

DENTAL COUNCIL OF NEW ZEALAND

Te Kaunihera Tiaki Niho o Aotearoa

· DENTISTRY · DENTAL HYGIENE · CLINICAL DENTAL TECHNOLOGY · DENTAL TECHNOLOGY · DENTAL THERAPY ·

Minister of Health
Parliament Buildings
WELLINGTON

Dear Minister

In accordance with section 134 of the Health Practitioners Competence Assurance Act (2003), I am pleased to present the Annual Report of the Dental Council for the year ended 31 March 2007.

The report contains the audited financial accounts of the Dental Council for the year ended 31 March 2007.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'M Livingston', written in a cursive style.

Mary Livingston
Chair

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The Dental Council of New Zealand Mission and Functions

The Dental Council of New Zealand is the self-regulatory body for the oral health professions and is constituted under the Health Practitioners Competence Assurance Act 2003. The professions identified by the Act are dentistry, dental hygiene, clinical dental technology, dental technology, and dental therapy (s. 114(2)). This includes dental specialists, dental auxiliaries and orthodontic auxiliaries. The principal purpose of the Dental Council is to protect the health and safety of members of the public by ensuring that oral health practitioners are registered, fit and competent to practise their professions.

Mission

In partnership with the oral health professions the Dental Council seeks to ensure:

- a transparent regulatory environment which is fair, understood and trusted
- a dental workforce which is registered, safe and competent to practise
- effective working relationships with and between the New Zealand public, educators, regulators, oral health practitioners and others
- high standards of corporate governance and management in the conduct of its business.

Functions

The Dental Council protects the public and promotes good dental practice by carrying out its statutory responsibilities in relation to the registration, competence, conduct, health and education of registered oral health professionals. These include:

- ensuring that undergraduate and postgraduate programmes leading to oral health practitioner registration meet acceptable national and international standards
- setting the clinical, cultural and ethical standards that oral health professionals must adhere to
- authorising the registration of oral health practitioners and considering applications for annual practising certificates
- establishing systems and processes to ensure that oral health practitioners maintain competence throughout their practising lives
- promoting the health of oral health practitioners and developing programmes for health-impaired oral health practitioners to ensure a speedy return to practice while assuring public safety
- dealing with practitioners whose competence or fitness to practice has been called into question.

Members of the Dental Council as at 31 March 2007



Ed Alcock

Dentist

DCNZ Committees: Dentist Board, Business Assurance Committee (Chair), Remuneration Committee

After graduating from Otago, Ed Alcock began his career as a house surgeon at Dunedin Public Hospital, followed by five years in private general practice in London. Since 1974 he has worked in a group general practice in Auckland City. He has an extensive track record of active participation in the profession and holds various New Zealand and international society affiliations. He has served as President of the Auckland Branch of the New Zealand Dental Association (1994), as Inaugural President of the Auckland

Dental Association (1995) and is founder and current President of the New Zealand Academy of Cosmetic Dentistry. Ed also sits on the Advisory Board to the Graduate School of Business, University of Auckland.



Helen Colebrook

Layperson

Helen Colebrook was admitted as a Barrister and Solicitor of the High Court of New Zealand in 1997 having completed her LLM (1st Class Honours) at Victoria University, Wellington. Since then Helen has worked in a number of legal research roles including a period as an investigator for the Office of the Health and Disability Commissioner. In 2001 Helen was an International Fellow at Chapin Hall at the University of Chicago researching approaches to dealing with high conflict custody cases. She is the former Chair and current legal representative for the Central Region Ethics Committee. Helen joined the Dental Council in March 2007.



Erin Collins

Dentist

DCNZ Committees: Dentist Board

Erin Collins graduated with a BDS from Otago in 1982 and commenced private general dental practice in Auckland. He began working at the Newmarket Dental Group in 1983 and joined the partnership in 1987. Prior to his appointment to the Dental Council in 2003 he had extensive involvement in Dental Association activities. Erin joined the executive of the Auckland Dental Association in 1994, was President in 1999 and was recently made an honorary life member. He has been a representative to the NZDA Executive and Board and chaired the NZDA Practice Management Committee and

NZDA 2003 Biennial Conference Committee. Currently Erin is a director of the Dental Insurance Society and a trustee of the NZDA Research Foundation Trust.



Riria Handscomb

Layperson

DCNZ Committees (until 17/12/06): Dental Technicians Board, Dental Therapist Board

Currently working as the manager of two community centres in the eastern suburbs of Wellington, Riria Handscomb has an extensive track record of local community and voluntary service. Riria is a Justice of the Peace and has served as a marriage celebrant, and a victim support worker as well as a member of various local school and sporting committees.



Vicki Kershaw

Dental Therapist

DCNZ Committees: Dental Therapist Board

Vicki Kershaw gained her Dental Therapist Certificate in 1978. Since graduating she has spent most of her career working as a Taranaki based dental therapist. She was National President of the New Zealand Dental Therapists' Association (NZTDA) from 2002 to 2005, and has represented the Association on Ministry of Health Technical Advisory Groups. Affiliated to Ngati Mutunga / Ngati Tama iwi, Vicki is also a current komiti member of Te Ao Marama (New Zealand Maori Dental Association).



Albert Kewene

Dental Specialist

DCNZ Committees: Dentist Board

Of Tainui and Ngati Kahungunu / Rangitane descent, Albert Kewene was the first Maori to obtain a postgraduate degree in dentistry and to register as a dental specialist. He gained an MDS in Periodontics at the University of Otago in 1974 and registered as a specialist in 1980. Albert is currently working in specialist periodontal practice in Hamilton and Tokoroa. He is a visiting practitioner to Maori health clinics on low-income contracts and is the immediate past President of Te Ao Marama (New Zealand Maori Dental Association).



Mary Livingston (Chair)

Dental Specialist

DCNZ Committees: Dentist Board (Deputy Chair), Joint Australian Dental Council/DCNZ Accreditation Committee, Remuneration Committee

Until August 2006 Mary Livingston worked both in private practice in Christchurch and as a dental specialist contracted to the Hospital Dental Service of the Canterbury District Health Board. After 25 years in the public sector she now practices only in general practice. Mary graduated with a BDS from Otago in 1980 and gained an MDS in Community Dentistry in 1989. She began her career as a dental surgeon for the North Canterbury Hospital Board, where she progressed to Dental Registrar and Dental Officer. From 1991 to 2001 she was the Clinical Director of the Hospital Dental Service, Canterbury Health Ltd. During the 1980s and 1990s Mary was active in the Canterbury Branch of the New Zealand Dental Association during which time she held various positions on the executive and committees.



Robert Love (Deputy Chair from February 2007)

Academic member

DCNZ Committees: Dentist Board (Chair), Joint Australian Dental Council/DCNZ Accreditation Committee, Remuneration Committee

Robert Love is Professor at the Faculty of Dentistry, University of Otago, where he heads the Department of Oral Diagnostic and Surgical Sciences, and is Associate Dean (Facilities). After graduating with a BDS from Otago he spent two years as a dental house surgeon and seven years in general private practice before gaining an MDS in Endodontics, a PhD in Molecular Oral Microbiology and a FRACDS. Robert practises clinical endodontics and has held positions such as President NZ Society of Endodontics, President NZ Section ANZ Division IADR, and Board member NZDA. Robert is Scientific Editor of the *NZ Dental Journal* and is on the editorial boards of the *International Endodontic Journal*, *Journal of Endodontics*, and *Dental Traumatology*. He has lectured widely both nationally and internationally and has an extensive publications and research record.



John Robertson

Layperson

DCNZ Committees: Dentist Board, Dental Therapist Board, Business Assurance Committee (Deputy Chair)

John Robertson has a background in both the public and private sectors. He has an MBA from the University of Washington and an Honours degree in Business from Massey University. He is a Chartered Accountant and a member of the Institute of Directors. John has served as the Mayor of Papakura, and has also been a Member of Parliament from 1990 to 1996. He chairs the Board of Fishpond.co.nz and the Council of the Electricity and Gas Complaints Commission.



Neil Waddell

Dental Technician

DCNZ Committees: Dental Technicians Board (Chair and Academic Member)

Neil Waddell is a Senior Lecturer in the Department of Oral Rehabilitation, Faculty of Dentistry, University of Otago where the main focus of his teaching is in the final year of the Bachelor of Dental Technology programme. Neil has been involved in the teaching of dental technology since 1984 both in South Africa and New Zealand. He has a Higher Diploma in Education, University of Natal (1986), a Masters Diploma in Dental Technology, Technikon Natal (1993) and a Postgraduate Diploma in Clinical Dental Technology, University of Otago (2004). Neil has represented the Board and the Faculty of Dentistry on the Australian Committee of Registering Authorities (CORA) and was a member of the executive committee of the New Zealand Institute of Dental Technologists from 2001 to 2004. He has lectured widely both nationally and internationally.



Robyn Watson

Dental Hygienist

DCNZ Committees: Dental Hygienist Board

Robyn Watson's qualifications include a Certificate in Oral Hygiene from the University of Pennsylvania, a degree in Dental Hygiene Education from the University of North Carolina, and a Masters in Public Administration in Health Services Management from the University of San Francisco. Robyn has had a wide-ranging career in the US and New Zealand, which has included dental hygiene practice and teaching in the US and teaching at the Otago Polytechnic and University of Otago. She is presently an Educational Consultant with Hu-Friedy Mfg Ltd of Chicago and as such presents dental hygiene educational programmes internationally and is also a Senior Lecturer at the Auckland University of Technology. Robyn has held the positions of President and Vice President of the New Zealand Dental Hygienists' Association. She has served on the Oral Health Advisory Committee for the Ministry of Health and is currently the dental hygiene representative on the Dental Health Foundation Board. Robyn is currently a NZ Director and has served as the Chair of the Education Committee for the International Federation of Dental Hygiene.

