
Total Overseas	16	23	13	17	19
Total New Zealand	65	56	24	20	20
TOTAL	81	79	37	37	39

SUMMARY OF DENTAL THERAPY REGISTRATIONS GRANTED DURING 2010/11 – COUNTRY OF QUALIFICATION

	2010/11	2009/10	2008/09	2007/08	2006/07
Australia	1				
Canada					1
China		1			
Fiji	2	3	2	1	1
India		1		1	2
Malaysia				1	
Philippines				1	1
Russia		1			
Samoa		1			
South Africa	1	1			
Syria					1
UK					1
Total Overseas	4	8	2	4	7
Total New Zealand	59	60	25	41	38
TOTAL	63	68	27	45	45

REGISTRATION

SUMMARY OF DENTAL TECHNICIAN REGISTRATIONS GRANTED DURING 2010/11 – COUNTRY OF QUALIFICATION

	2010/11	2009/10	2008/09	2007/08	2006/07
Australia	3	1		1	4
China				2	
Fiji	1	1		1	
Germany	1	3	2	11	10
Hong Kong		1			
Hungary				1	
Iran				1	
Iraq					1
Italy				1	
Japan			2	9	4
Kazakhstan				1	
Korea				1	2
Peru				1	
Romania				5	
Serbia				1	
Singapore				3	3
South Africa	2		4		
Ukraine					2
UK	1	1		4	1
USA					1
Total Overseas	8	7	8	43	28
Total New Zealand	20	15	24	17	12
TOTAL	28	22	32	60	40

REGISTRATION THROUGH TRANS-TASMAN MUTUAL RECOGNITION ACT 1997

The Trans-Tasman Mutual Recognition Act 1997 (TTMRA) recognises Australian and New Zealand registration standards as equivalent and enhances the freedom of registered professionals to work in either country. TTMRA has precedence over the HPCA Act. Under TTMRA, if a practitioner is registered as an oral health practitioner in Australia, subject to a limited right of refusal, after applying to the Dental Council, they are entitled to be registered in the same occupation in New Zealand. In 2010/11, 14 practitioners registered in New Zealand under TTMRA.

REGISTRATIONS IN NEW ZEALAND UNDER THE TRANS-TASMAN MUTUAL RECOGNITION ACT 1997

	2010/11 Applications received	2010/11 Applications approved	2009/10 Applications received	2009/10 Applications approved
Dentistry	9	9	11	11
Dental Hygiene	1	1	0	0
Dental Therapy	1	1	2	2
Dental Technology	3	3	2	2
TOTAL	14	14	15	15

INDIVIDUAL ASSESSMENT APPLICATIONS

Applicants with non-prescribed qualifications who consider their qualifications, training and experience to be equivalent to or as satisfactory as a prescribed qualification can apply to the Dental Council for individual consideration and registration.

In the 2010/11 period, the Dental Council received a total of 12 individual assessment applications, and 10 applicants have been registered – some of which were applications from previous reporting periods.

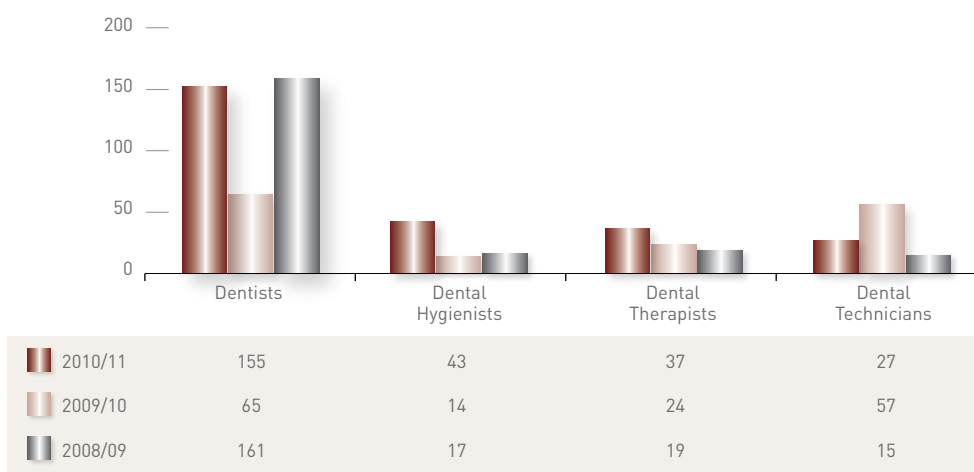
INDIVIDUAL ASSESSMENT APPLICATIONS

	2010/11				2009/10
	Received	Approved	Declined	Pending	Pending
Dentists	5	3	3	2	3
Dental Hygiene	2	1	1	2	2
Dental Therapy	4	1	5	0	2
Dental Technology	1	5	0	1	5
TOTAL	12	10	9	5	12

REMOVALS FROM THE REGISTER

A total of 262 oral health practitioners were removed from the Dental Register during the 2010/11 period of which 17 were voluntarily removed from the Dental Register under section 142 of the HPCA Act, three were removed on notification of death and the remaining 242 (92%) were removed under section 144 of the HPCA Act.

REMOVALS FROM THE DENTAL REGISTER



EXAMINATIONS

EXAMINATIONS

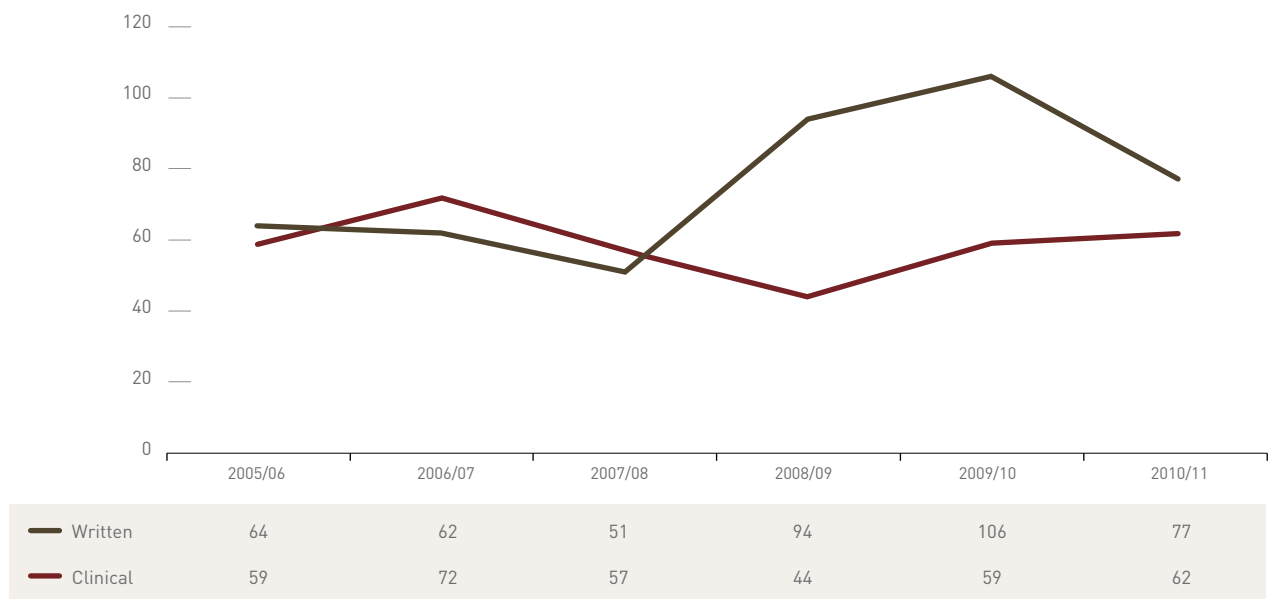
The Dental Council offers examinations for overseas-qualified practitioners who do not hold prescribed dental qualifications. A pass in the New Zealand Dental Registration Examinations is a prescribed qualification for registration within New Zealand.

