Dental Council
Te Kaunihera Tiaki Niho

Annual Report

Dentistry • Oral health therapy • Dental hygiene
Dental therapy • Dental technology • Clinical dental technology

2019/2020

ANNUAL REPORT 1 APRIL 2019 – 31 MARCH 2020

Safe oral health care for New Zealand

The Dental Council is pleased to present this report for the year ended 31 March 2020 to the Minister of Health.

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

Throughout this report:

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

Dental Council
Te Kaunihera Tiaki Niho

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Report from the Chair and Chief Executive

In the last weeks of March 2020, New Zealand found itself in lockdown as we collectively braced ourselves against the global threat of the COVID-19 virus.

The businesses, livelihoods and personal wellbeing of dental professionals were heavily impacted by the restrictions imposed in the COVID-19 response. The Dental Council (the Council) fully understands the hardship and anxiety many oral health practitioners experienced during this time. As an immediate measure to ease the pressure on practitioners, the Council has deferred the current continuing professional development requirements and delayed introducing the new recertification programme for 12 months.

The recovery from the COVID-19 response will likely change other Council priorities also, and the ways we operate in the year ahead. We are waiting to see how the local and world economy has been affected. There are likely to be implications for new graduates, New Zealand practitioners returning from overseas, and overseas qualified practitioners wanting to practise in New Zealand.

"The recovery from the COVID-19 response will likely change other Council priorities also, and the ways we operate in the year ahead."

Regulator, not advocate

The COVID-19 crisis itself has revealed areas where the Council can do more to educate and inform practitioners. This includes our role relative to the Ministry and professional associations, and how we protect public safety within the legislative and regulatory framework under which we operate.

The Health Practitioners Competence Assurance Act 2003 (the Act) provides the framework for regulating health practitioners. Its purpose is to protect public health and safety where there is a risk of harm from professional practice, including the conduct, health, and competence of practitioners.

The Council is a responsible authority – an independent regulatory body – established by the Act to provide oversight of oral health practitioners. The Act sets out the responsibilities, powers, and functions of the Council.

Dentists, oral health therapists, dental hygienists, dental therapists, dental technicians, and clinical dental technicians are regulated health practitioners in New Zealand under the Act. They must meet Council standards of competence and other regulatory requirements to practise safely and competently. All oral health practitioners must be registered by us before they can practise in New Zealand.

Before we register them, we require practitioners to be properly trained and qualified to provide a high standard of oral health care to their patients. We set and monitor those standards of competence. Once practitioners are registered, we require them to continually update and improve their skills, knowledge, and experience.

We stay abreast of wider oral health care issues, such as costs, access to care and improvements to long term oral health outcomes of the New Zealand public. While we consider the impact of our decisions, we have neither a statutory duty to act, nor any authority to advocate or represent the interests of the public or practitioners on these wider issues. These respective roles sit with government agencies and professional representative associations.

Our main area of focus is to maintain the public's confidence in the oral health care treatment they receive from the practitioner they choose.

If we receive a notification from anyone concerned about their treatment, or the conduct, health or competence of a practitioner, the Act outlines the powers we have, the process we follow, and the actions we may take. Our role in these situations is to protect the public, not the practitioner.

However, the basis of our approach is to support the practitioner to make improvements, undertake training and make use of health services that will enable them to fully resume practising safely as soon as possible, wherever possible. As a last resort, if remediation is unsuccessful, we have powers to restrict practice to protect the public.

Progress on strategic and work priorities in 2019/20

The Council's strategic plan 2015–2021 describes five strategic priorities:

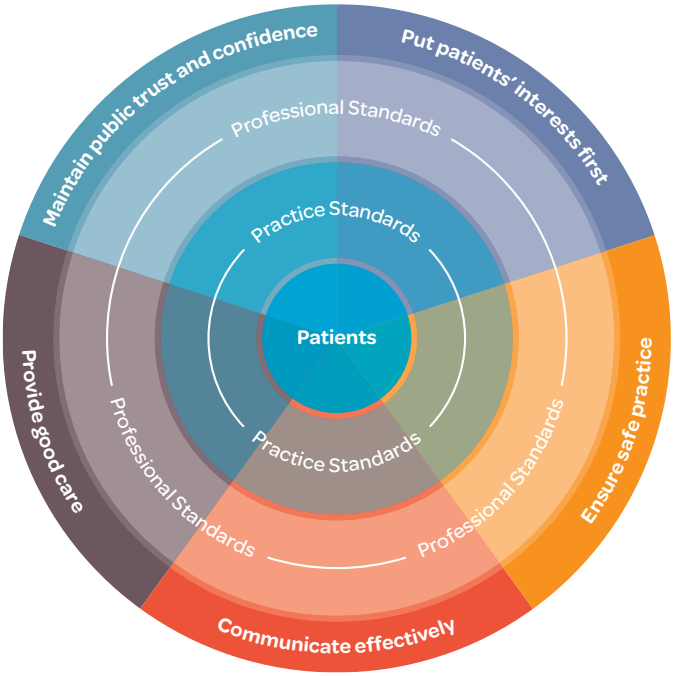
- Lifelong practitioner competence
- A capable organisation
- Standards
- Engagement
- Governance

LIFELONG PRACTITIONER COMPETENCE

Recertification

Recertification programmes are one of the key tools that the Council has for ensuring practitioners remain competent throughout their professional careers.

Our main strategic focus in the 2019/20 year was planning for implementing a new recertification programme. This has been an extensive project for the Secretariat staff.



We are pleased to report significant progress under the *Lifelong practitioner competence* strategic priority in this reporting year.

The current project builds on the Council's recertification review and two phases of consultation with stakeholders on proposals for a new approach completed in previous years. From April 2019, considerable work began to design the new recertification programme to make it work in practice. Focus groups with practitioners and key stakeholders were held in main centres in November 2019 to understand the range of practitioner perspectives. The final design was approved by the Council in December 2019.

Further focus groups were held with practitioners in early March 2020 for feedback on the guidance resources (including templates and examples) developed by the recertification project team. Participants at these focus groups were highly supportive of the materials that have been drafted and provided constructive feedback for further improvements and additional material.

The Council remains committed to ensuring that practitioners are well prepared for the changes they will need to make to comply with the new recertification programme. Recognising the professional and personal impact of the COVID-19 response on practitioners, the Council has deferred the start of the new recertification programme by 12 months. This means the new programme will start from October 2021 for dentists and dental specialists, and from April 2022 for all other oral health practitioners.

"The Council remains committed to ensuring that practitioners are well prepared for the... new recertification programme."

A CAPABLE ORGANISATION

Information technology

Our new information technology (IT) system enables us to deliver our statutory functions more efficiently and effectively than ever before. Since 2019 a range of online services have been available for oral health practitioners registered or seeking registration in New Zealand.

Despite the significant increase in applications this year, the Council maintained services with the same level of staff resources due to the efficiencies gained through the new IT system.

Our focus on IT as a strategic priority continued in the reporting year as we worked towards fully embedding the features and functions of the IT system into our workflow and business processes.

As soon as the design for the new recertification programme was finalised, we were able to confirm the functional IT requirements to support this new programme.

From late 2019, work began on updating our IT system and integrating the new recertification requirements with the online annual practising certificate (APC) application process where possible. This will allow practitioners to confirm their progress against the new recertification programme requirements when they apply for their APC each year. We expect this capability to be completed and in place by the end of 2020 in preparation for the new recertification programme launch in 2021.

Business continuity

We were extremely pleased that the Council continued to operate effectively when our business continuity plan was put in to action in late March 2020 due to the COVID-19 response. This was a challenging time for our staff although our cloud-based IT system helped staff adjust quickly to working from home.

We were able to support the government's response plan by working closely with the Ministry of Health (the Ministry) to produce joint guidelines for oral health treatment through the various alert levels, while continuing to provide services, liaise with professional associations and support our practitioners throughout this lockdown period.

STANDARDS

The Council's *Standards Framework for Oral Health Practitioners* describes the standards of ethical conduct, and clinical and cultural competence that patients and the public can expect from oral health professionals practising in New Zealand.

We have an ongoing programme of practice standards reviews. In 2019, we completed a targeted review of the medical emergency practice standard. For this review, we sought expert advice from the New Zealand Resuscitation Council to ensure the standard reflects current practice and remains fit for purpose. Following this review, the medical emergency practice standard was updated in November 2019.

In the coming year, we have scheduled a review of the professional working relationships practice standards.

ENGAGEMENT

COVID-19

As noted, we worked closely with the Ministry to produce joint guidelines for oral health treatment within the government restrictions on health care in response to the threat of COVID-19. Preparing guidelines in an evolving pandemic situation and obtaining sign off by the Ministry's oral health and infectious diseases specialists under significant time pressure was challenging for all. We quickly established a clinical advisory group of practitioners to review emerging international literature on the disease and contribute to the drafting process. We also sought feedback from professional associations wherever possible.

The Council acknowledges and thanks the Ministry, all the professional associations and individual practitioners who helped and supported the Council at this time.

Age limit for restorative activities in the oral health therapy scope of practice

In the reporting year we engaged with our stakeholders through several consultations, with some proposed changes to scopes of practice.

In February 2019, we consulted on proposals to remove the age limit for restorative activities in the oral health therapy (OHT) scope of practice. The Council received a record number of 737 submissions from a range of stakeholders about the proposal with over half the submissions received supporting the proposal.

After carefully considering all the submissions received, the Council decided to proceed with removing the 18-year age limit for restorative activities from the OHT scope. The updated scope of practice came into effect on 1 November 2019.

Scopes of practice and prescribed qualifications

In October 2019, a consultation on proposed changes to scopes of practice and prescribed qualifications was issued. These proposals were made to provide clarity and consistency across the scopes and qualifications for the various professions. The outcome from this consultation was to accept the proposed changes with some minor amendments based on consultation feedback. The updated scopes and qualifications were published in gazette notices dated 11 December 2019.

Budget, fees and levies

The annual consultation on proposed 2020/21 budget, fees and levies was issued in November 2019. After considering the feedback received and revisiting the financial forecasts, the Council set the APC application fees for all professions at $59.68 less than the fee proposed.

Naming policy

Another consultation in the 2019/20 year was on a naming policy as required by the 2019 amendment to the Act. Following consideration of the feedback received, the Council approved a new policy on naming practitioners who are the subject of an order or direction made by the Council effective from 12 April 2020. The new policy is available on our website.

Cultural competence

The Act was amended in 2019 to include a requirement for Council to set standards of cultural competence, including competencies that will enable effective and respectful interaction with Māori.

In the reporting year, the Council commenced the review of the entry standards to the profession. Following completion of this project, the Council will look to review the cultural competence standards that apply to practising in New Zealand.

Accreditation standards review for dental practitioner programmes in New Zealand and Australia

The Council and the Australian Dental Council (ADC) invited feedback on 18 February 2020 on proposed updates to the joint accreditation standards for dental practitioner programmes in New Zealand and Australia to ensure the standards remain in-line with contemporary benchmarks and expectations, while maintaining a focus on public safety.

A cultural competence domain was proposed in the review establishing a standard for educative programmes to ensure students are able to provide culturally competent engagement and appropriate care for Māori and Pacific peoples.

This consultation closed on 11 May 2020.

Wider engagement

The Council continued to engage widely across the oral health sector and meetings were held throughout the year with the Minister, and representatives from the Ministry, district health boards, professional associations, educational programmes, and other local and international accreditation and regulatory partners.

Thank you to all the practitioners and stakeholders who participated in consultations and provided feedback in the reporting year, and who engaged positively and constructively with us. The Council looks forward to continuing to work closely with practitioners and our stakeholders in the year ahead.

GOVERNANCE

Right-touch, risk-based regulation

The Council is committed to good governance and good regulation. Several years ago, the Council signalled its positioning as a right-touch, risk-based regulator.

Being a right-touch, risk-based regulator means making decisions and responding in a way that is proportionate to the risk or problem. It means aiming to identify issues earlier and developing solutions to correct, manage or mitigate risks or problems. Being a right-touch, risk-based regulator also means having transparent and user-friendly systems, which are fairly and consistently applied.

The Council has worked closely with the Secretariat to articulate these right-touch, risk-based regulator principals and is enacting them in processes, procedures and decision-making from the governance and strategic level, through to the operational working of the Secretariat.

In November 2019, the Council's regulatory principles were published on our website.