Report from the Chair

Over the past year the Dental Council has continued to provide strategic leadership and coordination for the oral health sector in accordance with the Health Practitioners Competence Assurance Act (HPCAA) 2003 regulatory framework. The year has had its challenges as the Council has continued to maintain a balance between the needs of individual practitioners and the overarching responsibility for regulation of the oral health professions as a whole, against the backdrop of protecting the health and safety of members of the public.

Governance

December 2006 saw the end of an era as a number of Council members stepped down having faithfully and diligently served the Dental Council since its formation in December 2003. With the planned departure of these members came an opportunity to reassess the structure, workload and membership of Council and its workforce boards. The Dental Council considered that good governance practice required a reduction in size and therefore recommended to the Minister a reduction in numbers from 14 appointed members to 11. The Minister supported this initiative. Likewise plans were made to reduce the workforce board sizes over the coming year and have the boards concentrate on matters to do with individual oral health practitioners.

Recertification and registration

Activities associated with the development of policy and process around registration and recertification have taken up considerable time for the Dental Council this year. Scopes of practice were developed or revised and gazetted for: general dental practice, orthodontic auxiliary practice, orthodontic procedures in dental hygiene practice, dental technology practice, and implant overdentures in clinical dental technology practice.

The 2006/07 year also saw the introduction of compliance monitoring for dentists. Five percent of all dentists were randomly selected and asked to complete a questionnaire regarding compliance with professional standards. From this group, five practitioners were visited by the Professional Advisor and a compliance audit was carried out. The results were positive. Three demonstrated a high level of compliance. Two were provided with recommendations for improvements.

The concerns relating to dual registration of oral and maxillofacial surgeons was addressed by the signing of a letter of agreement between the Dental Council and the Medical Council. The letter outlined the need to consult, notify and inform each authority in relation to health, competence and conduct concerns about oral and maxillofacial surgeons registered with both authorities.

Liaison

The Dental Council met with the Minister of Health three times during the year. Issues discussed with the Minister included the development of codes of practice for Dental Therapy and Dental Hygiene, the restructuring of the Dental Council and subsequent appointments and reappointments, the oral health survey, and dental technology registration.

The Dental Council of New Zealand (DCNZ) and the Australian Dental Council (ADC) have continued to develop a collegial working relationship across the Tasman. The Chair of DCNZ visited the ADC in November 2006 and the President of ADC reciprocated in February 2007. Other valuable trans-Tasman meetings include those of the ADC/DCNZ Accreditation Committee, the Presidents and Registrars of Dental Boards of Australia and New Zealand, and the Council of Regulating Authorities (CORA) for dental technicians.

The Dental Council has also been actively meeting with the practitioners through professional association meetings throughout the country. We are indebted to the services of Dr Dexter Bambery, Professional Advisor (Dentist), who has fielded questions from many quarters and provided sound advice and guidance. Dental Council representatives have also met with graduating students at both the University of Otago and the Auckland University of Technology.

In June 2006 the Dental Council and the Health and Disability Commissioner (HDC) signed an agreement regarding the process of dealing with complaints and concerns about competence related to registered dental practitioners. The agreement outlined mandatory notification provisions for both the Dental Council and the HDC.

Professional standards

Over the year a number of codes of practice for Dental Hygienists, Dental Technicians, Clinical Dental Technicians and Dental Therapists have been developed based on the joint NZ Dental Association/DCNZ codes. In addition to the codes of practice, competence standards were agreed to for clinical dental technology.

Education

With the recertification requirement of continuing professional development (CPD) for oral health practitioners, the Dental Council was pleased to approve the New Zealand Dental Therapists' Association and New Zealand Institute of Dental Technologists as providers and verifiers of CPD. The involvement of the professional associations in this process benefits their members as they seek to find appropriate CPD activities. The Dental Council also approved Northland District Health Board as a provider and verifier of CPD for dental therapists.

Dental therapy refresher courses offered by Auckland Regional Dental Service and the Canterbury District Health Board were approved. Both the University of Otago and the Auckland University of Technology proposed conjoint dental therapy and hygiene degree programmes. Both were accredited.

Secretariat management

With the introduction and implementation of the HPCAA, the expanded range of responsibilities conferred on the Dental Council and a growing number of oral health practitioners in New Zealand, the Council and secretariat workload had increased dramatically. Space constraints and the need to recruit additional staff necessitated the secretariat to relocate to larger offices in June 2006. The move went smoothly and with minimum disruption to continuity of core business operations.

The Dental Council was pleased to welcome Margaret Steel, Deputy Registrar (Operations), Katherine Naylor, Education Officer and Elizabeth Shaw, Executive Officer to the Secretariat.

Personal remarks

As this is my first report as Chair I would like to take the opportunity to thank Brent Stanley, outgoing Chair of the Dental Council. Under Brent's leadership the Dental Council made significant steps in unifying the diverse oral health practitioner groups into one effective body. Brent also provided valuable input into the development of the HPCAA.

I also extend my gratitude to my fellow Council and workforce board members who have committed their time and expertise to ensure the Dental Council discharges its obligations responsibly and fairly. I have appreciated their commitment and collegiality. Effective governance also requires good administrative support and I would like to acknowledge the efforts of the secretariat staff who have been loyal and generous in their commitment.



Mary Livingston

Strategy and Governance

The primary role of the Dental Council is to promote and protect the public interest by ensuring that oral health practitioners are safe and competent to practise. To achieve this requires good governance and management and strategic vision.

Consolidation of the unique governance structure combined with continued policy development was at the forefront of the Council's strategic and governance activities. The past year has witnessed a number of significant organisational changes at the Dental Council.

The transfer of servicing of the Dental Technicians Board from Auckland to Wellington commenced in February 2006 and marked the final major step in the consolidation of the "combined" Dental Council. It placed the workforce Boards on an equal footing in terms of access to secretariat services.

In April 2006 Council undertook a strategic planning session at which it examined structure and workload. In response to the very heavy demands placed on the secretariat by the implementation of the new legislation as well as the servicing requirements of Council and its Boards, two new staff positions were authorised. Over the next few months Council also addressed ways in which it could raise efficiency, reduce duplication of effort and contain costs. A range of models was considered including those of a "revolutionary" kind involving the abolition of the four workforce boards and the creation of inter-professional committees covering registration, professional standards, health etc. However, recognising the importance that each profession attached its identity, Council opted for "evolutionary" change.

In December 2006 Council announced changes that it believed would contribute to the achievement of a sustainable and cost-effective governance model.

Governance Change

Reduction in the size of Council

Council noted that good governance practice required a reduction in its size and therefore recommended to the Minister a reduction in numbers from 14 appointed members to 11. The Minister supported this initiative. Thus at the conclusion of their current terms four members – Dr Brent Stanley (dentist), Keith Pine (clinical dental technician), Trish Simpson (dental therapist) and Victoria Hinson (layperson) – decided not to seek reappointment. In the attendant reappointment process Dr Erin Collins, Dr Mary Livingston (dentists) Professor Robert Love (educationalist and dental specialist) and Mr John Robertson (layperson) were reappointed and Ms Helen Colebrook (layperson) was appointed to the Council.

The new composition maintains the proportionality of representation of the four practitioner groups. At the February Council meeting Dr Mary Livingston was re-elected chair and Professor Robert Love was elected deputy chair.

Reduction in the size of workforce boards

To complement the above, workforce boards were also reduced in size to six persons with the requirement that a layperson and an educationalist complement the practitioner group. This rationalisation across the organisation has resulted in a 25% reduction in appointed members and will contribute to savings in meeting costs.

Other initiatives

Other initiatives included increasing the delegations to the Registrar with respect to consideration of registration applications and annual practising certificates, the aim being to capitalise on "institutional" knowledge and expertise without compromising public safety. Likewise with the workforce board focus now on practitioner and professional matters the pan-professional health committee was disbanded. Dr Ed Kiddle, chair of the Health Committee and medical practitioner specialising in addictive behaviours agreed to continue to advise the individual workforce boards on practitioner related health matters.

Policy decisions for the 2006/07 year

The following new policies and statements were drafted and considered by the Dental Council:

- policy on dually registered practitioners
- policy statement on restricted auxiliary procedures
- policy on entry requirements to NZ dental registration examinations
- policy on compliance with codes of practice

The following policies and statements were amended or reviewed by the Dental Council:

- policy on accreditation costs
- policy on the approval of courses of clinical oral health training or instruction for unregistered practitioners
- policy statement on restricted activities list
- English language policy
- policy on registration
- policy on legislative delegations to the Registrar
- policy on advanced and new areas of practice
- DCNZ fees and expenditure policy

The following policies and statements were approved by the Dental Council:

- policy statements and guidance on recording recertification activities
- approval of providers and authorisers of CPD
- approval of CPD activities
- interactive peer contact and guidance on setting up peer groups
- policy of the method of cost allocation between boards
- policy on notification to regulatory authorities (in cases of dually registered health practitioners)
- reserves policy
- policy on voluntary restrictions on scopes

Communications

The DCNZ communications objective is to ensure that there is effective and ongoing dialogue between the Council, professional associations and professions on its functions and responsibilities. During the year meetings were held with representatives of the NZ Dental Association, the NZ Dental Therapists' Association, the NZ Institute of Dental Technologists, the NZ Dental Hygienists' Association and the NZ Association of Orthodontists. The Dental Council also had a presence at the NZ Dental Association Business of Smiles conference in Auckland in September and the NZ Dental Hygienists' Association conference, also in Auckland in November 2006.