The following examinations are available:

- New Zealand Dentist Registration Examination (NZDREX)
- New Zealand Dentist Specialist Registration Examination (NZDSREX)
- New Zealand Dental Hygienist Registration Examination (NZDHREX)
- New Zealand Dental Therapist Registration Examination (NZDTREX)
- New Zealand Dental Technician Registration Examination (NZDTechREX).

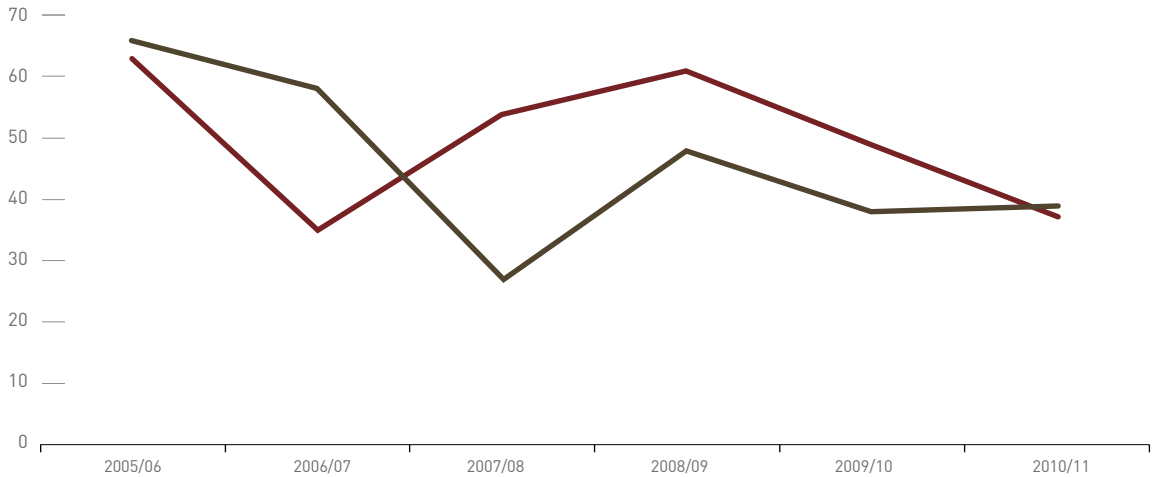
During the 2010/11 year, the clinical component of the registration examinations for dentistry was staged at the University of Otago. This entailed employing the expertise of an Examination Director and 67 clinical examiners over the three clinical examinations held. The therapy examination was staged at the Auckland University of Technology (AUT). The written component was provided by the University of Otago and the clinical component by AUT. The registration examinations in dental hygiene and dental technology were not held as no applications were received.

DENTIST REGISTRATION EXAMINATION ENROLMENT AND CANDIDATES SITTING THE EXAMINATION



During the 2010/11 period, there was a decrease (27%) in the number of written examination enrolments with a small increase of 5 percent for clinical enrolments.

DENTIST REGISTRATION EXAMINATION PASS RATES



Written	66%	58%	27%	48%	38%	39%
Clinical	63%	35%	54%	61%	49%	37%

During the 2010/11 period, the pass rate for the written examination was similar to the previous year, with a decrease in the clinical examination pass rate to the second-lowest level over the past six years.

DENTAL THERAPIST REGISTRATION EXAMINATION

During the 2010/11 period, there was one candidate who enrolled and successfully passed the Dental Therapist Registration Examination.

ACCREDITATION

Accreditation is the status granted by the Dental Council to oral health education and training programmes that meet stated criteria of educational quality. The purpose of accreditation is both to assure the quality of education and training and to promote continuous improvement of quality to respond to evolving community needs and professional practice.

The Dental Council (New Zealand) and Australian Dental Council (ADC), which is contracted by the Dental Board of Australia (DBA) as the accreditation authority responsible for accreditation in Australia, have established a joint Accreditation Committee for the purpose of accrediting and monitoring educational programmes so as to have a common standard over both countries. The role of the Accreditation Committee is to advise the regulatory authorities (Dental Council and DBA) on accreditation matters, including criteria for the accreditation of educational programmes leading to registration as a dentist, dental specialist, dental hygienist, dental therapist or oral health therapist (currently in Australia only).

The joint accreditation process undergoes regular evaluation and modification based on previous experience, written feedback from participants (including review teams, faculties and schools) and periodic formal review with external assistance.

As part of the accreditation process, the regulatory authorities require an annual report from each faculty for each accredited programme. Details of any significant changes, planned or unplanned, must be provided at that time. It is the responsibility of each faculty to notify the Accreditation Committee in their annual reports of any planned significant changes to the programmes before they are implemented. It is expected that relevant conditions, recommendations and suggestions made at previous accreditation visits, and the progress, or otherwise, on these, will also be addressed and documented in the annual reports. Annual reports are formally reviewed by the Chair

of the most recent Accreditation Review Team, the relevant coordinator on the Accreditation Committee and then the joint Accreditation Committee, following which recommendations are made to the respective regulatory authority regarding the continuation of the accreditation status of the programme. This year, all the annual reports were received for the New Zealand programmes' and were in turn accepted by the joint Accreditation Committee and the Dental Council.

Accreditation review teams, appointed by the Council, conducted accreditation reviews for the following University of Otago programmes during the 2010/11 period:

- Bachelor of Dental Surgery
- Bachelor of Dental Technology
- Bachelor of Dental Technology (Honours)
- Postgraduate Diploma in Clinical Dental Technology.

Council further reviewed the accreditation of the new programme, New Zealand Association of Orthodontists Orthodontic Auxiliary Training Programme: Certificate of Orthodontic Assisting, accredited in 2010 for a one-year period and resolved to grant full accreditation with conditions to this programme for a two-year period.