Performance reviews for responsible authorities

Amendments to the Act in 2019 introduced regular, independent performance reviews for responsible authorities including the Dental Council. This is in line with international trends in health regulation, which include strengthening consumer protection, standardising legislation and institutional design, and improving the overall performance of regulators.

The Ministry is currently consulting on core performance standards for responsible authority reviews and has outlined the rationale for the reviews and issues to be addressed.

The Council strongly supports an independent review of its performance to enable us to identify opportunities to improve our effectiveness and efficiency. All regulatory authorities must be reviewed by 2022 and the Council looks forward to its review in the coming year.

Council appointments and retirements

In early 2019 we welcomed new Council members Nur Al-Niaami, Camilla Belich, Andrew Cautley and Robyn Corrigan. These appointments were made to replace Karen Ferns, Jocelyn Logan, Charlotte Neame and Wendy Tozer. Many thanks to these retiring members who made significant contributions to a number of major strategic projects including development of the Standards Framework, the new IT system and the recertification review, completed during their Council terms.

Thanks

The Council has faced new challenges and managed unprecedented events in another busy year. We are fortunate to be supported by a team of highly skilled and dedicated Secretariat staff and we extend our thanks to each individual staff member for your hard work and expertise over the last 12 months.

Thank you also to our professional advisors, committee members, advisory groups, examiners, assessors and supervisors as well as our regulatory, accreditation and educational partners locally and internationally. Your experience, advice and collaboration help us protect public health and safety by ensuring oral health professionals are safe, competent, and fit to practise, and move us closer to achieving our vision of safe oral health care for New Zealand.

Andrew Gray
CHAIR

Marie Warner
CHIEF EXECUTIVE

Registration numbers

6 oral health professions regulated

Overall registrations by scope of practice

5,610 entries on the public register

for practitioners registered in one or more scopes of practice

Additions and removals by scope of practice

376 new scope of practice registrations granted

189 scopes removed

Individual practitioner count

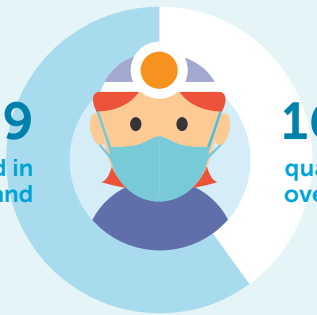
5,018 individual oral health practitioners were registered

73 individual assessment applications received

42 applications for registration in New Zealand under TTMR

60% practitioners qualified in New Zealand

239 qualified in New Zealand



162 qualified overseas

Practising numbers and regulatory interventions

4,691

APCs issued to practitioners allowing them to practice across **6 professions** and **21 scopes of practice**

4,215

individual registered practitioners held APCs

We received **214 complaints**

156 received from patients

Competence

22 competence notifications received

6 new competence reviews

6 new competence programmes

18 new oversight cases ordered

5 new supervision orders made

Conduct

2 cases referred to a **professional conduct committee for investigation**

1 case referred to the **Health Practitioners Disciplinary Tribunal**

Health

19 new health notifications received

3 new health programmes established

What we do

The Council is a responsible authority established by the Health Practitioners Competence Assurance Act 2003.

The Dental Council's Strategic Plan 2015–2021

Our vision

Safe oral health care for New Zealand.

Our purpose

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

Our five strategic priorities

(described under the following headings)

- standards
- engagement
- lifelong practitioner competence
- a capable organisation
- governance.

Under the Act, the Council regulates six oral health professions

- Dentistry
- Oral health therapy
- Dental hygiene
- Dental therapy
- Dental technology
- Clinical dental technology

Our roles and functions

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

We are responsible for:

- setting standards for entry to the register of oral health practitioners
- registering oral health practitioners
- recertifying all practising oral health practitioners each year
- setting standards of clinical and cultural competence and ethical conduct to be met by all oral health practitioners
- reviewing and remedying the competence of oral health practitioners where concerns have been identified
- investigating the health of oral health practitioners where concerns have been raised about their performance, and taking appropriate action.

As part of these functions and responsibilities we:

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

Who we are

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

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

The Council is accountable for its performance and decisions to Parliament, the Minister of Health, the oral professions and the public.

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

The Council held 20 Council meetings in the year to 31 March 2020, 10 of which were teleconferences.

The Council

Members of the Council set the strategic direction of the organisation, monitor the CE's performance and ensure Council meets the requirements of the Act.

Andrew Gray | Chair

Oral health practitioner

- Dentist
- Director Defence Health / Surgeon General, New Zealand Defence Force
- Queen's Honorary Dental Surgeon
- Appointed September 2013
- Current term ends September 2019*

John Aarts | Deputy Chair

Oral health practitioner

- Clinical dental technician and registered in implant overdentures scope of practice
- Senior lecturer at the University of Otago and course convenor for the Postgraduate Diploma in Clinical Dental Technology
- Consultant for the School of Dentistry Clinic
- Appointed December 2012
- Current term ends November 2022

Nur Al Niaami

Oral health practitioner

- Oral health therapist – practising in dental practices in Wellington
- Appointed November 2019
- Current term ends November 2022

Camilla Belich

Layperson

- Appointed November 2019
- Current term ends November 2022

Andrew Cautley

Oral health practitioner

- Dentist and dental specialist in prosthodontics practising in dental practices in Nelson and Wellington
- Consultant in prosthodontics at the Hutt Valley District Health Board
- Appointed November 2019
- Current term ends November 2022

Robyn Corrigan

Layperson

- Appointed November 2019
- Current term ends November 2022

Kate Hazlett

Layperson

- Appointed April 2010
- Current term ends April 2019*

Michael Holdaway

Oral health practitioner

- Dentist – practising in a dental practice in Ashburton
- Appointed July 2017
- Current term ends July 2020

Gillian Tahi

Oral health practitioner

- Dental therapist
- Appointed December 2015
- Current term ends November 2022

Robin Whyman

Oral health practitioner

- Dentist and dental specialist in public health dentistry
- Chief Medical and Dental Officer at the Hawke's Bay District Health Board
- Appointed June 2011
- Current term ends June 2020

* As at 31 March 2020, appointment remains pending replacement by the Minister of Health.

Professional committees

FOUR COUNCIL COMMITTEES OPERATED DURING 2019/20

Audit and risk management committee

Brent Kennerley (Chair – independent member, partner Grant Thornton Chartered Accountants)

Andrew Gray (ex officio)

John Aarts

Karen Ferns until November 2019

Kate Hazlett from November 2019

Continuing professional development advisory committee

John Aarts (Chair, dental and clinical dental technician)

Andrew Gray (dentist)

Charlotte Neame (dental hygienist) until November 2019

Gillian Tahi (dental therapist)

Australian Dental Council / New Zealand Dental Council accreditation committee

Conjoint Associate Professor Deborah Cockrell (Chair)

John Aarts (New Zealand member)

Kate Amos (Australian member)

Associate Professor Werner Bischof (Australian member)

Jan Connolly (Australian member)

Kelly Di Manno (Australian member)

Anthony Evans (Australian member)

Associate Professor Lyndie Foster Page (New Zealand member)

Andrew Gray (New Zealand member, ex officio as Chair of Dental Council)

Emma Turner (Australian member)

Transmissible major viral infections panel

Andrew Gray (Chair)

Ed Gane (hepatologist)

Kate Hazlett (lay member)

Mark Thomas (infectious diseases physician)

Council staff

AS AT 31 MARCH 2020

Chief Executive	Marie Warner
Executive Assistant/Council Secretary	Lagi Asi
Registrar	Mark Rodgers
Deputy Registrar	Alicia Clark
Legal and Special Projects Advisor	Valentina Vassiliadis
Case Manager	Kelly Tunnicliffe
Senior Registration and Recertification Officer	Kirsten Millar
Registration and Recertification Officers	Shannon Hullett Shoshannah Samson
Finance and Risk Manager	Sharon Higgins
Corporate Accountant	Joanne Binns
Management Accountant	Vacant
Business and Finance Assistant	Marie Dinh
IT Business Analyst	Samuel Major
Standards and Accreditation Manager	Suzanne Bornman
Senior Policy and Research Analyst	Mereana Ruri
Communications and Engagement Specialist	Ana Matsis
Standards Administration Assistant	Vacant

Professional advisors

Dentists	Dexter Bambery
Hygienists, therapists and oral health therapists	Rachael Gibson
Standards	Duchesne Hall
Technicians	Barry Williams

Registration and practising certificates

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

Registering practitioners and issuing APCs are two core functions performed by the Council.

Registration – the Council must ensure that all practitioners it registers are fit for registration and meet the standards required to practise competently.

Issuing APCs – once a practitioner is registered, and before granting them an APC, the Council must be satisfied each year that the practitioner has maintained their competence.

The public register is available on our website so anyone can view a practitioner's qualifications, the scopes in which they are registered to practise, whether they hold an APC and any conditions or limitations placed on their practice. Information on the register is updated in real-time.

Registration

The Council regulates oral health practitioners in six professions.

- Dentists and dental specialists
- Oral health therapists
- Dental hygienists (includes orthodontic auxiliaries)
- Dental therapists
- Dental technicians
- Clinical dental technicians

5,018 **individual practitioners** were registered*

These individuals held **5,310** registrations across **six professions****

REGISTERED PRACTITIONERS BY PROFESSION	2019/20	2018/19
Dentists and dental specialists	3,103	3,004
Oral health therapists	661	585
Dental hygienists	471	466
Dental therapists	424	442
Dental technicians	400	397
Clinical dental technicians	251	239
TOTAL REGISTRATIONS BY PROFESSION	5,310	5,133

* This figure includes 7 practitioners whose registered status is suspended but has not been removed.

** Some individuals were registered in more than one profession. As at 31 March 2020, 292 individuals were dual registered (251 dental technician and clinical dental technician, 33 dental hygienist and dental therapist, 2 dentist and dental therapist, 2 dentist and dental hygienist, 1 dentist and oral health therapist, 1 dentist and dental technician, 2 dental technician and oral health therapist).

Registration by scope of practice

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

Individual practitioners can be registered in more than one profession and in multiple scopes of practice.

Within some professions, individuals are registered more than once to account for their various scopes of practice. The detailed breakdown of registrations in each scope of practice is shown on page 20.

5,610 registrations

were held across the **six professions** and **21 scopes of practice***

REGISTRATIONS BY SCOPE OF PRACTICE	2019/20	2018/19
Dentists and dental specialists	3,370	3,260
Oral health therapists	661	585
Dental hygienists	481	477
Dental therapists	431	451
Dental technicians	400	397
Clinical dental technicians	267	255
TOTAL REGISTRATIONS BY SCOPE	5,610	5,425

Annual practising certificates

To practise in New Zealand, practitioners must be registered and hold a current APC for each scope in which they practise.

4,215 individual practitioners **were registered** and held

4,462 APCs across the six professions

APCs BY PROFESSION	2019/20	2018/19
Dentists and dental specialists	2,532	2,440
Oral health therapists	609	533
Dental hygienists	390	389
Dental therapists	378	399
Dental technicians	329	342
Clinical dental technicians	224	218
TOTAL APCs BY PROFESSION	4,462	4,321

* Some individuals were dual registered, and some were also registered in more than one scope of practice. For example, the 2019/20 figure of 267 clinical dental technician (CDT) registrations includes 251 CDTs registered in the Clinical Dental Technology scope of practice, and 16 CDTs who are also registered in the Implant Overdentures scope of practice.

Breakdown of registrations and APCs in each scope of practice

Overall, **a total of 4,691 APCs were held across the 21 scopes of practice** (individuals may hold a single APC covering more than one scope of practice*). Not all registered practitioners hold APCs. The detailed breakdown of APCs in each scope of practice is shown below.