The Dental Technicians Board conducted a road show in August to the main centres, the purpose of which was to present information on requirements under the HPCAA: the role of the Board, requirements for registration, scopes of practice, recertification, codes of practice requirements and complaints and competence processes. In addition, it was an opportunity to discuss with members of the profession the proposal to develop a Dental Technician Auxiliary Scope of Practice. Robust and useful dialogue occurred.

Dexter Bamberg, Professional Advisor (Dentist) commenced a series of presentations on compliance with codes of practice to NZDA branches whilst the CEO presented to graduating students at Auckland University of Technology and the University of Otago on registration requirements and responsibilities as a registered oral health practitioner.

All these presentations were well attended and demonstrate the value of engagement between the regulatory authority and stakeholder professionals.

Over the year there have been regular meetings with the Minister of Health, two newsletters were published and the website was regularly updated to ensure that up to date information was available to the public and practitioners alike.

Contact was also maintained with the other health regulatory authorities covered by the HPCAA. These included combined meetings of CEOs and Registrars of health regulatory authorities on a bi-monthly basis. The Council also participated in the one meeting of the Health Regulatory Authorities of New Zealand (HRANZ) which is an informal coordinating body of the 15 responsible authorities such as the Dental Council and Medical Council that come under the Health Practitioners Competence Assurance Act.

In addition, Council played an active part in maintaining effective Trans-Tasman dialogue and relations with representatives meeting our Australian counterparts on a regular basis.

Future considerations

Under HPCAA, the Dental Council has faced two major challenges: to adapt to new legislation and also to consolidate the four professions under one legal entity. This has raised significant financial and management challenges with respect to funding statutory public protection obligations from a comparatively small and yet extremely diverse practitioner base of 3,200. Council will continue to review its structure and performance in order to meet its obligations under the Act in the most cost-effective manner possible.

In February 2007 Council decided to hold fees for 2007/2008 at the existing level by reducing reserves but warned that it could not operate in that mode indefinitely. Reserves are prudently managed to ensure APC stability and provide for risk contingency. In setting an APC, the Council takes into consideration not only budgeted activity but also whether reserves may be drawn on or need to be augmented. Responsibility for managing risks is delegated to the Business Assurance Committee (BAC) which met regularly during the year. Amongst other activities relating to governance and financial management the BAC maintains a quarterly risk management report to Council.

Registration

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

Every oral health practitioner who wishes to practise in New Zealand must be registered with the Dental Council and hold a valid Annual Practising Certificate.

The benchmark standards for registration are accredited diploma/degree programmes in the relevant oral health profession. The Dental Council conducts accreditation reviews of these programmes to ensure that they continue to meet the standards and competencies for registration.

Requirements for registration

Any oral health practitioner applying for registration in a scope of practice must meet the following requirements:

- demonstrate competence in the scopes applied for
- hold a 'prescribed' qualification – for each scope of practice the Dental Council has prescribed (approved) the qualifications required for registration in that scope
- meet fitness for registration requirements including competence in English and the absence of any health conditions or disciplinary proceedings by, for example, employers, regulatory bodies or educational institutions that affect adversely on fitness to practise.

The term 'qualifications' as used in the HPCAA has a broader definition than its commonly understood meaning of degrees or diplomas. Under the Act, qualifications can include a pass in examinations or other assessments set by the Dental Council, registration with an overseas organisation comparable to the Council, and various kinds of experience.

Scopes of practice

A scope of practice describes what a registered practitioner is entitled to do. Registered practitioners are not permitted to practise outside their scope of practice. The Dental Council is required, through the issue of an annual practising certificate to a practitioner, to certify that the practitioner is competent to practise in their scope of practice.

The following general gazetted scopes of practice are in force:

- general dental practice
- specialist dental practice
- general dental therapy practice
- general dental hygiene practice
- dental technology practice
- clinical dental technology practice

Subsets of the general dental hygiene scope are the Orthodontic Auxiliary and the Dental Auxiliary scopes of practice.

The scopes for specialist practice are based on the previous definitions of the specialist registration categories. Under the HPCAA dentists do not have to register in a general scope before registering in a specialist scope. However, dentists wishing to undertake both general and specialist practice are required to register in both a general and specialist scope of practice.

For dental therapy, dental hygiene and clinical dental technology the Dental Council also defined additional or 'add-on' scopes of practice. In dental hygiene there are additional scopes of practice in:

- administering local anaesthetic
- undertaking orthodontic procedures
- intra-oral radiography
- extra-oral radiography

Registration in the additional scopes for local anaesthetic and orthodontic procedures is available to those registered in general dental hygiene practice, while registration in the scope for intra-oral radiography and extra-oral radiography is available to those registered in general dental hygiene, dental auxiliary or orthodontic auxiliary practice.

In dental therapy, practitioners registered in the general scope may apply to register in additional scopes of practice in:

- pulpotomies
- radiography
- diagnostic radiography
- stainless steel crowns
- adult care

The grandparenting provisions for registration in the adult care scope of practice ceased on 18 September 2004. A corresponding training programme has yet to be developed and would be subject to a full consultation and accreditation process.

In clinical dental technology, practitioners may apply to register in the additional scope of implant overdentures.

Registration Policy – Overseas Trained Practitioners

There is a standard process for the assessment of all applications for registration from overseas qualified practitioners.

Applicants must submit an application comprising information that enables the Dental Council to assess the applicant's identity, qualifications, training and experience, and fitness to practise. Each application is assessed on an individual basis by the relevant workforce board.

One of the most important criteria is whether or not the applicant is a graduate of a university accredited by a sound accreditation process. The Dental Council recognises the following accreditation systems for registration as a dentist in the general dentistry scope of practice, which accredit courses considered equivalent to the Otago BDS:

- Commission on Dental Accreditation which accredits dental schools in the USA and Canada
- The Australian Dental Council system which accredits schools in Australia
- A General Dental Council (GDC) accredited undergraduate dental degree from a GDC-accredited dental school in the UK, or Commonwealth as listed below.

Dental School	Expiry date of recognition
Western Cape	31/12/1997
Singapore	31/12/1999
Hong Kong	31/12/2000
Witwatersrand	31/12/2000
Pretoria	31/12/2000
Stellenbosch	31/12/2000
Medical University of South Africa	Between 1 January 1997 and 31 December 2000
Malaysia	Between 1 January 1997 and 31 December 2000

Generally this means that graduates of UK, Australian, USA, Canadian, Hong Kong, Singaporean and Malaysian schools can gain registration in the general dentist scope of practice subject to sitting and passing a two-hour open book examination on New Zealand Conditions of Practice. Other applicants are normally required to sit and pass the six hour written examination and the clinical examination which is conducted over four days.

The Dental Council was able to further rationalise its registration procedures by encouraging overseas applicants with non-prescribed qualifications to apply directly to the relevant New Zealand Registration Examinations and avoid the costly qualifications assessment process. They may still apply for registration and individual consideration by the Council if they believe that special circumstances exist in respect of their qualifications and that the Council might therefore consider these to be equivalent to a prescribed qualification. Such applications are subject to additional fees to cover the costs of the individual assessment of the applicant's qualifications, training and experience.

The Dental Council recognises the following accredited qualifications for registration as a dental hygienist in the general dental hygiene scope of practice:

- an undergraduate dental hygiene degree or diploma or undergraduate dental degree and a pass in the USA National Board Dental Hygiene Examination or Canadian National Dental Hygiene Certification Examination and a pass in a USA or Canadian regional or state board dental hygiene clinical examination and registration with a USA or Canadian dental authority
- a Commission on Dental Accreditation (CDA) accredited undergraduate dental hygiene degree or diploma; a pass in the USA National Board Dental Hygiene Examination or Canadian National Dental Hygiene Certification Examination; and registration with a USA or Canadian dental authority
- a GDC accredited undergraduate dental hygiene degree or diploma from the United Kingdom and registration with the GDC
- a Certificate or Diploma in Dental Hygiene conferred by the GDC and registration with the GDC.

The Dental Council recognises the following accredited qualifications for registration as a dental therapist in the general dental therapy scope of practice:

- a Certificate in Dental Therapy (issued by the then Department of Health or a New Zealand educational institution) and approved experience in the provision of dental therapy services within the scope of dental therapy practice
- a Diploma in Dental Therapy (issued by a New Zealand educational institution)
- an undergraduate dental therapy degree or diploma from an Australian Dental Council accredited educational programme.

The accredited qualifications for registration in the dental technology and clinical dental technology scopes of practice are a Bachelor of Dental Technology (Otago) and a Postgraduate Certificate in Clinical Dental Technology (Otago) respectively.

During the year the Dental Council held a registration amnesty for dental technicians with non-prescribed qualifications. The exemption provisions of the Dental Act, which allowed unregistered people to work as dental technicians under supervision, disappeared with the commencement in September 2004 of the Health Practitioners Competence Assurance Act (2003). However this was not widely published to members of the dental technology sector.

In July 2006 the Dental Council wrote to members of the technology sector advising them of the legislation changes and inviting members to a series of roadshow evenings to present information on the requirements under the HPCAA. The sector was advised that people who fell into one or more of the following categories needed to be registered and hold an annual practising certificate:

- those who have been practising dental technology as a dental technician under the previous exemption provisions of the Dental Act
- those who hold formal dental technology qualifications, whether from New Zealand or overseas

- those who are providing dental technology services independently (eg in situations where a dentist or clinical dental technician or dental technician is not on the premises to supervise the work)
- those who are undertaking the full range of a process which is delineated in the dental technology scope of practice (ie not those who only undertake parts of a process eg pouring moulds)
- those who are calling themselves or holding themselves out as a dental technician (or dental ceramist, prosthetist, crown and bridge technician etc).