Moderation Review of the New Zealand Dentist Registration Examination

Council appointed a moderation review team for the clinical component of the New Zealand Dentist Registration Examination that consisted of two Australian registration examination clinical examiners, two New Zealand dentists and one layperson. This review was conducted during the February 2011 clinical examination, and the team's report has been submitted to Council for consideration of the team's recommendations.

ACCREDITATION STATUS OF NEW ZEALAND ORAL HEALTH PROGRAMMES AS AT 31 MARCH 2011

Title	Provider	Status	Expiry date
Bachelor of Dental Surgery (BDS)	University of Otago	Full accreditation for seven years (in 2010)	1/12/2017
Doctor of Clinical Dentistry (DClinDent) Endodontics Oral and Maxillofacial Surgery Oral Medicine Oral Pathology Orthodontics Paediatric Dentistry Periodontology Prosthodontics Special Needs Dentistry	University of Otago	Full accreditation for five years (in 2006)	31/12/2011
Master of Community Dentistry (MComDent)	University of Otago	Full accreditation for five years (in 2006)	31/12/2011
Master of Dental Surgery(MDS)/ Bachelor of Medicine and Bachelor of Surgery (MBChB) Oral and Maxillofacial Surgery Oral Medicine	University of Otago	Full accreditation for six years (in 2006) Full accreditation for five years (in 2006)	31/12/2012 31/12/2011
Bachelor of Oral Health (BOH)	University of Otago	Full accreditation for five years (in 2010)	31/12/2014
Bachelor of Health Science in Oral Health BHSc (Oral Health)	Auckland University of Technology	Full programme accreditation for five years (in 2009)	31/12/2013
Bachelor of Dental Technology (BDentTech)	University of Otago	Full accreditation for five years (in 2010)	31/12/2015
Bachelor of Dental Technology (Honours) (BDentTech (Hons))	University of Otago	Full accreditation with conditions for five years (in 2010)	31/12/2015
Postgraduate Diploma in Clinical Dental Technology (PGDipCDTech)	University of Otago	Full accreditation with conditions for five years (in 2010)	31/12/2015
New Zealand Association of Orthodontists Orthodontic Auxiliary Training Programme: Certificate of Orthodontic Assisting	New Zealand Association of Orthodontists	Full accreditation with conditions for two years (in 2011)	31/03/2013

RECERTIFICATION

The Dental Council's recertification cycle involves:

- continuing professional development (CPD), including regular peer contact with the specific objectives of professional development
- annual declaration of compliance with professional standards
- annual declaration of fitness to practise.

Council's CPD programme is a statutory recertification programme established under section 41 of the HPCA Act. The CPD cycle for dental hygienists, orthodontic auxiliaries, dental therapists, dental technicians and clinical dental technicians came to an end on 31 December 2009, and 10 percent from each practitioner group were randomly selected for an audit of their CPD activities.

Dentists and dental specialists who had not complied with their CPD requirements, for the recertification cycle that ended December 2008, were issued with APCs of short duration with the condition that they complete their outstanding CPD obligations by 30 June 2010. The two

dentists who did not comply with this condition had their registration suspended until such time as they had completed their outstanding CPD obligations. A similar process is being followed for dental hygienists, orthodontic auxiliaries, dental therapists, dental technicians and clinical dental technicians.

Audit Process

Following the issue of the 2010/11 APC application form, 10 percent of all practitioners from each practitioner group were randomly selected to complete a checklist questionnaire based on Council's codes of practice and professional standards. Within this selection, New Zealand-based practitioners from each practitioner group were randomly selected for a practice visit to audit their compliance with Council's codes of practice and professional standards. The practitioners audited worked in a variety of settings, including sole practice, smaller group dental practices and school dental clinics.

PROFESSIONAL STANDARDS

COMPETENCE

The Dental Council has two key professional standards objectives. The first is to ensure the continuing competence of oral health practitioners throughout their practising career through engaging in CPD activities and meeting defined professional standards. The second is to manage practitioners whose competence has been called into question in a way that assists the practitioner to upskill while, at the same time, ensuring public safety.

COMPETENCE ASSESSMENT AND EDUCATIONAL PROGRAMMES

The competence provisions of the HPCA Act allow the competence of a practitioner to be reviewed at any time, whether or not there is reason to believe the practitioner's competence may be deficient or whether or not a complaint has been received.

COMPETENCE REVIEWS

In considering whether to undertake a competence review, Council considers that the following factors increase the probability of underlying competence deficit and are likely, in combination or on their own, to lead to a competence review:

- a pattern of poor standards of care or competence – several instances over a sustained period or a significant event
- the magnitude of the mistakes, including the size of the suspected deficit and the possible degree of serious departure from normal safe and accepted standards of practice.

A competence review is undertaken to determine whether a practitioner is practising to the required standard of competence when concerns have been raised about their competence to practise. It is not a disciplinary process; rather, it is a means of identifying and addressing shortcomings and is undertaken by the practitioner's peers and a layperson and is designed to be supportive and educative. This year, eight new competence reviews were undertaken. This entailed employing the expertise of 31 competence review committee members.

OUTCOMES OF COMPETENCE REVIEWS

Where, as a consequence of undertaking a competence review, the Dental Council has reason to believe that the practitioner fails to meet the required standard of competence it is required to make one or more of the following orders:

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

During this year, seven competence programmes entailing a course of learning have been ordered, many followed by an assessment and frequently in conjunction with an order that the practitioner practise under supervision.

COMPETENCE REFERRALS – 2010/11

Source	HPCAA section	Number of cases
Health Practitioner	34(1)	8
Health and Disability Commissioner	34(2)	7
Employer	34(3)	1
Other	ACC referrals	3
TOTAL		19

Note: HPCAA = Health Practitioners Competence Assurance Act 2003; ACC = Accident Compensation Corporation.

PROFESSIONAL STANDARDS

OUTCOMES OF COMPETENCE REFERRALS

Outcomes	HPCAA section	2010/11 Number			
		Existing	New	Closed	Still active
Initial Inquiries (Total number)	36	3	19	19	3
No Further Action			7		
Notification of Risk of Harm to Public	35		2		2
Orders Concerning Competence	38		7*		7
Interim Suspension/Conditions	39		2		2
Competence Programme	40		6		6
Individual Recertification Programme	41	5	4	3	6
Unsatisfactory Results of Competence or Recertification Programme	43				
Competency Review Pending**			2		2
Outcome of Inquiry Pending			1		1

Notes: HPCAA = Health Practitioners Competence Assurance Act 2003.

A notification often results in multiple outcomes

* One registered practitioner without an APC: if APC is required, a competency programme must be completed.