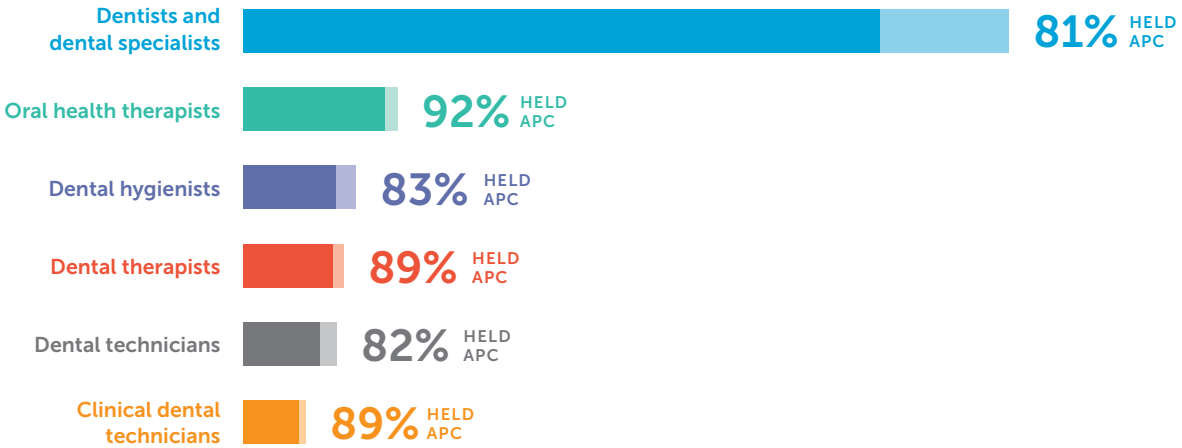
NUMBER OF REGISTRATIONS AND APCs HELD BY SCOPE OF PRACTICE	Registrations**		APCs held†	
	2019/20	2018/19	2019/20	2018/19
Profession – Dentistry				
General dental practice	**2,946**	2,860	**2,395**	2,326
Endodontic specialist	**39**	37	**26**	24
Oral and maxillofacial surgery specialist	**57**	53	**45**	42
Oral medicine specialist	**6**	6	**5**	5
Oral pathology specialist	**10**	10	**5**	6
Oral surgery specialist	**15**	11	**12**	8
Orthodontic specialist	**135**	129	**111**	109
Paediatric specialist	**30**	29	**22**	21
Periodontic specialist	**40**	42	**33**	32
Prosthodontic specialist	**42**	36	**37**	31
Public health dentistry specialist	**28**	26	**23**	21
Restorative dentistry specialist	**8**	9	**6**	5
Special needs dentistry specialist	**14**	12	**12**	10
Total – Dentistry	**3,370**	3,260	**2,732**	2,640
Profession – Oral health therapy				
Oral health therapy practice	**661**	585	**609**	533
Total – Oral health therapy	**661**	585	**609**	533
Profession – Dental hygiene				
Dental hygiene practice	**349**	349	**293**	293
Orthodontic auxiliary practice	**132**	128	**105**	106
Total – Dental hygiene	**481**	477	**398**	399
Profession – Dental therapy				
Dental therapy practice	**424**	442	**378**	399
Adult care in dental therapy practice	**7**	9	**7**	9
Total – Dental therapy	**431**	451	**385**	408
Profession – Dental technology				
Dental technology practice	**400**	397	**329**	342
Total – Dental technology	400	397	329	342
Profession – Clinical dental technology				
Clinical dental technology practice	**251**	239	**224**	218
Implant overdentures in clinical dental technology practice	**16**	16	**14**	14
Total – Clinical dental technology	**267**	255	**238**	232
TOTAL	**5,610**	5,425	**4,691**	4,554

* As at 31 March 2019, 247 individuals who held APCs were dual registered (223 dental technician and clinical dental technician, 21 dental hygienist and dental therapist, 2 dental technician and oral health therapist, 1 dentist and dental hygienist).

**Some individuals are dual registered and some are also registered in more than one scope of practice.

† APCs are issued to each practitioner by profession and for each scope of practice. Individuals may hold a single APC covering more than one scope of practice.

Comparing practitioners who are registered with those holding an APC



The number of registrations is higher than the number of practitioners who hold an APC.

This can be for various reasons, for example, practitioners can choose to take time away from their practice for travel, study or family commitments. In these cases, practitioners can retain their registration but not hold an APC for all or part of a practising year.

	Registered	Held APC
Dentists and dental specialists	3,370	2,732
Oral health therapists	661	609
Dental hygienists	481	398
Dental therapists	431	385
Dental technicians	400	329
Clinical dental technicians	267	238
TOTAL	5,610	4,691

Annual applications for APCs

Practitioners are required to apply for an APC annually. To obtain an APC each year, practitioners need to file an application and assure the Council that they have maintained their competence and fitness to practise.

4,724 APC applications were received

by scope of practice from individuals intending to practise*

By issuing an APC, we confirm to the public of New Zealand that a practitioner has met the standards the Council sets. If Council is not satisfied that a practitioner meets those standards, Council may:

- decline an APC application
- set an individual recertification programme
- impose conditions on the practitioner's scope of practice.

In some cases, practitioners are deemed to hold an APC until a final decision is made.

OUTCOMES FROM ANNUAL APPLICATIONS FOR APCs BY PROFESSION

	Brought forward	Received	Approved	Pending	Withdrawn or lapsed
Dentists and dental specialists	2	2,783	2,770	4	11
Oral health therapists	3	668	633	37	1
Dental hygienists	4	382	351	28	7
Dental therapists	4	381	379	4	2
Dental technicians	6	302	278	28	2
Clinical dental technicians	5	208	188	24	1
TOTAL	**24**	**4,724**	**4,599**	**125**	**24**

In 2019/20 pending and withdrawn applications were significantly higher than previous years because of the COVID-19 pandemic.

* One practitioner may submit multiple applications depending on the number of scopes they wish to practise in.

Additions to the register

Every year, the Council receives applications for registration in New Zealand from New Zealand graduates, practitioners who have completed additional training in New Zealand, and overseas-trained practitioners.

Applications for registration and outcomes

The Council managed
508 registration applications*

464
were **new** applications

44
were applications **brought forward** from 2018/19

368
practitioners were registered in **one or more scopes of practice**

RESULTING IN
376 **scope of practice registrations** being granted**

In the **remaining 132** applications **63** applicants were **not registered**

IN 56 CASES
the application period lapsed or the application was withdrawn

IN 6 CASES
applicants were not considered competent to practise under section 15(1)(c) of the Act

IN 1 CASE
qualifications were deemed not equivalent to a prescribed qualification under section 15(2) of the Act

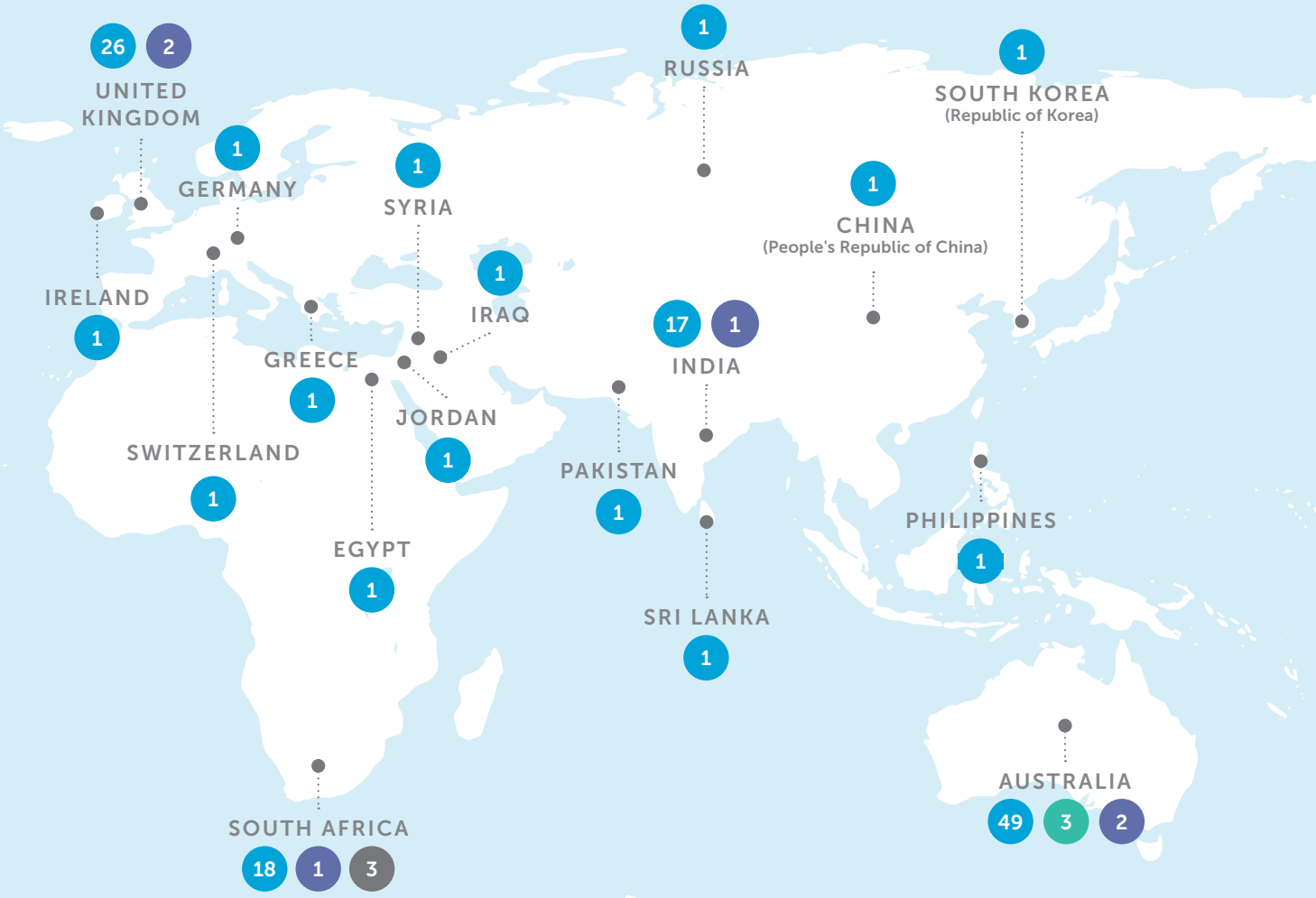
69 **applications remain pending**

In 2019/20 we noted an increase in the volume of registration applications managed by 139, equivalent to a **38% increase** from the previous year.

* One practitioner may submit multiple applications, depending on the number of scopes they wish to register in.

**Including 30 cases where registration was granted with conditions.

Breakdown by country of qualification for registrations granted



Applications for registration based on New Zealand and overseas qualifications

Many oral health professionals practising in New Zealand qualified in another country. However, the same registration standards apply to all practitioners, regardless of whether they trained and gained their qualifications in New Zealand or overseas.

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

Practitioners with full registration in Australia are generally entitled, as of right, to register in a similar scope of practice in New Zealand under the Trans-Tasman Mutual Recognition legislation.

REGISTRATIONS WITH NEW ZEALAND OR OVERSEAS QUALIFICATIONS* (BY PROFESSION)

	Qualified in NZ		Qualified overseas		Percentage qualified in NZ	
	2019/20	2018/19	**2019/20**	2018/19	**2019/20**	2018/19
Dentists and dental specialists	**108**	95	**138**	75	**44%**	56%
Oral health therapists	**80**	75	**3**	2	**96%**	97%
Dental hygienists	**15**	16	**18**	14	**45%**	53%
Dental therapists	**8**	–	**–**	–	**100%**	n/a
Dental technicians	**12**	21	**3**	4	**80%**	84%
Clinical dental technicians	**16**	12	**–**	1	**100%**	92%

* A registration may be based on more than one qualification.

Registration through the Trans-Tasman Mutual Recognition Act 1997

The Trans-Tasman Mutual Recognition Act 1997 (TTMR) recognises Australian and New Zealand registration standards as equivalent. This allows registered oral health practitioners to work in either country.

Under the TTMR, if a practitioner is registered in Australia they are entitled (subject to a limited right of refusal) to be registered in the same occupation in New Zealand.

42 applications received

for registration in New Zealand **under the TTMR**

In 2019/20 we noted an increase in TTMR applications by 18, equivalent to a 75% increase from the previous year.

REGISTRATIONS UNDER TTMR BY PROFESSION

	Brought forward		Received		Approved		Pending	
	2019/20	2018/19	**2019/20**	2018/19	**2019/20**	2018/19	**2019/20**	2018/19
Dentists and dental specialists	**1**	–	**36**	22	**31**	20	**4**	2
Oral health therapists	**–**	–	**2**	–	**2**	–	**–**	–
Dental hygienists	**–**	–	**3**	1	**2**	1	**–**	–
Dental therapists	**1**	–	**1**	–	**1**	–	**–**	–
Clinical dental technicians	**–**	–	**–**	1	**–**	1	**–**	–
TOTAL	**2**	–	**42***	24	**36**	22	**4**	2

Dentists and dental specialists · Oral health therapists · Dental hygienists
Dental therapists · Dental technicians · Clinical dental technicians

* Four applications for registration under TTMR were withdrawn (2 dentists or dental specialists, 1 dental hygienist and 1 dental therapist).