The amnesty end date is 30 June 2007.

Applications for Individual Assessment

Individual Assessment Applications	No. Received	Previous Year
Dentistry (including specialist)	6	3
Dental Hygiene	9	10
Dental Technology	43	0
Dental Therapy	9	4

Numbers of New Zealand and Overseas Dentist Graduates Registering by year

	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Argentina										1	1	
Australia	2	3	8	3	2	1	1	4	2	8	9	8
Bangladesh						1						
Brazil								1		1	2	2
Bulgaria				1						1		
Burma						1						
Canada					1	1	1		1	3	1	
China						1	2	1	1			
Columbia							1			1		1
Czechoslovakia						1		1				
Denmark	1											
Egypt					1	1	2			1	1	3
Fiji									1			
Finland	1											
France					1							1
Germany							2	1			1	1
Hong Kong						1						1
India	1	1	15	6	8	12	8	5	7	7	12	17
Iran					2							
Iraq			5	6	10	10	3	5	7	1	5	4
Ireland			1	1	1				2	1	1	1
Israel									1		1	
Korea	1		1		1	1						
Macedonia								2				
Malaysia										1		
Netherlands					1							1
Pakistan												1
Philippines							1	1	2		1	3
Poland							1			1		1
Romania					2	1			1	1	4	1
Russia										2		2
Serbia										2		1
Singapore					1	1	1			1	1	
South Africa	2	3	4	9	1	3	3	7	11	10	8	4
South America		1			1							
Sri Lanka	1		1	2	1	1	1	1	2	1		2
Sweden					1							
Syria							1					1
Taiwan					1	1		1				
Thailand				1					1			
Turkey						1						
Ukraine								1				
United Kingdom	11	18	25	12	8	6	8	10	15	21	23	19
USA			1	1		5	1	1	4	3	7	4
USSR			1			1	2	2				
Yugoslavia			2	2	1	1	5	1				
Total Overseas	20	26	63	44	45	53	45	45	58	68	78	79
New Zealand	48	57	56	53	60	176	238	380	66	454	564	62

1 45 who graduated in 1999 and 31 who graduated in 2000

2 18 who graduated in 2000 and 20 who graduated in 2001

3 28 who graduated in 2001 and 52 who graduated in 2002

4 1 who graduated in 1997 and 53 who graduated in 2004

5 1 who graduated in 1994 and 63 who graduated in 2005

Registration through Trans-Tasman Mutual Recognition (TTMR)

The Trans-Tasman Mutual Recognition Act became effective on 1 May 1998 for practitioners registered in New Zealand and those Australian states with similar legislation. Under TTMR a practitioner registered in New Zealand is automatically entitled to registration to practise in an Australian state – and vice versa – where the registered professions are equivalent. The registration process under TTMR is much easier and quicker than the normal registration process.

Some Australian state dental boards and associations have expressed concern that under TTMR overseas dentists are using New Zealand as a ‘backdoor’ to gain registration without examination in Australia. This concern is supported anecdotally by the annual New Zealand dental workforce survey, which indicates that while remainder rates are relatively high for dentists registering after sitting and passing the registration examinations (approximately three-quarters of those who pass NZDREX remain in New Zealand), remainder rates are lowest for overseas dentists who register in New Zealand without having to sit the NZDREX.

The Register

The names of all oral health practitioners registered to practise in one or more of the gazetted scopes of practice must appear in the Register, which is a public document. Through the Register, the public can be assured that a practitioner has met the standards required for safe practice in New Zealand. The Register also details any conditions which may have been placed on a practitioner’s practice.

Members of the public can inspect the Register on line on the Dental Council’s website, www.dcnz.org.nz.

Retention on the Register

Each year, as part of the Annual Practising Certificate renewal round, practitioners are given the option of remaining on the Register in a non-practising capacity for the coming year for an annual fee of \$50.

The circumstances as at 31 March 2007 of all oral health practitioners with full registration in the Register are summarised below.

	Dentists & Dental Specialists	Dental Hygienists, Dental Auxiliaries & Orthodontic Auxiliaries	Dental Therapists	Dental Technicians & Clinical Dental Technicians
Full registration	2474	452	707	494
Full registration, non-practising	508	52	32	136
Full registration, over 65, non-practising	65	0	0	34

Summary of registration

At 31 March 2007

	On Register	Practising
Total practitioners	4127	3399
Total dentists ¹	2474	1966
Total dental hygienists ²	452	400
Total dental technicians and clinical dental technicians	494	358
Total dental therapists	707	675

Registration Activities

Dentists and Dental Specialists Year ending 31 March 2007

	Number	Previous Year
Full registrations granted	141	125
NZ graduates	62	60
Overseas graduates	79	65

Registrations in specialist scopes

Endodontics	0	0
Oral and Maxillofacial Surgery	1	2
Oral Medicine	0	1
Oral Surgery	1	1
Orthodontics	4	4
Paediatric Dentistry	1	0
Periodontics	2	4
Prosthodontics	2	2
Public Health (Community Dentistry)	1	1
Restorative Dentistry	0	0
Special Needs Dentistry	0	0

Dental Therapists Year ending 31 March 2007

	Number	Previous Year
Full registrations granted	45	38
NZ graduates	38	36
Overseas graduates	7	2

Registration in additional scopes

Radiography	6	8
Diagnostic Radiography	47	51
Pulpotomies	34	36
Stainless Steel Crowns	30	26
Adult Care	1	0

1 Includes dental specialists

2 Includes the scopes of dental auxiliary and orthodontic auxiliary

Dental Hygienists

Year ending 31 March 2007

	Number	Previous Year
Full registrations granted		45 36
NZ graduates	25	26
Overseas graduates	20	10

Registration in scopes

Dental Hygiene Practice	35	36
Dental Auxiliary Practice	0	0
Orthodontic Auxiliary Practice	7	13

Registration in additional scopes

Administering Local Anaesthetic	39	37
Undertaking Orthodontic Procedures	20	20
Intra-Oral Radiography	29	27
Extra-Oral Radiography	6	6

Dental Technicians and Clinical Dental Technicians

Year ending 31 March 2007

	Number	Previous Year
Full registrations granted	40	13
NZ graduates	12	12
Overseas graduates	28	1

Registration in scopes

Clinical Dental Technology Practice	10	7
Dental Technology Practice	40	9

Registration in additional scopes

Implant Overdentures in CDT	11	0
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Total Removals during Year Ended 31 March 2007

	Dentists	Hygienists	Therapists	Technicians
Total Removals	99	15	10	94
- Deaths	9	0	1	9
- Discipline	0	0	0	0
- Failure to notify address	34	7	3	72
- At own request	56	8	6	13

Total Requests for Certificates of Good Standing during Year Ended 31 March 2007

	Dentists	Hygienists	Therapists	Technicians
Certificates of good standing	144	29	11	14

Examinations

Registration examinations are conducted to enable overseas-trained practitioners to demonstrate that they are competent to practice. The standard of knowledge and experience required to be shown by candidates in order to satisfy the examiners in the relevant New Zealand Registration Examination (NZDREX) is equivalent to that of the New Zealand qualifying graduate.

The Dental Council takes the view, however, that candidates will often have completed their formal studies some time ago. It has therefore set the standard at the final year graduating level, where the scope of basic sciences and theoretical knowledge is focussed on areas directly relevant to appropriate patient care and treatment. For example the NZDREX is set on the 5th year of the Bachelor of Dental Surgery (BDS) programme.

The emphasis is therefore on the standard of knowledge and skills required for the safe and competent practice of oral health in New Zealand.

During the year the registration examinations in Dental Therapy (NZDTREX) and Dental Technology (NZDTechREX) were staged for the first time. The registration examination in Dental Hygiene (NZDHREX) was not staged due to insufficient candidate numbers. It is believed that the extension to the prescribed qualifications for dental hygienists is the cause for the lack of candidates in this discipline.

No applications from applicants with non-prescribed postgraduate qualifications wishing to sit a specialist registration exam were received during the year. The Dental Council commences development on specialist examinations on an as required basis to minimise the resource expenditure in this area.

All examinations are run on a cost recovery basis.

To gain New Zealand registration an overseas-trained practitioner may be required to sit and pass some or all of the following:

- a Council-approved English test
- a written examination on the scientific basis of the scope of practice they are seeking registration in (eg dentistry or dental therapy) and its application to clinical practice. This exam comprises multi choice, short answer and essay questions together with visual interpretation questions in a short answer format.
- a four-day clinical examination, which includes a communication skills component
- a two-hour open book NZ Conditions of Practice examination (NZCOP) on the cultural, social and legislative framework for the delivery of dental care in New Zealand.

March 2007 saw the first staging of the Overseas Trained Dentists Preliminary (OTDP) examination. This examination is staged jointly with the Australian Dental Council and replaces the NZDREX Written examination. The OTDP examination is staged globally twice a year; a significant advantage to overseas-trained dentists who no longer need to travel to New Zealand to sit this examination.

The School of Dentistry at the University of Otago has continued to run revision courses for general dental practitioners. Many overseas dentists preparing for NZDREX have undertaken these courses. For some candidates, the standard of their basic dental degree, or the length of time that has elapsed since graduation or since they last practised, results in a poor understanding of modern techniques and approaches. The revision courses have been invaluable in updating candidates' knowledge of the scientific concepts that underlie the diagnosis and treatment of dental and oral conditions.