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

COMPETENCE REVIEWS

	2010/11	2009/10	2008/09	2007/08	2006/07
New Competence Reviews	8	2	2	0	0
Existing Practitioners in Competence Review	2	1	0	0	3
Total Cases Managed	10	3	2	0	3
Practitioners Leaving Competence Review	-8	-1	-1	0	-3
Practitioners Left in Competence Review	2*	2	1	0	0

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

COMPETENCE REVIEWS MANAGED, BY PROFESSION

	2010/11	2009/10	2008/09	2007/08	2006/07
Dentist	10	3	2	0	3
Dental Hygienist	0	0	0	0	0
Dental Therapist	0	0	0	0	0
Dental Technician	0	0	0	0	0
TOTAL	10	3	2	0	3

COMPETENCE PROGRAMMES

	2010/11	2009/10	2008/09	2007/08	2006/07
New Competence Programmes	6	0	0	0	2
Existing Practitioners in Competence Programmes	0	0	2	2	0
Total Cases Managed	6	0	2	2	2
Practitioners Leaving Competence Programmes	0	0	-2	0	0
Practitioners Left in Competence Programmes	6	0	0	2	2

COMPETENCE PROGRAMMES MANAGED, BY PROFESSION

	2010/11	2009/10	2008/09	2007/08	2006/07
Dentist	6	0	1	1	1
Dental Hygienist	0	0	0	0	0
Dental Therapist	0	0	0	0	0
Dental Technician	0	0	1	1	1
TOTAL	6	0	2	2	2

INDIVIDUAL RECERTIFICATION PROGRAMMES

Individual recertification programmes [IRPs] are specifically designed to ensure practitioners are competent to practise within their scope of practice. Similar in nature to competence programmes, they have a narrower focus upon training and instruction, and are typically employed where a practitioner has a specific identified competence issue to be addressed. During the reporting period four new IRPs were ordered, whilst three practitioners completed programmes.

INDIVIDUAL RECERTIFICATION

	2010/11	2009/10	2008/09	2007/08	2006/07
New Individual Programmes	4	7	5	0	4
Existing Programmes	5	5	1	5	2
Total Cases Managed	9	12	6	5	6
Practitioners Leaving Programme	-3	-7	-1	-4	-1
Practitioners in Programme	6	5	5	1	5

PROFESSIONAL STANDARDS

INDIVIDUAL RECERTIFICATION PROGRAMMES MANAGED, BY PROFESSION

	2010/11	2009/10	2008/09	2007/08	2006/07
Dentists	8	12	6	5	6
Dental Hygienists	0	0	0	0	0
Dental Therapists	1	0	0	0	0
Dental Technicians	0	0	0	0	0
TOTAL	9	12	6	5	6

HEALTH

The Dental Council works to ensure that members of the public are protected, by managing oral health practitioners whose competence or fitness to practise has been called into question because of a medical or physical condition.

As with the general public, oral health practitioners may suffer from a range of afflictions and conditions that may impair their ability to practise.

The professional boards monitor health-impaired practitioners and implement measures to protect members of the public. In all cases, Council consults with relevant medical practitioners, who act in an independent advisory capacity. Cases are handled in a compassionate and non-judgmental way, with the emphasis being on a swift return to safe practice. Council has developed very sound programmes, with good rehabilitation rates.

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

During 2010/11, seven new health-impaired practitioners were brought to the attention of Council, with six leaving the health programme and the remaining nine practitioners being monitored under the health portfolio.

HEALTH PROGRAMMES

	2010/11	2009/10	2008/09	2007/08	2006/07
New Health Considerations	7	2	1	5	3
Existing Practitioners in Health Portfolio	8	10	9	5	3
Total Cases Managed	15	12	10	10	6
Practitioners Leaving Health Portfolio	-6	-4	0	-1	-1
Practitioners in Health Portfolio	9	8	10	9	5

SOURCE AND NUMBER OF NOTIFICATIONS OF INABILITY TO PERFORM REQUIRED FUNCTIONS DUE TO MENTAL OR PHYSICAL (HEALTH) CONDITION

Source	HPCAA section	Numbers – 2010/11			
		Existing	New	Closed	Still active
Health Service	45(1)a		1		1
Health Practitioner	45(1)b				
Employer	45(1)c				
Medical Officer of Health	45(1)d				
Any Person	45(3)				
Person Involved with Education	45(5)				
Self notification			6		6

Note: HPCAA = Health Practitioners Competence Assurance Act 2003.

OUTCOMES OF HEALTH NOTIFICATIONS

Outcomes	HPCAA section	Number of practitioners – 2010/11
No Further Action		
Order Medical Examination	49	
Interim Suspension	48	
Conditions	48	
Restrictions Imposed	50	
Voluntary Undertaking		6
Practitioner on Retention		1
TOTAL		7

Note: HPCAA = Health Practitioners Competence Assurance Act 2003.

COMPLAINTS AND DISCIPLINE

In conjunction with the Health and Disability Commissioner and the Health Practitioners Disciplinary Tribunal, the Dental Council seeks to ensure that members of the public and health practitioners have access to a fair and responsive complaints and discipline system.

COMPLAINTS, NOTIFICATIONS AND CONCERNS BY PROFESSION

During the reporting period, a total of 32 complaints or notifications of concern were received, of which 26 resulted in further action as described in the HPCA Act. The balance of the complaints was satisfactorily resolved with the complainant and/or the practitioner with no need for further action.

SUPERVISION

Supervision, which means the monitoring of and reporting on the performance of a practitioner by a professional peer, was ordered for one practitioner during the reporting period. This practitioner joined those two already practising under supervision who had been the subject of orders during the prior year. The nature of the supervision varies according to the needs of the practitioner, but is focused at all times on maintaining public safety.

PROFESSIONAL STANDARDS

One practitioner was released from the supervision programme. Their release was granted by the Professional Board based on the fulfilment of their supervision period and sign-off from their supervisor.

SUPERVISION

	2010/11	2009/10	2008/09	2007/08	2006/07
New Supervision Cases	1	3	1	2	1
Existing Supervision	2	1	5	3	4
Total Cases Managed	3	4	6	5	5
Practitioners Leaving Supervision	-1	-2	-5	0	-2
Practitioners in Supervision	2	2	1	5	3

SUPERVISION, BY PROFESSION

	2010/11	2009/10	2008/09	2007/08	2006/07
Dentist	3	4	5	4	4
Dental Hygienist	0	0	0	0	0
Dental Therapist	0	0	0	0	0
Dental Technician	0	0	1	1	1
TOTAL	3	4	6	5	5

HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL AND DENTIST DISCIPLINARY TRIBUNAL

The Dentist Disciplinary Tribunal (DDT) was the predecessor of the Health Practitioners Disciplinary Tribunal (HPDT) under the Dentist Act 1988. When the HPCA Act was implemented, the Dental Council inherited a disciplinary matter that, after protracted litigation, was referred by the High Court in 2009 to the DDT. The matter was heard by the DDT in 2010, and following its determination in 2011 the practitioner has appealed the outcome to the High Court.