Individual assessment applications

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

73 **new received** in 2019/20

34 **more** than 2018/19

24 **brought forward** from 2018/19

In 2019/20 we noted an increase in individual assessment applications by 34, equivalent to an 87% increase from the previous year.

INDIVIDUAL ASSESSMENT APPLICATIONS BY PROFESSION

	Brought forward from previous year		Received		Approved		Declined		Withdrawn or lapsed		Pending	
	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19
	23	18	56	33	25	19	5	7	18	2	31	23
	–	1	4	2	–	3	–	–	3	–	1	–
	–	3	8	1	1	3	1	1	2	–	4	–
	–	–	1	–	–	–	–	–	1	–	–	–
	1	–	4	3	2	2	–	–	–	–	3	1
	–	–	–	–	–	–	–	–	–	–	–	–
TOTAL	24	22	73	39	28	27	6	8	24	2	39	24

Dentists and dental specialists · Oral health therapists · Dental hygienists
Dental therapists · Dental technicians · Clinical dental technicians

Removal of exclusions

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

In 2019/20 we noted an increase in approvals to remove exclusions on scopes of practice by 26, equivalent to an 87% increase from the previous year. This indicates practitioners are undertaking further learning and professional development to deliver a broader range of services to the public.

The Council approved removal of

56

exclusions

REMOVAL OF EXCLUSIONS APPROVED	2019/20	2018/19
Dental hygiene and orthodontic auxiliary scopes of practice		
Orthodontic procedures	**1**	1
Local anaesthesia	**5**	1
Extra-oral radiography	**4**	1
Intra-oral radiography	**6**	1
Dental therapy scope of practice		
Pulpotomies	**14**	7
Stainless steel crowns	**25**	18
Radiography	**–**	–
Diagnostic radiography	**–**	1
Oral health therapists		
Orthodontic procedures	**1**	–
Restorative treatment on patients 18 years and older	**–**	n/a
TOTAL	**56**	30

Registration-related supervision

The Council uses supervision orders to protect public safety by ensuring practitioners are fit and competent to practise in a variety of situations, such as when a practitioner is returning to practice after more than three years out of practice.

Under supervision, a practitioner's performance is monitored and reported to the Council by an approved peer.

The Council managed

27 **practitioners under supervision**

REGISTRATION-RELATED SUPERVISION	2019/20	2018/19
New supervision cases	**12**	8
Existing supervision cases	**15**	16
TOTAL MANAGED	**27**	24
Practitioners leaving supervision	**7**	9
Practitioners remaining under supervision	**20**	15

REGISTRATION-RELATED SUPERVISION BY PROFESSION	2019/20	2018/19
Dentists and dental specialists	**10**	9
Oral health therapists	**–**	–
Dental hygienists	**8**	7
Dental therapists	**3**	4
Dental technicians and clinical dental technicians	**6**	4
TOTAL	**27**	24

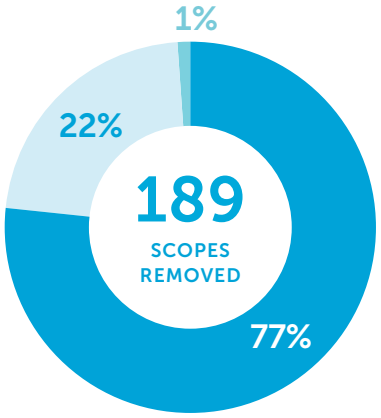
Removals from the register

The Council processed a total of **189 removals***

145 were removals **voluntarily requested** under sections 142 or 144(3) of the Act

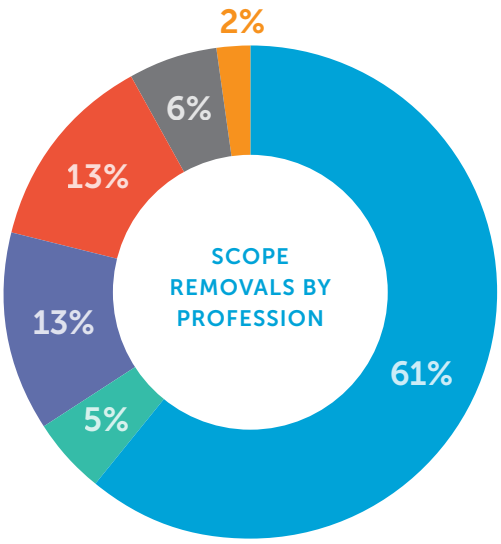
42 were entries cancelled under section 144(5) because the Council **was unable to contact the practitioner**

2 were removals on **notification of death**

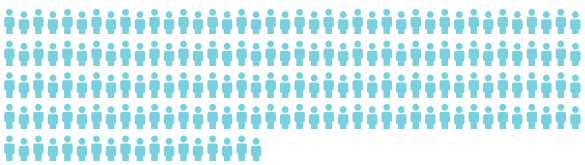


SCOPE REMOVALS FROM THE REGISTER BY PROFESSION

	2019/20	2018/19
Dentists and dental specialists	114	123
Oral health therapists	10	12
Dental hygienists	25	36
Dental therapists	25	65
Dental technicians	11	33
Clinical dental technicians	4	12
TOTAL	189	281



178 individual practitioners had 189 scopes of practice removed from their registrations



169 practitioners were removed from the register entirely

9 practitioners remained registered in other scopes of practice

* A single practitioner can make more than one application for removal, each one relating to a different scope of practice.

Competence, fitness to practise and recertification

The Council's role is to protect public health and safety by ensuring oral health professionals are competent and fit to practise.

Practitioners are required to answer questions about their practice and physical and mental condition when they apply for an APC. They must also sign a declaration to confirm they are competent in their scopes of practice, remain fit to practise and meet the recertification requirements.

Tools are available under the Act for the Council to use when it becomes aware of a practitioner who is failing to meet the required standard of competence or who has health issues that affect their ability to practise safely.

Competence

Under the Act, we may review an oral health practitioner's competence at any time or in response to concerns about their practice.

The Council does not deal with concerns about a practitioner's competence as a disciplinary matter (unlike other jurisdictions). We do not seek to establish guilt or fault or bring charges against a practitioner in relation to competence. Rather, the Council's approach is to review, remediate and educate wherever possible.

Competence notifications

A concern or complaint about a practitioner's competence can be raised by:

- a patient
- a colleague
- an employer
- the Ministry of Health
- the Accident Compensation Corporation
- the Health and Disability Commissioner (HDC).

COMPETENCE NOTIFICATIONS BY SOURCE

Source	Health Practitioners Competence Assurance Act 2003 – section	2019/20	2018/19	2017/18
Oral health practitioner	34(1)	6	8	15
Health and Disability Commissioner	34(2)	6	5	2
Employer	34(3)	1	–	2
Other		9	11	13
TOTAL		**22**	24	32

The Council received 8% less notifications in 2019/20 than the previous year.

Outcomes of competence notifications

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

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

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

A single notification can result in multiple outcomes that span an extended period.

OUTCOMES OF COMPETENCE NOTIFICATIONS*

Outcomes	Health Practitioners Competence Assurance Act 2003 – section	Existing		New		Closed		Still active	
		2019/20	2018/19	2019/20	2018/19	2019/20	2018/19	2019/20	2018/19
Initial inquiries	36	–	–	12	9	12	9	–	–
Initial inquiries pending	36	1	7	5	1	1	7	5	1
Preliminary assessments		–	–	3	4	3	4	–	–
Preliminary assessment pending		2	–	2	2	1	–	3	2
TOTAL inquiries and preliminary assessments		3	7	22	16	17	20	8	3
No further action		–	–	1	5	1	5	–	–
Notification of risk of harm to public	35	8	9	4	3	1	4	11	8
Orders concerning competence	38	35	30	21	19	–	14	56	35
Interim suspension/ conditions	39	7	6	2	6	2	5	7	7
Competence programme	40	13	15	6	6	–	8	19	13
Individual recertification programme	41	1	1	1	–	2	1	–	–
Unsatisfactory results of competence or recertification programme	43	–	1	–	1	–	2	–	–
Competence review		7	6	6	8	7	7	6	7
Other action		5	2	6	14	5	9	6	5
Voluntarily removed from register		–	–	1	2	1	2	–	–
Outcome of inquiry pending		–	5	5	–	–	5	5	–

* Some notifications result in more than one outcome.

Competence reviews

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

The objective of a competence review is to assess a practitioner's competence and, if a deficiency is found, to put in place the appropriate training, education and safeguards to support and help the practitioner meet the standards while ensuring they are safe to practise.

A competence review committee, comprising a layperson and at least two professional peers of the practitioner, undertakes the competence review.

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

COMPETENCE REVIEWS

	2019/20	2018/19	2017/18
New competence reviews	6	8	9
Existing practitioners in competence review	7	6	7
TOTAL CASES MANAGED	13	14	16
Practitioners leaving competence review	7	7	10
Practitioners left in competence review	6	7	6

COMPETENCE REVIEWS MANAGED, BY PROFESSION

	2019/20	2018/19	2017/18
Dentists and dental specialists	10	13	15
Dental therapists	2	–	1
Dental hygienists and dental therapists	–	–	–
Dental technicians and clinical dental technicians	1	1	–
TOTAL	13	14	16

Competence programmes

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

A competence programme is an educational programme designed to address the practitioner's specific competence issues.

It may require the practitioner to:

- pass exams or an assessment
- complete a period of practical training or experience
- have their clinical records examined by another practitioner
- undertake a period of supervised practice.

The Council ordered

6 practitioners to undertake a competence programme

The Council managed

19 competence programmes in 2019/20

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

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

COMPETENCE PROGRAMMES

	2019/20	2018/19	2017/18
New competence programmes	**6**	6	6
Existing competence programmes	**13**	15	11
TOTAL CASES MANAGED	**19**	21	17
Practitioners leaving competence programmes	**–**	8	2
Remaining competence programmes	**19**	13	15

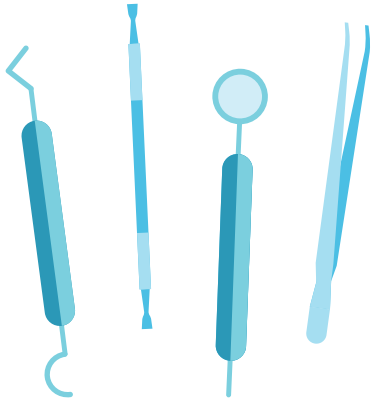
COMPETENCE PROGRAMMES MANAGED, BY PROFESSION

	2019/20	2018/19	2017/18
Dentists and dental specialists	**17***	19*	15*
Oral health therapists	**–**	–	–
Dental hygienists	**–**	–	–
Dental therapists	**2**	2	2
Dental technicians and clinical dental technicians	**–**	–	–
TOTAL	**19**	21	17

* One dentist was ordered to complete two competence programmes.

Fitness to practise

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



These standards relate to conduct, the ability to speak and understand English well enough to protect the health and safety of the public, and mental or physical conditions that prevent the applicant from performing the functions of their profession.

Health

Oral health practitioners, like anyone else, get ill and suffer injury. If a practitioner develops a physical or mental health problem, it may affect their ability to practise safely, endangering patients and the public.

Such health conditions could include alcohol or drug dependence, psychiatric disorders, a temporary stress condition, an infection with a transmissible disease, physical disabilities or certain illnesses or injuries.

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

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

The Council uses this regime in more severe cases where less formal measures are not appropriate, or the practitioner is not prepared to enter into a voluntary undertaking.

Where the health and safety of the public is not otherwise compromised, and where the practitioner is prepared to cooperate, the Council may use more informal voluntary undertakings.

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

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

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

Source	Health Practitioners Competence Assurance Act 2003 – section	Existing		New		Closed		Still active	
		2019/20	2018/19	**2019/20**	2018/19	**2019/20**	2018/19	**2019/20**	2018/19
Health service	**45(1)(a)**	**–**	–	**–**	–	**–**	–	**–**	–
Health practitioner	**45(1)(b)**	**–**	1	**–**	–	**–**	1	**–**	–
Employer	**45(1)(c)**	**1**	–	**2**	1	**2**	–	**1**	1
Medical Officer of Health	**45(1)(d)**	**–**	–	**–**	–	**–**	–	**–**	–
Any person	**45(3)**	**–**	–	**–**	–	**–**	–	**–**	–
Person involved with education	**45(5)**	**–**	–	**–**	–	**–**	–	**–**	–
Self–notification		**4**	–	**17**	23*	**16**	19	**5**	4
Other regulatory authority		**–**	–	**–**	–	**–**	–	**–**	–
Professional conduct committee	**80(2)(b)**	**–**	–	**–**	–	**–**	–	**–**	–
TOTAL		**5**	1	**19**	24	**18**	20	**6**	5

* Includes self-notification via APC renewal that was not previously captured.