Many candidates, however, require significantly more training than the refresher courses provide. The School of Dentistry ran a bridging course for overseas dentists affected by previous immigration policies. The course offers comprehensive theoretical and clinical study and aims to assist candidates to develop their skills and experience and to gain an understanding of dental practice in New Zealand.

Demand for the dentist registration examinations remained high in 2006/07 with 62 candidates sitting either the NZDREX written or OTDP examinations. Demand for the Clinical Examination increased as a result of another staging of the University of Otago's six-month bridging programme for overseas-trained dentists. An extra NZDREX clinical examination was held in February 2007 to accommodate the 25 bridging course students. In normal circumstances candidate numbers are constrained to 16 per examination by the facilities available for staging the exam. Three supplementary examinations for partial pass clinical examination candidates were also staged at Greenlane Hospital in Auckland.

During the year the first Dental Therapy registration examinations (NZDTREX) were staged. Four candidates sat and passed the NZDTREX written examination in May 2006. Five candidates sat the NZDTREX clinical examination in August 2006 with four of the five candidates successfully completing the week-long examination.

In June 2006 the first Dental Technicians registration examination (NZDTechREX) was staged. The dental technology registration examination runs for one week and includes a written examination to test the candidates' scientific knowledge and three days of practical examination to test the candidates' technical abilities. Eight candidates sat the examination with two candidates passing all components. Four of the remaining six candidates demonstrated competencies in some but not all areas of the examination. These candidates were registered with limited scopes of practice and a condition requiring them to work under supervision.

In February 2007 the Dental Council agreed to extend the requirement for overseas-trained dentists to sit and pass the New Zealand Conditions of Practice (NZCOP) examination to all oral health practitioner groups. A pass in the NZCOP examination satisfies the Council that an overseas-trained practitioner has demonstrated knowledge of the cultural, social and legislative framework for the delivery of oral health care in New Zealand. The NZCOP was held approximately every six weeks. During the year 67 dentists, nine dental hygienists, one dental therapist and 14 dental technicians sat and passed the NZCOP examination.

Dental Registration (NZDREX) Examination Result Summary

2002/03

	Written	Clinical	Repeat Clinical	NZCOP
Candidate attempts	43	46	16	64
No. of passes	23	14	10	62
Pass rate overall	53%	30%	63%	97%

2003/04

	Written	Clinical	Repeat Clinical	NZCOP
Candidate attempts	50	45	18	44
No. of passes	37	7	12	44
Pass rate overall	74%	15%	66%	100%

2004/05

	Written	Clinical	Repeat Clinical	NZCOP
Candidate attempts	51	44	9	66
No. of passes	36	10	5	65
Pass rate overall	71%	23%	55%	98.5%

2005/06

	Written	Clinical ¹	Repeat Clinical	NZCOP ²
Candidate attempts	64	46	13	77
No. of passes	42	29	5	77
Pass rate overall	66%	63%	38%	100%

2006/07

	Written	Clinical	Repeat Clinical	NZCOP
Candidate attempts	62	51	21	67
No. of passes	36	18	14	67
Pass rate overall	58%	35%	67%	100%

Total 1993 – March 2007

	Written	Clinical	Repeat Clinical	NZCOP
Candidate attempts	773	529	77	367
No. of passes	406	259	46	361
Pass rate overall	53%	49%	60%	98%

Note: Partial pass grades have been counted as 'fail'

- 1 Examination results from Special Clinical examinations have not been included
- 2 Includes 13 overseas trained dental hygiene candidates

Annual Workforce Survey

The Dental Council maintains an accurate, accessible and comprehensive database on the oral health practitioner workforces. This is an invaluable information tool, particularly for policy development, resource allocation and workforce planning purposes.

This year all oral health practitioner groups were asked to complete a dental workforce questionnaire in conjunction with the collection of the Annual Practising Certificate fee and compliance declarations. Previously, workforce data had been collected from dentists only. Information obtained in conjunction with the issue of the Annual Practising Certificate is analysed to provide a profile of the oral health workforce.

Specific statistical information from the survey is provided each year to the Ministry of Health, which makes a contribution to the costs of the Dental Council's work in collecting and supplying these statistics. Information identifying individuals is not released.

The provision of accurate statistics relies on practitioners' willingness to complete the workforce survey and the Council appreciates their continued cooperation. At 95%, the response rate remains comfortably higher than the 80% required by the NZHIS contract.

The Council acknowledges and appreciates the ongoing work of Dr Murray Thomson who has again provided the annual analysis of the statistical information.

In previous years, only dentists were asked to complete the workforce survey questionnaire. This is the first year that data from other oral health practitioner groups has been included. The commentary is limited to current-year observations only, as opposed to identifying potential trends or changes over time. Details of the analysis of the other oral health groups are provided within their respective sections of this report.

Results of Workforce Survey 2006

The Dentist and Dental Specialist Workforce

Sociodemographic characteristics of the dentist workforce

There was a slight increase in the active workforce. The proportion of female dentists in the workforce continues to rise, as does the representation of ethnic minority groups. New Zealand Europeans remain the largest ethnic group within the workforce, followed by dentists of Chinese, Indian or Middle Eastern origin. The rise in the proportion of overseas graduates observed in recent years continues, after having levelled off last year.

Workforce survey

Employment rates

As in previous years, the employment rate remains high. There was a continuation of the slight rise in the proportion of dentists undertaking part-time work. This is now just over one-third of the workforce.

Postgraduate education and continuing professional development (CPD)

Of the 52 dentists engaged in postgraduate study in 2006, 56% were undertaking MDS study, and 6% were studying for another Masters. All but four of the 52 intend to practise in New Zealand on completion of their degrees. There was again a reassuring increase in the proportion of dentists participating in at least 20 hours of CPD during the previous year (from 80.6% in 2005 to 87.5% in 2006), and in the proportion meeting that criterion during the previous three years (from 48.3% in 2005 to 54.4% in 2006). The proportion of dentists meeting the 20+ hours criterion in none of the previous three years was down to 6.4%. The effect of the HPCAA on this indicator appears to be a positive one, but the barriers appear to be greater for practitioners in smaller communities.

Practice characteristics

The proportion of dentists by practice type continued to move away from solo practice: in 2001, 41% were in solo practice, and this has fallen every year since to 33% in 2006. There has been a continued increase in the number of dentists working in the District Health Board (DHB) sector. There was no noteworthy change in the mean number of employment hours per week for general dentists, but there was a small increase for specialists (by 1.6 hours, on average). Generalists continued to work more hours, on average, but there was a greater range among the specialists, indicating that a small proportion of the latter were working very long hours indeed.

The Dental Therapist Workforce

The active dental therapy workforce comprised 650 individuals. It is an ageing, predominantly Pakeha female group of whom more than half are aged 50 or more. Almost three-quarters work full-time, with almost all working in the DHB sector.

While almost two-thirds were able to provide radiography, there was considerable variation across the DHBs. For example, almost all Waikato therapists were registered for either of the two radiography scopes of practice. In the Hawke's Bay, only 20% were registered in this scope.

There was also considerable variation in the therapist-to-population ratio. It was highest in the Bay of Plenty and lowest in the Greater Wellington region. However, this apparent disparity may be countered by the numbers of dental assistants employed by DHBs to provide assistance to dental therapists. Dental assistants are not required to hold registration with the DCNZ, and therefore information on them is not included in this analysis.

The Dental Hygienist Workforce

Analysis and interpretation of the hygiene workforce data is complicated by the existence of three main occupations (dental hygienists, dental auxiliaries and orthodontic auxiliaries). The active hygiene workforce comprised 379 individuals. It is a younger group (median age 38) than dental therapists (median age 50), and females predominate. As with the dental therapy group, Pakeha are by far the dominant group, but there is a considerably more diverse ethnic mix, with many more continental Europeans and North Americans.

The majority of each of the three occupational categories were employees in private practice, and half of them worked full-time (with one-quarter of the dental hygienists working for more than one employer). On average, dental hygienists worked fewer hours than dental therapists.

Of the dental hygienists, one-third were registered in the additional local anaesthesia scope of practice, and almost three-quarters were registered for intra-oral radiography.

There was considerable variation in the hygienist-to-population ratio by DHB area, with the highest ratio in Auckland and none in Tairāwhiti, the Wairarapa, the West Coast or South Canterbury.

The Dental Technician Workforce

There were 338 active dental technicians (up by 27 from 2005), of whom half were clinical dental technicians. While the age structure of the dental technology workforce is very similar to that of the dentists, the proportion of females is lower, at fewer than one in five. Interestingly, over half of the clinical dental technicians were aged 50 or more. While the majority of the dental technology group were Pakeha, more than one-third were in the "Other" category (which was dominated by Germans, South Africans and Britons).

The great majority worked in full-time practice, and almost all worked in only one place of employment. On average, clinical dental technicians worked more hours. Almost one in ten dental technicians were undertaking postgraduate training.

As with the dental therapists and dental hygienists, there were considerable differences by DHB in the population-to-practitioner ratio. The Bay of Plenty and Auckland had the lowest ratios, while the West Coast, Counties-Manukau, Southland, Wairarapa and the Lakes DHBs had the highest. The lowest ratios were seen in the Bay of Plenty and Auckland for clinical dental technicians.

Professional Standards

The Dental Council's objectives in this area are to:

- promote the continuing competence of oral health practitioners by ensuring they maintain and enhance their practice by engaging in continuing professional development activities, meet defined professional standards and do not practise in isolation.
- manage the cases of practitioners whose competence has been called into question in a way which assists them to up-skill while ensuring public safety.