OTHER LITIGATION

Following an adverse finding before the Dentist Disciplinary Tribunal in 2002, a practitioner unsuccessfully appealed the outcome to the High Court and then the Court of Appeal. The practitioner then initiated proceedings against the Dental Council and several other parties before the matter was struck out by the courts in 2010.

TRIBUNAL CASES

	2010/11	2009/10
New HPDT/DDT Cases	0	1
Existing HPDT/DDT Cases	1	0
Total Cases Managed	1	1
HPDT/DDT Finalised*	-1*	0
Practitioners Left	0	1

* Appeal of Tribunal decision before the High Court.

PROFESSIONAL CONDUCT COMMITTEES

Where the Dental Council considers that information in its possession raises one or more questions about the appropriateness of the conduct or safety of the practice of a practitioner, it may refer any or all of those questions to a Professional Conduct Committee (PCC), which operates independently of Council.

It may do so in response to a complaint that has been referred to it by the Health and Disability Commissioner or on its own initiative; and must do so where a practitioner has been convicted of an offence against an Act specified by section 67(b) of the HPCA Act; or of an offence punishable by imprisonment for a term of three months or longer.

The PCC may receive evidence relevant to the complaint, appoint legal advisors and/or investigators as necessary and make recommendations and determinations on completion of its investigation. Membership of the PCC comprises three persons – two professional peers and one layperson.

During the 2010/11 period, Council referred seven practitioners to PCCs, with the outcome of these still pending. This required the constitution of seven PCCs, comprised of 21 members.

PROFESSIONAL CONDUCT COMMITTEE CASES

	2010/11	2009/10
New PCC Cases	7	0
Existing PCC Cases	0	0
Total Cases Managed	7	0
PCC Finalised	0	0
Practitioners Left	7	0

PROFESSIONAL CONDUCT COMMITTEES, BY PROFESSION

	2010/11	2009/10
Dentist	5	0
Dental Hygienist	1	0
Dental Therapist	0	0
Dental Technician	1	0
TOTAL	7	0

PROFESSIONAL CONDUCT COMMITTEE CASES, BY TYPE

Nature of issue	Source	Number 2010/11	Outcome
Fraud	Practitioner	1	Decision pending
Concerns about standards of practice			
Notification of conviction	Practitioners	5	Decisions pending
– drink driving offence	2		
– assault	1		
– offence against Misuses of Drugs Act 1975 and driving while under influence of illegal substance	1		
– fraud	1		
Theft			
Conduct			
Practising outside scope	Practitioner	1	Decision pending
Practising without annual practising certificate	Council	2	Decision pending
Other			

One case: both fraudulent claiming and notification of conviction.

One case: both practising without an APC and practising outside of his/her scope of practice.

WORKFORCE ANALYSIS 2009/10*

DENTIST WORKFORCE

As in previous years, there was an increase in the active dental workforce. A total of 2,000 dentists were included in the current workforce analysis for dentists registered up to 1 April 2010, up from 1,867 the year before. A further 98 dentists were registered but did not hold current APCs.

The proportion of female dentists in the workforce continues to rise, as does the representation of ethnic minority groups. New Zealand European remains the largest ethnic group within the workforce, with numbers remaining static, followed by dentists of Chinese origin. The rise in the proportion of overseas graduates has continued. Over one-in-four dentists did not obtain their primary dental qualification in New Zealand.

Proportionally fewer dentists (34%) worked part-time (defined as less than 35 hours per week) than the previous year (37%). Nearly three in every four dentists are self-employed in private practice (74%), with the remainder practising as employees of private practices, district health boards, the School of Dentistry and so on. Of those self-employed, fewer than one in three is in solo practice (29%).

The cohort remainder rate for the most recent graduates from the University of Otago cohort was 82 percent – markedly higher than the 50 percent remainder rate for the classes of 2003 and 2004. However, the cohort remainder rate for University of Otago graduates appears to drop with increasing time since graduation. Some students may begin to return to New Zealand after working overseas or not practising for a time, but around half do not. Of those who graduated with an Otago Bachelor of Dental Surgery during the past 15 years (since 1996), only one in two is currently practising in New Zealand (54.5% from 1996 to 2009).

Dentist:population ratios vary widely around the country. Since the previous report, there was a substantial increase in the number of dentists reporting full-time work in Counties Manukau and this has affected the full-time-equivalent dentist:population ratio for that region. The number of dentists in Counties Manukau has increased only marginally; however, the Lakes District Health Board remains underserved.

DENTAL THERAPIST WORKFORCE

New Zealand dental therapists remain predominantly a group of older New Zealand European women. The average age of dental therapists increased from 51 years to 52 years. The proportion of dental therapists working full-time remains approximately 70 percent. Almost all dental therapists are working in the district health board sector (84%); however, an increasing proportion is employed in other sectors.

There appears to be a variation in the dental therapist:population ratio by area; it is highest in the Bay of Plenty and lowest in the Greater Wellington region and Canterbury. The dental therapist:population ratio in Northland has improved and is now closer to that for the rest of the country.

DENTAL HYGIENIST WORKFORCE

The active hygiene workforce comprised 378 individuals (up from 371 the previous year). Like the dental therapist workforce, it was made up of a predominately female group, but the average age in the hygienist group was younger than that of the dental therapist group (41 years for dental hygienists and 52 years for dental therapists). New Zealand Europeans were the dominant group among hygienists, but only 70 percent identified New Zealand European as their primary ethnicity.

The majority of each of the three hygiene occupational categories worked as employees in private practice, but the proportion working as self-employed hygienists in private practice increased markedly over the previous year. Few worked for district health boards or other employers. More than half of them worked full-time, with around one-quarter working for more than one employer.

DENTAL TECHNICIAN WORKFORCE

There were 346 active dental technicians (up by one from the previous year), of whom 43 percent were clinical dental technicians. The age groupings of the dental technology workforce were similar to that of the dentists. The proportion of females was 22 percent for all dental technicians and 14 percent for clinical dental technicians (39.1%

* The workforce analysis data is collected retrospectively. The 2009/10 data was collected through the 2010/11 APC cycle.

of dental technicians were female). Of the clinical dental technicians, 59 percent were aged 50 years and over, compared with 26 percent for dental technicians. Some 52 percent of the dental technology group were New Zealand European – 2 percent less than the previous year. ‘Other Europeans’ comprised 13 percent of dental technicians, and Māori comprised less than 3 percent.

The great majority, 87 percent, worked full-time, and most were self-employed.

As with the dental therapists and dental hygienists, there were considerable differences by district health board in the population:practitioner ratio for dental technicians. Waitemata, Auckland, Bay of Plenty and Otago District Health Boards had the lowest population: practitioner ratios, while Lakes, Wairarapa and South Canterbury District Health Boards had the highest ratios. Where dentist:technician ratios were concerned, these roughly mirrored the population:technician ratios. No technicians were listed as practising in the West Coast.