OUTCOMES OF NEW HEALTH NOTIFICATIONS*

Outcomes	Health Practitioners Competence Assurance Act 2003 – section	2019/20	2018/19
No further action		**10**	12
Order medical examination	49	**2**	1
Conditions	48	**–**	–
Restrictions imposed	50	**–**	–
Voluntary undertaking		**3**	–
Still under review		**4**	6
Alteration of scope	21	**–**	–
Other action		**–**	5
TOTAL		**19**	24

* A notification can result in one or more outcomes.

HEALTH PROGRAMMES

	2019/20	2018/19	2017/18
New health programmes	**3**	1	3
Existing practitioners in health programmes	**15**	18	21
TOTAL MANAGED	**18**	19	24
Practitioners leaving health programmes	**3**	4	6
Practitioners in health programmes	**15**	15	18

During 2019/20, three new health programmes were established by the Council. This resulted in 18 health programmes being managed during the reporting period. Three practitioners had left their health programmes at the end of the period.

Competence-related supervision and oversight

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

The Council may make an order of supervision in a variety of situations, including:

- where a practitioner is returning to practice after more than three years out of practice
- where a practitioner is suffering from a health condition
- as an interim measure while a competence review is being conducted
- following a failure to satisfy the requirements of a competence programme.

The Council made five orders involving supervision relating to competence during the reporting period. The practitioners subject to those orders joined 10 others already practising under supervision. The nature of the supervision varies according to the needs of the practitioner but is always focused on maintaining public safety.

SUPERVISION ORDERS RELATING TO COMPETENCE

	2019/20	2018/19	2017/18
New supervision cases	**5**	5	5
Existing supervision	**10**	9	7
TOTAL MANAGED	**15**	14	12
Practitioners leaving supervision	**3**	4	3
Practitioners in supervision	**12**	10	9

SUPERVISION ORDERS RELATING TO COMPETENCE, BY PROFESSION

	2019/20	2018/19	2017/18
Dentists and dental specialists	**11**	12	10
Oral health therapists	**–**	–	–
Dental hygienists	**–**	–	–
Dental therapists	**4**	2	2
Dental technicians and clinical dental technicians	**–**	–	–
TOTAL	**15**	14	12

The nature of oversight varies according to the needs of the individual practitioner but is always focused on maintaining public safety.

Oversight is provided by a mentor according to the needs of an individual practitioner.

Eighteen new oversight cases were ordered during 2019/20, while 16 practitioners were subject to oversight orders from the previous year. Twelve practitioners were released from oversight in 2019/20.

Oversight is defined by the Act to mean:

"... professional support and assistance provided to a practitioner by a professional peer for the purposes of professional development."

In 2019/20 we noted an increase in the number of oversight cases managed by 14, equivalent to a 70% increase from the previous year.

OVERSIGHT

	2019/20	2018/19	2017/18
New oversight cases	**18**	15	1
Existing oversight cases	**16**	5	6
TOTAL MANAGED	**34**	20	7
Practitioners leaving oversight	**12**	4	2
Practitioners in oversight	**22**	16	5

OVERSIGHT BY PROFESSION

	2019/20	2018/19	2017/18
Dentists and dental specialists	**31**	18	7
Oral health therapists	**2**	2	–
Dental hygienists	**–**	–	–
Dental therapists	**–**	–	–
Dental technicians and clinical dental technicians	**1**	–	–
TOTAL	**34**	20	7

Recertification

Recertification is a statutory process used to revalidate practitioners' competence and fitness to practise. Our recertification system is a fundamental tool for ensuring lifelong practitioner competence.

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

The Council declines applications for an APC renewal if it is not satisfied that the practitioner is competent and fit to practise. Alternatively, it may require a practitioner to undertake an individual recertification programme or impose conditions on the practitioner's scope of practice.

Practice standards compliance audit process

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

Recertification programmes

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

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

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

Individual recertification programmes

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

During the reporting period, the Council ordered one new individual recertification programme, meaning two were managed in total. Two practitioners, both dentists, successfully completed their programmes within the reporting period.

INDIVIDUAL RECERTIFICATION PROGRAMMES

	2019/20	2018/19	2017/18
New individual programmes	**1**	2	0
Existing programmes	**1**	1	3
TOTAL MANAGED	**2**	3	3
Practitioners leaving programme	**2**	2	2
Practitioners in programme	**0**	1	1

Complaints and discipline

The Council works with the Health and Disability Commissioner (HDC) to ensure the public and oral health practitioners have access to a fair and responsive complaints and discipline process.

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

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

Complaints

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

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

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

Complaints fall into two broad categories:

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

Complaints that allege a patient has been affected must be made to the HDC. When the Council receives one of these complaints, it immediately refers it to the HDC, which may refer the complaint back to the Council for consideration.

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

The Council received 214 complaints during 2019/20, with most (156) coming from consumers.

In 2019/20, we noted an increase in the number of complaints received by 16, equivalent to an 8% increase from the previous year.

COMPLAINTS FROM VARIOUS SOURCES AND OUTCOMES

Source	Complaints 2019/20	Outcomes 2019/20					Complaints 2018/19
		Not yet assessed	No further action	Other action	Referred to professional conduct committee	Referred to the Health and Disability Commissioner	
Consumer	**156**	–	142	3	–	11	167
Health and Disability Commissioner	**9***	2	5	2	–	––	5**
Oral health practitioner	**29†**	–	14	14	–	1	8††
Other health practitioner	**2**	–	2	–	–	–	4‡
Courts notice of conviction	**–**	–	–	–	–	–	2
Employer	**4**	–	2	2	–	–	1
Self-notifications	**7**	–	4	3	–	–	2‡
Other	**7**	–	7	–	–	–	9
TOTAL	**214**	**2**	**176**	**24**	**–**	**12**	198

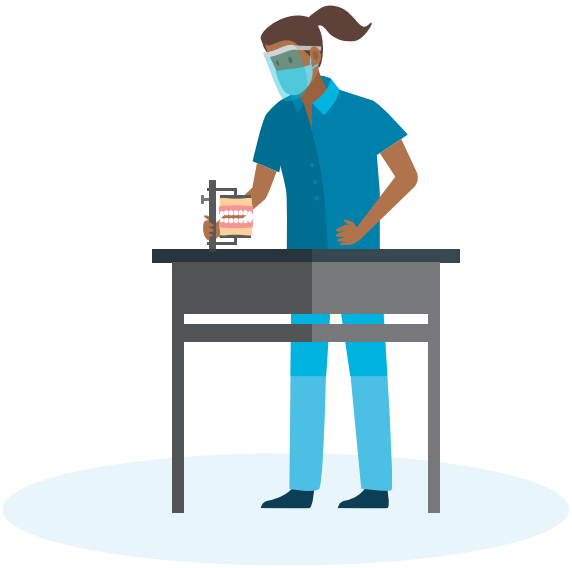
* Nine Health and Disability Commissioner complaints relate to six different practitioners.

**Five Health and Disability Commissioner complaints relate to four different practitioners.

† 29 oral health practitioner complaints relate to 25 practitioners.

†† Eight oral health practitioner complaints relate to six practitioners.

‡ Some complaints had more than one outcome.



Discipline

Referrals to a professional conduct committee

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

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

The second situation is where the Council considers that information it holds raises questions about a practitioner's conduct or the safety of the practitioner's practice.

The Council may refer these questions to a PCC in response to a complaint referred to the Council by the HDC, or the Council may do so on its own initiative.

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

In 2019/20, the Council appointed two new PCCs. Nine existing cases from 2018/19 were also managed this year. The outcomes are set out in the table below.

PROFESSIONAL CONDUCT COMMITTEE CASES

Nature of issue	Source	2019/20	Outcome(s)
Concerns about standards of practice	1 – Council	1	1 – No further action
Notification of conviction for drink driving offence	2 – District Court	2	2 – No further action
Conduct	2 – HDC 2 – Employer 1 – Regulatory authority 1 – Self-notification or patients 2 – Other practitioner	8*	2 – HPDT 1 – No further action 4 – Outcomes pending 1 – Counselled
TOTAL CASES		**11**	

* Some professional conduct committee cases were existing cases with the outcome pending from 2018/19, finalised this year.

PROFESSIONAL CONDUCT COMMITTEES

	2019/20	2018/19	2017/18
New professional conduct committee (PCC) cases	**2**	7	6
Existing PCC cases	**9**	5	5
TOTAL CASES MANAGED	**11**	12	11
PCC finalised	**7**	3*	6
Practitioners remaining	**4**	9*	5

* Correction to 2018/19 annual report.

PROFESSIONAL CONDUCT COMMITTEES, MANAGED BY PROFESSION

	2019/20	2018/19	2017/18
Dentists and dental specialists	**7**	9	6
Oral health therapists	**–**	–	–
Dental hygienists	**–**	–	1
Dental therapists	**2**	1	–
Dental hygienist and dental therapist	**–**	–	1
Dental technicians and clinical dental technicians	**2**	2	3
TOTAL	**11**	12	11

Health Practitioners Disciplinary Tribunal

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

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

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

During 2019/20, PCCs appointed by the Council laid charges against one practitioner before the HPDT, and another case was withdrawn.

HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL CASES

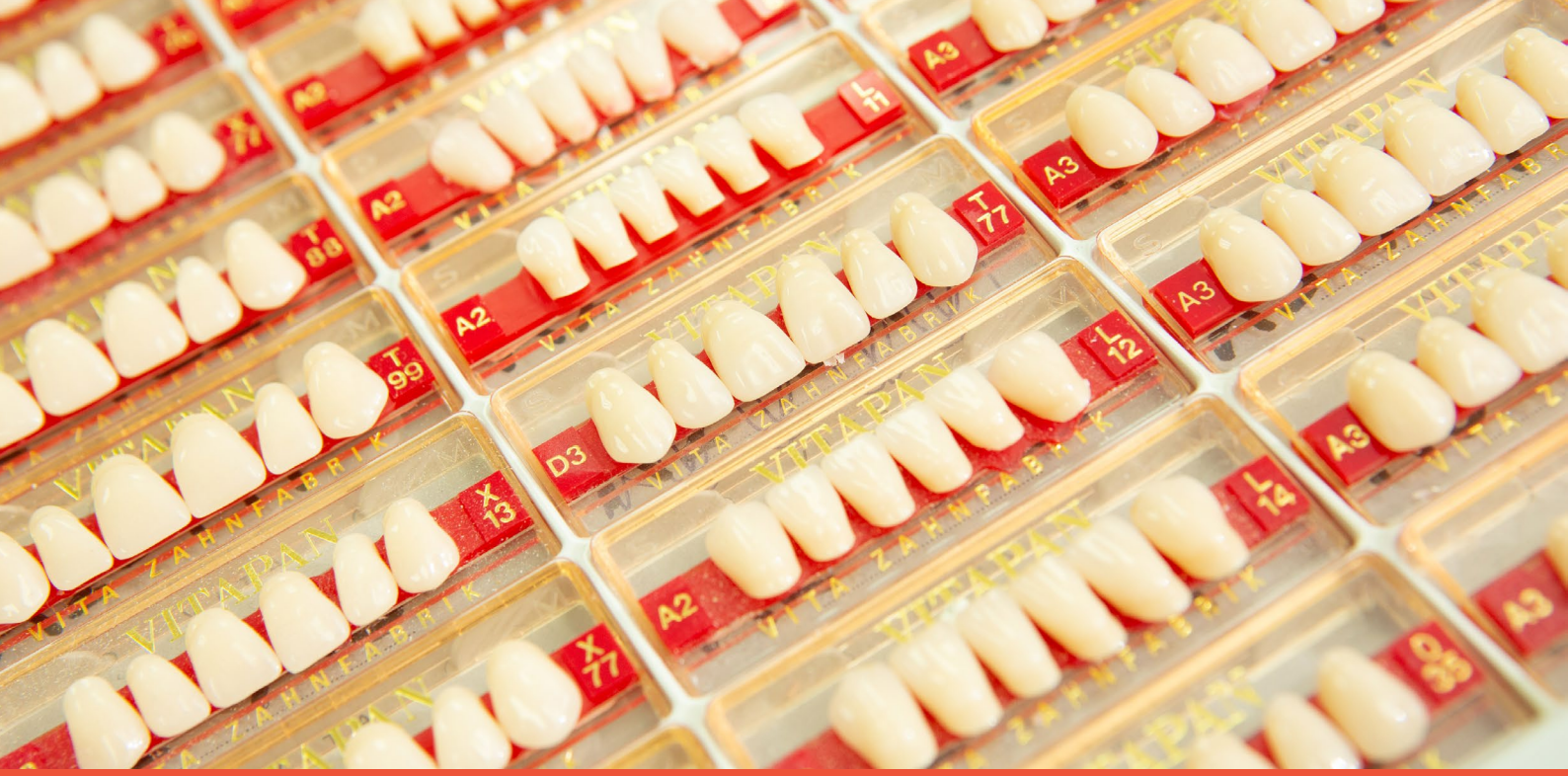
	2019/20	2018/19	2017/18
New HPDT cases	**2**	2	4
Existing HPDT cases	**1**	1	1
TOTAL CASES MANAGED	**3**	3	5
HPDT case withdrawn	**1**	–	–
HPDT finalised	**–**	2	4
Practitioners remaining	**2**	1	1

Appeals and judicial reviews

Decisions of the Council may be appealed to the District Court and decisions of the HPDT may be appealed to the High Court.