Recertification requirements for the issue of an Annual Practising Certificate

April 2006 saw the introduction of recertification requirements for dental hygienists, dental therapists and dental technicians. Dentists and dental specialists were introduced to this requirement in the previous year. The requirements operate over a two-year recertification cycle for dental hygienists and dental therapists and a four-year recertification cycle for dentists, dental specialists, dental technicians and clinical dental technicians. Each recertification cycle involves:

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

With the issue of the 2006-07 APC application form 5% of dentists and dental specialists were randomly selected to complete a checklist questionnaire based on the Dental Council's codes of practice and professional standards. From these practitioners, five dentists from the greater Wellington region were randomly selected for a practice visit to audit their compliance with the Council's codes of practice.

The five practitioners selected worked in a variety of settings from solo city practice to smaller group dental practices. All the practitioners were cooperative, friendly and appreciative of the Dental Council's educational approach to the process and the requirements to undertake practice visits.

Checklist questionnaires and practice visits to the other oral health practitioner groups will be introduced next year.

Competence assessment and educational programmes

The new HPCAA competence provisions allow for practitioners to have their competence reviewed where it has been called into question.

In considering whether to institute a competence review the Dental Council considers that the following factors increase the probability of underlying incompetence 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, or one instance over a sustained period
- 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
- the practitioner belongs to an 'at risk' group, which includes practitioners working in a professionally isolated environment (eg in a rural setting, working alone in private practice, not affiliated with any professional body) and those working at the outer boundaries of, or beyond, their scope of practice.

A competence review is undertaken to determine if the practitioner concerned is practising to the required standard. Competence review is not a disciplinary process. It is undertaken by peers and is designed to be supportive and educative.

There were no reviews undertaken in the 2006-07 year.

During the year the Health and Disability Commissioner referred ten matters, relating to eight dentists, one dental technician and one clinical dental technician, pursuant to s34(1)(a) of the Health and Disability Commissioner Act 1994 for consideration of competence. The Dental Council threshold for instigating a competence review was not met in any of the cases. However, one case was referred to the Professional Conduct Committee and one dentist was required to complete an individual recertification programme involving specific continuing professional development activities and compliance with codes of practice. Other practitioners were counselled as to best practice.

Communication issues and lack of informed consent remain common themes in the issues dealt with by the Dental Council's Professional Standards team.

Codes of practice

Section 118(i) of the HPCAA charges the Dental Council with the responsibility for setting the standards of clinical competence, cultural competence and ethical conduct to be observed by health practitioners of the profession.

The Dental Council and the New Zealand Dental Association (NZDA) have continued to work together on the development and review of joint codes of practice for dentists and dental specialists. This year, with the NZDA's agreement, the Dental Council has developed codes of practice for other oral health practitioners based on the NZDA/DCNZ joint codes in the following areas:

- informed consent
- record keeping
- cross infection control.

Health

The Dental Council works to ensure that the public is protected by managing oral health practitioners whose fitness to practise has been called into question because of some mental or physical condition.

In 2006 the Dental Council delegated the powers of the Health Committee to the individual workforce boards. The boards monitor health impairment amongst practitioners, implement measures to protect the public, and involve oral health practitioners in rehabilitation programmes following consultation with a medical practitioner who acts in an advisory capacity.

Practitioners come to the Dental Council's notice either by those with a statutory duty to report (all registered health practitioners) or the public. Practitioners suffering some impairment also voluntarily inform the Dental Council. Substance abuse is the prime factor leading to such reporting.

Cases are handled in a compassionate and non-judgemental way with the emphasis being on a speedy return to safe practice. The Dental Council has developed very sound programmes with good rehabilitation rates.

A typical programme for an impaired practitioner may include limiting the practitioner's practice to certain procedures, requiring the practitioner to work under supervision, carrying out random urine and occasional blood testing to check for the presence of drugs, participating in support groups and working with a mentor.

During the year five practitioners came to the attention of the Dental Council and whilst two practitioners decided not to continue to practice three practitioners were involved in a variety of health programmes.

Self-care publication

The Dental Council recognises the importance of early intervention and wishes to promote education and support processes to assist practitioners in identifying and managing stress. To further this aim, the Council distributes the 'Self-care Book' to all new registrants. This helps practitioners identify stress factors and at risk behaviours and contains advice on time management skills, ways to minimise stress and when and where to seek help.

Complaints and Discipline

In consultation with the Health and Disability Commissioner and the Health Practitioners Disciplinary Tribunal, the Dental Council seeks to ensure that the public and oral health practitioners have access to a fair and responsive complaints and discipline system and are well informed of procedures.

In accordance with the HPCAA, all complaints alleging that the practice or conduct of an oral health practitioner has affected a health consumer must first be considered by the Health and Disability Commissioner. This means that any complaints received by the Dental Council must be referred to the Health and Disability Commissioner.

During the year the Dental Council received a number of enquiries that led to consumers making 29 formal complaints.

The Commissioner may refer complaints back to the Dental Council in circumstances which do not involve standard of care issues. When this happens the Council assesses the complaint and considers what action should be taken, including referral to a Professional Conduct Committee (PCC).

PCCs (formerly known as Complaints Assessment Committees) comprise two practitioners from the relevant discipline, and one lay member. They investigate the complaint and decide what action should be taken. This includes submitting the complaint to conciliation, laying a charge before the Health Practitioners Disciplinary Tribunal, taking no further action or making recommendations to the Dental Council for follow-up action in relation to the competence or fitness to practise of the practitioner concerned.

Two complaints, one involving a dentist and the other a dental technician, were referred to a PCC during the year.

The Health Practitioners Disciplinary Tribunal (HPDT), established under the HPCAA, hears and determines disciplinary proceedings in relation to all registered health practitioners. In dentistry, the HPDT replaced the Dentist Disciplinary Tribunal (DDT) and Dental and Clinical Dental Technician Disciplinary Tribunals, though the DDT continues to hear charges brought against dentists prior to 18 September 2004.

In the same way as the former Tribunals were independent from the Dental Council and the Dental Technicians Board, the HPDT is a completely separate entity. Charges may be referred to the HPDT by the Director of Proceedings (HDC office) or a Professional Conduct Committee. The health professions, through their respective regulatory bodies, are responsible for funding the Tribunal and providing executive support.

During the year no new charges were laid with either the DDT or the HPDT. Three matters however continue to be dealt with by the Courts with no outcomes.

Supervision

The Dental Council continues to develop protocols and guidelines for supervision.

This year two practitioners had their practice reviewed and monitored by electronic means. The protocol involved transmitting digital images of records (including notes, radiographs and clinical photos) by email to a supervisor who can review and offer support and guidance where necessary. The amount of detail able to be communicated makes supervision or mentoring at a distance a viable option. Further development may provide a system of assuring patient safety where there are areas of concern.

Practitioners returning to the workforce after a period of time have found employment in practices where the principle(s) have been able to offer supervision and support. The result in each case has been a successful return to practice.

Other supervision protocols include:

- all treatment on patients being checked and reviewed
- practicing only under the prescription of a supervisor
- support and mentoring where there are health issues.

Further work is scheduled to provide further guidelines for peer contact and offering suggested protocols to ensure positive outcomes from peer contact activities.

Accreditation

Under the HPCAA the Dental Council must prescribe the qualifications for registration in each scope of practice and for that purpose accredit and monitor educational institutions and degrees, courses of studies or programmes.

In the year ending 31 March 2007 the Dental Council has accredited a number of such programmes.

Auckland University of Technology

The 2006/07 year saw the continuation of the accreditation assessment of the Bachelor of Health Science (Oral Health), a conjoint dental therapy and dental hygiene programme, offered by the Auckland University of Technology. The accreditation team was chaired by Dr Mark Gussy from the University of Melbourne. The accreditation team recommended that the accreditation of the first year of the programme be extended to 31 December 2008 and that the second year of the programme be given “new programme” accreditation to 31 December 2008. The third year of the programme was given “new programme” accreditation with conditions and will be subject to further review in the 2007/08 year. At its meeting in October 2006 the Dental Council accepted the site visit reports and recommendations of the review team.

University of Otago

In August 2006 an accreditation team undertook a site visit and assessment of the Bachelor of Oral Health programme, a conjoint dental therapy and dental hygiene programme, offered by the University of Otago. The accreditation team was chaired by Dr Mark Gussy from the University of Melbourne. The final report of the accreditation team recommended that the programme be given “new programme” accreditation for three years. At its meeting in October 2006 the Dental Council accepted the site visit reports and recommendations of the review team.

In August 2006 the University of Otago made a submission seeking to transfer its existing Master of Dental Surgery programmes to a Doctor of Clinical Dentistry programme. The assessment was led by Associate Professor Neil Savage from the University of Queensland. At its meeting in February 2007 the Dental Council accepted the report and recommendations of the review team.

Other courses

In February 2007 the Auckland Regional Dental Services (ARDS), part of Waitemata District Health Board, was awarded approval for a five-year period for its Dental Therapy refresher course. This programme is designed to return existing dental therapy registrants or ex-dental therapists to the competence levels required for registration or the issue of an APC.

Finance and Annual Accounts

The following financial statements are for the year ended 31 March 2007 and should be read in conjunction with the accompanying notes.

The Dental Council received an unqualified audit report this year following a smooth audit process.

Practising Fees 2006/07

Annual Practising Certificate (APC) fees for the 2006/07 practising year were:

- maintained at \$700 for dentists and comprised of an administrative component of \$532 and a disciplinary levy of \$168
- increased to \$450 for dental technicians and \$750 for clinical dental technicians
- maintained at \$610 for dental hygienists and a new reduced fee established for Dental Auxiliaries and Orthodontic Auxiliaries at \$375
- maintained at \$632 for dental therapists.