FINANCIAL OVERVIEW

The Dental Council received an opinion on the 2010/11 Financial Statements that stated:

In our opinion the financial statements of the Council, on pages 38 to 47, comply with generally accepted accounting practice in New Zealand; and fairly reflect the Council's financial position as at 31 March 2011; and financial performance and cash flows for the year ended on that date.

In the 2010/11 financial year, Council planned for an operating budget surplus of \$2,287 in line with the strategic objective to reduce the level of reserves. Council is pleased to report the financial year ended with a surplus of \$82,320 resulting in a variance of \$80,033. This variance reflects the net impact in the following areas:

- higher than forecast interest income due to the effects of the global financial crisis on interest rates;
- a greater number of practitioners than planned;
- savings in depreciation with the suspension of the database project; and
- higher Professional Board revenue due to examinations and registration income.

This was offset by:

- higher than budgeted dentist disciplinary expenditure due to costly discipline cases;
- higher competency expenditure in the dentistry profession; and
- net costs incurred in the defence of a judicial review brought by the New Zealand Association of Oral and Maxillofacial Surgeons, which was not offset by the agreed contribution towards the legal expenses and the insurance claim.

ANNUAL PRACTISING CERTIFICATE FEES AND REVENUE

The APC fee is set to fund planned and budgeted operations, competency and disciplinary cases, capital expenditure projects and to maintain adequate reserves.

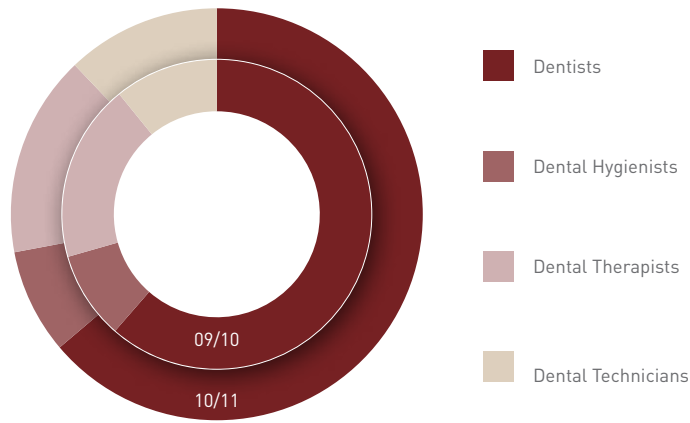
ANNUAL PRACTISING CERTIFICATE FEES (GST INCLUSIVE)

The table below details both the APC fee and disciplinary levy that makes up the total gazetted fees payable for the period 1 April 2010 to 31 March 2011.

ANNUAL PRACTISING CERTIFICATE FEE AND DISCIPLINARY LEVY

Practitioner group	2010/11				2009/10			
	Operational fee		Discipline	Gazetted APC fee	Operational fee		Discipline	Gazetted APC fee
	APC	Capital replacement	Discipline levy/(refund)	TOTAL	APC	Capital replacement	Discipline levy/(refund)	TOTAL
Dentists	\$638	\$122	(\$12)	\$748	\$592	\$0	\$108	\$700
Dental Hygienists	\$409	\$122	(\$69)	\$462	\$593	\$0	\$2	\$595
Orthodontic Auxiliaries	\$257	\$122	(\$43)	\$336	\$373	\$0	\$2	\$375
Dental Therapists	\$472	\$122	(\$33)	\$561	\$630	\$0	\$2	\$632
Dental Technicians	\$740	\$122	(\$126)	\$736	\$597	\$0	\$3	\$600
Clinical Dental Technicians	\$924	\$122	(\$157)	\$889	\$747	\$0	\$3	\$750

ANNUAL PRACTISING CERTIFICATE FEE AND DISCIPLINARY LEVY REVENUE (GST EXCLUSIVE)



APC revenue	2009/10	2010/11
Dentists	1,227,000	1,333,000
Dental Hygienists	183,000	172,000
Dental Therapists	371,000	331,000
Dental Technicians	217,000	253,000

PKF Martin Jarvie
Chartered Accountants



Accountants &
Business Advisers

INDEPENDENT AUDITOR'S REPORT

TO THE READERS OF DENTAL COUNCIL'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2011

The Auditor-General is the auditor of the Dental Council (the Council). The Auditor-General has appointed me, Paolo Ryan, using the staff and resources of PKF Martin Jarvie, to carry out the audit of the financial statements of the Council on her behalf.

We have audited the financial statements of the Council on pages 38 to 47, that comprise the statement of financial position as at 31 March 2011, the statement of financial performance, statement of movements in reserves and statement of cash flows for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

OPINION

In our opinion the financial statements of the Council on pages 38 to 47:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Council's:
 - financial position as at 31 March 2011; and
 - financial performance and cash flows for the year ended on that date.

Our audit was completed on 13 June 2011. This is the date at which our opinion is expressed.

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

Emphasis of matter: uncertainty about the delivery of office functions in future

Without modifying our opinion, we considered the adequacy of the disclosure in note 2 on page 43 regarding a proposal for combining the secretariat and office functions of the Council with 15 other health-related regulatory authorities. We consider the disclosure to be adequate.

BASIS OF OPINION

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

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

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

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An audit also involves evaluating:

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

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements. We have obtained all the information and explanations we have required and we believe we have obtained sufficient and appropriate audit evidence to provide a basis for our audit opinion.

RESPONSIBILITIES OF THE COUNCIL

The Council is responsible for preparing financial statements that:

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

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

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

RESPONSIBILITIES OF THE AUDITOR

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

INDEPENDENCE

When carrying out the audit we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the New Zealand Institute of Chartered Accountants.

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

Paolo Ryan

PKF Martin Jarvie

On behalf of the Auditor-General

Wellington, New Zealand

MATTERS RELATING TO THE ELECTRONIC PRESENTATION OF THE AUDITED FINANCIAL STATEMENTS

This audit report relates to the financial statements of the Dental Council (the Council) for the year ended 31 March 2011 included on the Council's website. The Council is responsible for the maintenance and integrity of the Council's website. We have not been engaged to report on the integrity of the Council's website. We accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website.

The audit report refers only to the financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to or from the financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication they should refer to the published hard copy of the audited financial statements as well as the related audit report dated 31 March 2011 to confirm the information included in the audited financial statements presented on this website.

Legislation in New Zealand governing the preparation and dissemination of financial information may differ from legislation in other jurisdictions.