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

One practitioner lodged an appeal against some aspects of an HPDT decision and one practitioner sought judicial review in the reporting year.



Examinations and accreditation

The Council is responsible for protecting public safety by ensuring all registered practitioners are competent to practise, regardless of where they were educated and trained.

A significant portion of New Zealand's oral health workforce is made up of practitioners who gained their primary qualification overseas.

Accordingly, the Council makes registration examinations available for oral health practitioners who do not hold New Zealand-prescribed qualifications.

The Council is also responsible for accrediting educational institutions and prescribing qualifications to produce graduates who are competent to practise in their chosen profession and scope of practice.

Examinations

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

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

Since 2015, the New Zealand Dentist Registration Examination (NZDREX) – the registration examinations for dentists who do not have a prescribed qualification – has been provided by the National Dental Examining Board of Canada (NDEB). A pass in these examinations enables these candidates to register as a dentist in New Zealand.

All NZDREX candidates enrol directly into the NDEB equivalency process.

The oral health therapy, dental hygiene and dental therapy examinations are held at the Auckland University of Technology. The examinations involve one written and one clinical component each year.

In 2019, two oral health therapy candidates sat the written component. One candidate did not pass. The other candidate passed the written component and proceeded to the clinical component but did not pass.

One dental therapy candidate who had passed the written component in an earlier year sat only the clinical component but did not pass.

No registration examinations were held for dental specialists, dental hygienists, or dental technicians in the reporting year.

Accreditation

The Council accredits and monitors New Zealand-prescribed dental practitioner qualifications to ensure the quality of education is appropriate and standards are maintained.

In New Zealand and Australia, accredited programmes are assessed against the joint *Dental Council (NZ)/Australian Dental Council accreditation standards for dental practitioner programmes*. These joint standards came into effect in 2016.

A joint accreditation committee advises on the accreditation and monitoring of educational programmes in both New Zealand and Australia to ensure common standards are applied. Each country makes their own accreditation decisions.

The joint standards set the benchmark and expectations against which we assess education programmes for accreditation.

The standards are underpinned by a set of professional competencies that graduates must meet to complete their studies and register as oral health practitioners.

The programmes are monitored and reviewed by annual reports and cyclical five-year reviews. The Council puts in place appropriate monitoring should one of these reviews identify any major changes or risks that could compromise a programme continuing to meet its accreditation standards.

Accreditation standards review

The Council and the Australian Dental Council embarked on the review of the joint accreditation standards in 2019. A joint working party was established with Dr John Bridgman, Prof John Broughton and Prof Alison Rich appointed as New Zealand representatives.

A targeted consultation was initially undertaken with the New Zealand and Australian educational providers offering accredited dental programmes and with accreditation assessors, to test proposed areas of change. This feedback was used to further develop the accreditation standards before issuing them to wider stakeholders for their feedback on the proposed changes in February 2020.

The review proposed new standards in four areas:

- assessment
- inter-professional learning and practice
- consumer/patient involvement
- cultural competence domain.

The project aims to implement the updated accreditation standards on 1 January 2021.

Monitoring

During 2019 the Council continued to monitor progress on the University of Otago building project in Dunedin. The monitoring will continue while the Sir John Walsh building is refurbished. The next phase of the building project includes completing a new simulation clinic, laboratories, and postgraduate and staff offices on the Dunedin campus.

Several conditions (mainly relating to student clinical experience and outplacement pertinent to each specialty) were placed on the University of Otago postgraduate programmes following the 2018 postgraduate accreditation review. The deadlines for the University to meet these conditions have been spread across 2019 and 2020.

When conditions are due for reporting, the site evaluation team considers the University's report and shares its findings and recommendations with the joint New Zealand and Australian Dental Council accreditation committee. The Council makes the final determination on whether the programme has met each condition after considering all the information presented.

For the 2019/20 year, the Council extended some condition deadlines that had not been fully met within the initial timeframes. However, by March 2020, the University of Otago had met all the 2019/20 conditions due for their postgraduate programmes. The Council will continue to monitor the remaining conditions in the coming year.

Following its review of the Auckland University of Technology Bachelor of Health Sciences in Oral Health programme annual report in 2019, the Council added a monitoring requirement on this programme. The monitoring will review areas of potential risk more closely.

A key accreditation focus for the next 12 months will be to work with programme providers to assess, manage and monitor any impacts on teaching and training due to New Zealand's COVID-19 response. The Council will seek assurance that students affected by the COVID-19 restrictions have received the education and clinical experiences they need to attain the necessary competencies before graduating.

Accreditation reviews during 2019/20

The Council conducted the University of Otago undergraduate programme review during 2019/20. This review included the following programmes:

- Bachelor of Dental Surgery
- Bachelor of Dental Surgery with Honours
- Bachelor of Oral Health
- Bachelor of Dental Technology
- Bachelor of Dental Technology with Honours.

Accreditation was confirmed for these programmes for five years until 31 December 2024. However, conditions have been placed on all programmes that must be addressed over the next 12 to 24 months to ensure the programmes continue to meet accreditation standards.

The areas covered by the conditions placed on the undergraduate programmes include: clinical exposure, clinical staffing, joint intra and interdisciplinary patient management opportunities, ensuring digital platforms holding clinical information are stable, and monitoring the new Auckland clinical facility and Dunedin dental technology laboratory once in use.

The full accreditation reports are available on our website under *Resources and publications – Education*.

STATUS OF NEW ZEALAND ACCREDITED ORAL HEALTH PROGRAMMES AS AT 31 MARCH 2020

Title	Provider	Status	Expiry date
Bachelor of Dental Surgery (BDS)	University of Otago	Accreditation with conditions	31/12/2024
Bachelor of Dental Surgery (Honours) (BDS (Hons))	University of Otago	Accreditation with conditions	31/12/2024
Master of Community Dentistry (MComDent)	University of Otago	Full accreditation	31/12/2023
Doctor of Clinical Dentistry (DClinDent) • Endodontics • Oral medicine • Oral pathology • Oral surgery • Orthodontics • Paediatric dentistry • Periodontology • Prosthodontics • Special needs dentistry	University of Otago	Accreditation with conditions	31/12/2023
Fellowship in Oral and Maxillofacial Surgery	Royal Australasian College of Dental Surgeons	Accreditation with a condition	31/12/2022
Fellowship in Oral and Maxillofacial Pathology	Royal College of Pathologists of Australasia	Full accreditation	31/12/2023
Bachelor of Oral Health (BOH)	University of Otago	Accreditation with conditions	31/12/2024
Bachelor of Health Science in Oral Health BHSc (Oral Health)	Auckland University of Technology	Accreditation with conditions	31/12/2023
Bachelor of Dental Technology (BDentTech)	University of Otago	Accreditation with conditions	31/12/2024
Bachelor of Dental Technology (Honours) (BDentTech (Hons))	University of Otago	Accreditation with conditions	31/12/2024
Postgraduate Diploma in Clinical Dental Technology (PGDipCDTech)	University of Otago	Full accreditation	31/12/2023
Certificate of Orthodontic Assisting	New Zealand Association of Orthodontists: Orthodontic Auxiliary Training Programme	Full accreditation	31/12/2023

Our financials

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bakertilly
STAPLES RODWAY

INDEPENDENT AUDITOR'S REPORT TO THE READERS OF DENTAL COUNCIL'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2020

The Auditor-General is the auditor of the Dental Council. The Auditor-General has appointed me, Chrissie Murray, using the staff and resources of Baker Tilly Staples Rodway Audit Limited, to carry out the audit of the financial statements of the Dental Council on his behalf.

Opinion

We have audited the financial statements of the Dental Council that comprise the the statement of financial position as at 31 March 2020, the statement of comprehensive revenue & expenses, the statement of changes in net assets and statement of cash flows for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

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

- its financial position as at 31 March 2020; and
- its financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Reporting Standards Reduced Disclosure Regime

Our audit was completed on 6 July 2020. This is the date at which our opinion is expressed.

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

Emphasis of Matter – COVID-19

Without modifying our opinion, we draw attention to the disclosures in note 22 which outline the possible effects of the Alert Level 4 lockdown as a result of the COVID-19 pandemic.

Basis of opinion

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the Professional and Ethical Standards and International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the Auditor section of our report.

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

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

Responsibilities of the Council for the financial statements

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

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

Baker Tilly Staples Rodway Audit Limited, incorporating the audit practices of Christchurch, Hawkes Bay, Taranaki, Tauranga, Waikato and Wellington.

Baker Tilly Staples Rodway Audit Limited is a member of the global network of Baker Tilly International Limited, the members of which are separate and independent legal entities.

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

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

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

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

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

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

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

- We obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Council's internal control.

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

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

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

We communicate with the Council regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Independence
We are independent of the Dental Council in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1(Revised): *Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing and Assurance Standards Board.

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

Chrissie Murray
Baker Tilly Staples Rodway Audit Limited
On behalf of the Auditor-General
Wellington, New Zealand

Financial statements

Statement of comprehensive revenue and expenses

FOR THE YEAR ENDED 31 MARCH 2020

	Note	2020 $	2019 $
Revenue from non-exchange transactions			
Annual practising certificate fees	5	3,490,531	3,262,712
Disciplinary levies	5	328,973	415,441
Discipline fines/costs recovered		–	6,100
		3,819,504	3,684,253
Revenue from exchange transactions			
Interest on investments		80,407	62,352
Sale of dental register extracts		1,061	2,289
Certificate of good standing fees		9,396	6,931
Registration fees		436,174	354,435
Retention on dental register (non-practising) fees		78,590	95,469
Restoration to dental register fees		8,282	475
New Zealand dental registration examination fees		11,558	17,594
Competence and fitness to practise programme contributions		123,951	50,148
Recertification programme contributions		1,460	2,148
Accreditation contributions		105,897	168,441
Insurance proceeds		–	224,109
Sundry Income		2,087	–
		858,864	984,391
Total revenue		**4,678,368**	**4,668,644**
Expenses as per schedules	6		
Administration expenses		2,945,927	2,761,916
Council project and profession expenses		1,835,281	1,516,599
Total expenditure		**4,781,208**	**4,278,515**
Total surplus/(deficit) for the year		**(102,841)**	**390,129**
Other comprehensive revenue and expenses			–
Total comprehensive revenue and expenses for the year		**(102,841)**	**390,129**

Signed for and on behalf of Council members who authorised these financial statements for issue on 6 July 2020.