The APC fee is set to fund planned and budgeted operations, including HPCAA policy development and implementation work, forthcoming disciplinary cases and the maintenance of adequate reserve levels. The surplus in the annual accounts of \$171,218 was largely the result of fewer than expected disciplinary cases occurring.

Copies of the operating budget Council has approved for 2007/08 are available from the Council Secretariat on request.

AUDIT REPORT

To : The Readers of the Dental Council Financial Statements

For the year ended 31 March 2007

The Auditor-General is the auditor of the Dental Council. The Auditor-General has appointed me, John Little, using the staff and resources of Miller Dean Audit to carry out the audit of the financial statements of the Dental Council, on his behalf, for the year ended 31 March 2007.

Unqualified Opinion

In our opinion

- The financial statements of the Dental Council on pages i to viii
- comply with generally accepted accounting practice in New Zealand; and
 - fairly reflect
 - the Dental Council's financial position as at 31 March 2007; and
 - the results of its operations for the year ended on that date.

The audit was completed on 26 September 2007, and 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 the Auditor, and explain our independence.

Basis of Audit Opinion

We carried out the audit in accordance with the Auditor-General's Auditing Standards, which incorporate the New Zealand Auditing Standards.

We planned and performed the audit to obtain all the information and explanations which we considered necessary in order to obtain reasonable assurance that the financial statements did not have material misstatements, whether caused by fraud or error.

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.

The audit involved performing procedures to test the information presented in the financial statements. We assessed the results of those procedures in forming our opinion.

Audit procedures generally include:

- determining whether significant financial and management controls are working and can be relied on to produce complete and accurate data;
- verifying samples of transactions and account balances;
- performing analyses to identify anomalies in the reported data;
- reviewing significant estimates and judgements made by the Council;
- confirming year-end balances;
- determining whether accounting policies are appropriate and consistently applied; and
- determining whether all financial statement disclosures are adequate.

Level 5, 203-209 Willis Street, PO Box 11253, Wellington, New Zealand.
Tel 0-4-385-0862 Fax 0-4-384-3381 Email: audit@millerdean.co.nz www.millerdean.co.nz

John W. Little CA (PP), B.C.A. Lance T. Burgess CA (PP), B.C.A.

We did not examine every transaction nor do we guarantee complete accuracy of the financial statements.

We evaluated the overall adequacy of the presentation of information in the financial statements. We obtained all the information and explanations we required to support our opinion above.

Responsibilities of the Council and the Auditor

The Council is responsible for preparing financial statements in accordance with generally accepted accounting practice in New Zealand. Those financial statements must fairly reflect the financial position of the Dental Council as at 31 March 2007. They must also fairly reflect the results of its operations for the year ended on that date. The Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you. This responsibility arises from section 15 of the Public Audit Act 2001.

Matters Relating to the Electronic Presentation of the Audited Financial Statements

This audit report relates to the financial statements of the Dental Council for the year ended 31 March 2007 included on the Dental Councils web-site. The Dental Council is responsible for the maintenance and integrity of the Dental Council web site. We have not been engaged to report on the integrity of the Dental Council's web site. We accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the web site.

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/from these 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 and related audit report dated 26 September 2007 to confirm the information included in the audited financial statements presented on this web site.

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

Independence

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

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



John Little

Miller Dean Audit
On behalf of the Auditor-General
Wellington, New Zealand

DENTAL COUNCIL OF NEW ZEALAND

Statement of Financial Performance

for the year ended 31 March 2007

	Year Ended 31 March 2007 \$	Year Ended 31 March 2006 \$
Income From Fees		
Annual Practising Certificate (Note 3)	1,856,186	1,383,928
Certificate of Good Standing	4,680	5,769
Registration Certificate and Fees	55,415	69,208
Retention Fees	15,649	17,726
Restoration	880	942
NZ Dental Registration Examination	279,363	216,172
INCOME FROM FEES	2,212,173	1,693,745
Other Income		
Interest	134,116	108,614
Sale of Registers and Information Pack	1,396	1,674
Discipline Fines/Costs Recovered	22,260	12,437
Course Accreditation Fees	2,500	0
Sundry Income	53,961	30,278
OTHER INCOME	214,233	153,003
Total Income for Period	2,426,406	1,846,748
Less expenditure as per schedule	2,255,188	1,826,918
NET SURPLUS (DEFICIT) FOR PERIOD	171,218	19,830

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Statement of Movements in Equity

for the year ended 31 March 2007

Balance beginning of the year	1,004,087	984,257
Total Recognised Income and Expenses	171,218	19,830
BALANCE AT END OF YEAR	1,175,305	1,004,087

DENTAL COUNCIL OF NEW ZEALAND

Schedule of Expenses

for the year ended 31 March 2007

	Year Ended 31 March 2007 \$	Year Ended 31 March 2006 \$
Administration Expenses		
Audit Fee	9,000	9,200
Depreciation (Note 6)	46,133	38,552
Loss on disposal of assets	2,051	0
Insurance	10,210	9,942
Rent	94,743	49,889
Salaries	761,695	570,687
Advertising	1,024	838
Telephone and Tolls	15,949	15,096
IT Support	9,179	9,145
Legal	8,367	8,317
Publications	4,664	3,239
Staff Expenses	23,018	15,517
Office Expenses	81,872	136,802
Photocopying, Postage/Courier and Printing	29,693	35,940
Bank Charges	22,941	9,416
Total Administration Expenses	1,120,539	912,580
Project Expenses		
Finance and Management	55,114	43,698
Data Collection General	8,693	4,919
Health Advisory	7,597	11,865
Education		
- RDGP	21,233	12,250
- Accreditation	21,902	21,615
- General	0	2,256
Examination (Note 7)	230,189	154,437
Competence	99,764	90,954
Recertification	77,401	50,159
Registration	13,822	8,255
Discipline Expenses		
- PCC	24,158	5,668
- HPDT	66,339	107,185
- Appeals	109,508	55,921
- Administration Fee (Note 8)	30,000	30,000
- General	8,233	17,276
Strategic Planning	18,533	9,380
Communications	33,171	30,550
Liaison	69,312	37,640
Boards	124,331	169,321
Council	115,349	50,989
Total Project Expenses	1,134,649	914,338
Total Expenditure	2,255,188	1,826,918

DENTAL COUNCIL OF NEW ZEALAND

Statement of Financial Position

as at 31 March 2007

	As at 31 March 2007 \$	As at 31 March 2006 \$
Accumulated Capital (Note 9)	1,175,305	1,004,087
Current Assets		
Petty Cash	100	100
ANZ Bank Account	46,584	143,055
Short Term Bank Deposits	2,758,409	1,707,693
Sundry Debtors	56,115	54,393
Interest Accrued	25,198	14,699
GST	0	0
Total Current Assets	2,886,406	1,919,940
Fixed Assets (Note 10)	119,940	95,741
TOTAL ASSETS	3,006,346	2,015,681
Current Liabilities		
Income in Advance (Note 13)	1,454,988	716,282
Sundry Creditors	202,896	246,442
Oral Health Advisory Group (Note 15)	11,212	11,212
GST Payable	161,945	37,658
Total Liabilities	1,831,041	1,011,594
NET ASSETS	1,175,305	1,004,087

Approved by



Chair

26 September 2007
Date

Notes to and Forming Part of the Financial Statement

For the year ended 31 March 2007

1 Statement of Accounting Policies

Reporting Entity

The Dental Council of New Zealand is a body corporate constituted under the Health Practitioners Competence Assurance Act 2003. The Act established the Dental Council of New Zealand 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 Institute of the Chartered Accountants of New Zealand and have been prepared in accordance with generally accepted accounting practice 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 an historical cost basis are followed by the Council.

Specific Accounting Policies

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

a) Differential Reporting

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

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

The Council has applied all differential reporting exemptions.

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 it is therefore exempt income tax.

d) Revenue Recognition

All revenue is recognised in the year it is due.

Fees received are recognised as income in the year that registration applies.

e) Depreciation

Fixed assets have been taken over from the previous Dental Council of New Zealand at the net carrying value and have been depreciated at the original rates so as to write them off over their useful life. The original depreciation rates were:

Computer Hardware	30% per annum
Computer Software	30% per annum
Office Equipment	5.5% - 24% per annum
Office Furniture & Fitout	10% per annum

f) Fixed Assets

Fixed assets are shown at cost less accumulated depreciation (see Note 12).

Changes in Accounting Policies

There have been no material changes in accounting policies. All policies have been applied on bases consistent with those used in previous years.

2 Related Parties

There are no related party transactions other than fees paid to members of Council (see Note 11).

3 Annual Practising Certificate

The Dental Council of New Zealand under the Health Practitioners Competence Assurance Act 2003 (HPCAA) is responsible for regulating all the registered oral health practitioner groups including dentists, dental specialists, dental technicians, clinical dental technicians, dental therapists and dental hygienists. The details of registered oral health practitioners may be found in the Annual Report under Registration. These statistics have not been audited.

4 Non Cancellable Operating Lease Commitments

	As at 31 March 2007 \$	As at 31 March 2006 \$
Current	88,890	48,872
Non – current	98,209	16,291
	187,099	65,163

5 Capital Commitments

The database development project was put on hold during the 2006/07 financial year, to enable urgent HPCAA implementation work to be completed. The remaining functionality to be delivered is in progress and expected to be completed during 2007.