STATEMENT OF FINANCIAL POSITION

AS AT 31 MARCH 2011

	Note	2011 \$	2010 \$
ACCUMULATED RESERVES	11	1,054,943	972,623
Current Assets			
Petty Cash		200	200
ANZ Bank Account		34,592	142,072
Short Term Bank Deposits		1,957,821	2,199,573
Accounts Receivable	6	64,641	5,701
Prepaid Expenses		26,641	5,891
Interest Accrued		13,006	12,780
Other Accrued Income		84,372	-
Total Current Assets		2,181,273	2,366,217
Property, Plant and Equipment	12	127,237	87,255
Intangible Assets	13	221,987	3,302
TOTAL ASSETS		2,530,497	2,456,774
Current Liabilities			
Income in Advance	15	1,093,672	1,037,898
Accounts Payable		339,326	343,128
GST Payable		42,556	103,125
TOTAL LIABILITIES		1,475,554	1,484,151
NET ASSETS		1,054,943	972,623

Approved by



Acting Chair

13 June 2011



Chief Executive

13 June 2011

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 42-47

STATEMENT OF FINANCIAL PERFORMANCE

FOR THE YEAR ENDED 31 MARCH 2011

	Note	2011 \$	2010 \$
Income From Fees			
Annual Practising Certificates	4	2,088,839	1,997,544
Certificates of Good Standing		8,003	3,422
Registrations		157,937	135,078
Retentions on Register (Non-practising)		57,882	26,140
Restorations to Register		3,111	1,729
New Zealand Dental Registration Examinations		265,634	229,256
INCOME FROM FEES		2,581,406	2,393,169
Other Income			
Interest		98,426	97,663
Sale of Registers and Information Pack		1,200	200
Discipline Fines/Costs Recovered		36,076	-
Judicial Review – Out of Court Settlement	5	200,000	-
Judicial Review – Insurance Claim		35,334	-
Course Accreditation Fees		44,552	-
Sundry Income		15,963	15,000
OTHER INCOME		431,551	112,863
Total Income for Period		3,012,957	2,506,032
Less Expenditure as Per Schedule		2,930,637	2,730,895
NET SURPLUS (DEFICIT) FOR PERIOD		82,320	(224,863)

STATEMENT OF MOVEMENTS IN RESERVES

FOR THE YEAR ENDED 31 MARCH 2011

Balance Beginning of the Year	972,623	1,197,486
Total Recognised Income and Expenses	82,320	(224,863)
BALANCE AT END OF YEAR	1,054,943	972,623

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 42-47

SCHEDULE OF EXPENSES

FOR THE YEAR ENDED 31 MARCH 2011

	Note	2011 \$	2010 \$
Administration Expenses			
Audit Fee		10,930	14,220
Amortisation		1,502	1,852
Depreciation	9	32,312	26,710
Doubtful Debts		(8,311)	7,390
Loss on Disposal of Assets		–	2,899
Insurance		12,489	10,973
Rent and Building Maintenance Fee		111,079	110,060
Salaries		1,063,639	1,133,397
Advertising		449	–
Telephone and Tolls		13,390	10,419
IT Support		47,429	10,458
Legal		9,861	154
Publications		3,413	2,678
Staff Expenses		34,975	71,962
Office Expenses		44,722	47,528
Photocopying, Postage/Courier and Printing		45,144	46,404
Bank Charges		50,542	24,883
Total Administration Expenses		1,473,565	1,521,987
Project Expenses			
Finance and Management		28,092	35,457
Data Collection		14,357	13,545
Health Advisory		1,676	17
Education			
– Accreditation/Course Approval		56,146	464
Examinations	10	195,429	156,699
Competency Assessments and Reviews		241,330	122,683
Recertification		86,027	92,209
Registration		218,889	141,020
Discipline Expenses			
– Professional Conduct Committees		10,271	–
– Disciplinary Tribunal		28,372	261,262
– Appeals/Judicial Reviews		218,285	57,575
Strategic Planning		4,249	13,800
Communications		31,382	45,794
Liaison		57,983	50,841
Professional Boards		132,010	106,594
Dental Council		132,574	110,948
Total Project Expenses		1,457,072	1,208,908
Total Expenditure		2,930,637	2,730,895

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 42-47

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 MARCH 2011

	Note	2011 \$	2010 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Cash was provided from:			
Statutory Fees and Disciplinary Levies		2,252,918	1,681,634
Registration Fees and Examinations		366,656	382,111
Judicial Review – Out of Court Settlement		200,000	–
Disciplinary Fines/Costs recovered		2,038	–
Interest		98,201	92,144
Other Revenue		13,219	20,351
Cash was disbursed to:			
Suppliers and Employees		(2,989,841)	(2,609,668)
Net Cash Inflow/(Outflow) from Operating Activities	16	(56,809)	(433,428)
CASH FLOWS FROM INVESTING ACTIVITIES			
Cash was provided from:			
Sale of Fixed Assets		58	–
Term Deposits		241,752	357,190
Cash was disbursed to:			
Purchase of Fixed Assets		(292,481)	(24,008)
Repayment of Loans		–	–
Term Deposits		–	–
Net Cash Inflows from Investing Activities		(50,671)	333,182
Net Increase/(Decrease) in Cash Held		(107,480)	(100,246)
Add Opening Cash and Cash Equivalents		142,072	242,318
Closing Cash and Bank Balances		34,592	142,072
This is represented by:			
ANZ Bank Account		34,592	142,072

This Statement should be read in conjunction with the attached Notes to the Accounts on pages 42-47

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2011

1. Statement of Accounting Policies

REPORTING ENTITY

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

GENERAL ACCOUNTING POLICIES

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

MEASUREMENT BASE

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

SPECIFIC ACCOUNTING POLICIES

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

a) Differential Reporting

The Dental Council qualifies for differential reporting as provided for in the Framework for Differential Reporting of the New Zealand Institute of Chartered Accountants as it is not publicly accountable (as defined) and it is not large (as defined).

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

The Dental Council has applied all Differential Reporting exemptions with the exception of the Statement of Cash Flows, which is included in the Financial Statements for the first time this year.

b) Goods and Services Tax

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

c) Income Tax

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

d) Revenue Recognition

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

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2011 (CONTINUED)

e) Plant, Property and Equipment

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

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

f) Intangible Assets

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

Computer Software	30% per annum
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g) Sundry Debtors

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

h) Reserves

The Dental Council has maintained separate operational and disciplinary reserves for each oral health profession regulated under the Health Practitioners Competence Assurance Act.

In 2010/11, a capital replacement fee (\$108.44 GST exclusive) was introduced over a two-year period. The fee is charged as part of the annual practising certificate fee on a per practitioner basis to fund the replacement of the Dental Council's registration database and financial management information system (FMIS). These funds are maintained by the Dental Council in a separate capital replacement reserve.

Changes in Accounting Policies

Apart from the establishment of a new capital replacement reserve there have been no material changes in accounting policies. All policies have been applied on bases consistent with those used in the previous year.

2. Uncertainty About the Delivery of Office Functions in Future

In February 2011, Health Workforce New Zealand, on behalf of the Minister of Health (the Minister), issued a consultation document proposing a single shared secretariat and office function for all 16 health-related regulatory authorities.

Any proposal, if implemented, would likely have an effect on the valuation of certain assets and liabilities. We are currently unable to quantify the effect. As a result of the Health Workforce New Zealand consultation, the Dental Council's IT project has been paused until the outcome is known.