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

Andrew Gray
CHAIR OF COUNCIL

John Aarts
DEPUTY CHAIR

Statement of financial position

AS AT 31 MARCH 2020

	Note	2020 $	2019 $
Current assets			
Cash and cash equivalents	8	582,542	1,438,103
Short-term investments	9	3,104,128	2,100,000
Receivables from exchange transactions	10	46,052	87,302
Receivables from non-exchange transactions	10	8,369	8,483
Prepayments		37,896	56,914
		3,778,987	3,690,802
Non-current assets			
Intangible assets	11	1,474,950	1,515,952
Property, plant and equipment	12	84,777	90,041
Work in progress	13	–	99,048
		1,559,727	1,705,041
Total assets		**5,338,714**	**5,395,843**
Current liabilities			
Accounts payable	18	276,495	196,347
Provision for onerous lease	14	110,782	51,906
Other liabilities	18	47,356	194,323
Revenue in advance		1,185,539	1,144,008
Employee entitlement	18	154,052	187,404
Goods and services tax payable	18	108,645	140,306
		1,882,869	1,914,294
Long-term liabilities			
Provision for onerous lease	14	440,567	363,429
		440,567	363,429
Total liabilities		**2,323,436**	**2,277,723**
Net assets		**3,015,278**	**3,118,120**
Equity			
Operational reserves – profession		977,984	1,223,298
Disciplinary reserves – profession		871,359	869,693
Capital asset reserve – Council		1,165,935	1,025,129
Total net assets attributable to the owners of the controlling entity		**3,015,278**	**3,118,120**

Statement of changes in net assets

FOR THE YEAR ENDED 31 MARCH 2020

	Note	Capital asset reserve $	Disciplinary reserve $	Operational reserve $	Total equity $
Opening balance 1 April 2019	15	1,025,129	869,693	1,223,298	3,118,120
Surplus/(deficit) for the year	15	140,806	1,666	(245,314)	(102,842)
Other comprehensive revenue	–	–	–	–	–
Closing equity 31 March 2020		**1,165,935**	**871,359**	**977,984**	**3,015,278**
Opening balance 1 April 2018	15	868,358	646,201	1,213,432	2,727,991
Surplus/(deficit) for the year	15	156,771	223,492	9,866	390,129
Other comprehensive revenue	–	–	–	–	–
Closing equity 31 March 2019		**1,025,129**	**869,693**	**1,223,298**	**3,118,120**

Statement of cash flows

FOR THE YEAR ENDED 31 MARCH 2020

	Note	2020 $	2019 $
Cash flows from operating activities			
Receipts			
Receipts from annual practising certificate fees and disciplinary levies (non-exchange)		3,918,233	3,641,378
Receipts from other non-exchange transactions		–	6,100
Receipts from exchange transactions		778,457	859,715
Interest received		64,572	62,653
		4,761,262	4,569,846
Payments			
Payments to suppliers and employees		4,542,677	3,812,420
		4,542,677	3,812,420
Net cash flows from operating activities		**218,584**	**757,426**
Cash flows from investing activities			
Receipts			
Sale of property, plant and equipment		–	–
Net withdrawal of short-term investments		–	–
		–	–
Payments			
Purchase of property, plant and equipment and intangibles		70,018	795,550
Net investments in short-term investments		1,004,128	–
		1,074,145	795,550
Net cash flows from investing activities		**(1,074,145)**	**(795,550)**
Net increase/(decrease) in cash and cash equivalents		(855,561)	(38,124)
Cash and cash equivalents at 1 April		1,438,103	1,478,843
Cash and cash equivalents at 31 March		**582,542**	**1,440,719**
This is represented by:			
ANZ Bank Account		**582,542**	**1,440,719**
Less uncleared deposits		(748)	(2,616)
Total excluding uncleared deposits		**581,794**	**1,438,103**

Notes to the financial statements

FOR THE YEAR ENDED 31 MARCH 2020

1. Reporting entity

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

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

These financial statements have been approved and were authorised for issue by the Council on 6th July 2020.

2. Statement of compliance

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

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

3. Summary of accounting policies

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

3.1. Basis of measurement

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

3.2. Functional and presentational currency

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

3.3. Revenue

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

Revenue from non-exchange transactions

Annual practising certificate fees

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

Disciplinary levies

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

Disciplinary fines and recoveries

Disciplinary fines and costs recovered represent fines and costs awarded against practitioners by the Health Practitioners Disciplinary Tribunal (HPDT). Costs represent recoveries of a portion of the costs of Professional Conduct Committees (PCCs) and the HPDT.

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

Revenue from exchange transactions

Professional standards fees recovered

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

Retention on the dental register (non-practising) fees

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

Interest revenue

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

All other revenue

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

3.4. Financial instruments

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

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

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

Financial assets

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

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

All financial assets are subject to review for impairment at least at each reporting date. Financial assets are impaired when there is any objective evidence that a financial asset or group of financial assets is impaired. Different criteria to determine impairment are applied for each category of financial assets, which are described below.

Receivables

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

Impairment of financial assets

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

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

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

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

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

Financial liabilities

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

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

3.5. Cash and cash equivalents

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

3.6. Short-term investments

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

3.7. Property, plant and equipment

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

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

Office refit	10% per annum
Office furniture	10% per annum
Office equipment	6% – 30% per annum
Computer equipment	30% per annum

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

3.8. Capital work in progress

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

3.9. Intangible assets

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

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

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

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

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

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

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

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

Software	30% per annum
Integrated IT Platform	10% per annum

3.10. Leases

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

3.11. Employee benefits

Wages, salaries and annual leave

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

3.12. Income tax

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

3.13. Goods and services tax

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

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

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

3.14. Equity

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

Operational reserves

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

Disciplinary reserves

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

Capital asset reserve

The capital asset reserve is represented by the net book value of fixed assets already purchased and liquid assets set aside for capital expenditure to meet future capital replacement requirements. Capital replacement reserve funding is provided through the APC fee at a standard rate across all professions. The capital replacement portion of the APC fee is based on planned capital expenditure requirements after taking current capital reserve levels into account.

4. Significant accounting judgements, estimates and assumptions

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

Judgements

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

Estimates and assumptions

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

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

Useful lives and residual values

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

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

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

5. Annual practising fees and disciplinary levies

The Council is responsible for regulating all the oral health professions specified in the Act. The details of registered oral health practitioners are in the Annual Report under the registration section.

Annual practising fee and disciplinary levy revenue by profession

	2020 $	2020 $	2019 $	2019 $
Profession	Annual practising fees	Disciplinary levies	Annual practising fees	Disciplinary levies
Dentists and dental specialists	2,247,801	374,299	2,175,965	216,802
Dental therapists	309,902	(17,828)	284,182	36,388
Dental hygienists and orthodontic auxiliaries	280,353	(707)	238,400	48,524
Dental technicians and clinical dental technicians	226,725	25,424	227,689	35,450
Oral health therapists	425,749	(52,215)	336,476	78,277
Total fees and levies	**3,490,531**	**328,973**	**3,262,712**	**415,441**

6. Components of net surplus

Expenditure	Note	2020 $	2019 $
Administration expenses			
Salaries		1,580,070	1,696,621
Staff welfare, training, ACC levies and recruitment		361,436	134,032
Telephone call charges and services		22,944	28,876
Photocopying, printing, postage and couriers		28,603	28,461
Doubtful debts/(doubtful debts recovered)		63,604	(7,155)
Office expenses		43,116	42,351
Publications and media monitoring		11,444	6,735
Audit fees	7	16,000	15,970
Advertising		1,616	1,427
Rent and building outgoings		375,776	507,815
Insurance		55,734	51,838
Bank charges		49,889	47,765
Legal		19,765	8,215
Finance and Professional fees		100,566	6,174
Amortisation of intangible assets	11	164,310	31,223
Depreciation of physical assets	11	47,811	44,892
Loss on disposal of assets	11	3,243	116,675
Total administration expenses		**2,945,927**	**2,761,916**
Council project and profession expenses			
Dental Council – fees and expenses		261,909	225,824
Audit and risk and remuneration standing committees		38,595	130,441
Information technology		150,863	196,923
New Zealand and international liaison		118,113	79,311
Strategic and organisational planning		50,197	12,673
Registration and recertification standards		293,361	44,088
Continuing professional development		–	287
Scopes of practice		1,662	1,660
Policy		13,333	2,050
Quality assurance		9,538	–
Communications – stakeholders		8,663	19,479
Workforce data analysis		(740)	6,500
Standards		26,572	–
Education and accreditation		174,719	197,601
Examinations		42,558	2,801
Registration		20,215	13,829
Recertification		12,255	62,584
Complaints		112,505	119,927
Fitness to practise		7,798	2,281
Competence assessments and reviews		176,415	196,819
Discipline – overhead recoveries		(13,307)	(15,967)
Discipline – sundry expenses		13,307	15,967
Discipline – professional conduct committees		147,482	122,972
Discipline – Health Practitioners Disciplinary Tribunal		158,307	76,989
Discipline – disciplinary case appeals		10,962	1,560
Total Council project and profession expenses		**1,835,281**	**1,516,599**
Total expenditure		**4,753,446**	**4,278,515**

7. Auditor's remuneration

On behalf of the Auditor-General, Baker Tilly Staples Rodway Audit Limited provides audit services to the Council. The total amount recognised for audit fees is $16,000 (2019: $15,970). No non-audit services are provided by Baker Tilly Staples Rodway Audit Limited.

8. Cash and cash equivalents

Cash and cash equivalents include the following components:

	2020 $	2019 $
Cash at bank	582,342	1,437,903
Petty cash	200	200
Total cash and cash equivalents	**582,542**	**1,438,103**

9. Investments

	2020 $	2019 $
Term deposits – maturing within 12 months of balance date	3,104,128	2,100,000
Total investments	**3,104,128**	**2,100,000**

10. Receivables

	2020 $	2019 $
Receivables from exchange transactions	99,427	78,084
Provision for doubtful debts – exchange	(78,429)	–
Receivables from non-exchange transactions	8,369	49,375
Provision for doubtful debts – non-exchange	–	(40,892)
Interest receivable – exchange	25,054	9,218
	54,421	**95,785**

	2020 $	2019 $
Receivables from exchange transactions	46,052	87,302
Receivables from non-exchange transactions	8,369	8,483
Total receivables	**54,421**	**95,785**

11. Intangible assets

2020	Software $
Cost/valuation	1,667,101
Accumulated amortisation	(192,151)
Net book value	**1,474,950**

2019	Software $
Cost/valuation	1,822,927
Accumulated amortisation	(306,975)
Net book value	**1,515,952**

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

2020	Software $
Opening balance	1,515,952
Additions	126,616
Disposals	(282,442)
Amortisation	114,825
Closing balance	**1,474,950**

2019	Software $
Opening balance	12,063
Additions	1,535,112
Disposals	–
Amortisation	(31,223)
Closing balance	**1,515,952**

12. Property, plant and equipment

2020	Office furniture $	Office refit $	Computer equipment $	Office equipment $	Total $
Cost/valuation	88,463	–	183,791	21,641	293,894
Accumulated depreciation	(71,833)	–	(116,173)	(21,112)	(209,118)
Net book value	**16,630**	**–**	**67,618**	**529**	**84,777**

2019	Office furniture $	Office refit $	Computer equipment $	Office equipment $	Total $
Cost/valuation	88,463	–	151,066	24,264	263,793
Accumulated depreciation	(59,460)	–	(91,208)	(23,083)	(173,752)
Net book value	**29,003**	**–**	**59,858**	**1,180**	**90,041**

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

2020	Office furniture $	Office refit $	Computer equipment $	Office equipment $	Total $
Opening balance	29,003	–	59,858	1,180	90,041
Additions	–	–	42,793	322	43,115
Disposals	–	–	(10,069)	(2,945)	(13,014)
Depreciation	(12,373)	–	(24,963)	1,971	(35,365)
Closing	**16,630**	**–**	**67,618**	**528**	**84,777**

2019	Office furniture $	Office refit $	Computer equipment $	Office equipment $	Total $
Opening balance	33,520	133,345	38,466	1,378	206,709
Additions	1,905	–	42,610	385	44,900
Disposals	(304)	(116,371)	–	–	(116,675)
Depreciation	(6,118)	(16,974)	(21,218)	(583)	(44,893)
Closing	**29,003**	**–**	**59,858**	**1,180**	**90,041**

13. Capital work in progress

	2020 $	2019 $
Software	–	99,048
Total capital work in progress	**–**	**99,048**

14. Provisions

As at the reporting date, the Council has recognised the following provision.

Provision for onerous lease	2020 $	2019 $
Opening balance	415,335	–
Additional provisions made in this financial year	254,591	415,335
Amounts incurred and charged against the provision	(118,578)	–
Reversal of unused amounts	–	–
Total provisions	**551,349**	**415,335**

As per note 17, the Council is jointly and severally liable for the lease of 80 The Terrace with the Physiotherapy Board of New Zealand, Medical Sciences Council of New Zealand, New Zealand Medical Radiation Technologists Board and the Pharmacy Council of New Zealand. As the Council continues to meet the lease commitment for 80 The Terrace but is unable to occupy the premises, the lease commitment is considered to be onerous.