	Year Ended 31 March 2007 \$	Year Ended 31 March 2006 \$
Current	5,000	20,000
Non – current	0	0
	5,000	20,000

6 Depreciation

	Year Ended 31 March 2007 \$	Year Ended 31 March 2006 \$
Computer Software	29,073	26,788
Computer Hardware	7,588	6,728
Office Equipment	3,112	1,492
Office Furniture & Fitout	6,360	3,544
Total Depreciation	46,133	38,552

7 Examination

The cost of examinations does not reflect any allocation of overheads, Secretariat or Council expenditure.

8 Discipline

Discipline project expenses include an administration fee that was established in 2003 to cover Council and Secretariat time on disciplinary matters. Salaries (Administration Expenses) and Council (Project Expenses) have been reduced accordingly.

9 Reserves

Under the Health Practitioners Competence Assurance Act 2003, the reserves of the Dental Council of New Zealand and the Dental Technicians Board vested into the new Dental Council of New Zealand at their carrying value effective 18 September 2004. The table below represents the carrying reserves of the Dental Council of New Zealand by the practitioner groups:

	Opening Reserves at 1 April 2006 \$	Surplus/(Deficit) for year ended 31 March 2007 \$	Closing Reserves at 31 March 2007 \$
Dentists	620,257	148,390	768,647
Dental Technicians	149,439	(46,136)	103,303
Dental Hygienists	201,864	21,163	223,027
Dental Therapists	32,527	47,801	80,328
Dental Council of NZ	1,004,087	171,218	1,175,305

For each board, the surplus/(deficit) is the income derived (mainly from annual practising certificates) less direct costs and a share of overheads based on the number of registered practitioners.

10 Fixed Assets

	Cost 31/3/06	Accum Deprec 31/3/06	Net Book Value 31/3/06	Cost 31/3/07	Accum Deprec 31/3/07	Net Book Value 31/3/07
Computer Software	89,241	30,345	58,896	99,631	57,123	42,508
Computer Hardware	22,333	10,312	12,021	20,993	8,140	12,853
Office Equipment	11,776	1,851	9,925	10,666	331	10,335
Office Furn & fitout	20,336	5,437	14,899	64,309	10,065	54,244
Total	143,686	47,945	95,741	195,599	75,659	119,940

11 Fees Paid to Members of Council

Council members are paid to attend meetings and to attend to designated Council business.

	Year Ended 31 March 2007 \$	Year Ended 31 March 2006 \$
Total fees paid to members of Council	173,562	139,558

12 Contingent Liabilities

There were no contingent liabilities at balance date for the 2006 and 2007 financial years.

13 Income in Advance

Income received for future events is valued at cost.

	Dentist	Therapist	Hygienist	Technician	TOTAL
<i>Examination fees received in Advance</i>					
Clinical	23,376				23,376
NZCOP	4,444				4,444
Exams in Advance	27,820	0	0	0	27,820
<i>APC and Retention fee received in Advance</i>					
APC	876,185	287,224	130,115	124,889	1,418,413
Retention fee	6,622	622	667	844	8,755
Annual Fees in Advance	882,807	287,846	130,782	125,733	1,427,168
INCOME IN ADVANCE	910,627	287,846	130,782	125,733	1,454,988

14 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.

15 Oral Health Advisory Group

The Oral Health Advisory Group (OHAG) is an independent advisory group whose aim is to improve the oral health of all New Zealanders by progressing conclusions and recommendations of the Oral Health Forum 2000. The group also provides a professional link for dental, government, health and consumer groups.

The Dental Council of New Zealand acts as agent for the group, paying any costs incurred by the group and recording sponsorship made by New Zealand Dental Association, New Zealand Dental Hygienists' Association, the Ministry of Health, and itself. The operational transactions are not included in the Statement of Financial Performance of the Dental Council of New Zealand.

There were no transactions in the 2006/2007 financial year.

DCNZ Directory

Secretariat Office

Level 5, 138 The Terrace, Wellington

Postal Address

PO Box 10-448
Wellington 6143

Telephone

+64-4-499 4820

Fax

+64-4-499 1668

Email

inquiries@dcnz.org.nz

Website

www.dcnz.org.nz

Secretariat at 31 March 2007

Chief Executive Officer

William Whittaker, PhD

Registrar

Janet Eden, BA, DBA

Manager Professional Standards

Sarah Targett, BEd

Manager Registration & Recertification

Liz Gilkison, BA

Deputy-Registrar (Legal)

Jeanette McKeogh, LLB

Deputy-Registrar (Operations)

Margaret Steel, BSc

Professional Advisor (Dentist)

Dexter Bambery, BDS, FDSRCS Eng, FRACDS

Professional Advisor (Dental Therapist)

Marijke van der Leij Conway, SDN Cert, Dip Adv, Dent Nurse

Examinations Co-ordinator

Margaret Needham, BA

Education Officer

Katherine Naylor, BA

Registration and APC Co-ordinator

Kelly Etuata

Registration Administrator

Geetha Raghunath, BA

Office Administrator

Margriet Philipsen

Tribunals Officer (part time)

Sue D'Ath, LL.M.

Finance/Accounts Officer

Kim Hopkinson, BBS

Executive Officer

Elizabeth Shaw, BA

Boards and Committees of Council at 31 March 2007

Standing committees appointed by the Council to deal with its principal activities. The Chairperson of Council is an ex-officio member of all committees if he or she is not a standing member.

Dentist Board

Dr Ed Alcock	Dentist
Dr Erin Collins	Dentist
Dr Albert Kewene	Dentist
Dr Mary Livingston	Dentist
Prof Robert Love (Chair)	Dental Educator
Mr John Robertson	Layperson

Dental Hygienist Board

Ms Tanya Cleland	Orthodontic Auxiliary
Ms Kirsty Jennings	Dental Hygienist
Ms Irirangi Mako	Layperson
Dr Alison Meldrum	Dental Educator
Ms Leslea Stapleton (Chair)	Dental Hygienist
Ms Robyn Watson	Dental Hygienist

Dental Technicians Board

Mrs Tracy Burke	Dental Technician
Mrs Phyllis Huitema	Layperson
Mr Byron Lord	Dental Technician
Mr Karl Lyons	Dentist
Mr Daniel O'Sullivan	Clinical Dental Technician
Mr Neil Waddell (Chair)	Dental Educator

Dental Therapist Board

Ms Barbara Dewson (Chair)	Dental Therapist
Ms Vicki Kershaw	Dental Therapist
Mr John Robertson	Layperson
Ms Keita Tahana	Dental Educator
Ms Pip Zammit	Dental Therapist

Business Assurance Committee

Dr Ed Alcock (Chair)	Dentist Board Representative
Mr John Robertson	Dental Therapist Board Representative
Ms Leslea Stapleton	Dental Hygienist Board Representative
Mr Byron Lord	Dental Technicians Board Representative

Remuneration Committee

Dr Ed Alcock	Dentist
Dr Mary Livingston (Chair)	Dentist
Prof Robert Love	Dental Educator

Council, Workforce Board and Committee Meetings

Meetings of the Dental Council, its Workforce Boards and Committees were held on the following days.

Dental Council

10-11 April 2006	Wellington
26-27 October 2006	Wellington
26 February 2007	Wellington

Dentist Board

13 April 2006	Teleconference
26 June 2006	Wellington
15 August 2006	Teleconference
26 September 2006	Teleconference
1 December 2006	Wellington
30 January 2007	Teleconference
26 March 2007	Wellington

Dental Technicians Board

12 May 2006	Teleconference
20-21 July 2006	Wellington
24 November 2006	Wellington
23 February 2006	Wellington

Dental Therapist Board

4 April 2006	Teleconference
9 June 2006	Wellington
8 August 2006	Teleconference
29 September 2006	Wellington
28 November 2006	Teleconference

Dental Hygienist Board

16 May 2006	Wellington
24 July 2006	Wellington
10 October 2006	Wellington
20 November 2006	Wellington

Meeting of other DCNZ Committees

Joint Australian Dental Council/Dental Council of
New Zealand Accreditation Committee

28 April 2006
20 October 2006
9 February 2007

Business Assurance Committee

2 June 2006
21 August 2006
28 September 2006
5 December 2006
9 February 2007

Teleconference

Remuneration Committee

2 June 2006
26 June 2006

Health Practitioners Disciplinary Tribunal Panel

The Ministry of Health maintains a panel of practitioners from which members of the Tribunal are drawn. As at 31 March 2006 membership of the panel, which is appointed by the Minister of Health, was:

Dentists

Dr John Edwards	4 year term	Oct 2004 – 2008
Dr Warren Hawke	4 year term	Oct 2004 – 2008
Dr Cathrine Lloyd	5 year term	Oct 2004 – 2009
Dr Warwick Ross	5 year term	Oct 2004 – 2009
Dr Hugh Trengrove	5 year term	Oct 2004 – 2009
Dr Philip Coote	5 year term	June 2005 – 2010
Dr Sergio Salis	5 year term	June 2005 – 2010
Dr Robert East	5 year term	June 2005 – 2010

Dental Hygienists

Ms Kirsty Jennings	4 year term	Oct 2004 – 2008
Ms Els Cochrane	5 year term	Oct 2004 – 2009
Ms Susan Morriss	5 year term	June 2005 – 2010
Ms Mary Mowbray	5 year term	June 2005 – 2010
Ms Kirsten Wade-Egan	5 year term	June 2005 – 2010

Dental Technicians

Mr Kenneth Lock	4 year term	Oct 2004 – 2008
Mr Neville Brown	5 year term	Oct 2004 – 2009
Mr Kenneth Scott	5 year term	Oct 2004 – 2009

Dental Therapists

Ms Heather Krutz	4 year term	Oct 2004 – 2008
Ms Claire Caddie	5 year term	Oct 2004 – 2009
Ms Lynette Nicholas	5 year term	Oct 2004 – 2009