The Minister is expected to report back to Cabinet about the proposals, and Cabinet is expected to make a decision about them sometime in June 2011. In the meantime, there is uncertainty about whether Council's office functions in future will be delivered in the same way as they are now.

3. Related Parties

There are no related party transactions other than fees paid to members of Council (see Note 14).

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2011 (CONTINUED)

4. Annual Practising Certificates

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

5. Judicial Review – Out of Court Settlement

In August 2010, judicial review proceedings issued against Council and Professor Robert Love by the New Zealand Association of Oral and Maxillofacial Surgeons was settled. As a part of the settlement it was agreed that a contribution of \$200,000 would be made towards legal expenses incurred by Council and Professor Love.

6. Accounts Receivable

	2011 \$	2010 \$
Accounts Receivable	74,414	26,364
Less Provision for Doubtful Debts	9,773	20,663
	<u>64,641</u>	<u>5,701</u>

7. Non-cancellable Operating Lease Commitments

	2011 \$	2010 \$
Current	119,213	119,213
Non-current	21,259	140,472
	<u>140,472</u>	<u>259,685</u>

8. Capital Commitments

The Dental Council has a capital commitment as at 31 March 2011 of \$69,410 in relation to its IT system replacement.

Capital commitments at 31 March 2010 were \$40,258.

9. Depreciation

	2011 \$	2010 \$
Computer Hardware	8,941	14,278
Office Equipment	3,369	4,390
Office Furniture and Fit Out	20,002	8,042
Total Depreciation	<u>32,312</u>	<u>26,710</u>

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2011 (CONTINUED)

10. Examinations

The cost of examinations does not include any allocation of Secretariat overheads. The 2010/11 costs include additional expenditure for the moderation of the clinical component of the New Zealand dentist registration examination. There were no moderation costs in 2009/10.

11. Accumulated Reserves

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

	Dentists	Dental Hygienists	Dental Therapists	Dental Technicians	Total Dental Council
	\$	\$	\$	\$	\$
Operational Reserves – Profession					
Balance 1 April 2010	368,975	153,926	97,746	(38,284)	582,363
Surplus/(deficit) 2010/11	(38,022)	(17,994)	34,708	93,998	72,690
Balance 31 March 2011	330,953	135,932	132,454	55,714	655,053
Disciplinary Reserves – Profession					
Balance 1 April 2010	222,589	41,019	38,696	87,956	390,260
Surplus/(deficit) 2010/11	(241,988)	(24,522)	(19,520)	(45,042)	(331,072)
Balance 31 March 2011	(19,399)	16,497	19,176	42,914	59,188
Capital Asset Reserve – Council					
Balance 1 April 2010					0
Capital Replacement Fee					374,516
Depreciation and Amortisation					(33,814)
Balance 31 March 2011					340,702
Total Balance 31 March 2011	311,554	152,429	151,630	98,628	1,054,943
Reconciliation of Movement in Dental Council Reserves					\$
Opening Balance 1 April 2010					972,623
Operational Reserve – all professions surplus/(deficit) 2010/11					72,690
Disciplinary Reserve – all professions surplus/(deficit) 2010/11					(331,072)
Council Depreciation and Amortisation 2010/11					(33,814)
Council Capital Replacement Fee 2010/11					374,516
Total Council Surplus/(Deficit) 2010/11					82,320
Closing Balance 31 March 2011					1,054,943

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2011 (CONTINUED)

12. Property, Plant and Equipment

	Cost 31 Mar 11	Accum. Depn	Net Book Value 31 Mar 11	Cost 31 Mar 10	Accum. Depn 31 Mar 10	Net Book Value 31 Mar 10
	\$	\$	\$	\$	\$	\$
Computer Hardware	67,482	64,222	3,260	67,452	55,651	11,801
Office Equipment	28,562	22,343	6,219	27,298	18,973	8,325
Office Furniture & Fit Out	176,094	58,336	117,758	110,916	43,787	67,129
Total	272,138	144,901	127,237	205,666	118,411	87,255

13. Intangible Assets

	Cost 31 Mar 11	Accum. Amort Costs	Net Book Value 31 Mar 11	Cost 31 Mar 10	Accum. Amort Costs	Net Book Value 31 Mar 10
	\$	\$	\$	\$	\$	\$
Computer Software	353,184	131,197	221,987	132,997	129,695	3,302

14. Fees Paid to Members of Council

Member meeting and other Council business fees.

	2011 \$	2010 \$
Total fees paid to members of Council	208,551	146,818

15. Income in Advance

Income received that relates to services to be provided beyond 31 March 2011 is stated at cost.

	2011 \$	2010 \$
Examination Fees		
– Written	–	1,253
– Clinical	–	55,662
Total Examination Fees in Advance	–	56,915
Annual Practising Fees	1,069,049	966,727
Retention on the Register Fees	24,623	14,256
Total Annual Fees in Advance	1,093,672	980,983
Total Income in Advance	1,093,672	1,037,898

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2011 (CONTINUED)

16. Operating Cash Flow Reconciliation

	2011 \$	2010 \$
Net Operating Surplus/(Deficit) for the Period	82,320	(224,863)
Add/(Deduct) Non-cash Items		
Depreciation	32,312	26,710
Amortisation Costs	1,502	1,852
(Gain)/Loss on disposal of asset	(58)	2,899
Add/(Deduct) Working Capital Items		
Accounts Receivable	(58,940)	5,984
Other Receivables and Prepayments	(105,348)	(11,410)
Accounts Payable	(3,802)	84,068
Income Received in Advance	55,774	(324,272)
GST Payable	(60,569)	5,604
Net Cash Inflow/(Outflow) from Operating Activities	(56,809)	(433,428)

17. Contingent Liabilities and Assets

Contingent Liability – Dentists Disciplinary Tribunal

In 2004 a Complaints Assessment Committee (CAC) of the Dental Council referred complaints about a dentist (subject to name suppression) to a disciplinary tribunal. This decision was appealed to the High Court and culminated in the Court of Appeal finding in favour of the CAC. The matter was heard by the Dentists Disciplinary Tribunal (DDT) in December 2009, which in April 2010 found a charge against the dentist proven and, in October 2010, imposed penalties that included an award of costs. Both the findings of the DDT and the penalties it imposed have been appealed to the High Court. A date for the hearing is yet to be scheduled but will entail a commitment of Council funds, the sum of which cannot be reliably determined at balance date.

Contingent Liability – Vexatious Litigant

Consequent upon the laying of a charge of professional misconduct against a practitioner with the Dentists Disciplinary Tribunal and more than nine years of subsequent litigation, Council has made application to the Solicitor-General, to have the ex-practitioner declared a vexatious litigant and it is anticipated further unquantifiable legal costs will be incurred.

At balance date, there are no contingent assets.

18. Events Occurring After Balance Date

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

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