The provision has been calculated as the minimum amount payable under the contract, less expected recoveries from sub-letting. As per note 12, the value of office fit-out assets that are associated with the lease was impaired to nil as at 31 March 2019.

15. Movement in equity

Dental Council	Dentists $	Dental hygienists $	Dental therapists $	Dental technicians $	Oral health therapists $	Total 2020 $
Operational reserves – profession						
Balance 1 April 2019	1,413,028	(131,338)	(247,245)	29,147	159,706	1,223,298
Surplus/(deficit) 2019/20	(235,151)	5,358	(9,569)	(49,580)	43,630	(245,313)
Transfer between reserves	–	64,831	64,831	–	(129,661)	–
Balance 31 March 2020	**1,177,877**	**(61,150)**	**(191,983)**	**(20,433)**	**73,675**	**977,985**
Disciplinary reserves – profession						
Balance 1 April 2019	666,873	36,268	43,348	28,004	95,200	869,693
Surplus/(deficit) 2019/20	79,913	(707)	(40,470)	15,144	(52,215)	(1,666)
Balance 31 March 2020	**746,786**	**35,561**	**2,878**	**43,148**	**42,985**	**871,359**
Total profession reserves	**1,924,663**	**(25,589)**	**(189,105)**	**22,715**	**116,660**	**1,849,344**
Capital asset reserve – Council						
Balance 1 April 2019						1,025,129
Capital replacement annual practising certificate fee						356,139
Depreciation, amortisation and loss on disposal of fixed assets						(215,332)
Capital asset reserve – Council 31 March 2020						1,165,935
Total net assets attributable to the owners of the controlling entity 31 March 2020						**3,015,278**

Dental Council	Dentists $	Dental hygienists $	Dental therapists $	Dental technicians $	Oral health therapists $	Total 2019 $
Operational reserves – profession						
Balance 1 April 2018	1,297,682	(25,419)	(113,805)	47,522	7,452	1,213,432
Surplus/(deficit) 2018/19	115,346	(105,919)	(133,440)	(18,375)	152,254	9,866
Balance 31 March 2019	**1,413,028**	**(131,338)**	**(247,245)**	**29,147**	**159,706**	**1,223,298**
Disciplinary reserves – profession						
Balance 1 April 2018	595,122	(6,435)	13,976	26,616	16,922	646,201
Surplus/(deficit) 2018/19	71,751	42,703	29,372	1,388	78,278	223,492
Balance 31 March 2019	**666,873**	**36,268**	**43,348**	**28,004**	**95,200**	**869,693**
Total profession reserves	**2,079,901**	**(95,070)**	**(203,897)**	**57,151**	**254,906**	**2,092,991**
Capital asset reserve – Council						
Balance 1 April 2018						868,358
Capital replacement annual practising certificate fee						349,561
Depreciation, amortisation and loss on disposal of fixed assets						(192,790)
Capital asset reserve – Council 31 March 2019						1,025,129
Total net assets attributable to the owners of the controlling entity 31 March 2019						**3,118,120**

16. Related party transactions

Remuneration paid to the Council members

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

	2020 $	2019 $
Council members	**Fees**	**Fees**
R Whyman	18,324	45,920
A Gray	51,445	27,064
J Aarts	30,156	27,025
K Ferns	17,999	22,144
L Foster Page	–	4,498
K Hazlett	17,284	17,417
C Belich	6,637	–
A Cautley	6,442	–
R Corrigan	6,637	–
M Holdaway	16,487	15,025
J Logan	11,655	16,843
C Neame	9,020	13,829
A Niaami Nur	6,637	–
G Tahi	18,292	16,939
W Tozer	10,224	18,375
Total fees paid	**227,238**	**225,079**

Grant Thornton performed consultancy services for the Dental Council during the year. Grant Thornton is a related party because the Chair of the Audit and Risk Management Committee is also a partner at Grant Thornton. The value of services provided in the year was $168,379 (2019: $41,424). At the year-end, $30,462 was owed to Grant Thornton by the Dental Council (2019: $946).

Key management personnel

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

	2020 $	2019 $
Total remuneration	556,561	576,249
Number of people	2.6	2.6

17. Leases

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

Lease of premises 80 The Terrace (Dental Council share)	2020 $	2019 $
Not later than one year	176,306	159,752
Later than one year and no later than five years	468,489	572,445
Later than five years	–	–
	644,795	732,197

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

Lease of premises 80 The Terrace (five responsible authorities)	2020 $	2019 $
Not later than one year	541,603	489,016
Later than one year and no later than five years	1,438,729	1,752,307
Later than five years	–	–
	1,980,332	2,241,323

Lease of premises 109 Willis Street (Dental Council share)	2020 $	2019 $
Not later than one year	91,115	96,635
Later than one year and no later than five years	60,743	169,112
Later than five years	–	–
	151,858	265,747

The lease agreement at 109 Willis Street (start date 1 March 2019) is in the names of the Dental Council and the Pharmacy Council of New Zealand (two responsible authorities), both of which have joint and several liability. This lease expires on 14 November 2021 with a right of renewal of a further six years.

Lease of premises 109 Willis Street (two responsible authorities)	2020 $	2019 $
Not later than one year	182,230	193,271
Later than one year and no later than five years	121,487	338,224
Later than five years	–	–
	303,717	531,495

18. Categories of financial assets and liabilities

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

Financial assets	2020 $	2019 $
Receivables		
Cash and cash equivalents	581,794	1,438,103
Investments	3,104,128	2,100,000
Receivables from exchange transactions	46,052	87,302
Receivables from non-exchange transactions	8,369	8,483
	3,740,343	**3,633,888**

Financial liabilities	2020 $	2019 $
Accounts payable	432,495	530,975
Employee entitlements	154,052	187,404
	586,547	**718,379**

19. Capital commitments

There were no capital commitments at the reporting date (2019: $99,048).

20. Contingent liabilities

There were no contingent liabilities at year-end (2019: none).

21. Contingent assets

There were no contingent assets at year-end (2019: none).

22. Subsequent events

There were no subsequent events.

23. COVID-19

On March 11, 2020, the World Health Organisation declared the outbreak of COVID-19 (a novel Coronavirus) a pandemic. Two weeks later, on 26 March, New Zealand increased its COVID-19 alert level to level 4 and a nationwide lockdown commenced. As part of this lockdown the offices of the Dental Council were temporarily closed with staff working from home. At the date of issuing the financial statements, the Dental Council has not identified a significant impact of COVID-19 on the operations of the Council. Annual APC fees remain a statutory requirement for practising oral health professionals.

The financial impact of the COVID-19 pandemic is not able to be determined in the rapidly changing environment however Dental Council is taking decisive action, specifically in reducing operating expenses, deferring non-essential projects, optimising labour costs and implementing a hiring freeze. The Council will continue to receive APC fees from practitioners for the foreseeable future and other revenues are being reforecast regularly in the COVID-19 environment. An assessment of the underlying values of Dental Councils' assets and liabilities has determined no material change as a result of COVID-19.

Glossary

accreditation

The Council process of assuring the quality of education and training of oral health programmes. All New Zealand-prescribed qualifications must be accredited.

annual practising certificate

The certification that an oral health practitioner is considered competent and fit to practise their registered profession. A practitioner must not practise their profession if they do not hold a current annual practising certificate.

competence

A practitioner who practises their profession at the required standard of competence applies knowledge, skills, attitudes, communication and judgement in their delivery of appropriate oral health care within their registered scope of practice.

competence review

A review of an oral health practitioner's competence typically undertaken in response to concerns about the practitioner's practice but may be undertaken at any time as determined necessary by the Council. The review is a measure of the quality of the practitioner's performance, based on competencies and the evaluation of these in relation to standards.

competence review committee

A committee appointed by the Council to undertake a competence review.

continuing professional development

Educational activities and interactive peer contact activities aimed at ensuring an oral health professional's continuing competence to practise.

Council

The Dental Council established by the Health Practitioners Competence Assurance Act 2003.

Health and Disability Commissioner

The Health and Disability Commissioner promotes and protects the rights of health and disability services for consumers and facilitates the fair, simple, speedy and efficient resolution of complaints.

Health Practitioners Competence Assurance Act 2003

The Act that provides a framework for the regulation of health practitioners. The main purpose of the Act is to protect the public's health and safety. The Act includes mechanisms to ensure practitioners are competent and fit to practise their professions.

Health Practitioners Disciplinary Tribunal

The tribunal that hears and decides disciplinary charges brought against registered health practitioners. The charges may be brought by a professional conduct committee or the Director of Proceedings from the Health and Disability Commissioner.

oral health practitioner

The collective term used to describe any person registered in one of the regulated professions associated with the delivery of dentistry. The regulated professions include dentists, dental specialists, oral health therapists, dental hygienists (including orthodontic auxiliaries), dental therapists, dental technicians and clinical dental technicians.

order

A formal direction from the Council or the Health Practitioners Disciplinary Tribunal of a decision made under the Health Practitioners Competence Assurance Act 2003. An order by the Council may, for example, require a practitioner to undertake a competence programme, assessment or examination or that conditions be included in a practitioner's scope of practice.

practice standards

Detailed standards established by the Council relating to specific practice areas. These standards are available on the Council's website www.dcnz.org.nz.

prescribed qualification

A qualification specified by the Council as delivering a competent graduate to practise a particular scope of practice in New Zealand once registered. Prescribed qualifications are published in the New Zealand Gazette.

professional conduct committee

A committee appointed by the Council to independently investigate matters referred to it, such as concerns about a practitioner's conduct or safety or a notice of conviction. A professional conduct committee may make recommendations to the Council or determinations, including about the laying of charges before the Health Practitioners Disciplinary Tribunal.

public register (or dental register)

A public register maintained by the Council of all registered oral health practitioners, including those practitioners not currently practising. The register is available on the Council's website www.dcnz.org.nz.

recertification

The process for ensuring registered oral health practitioners are competent and fit to practise their professions.

The annual recertification process requires practitioners to declare yearly:

- their compliance with the Council's Standards Framework
- their competence to practise
- any health conditions, fitness, competence or disciplinary issues that may affect their competence or fitness to practise.

Practitioners are also required to meet the recertification programme set by the Council for each profession, requiring them to complete a specified number of hours of continuing professional development and peer contact activities over a four-year cycle.

Individual recertification programmes can also be developed by the Council to remediate the competence of a practitioner found to be practising below the required standard of competence.

registration

The process of adding an oral health practitioner to the dental register when they have satisfied the Dental Council that:

- they are fit for registration
- have the prescribed qualifications for their profession, or qualifications deemed equivalent to the prescribed qualifications
- they are competent to practise their profession.

removal

The cancellation of the entry in the dental register relating to an oral health practitioner.

restoration

The reinstatement of an oral health practitioner on the dental register following the cancellation of their entry.

retention

The process of maintaining a non-practising registered oral health practitioner without an annual practising certificate on the dental register.

risk of harm

The risk of harm is that posed to the health and safety of the public by a practitioner's competence, health or conduct.

scope of practice

The scope of practice of a profession describes the activities permitted for the practice of that profession.

standards framework

The Standards Framework describes the minimum standards of ethical conduct, and clinical and cultural competence that patients and members of the public can expect from all registered oral health practitioners. These standards are defined in the ethical principles, professional standards and practice standards that govern all oral health practitioners.

The Standards Framework is available on the Council's website www.dcnz.org.nz.

suspension

The outcome of either:

- a temporary order made by the Council to prevent an oral health practitioner from practising their profession when their competence is under review or assessment and they pose a risk of serious harm to the public, or when a practitioner is suspected of being unable to perform the required functions of their profession because of health issues, or there is a pending prosecution or investigation casting doubt on the practitioner's professional conduct
- an order made by the Health Practitioners Disciplinary Tribunal to suspend the registration of an oral health practitioner.

Trans-Tasman Mutual Recognition Act 1997

The Act that recognises Australian and New Zealand registration standards as equivalent and allows registered oral health practitioners to work in either country in the same scope of practice.

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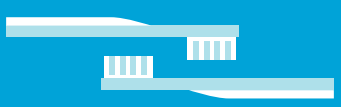

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