

## Annual Plan and Budget for the 2011/12 year

The Dental Council consulted on its draft annual plan and budget for the financial year beginning 1 April 2011 in the December 2010 edition of Dental Council News.

Stakeholders were invited to comment on the draft plan and budget.

The Council noted the feedback from practitioners at its February 2011 meeting.

The Annual Practising Certificate (APC) fees as published in the December 2010 consultation, except for the dentist and dental specialist APC fee, have been approved by the Council and gazetted to be effective for the 2011/12 year.

However, due to a higher than projected increase in the number of professional standard cases for dentists and dental specialists, the

disciplinary levy position for these practitioners will be reassessed after the financial results for 2010/11 have been completed and audited. Once the opening reserve position has been determined, and if a disciplinary levy change is required, a consultation document will be issued to all dentists and dental specialists over the June and July period. The Dentist and Dental Specialist APC fee will be finalised by the Council at its August meeting, to be gazetted on 1 September 2011, effective 1 October 2011 – 30 September 2012.

The APC fees as gazetted are detailed below.

Profession	APC fees (GST exclusive)	APC fees (GST inclusive)
Dentists and dental specialists (includes disciplinary levy refund of \$12.27)	\$664.89	\$764.62 <sup>1</sup>
Dental hygienists (includes disciplinary levy refund of \$47.02)	\$277.08	\$318.64
Dental therapists (includes disciplinary levy refund of \$34.64)	\$385.02	\$442.77
Orthodontic auxiliaries (includes disciplinary levy refund of \$47.25)	\$273.97	\$315.07
Dental technicians (includes disciplinary levy refund of \$61.71)	\$406.07	\$466.98
Clinical dental technicians (includes disciplinary levy refund of \$61.71)	\$406.07	\$466.98

<sup>1</sup> Because the Dentist and Dental Specialist APC year is 1 October 2011 to 30 September 2012, the APC fee for dentists and dental specialists will be re-evaluated and finalised at the Council's August meeting.

All the Dental Council fees can be found at <http://www.dcnz.org.nz/dcScheduleFees>

## Message to Christchurch Practitioners

The Dental Council is aware of the considerable personal and professional difficulties that many Christchurch practitioners, staff and their families are managing and extends its best wishes to those who have been affected by the earthquake.

The Council is particularly heartened by the response of the nation's practitioners in supporting all those affected, in particular, to enable practitioners to return to work and provide a valued service to the community.

With the support of the Ministry of Health, the Council has extended the APC renewal period for Christchurch-based dental therapists, dental hygienists, dental technicians and clinical dental technicians to 30 June 2011. Additionally, the Council encourages any Christchurch practitioner who has concerns or problems relating to their requirements under the Health Practitioners Competence Assurance Act 2003 to contact the Council for advice.

**Professor Robert M. Love**  
Dental Council Chair

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## New Scopes of Practice for Dental Hygienists, Dental Therapists and Orthodontic Auxiliaries

New scopes of practice were gazetted on Thursday 17 March 2011 for dental hygiene, dental therapy and orthodontic auxiliary.

The Council, at its February meeting, approved the proposed new scopes as reflected in the consultation document issued to stakeholders on 15 October 2010. The consultation proposed merging the relevant add-on scopes of practice with the relevant general scope of practice for dental hygienists and dental therapists. The proposal had also included merging the orthodontic auxiliary intra-oral and extra-oral radiography scopes with the orthodontic auxiliary general scope and redefining these as "Taking intra-oral and extra-oral radiographs". After consideration of all the submissions, the Council made a few additional amendments to the proposed scopes of practice, as reflected in the consultation document. Details of these additional changes and the final scopes of practice can be found at <http://www.dcnz.org.nz/dcWhatsNew>

The Council also agreed that a further consultation document should be developed to address additional issues raised in submissions that fell outside the intent of the original consultation.

### What does this change mean for you?

It is important to note that, from a day-to-day perspective, nothing has changed for practitioners in terms of their scopes of practice. Practitioners continue to perform the same activities as undertaken before the scope changes, within their registered scope of practice, training and competencies.

This change means all hygienists, therapists and orthodontic auxiliaries' APCs for the 2011/12 year were issued with the amended scopes of practice. The APCs will now show exclusions from the scopes of practice for those "add-on" scopes in which practitioners were not previously registered.

Those practitioners wanting to remove these exclusions from their scope of practice will have to complete the appropriate Dental Council-approved course.

The public register, available on the Dental Council's website, has already been updated with the new scopes of practice.

## ERMA hearing on Tooth Whitening

The Environmental Risk Management Authority (ERMA) issued a consultation document on 8 December 2010 to review specified Dental Product Group Standards.

The Dental Council and the Ministry of Health have applied for amendments to the Dental Products (Oxidising, 5.1.1) Group Standard 2006 and the Dental Products (Subsidiary Hazards) Group Standard 2006. The amendments relate to dental products containing hydrogen peroxide.

Currently the Dental Products Group Standards do not have any restrictions regarding the amount of hydrogen peroxide a dental product can contain or release. This means that any individual consumer and non-registered practitioners can buy, sell and apply these products. The applicants are of the view that the risk of possible adverse effects from the use of dental products containing or releasing hydrogen peroxide are considered not to be adequately controlled.

On the grounds of public safety the applicants proposed a level of hydrogen peroxide in tooth bleaching products that can be used by non-registered practitioners.

A public hearing was conducted on 12 April 2011 where the Chair of Council, Professor Robert Love, made a presentation on behalf of the applicants to the

ERMA decision-making committee on the impacts that hydrogen peroxide can have when applied in the mouth. Other presenters to the committee included the New Zealand Dental Association, Johnson and Johnson Pacific Ltd, New Zealand Cosmetic Teeth Whitening Association, Accord Australasia, Arrow Pharmaceuticals (NZ) Ltd, Sally Jane Ltd Salon Bright and New Zealand Food and Grocery Council.

A final decision will be made by the decision-making committee, after consideration of the submissions and evidence presented at the hearing.

Contrary to some of the media reports after the hearing, the applicants' proposal doesn't mean that all products containing hydrogen peroxide, irrespective of the concentration, must only be supplied by dentists. In addition, this doesn't mean that only dentists would be able to apply these products but all appropriately trained, registered oral-health practitioners will continue performing their activities based on their scope of practice, training and competencies.

# Other Dental Council Activities

## Consultations

### Current consultations

#### Scope of Adult Care in Dental Therapy Practice

The Dental Council issued a consultation document on proposed changes to the Scope of Adult Care in Dental Therapy Practice on 21 March 2011. The proposal is for the existing Scope of Adult Care in Dental Therapy Practice to be amended to allow practitioners to practise under either *direct clinical supervision* or *clinical guidance*, depending on the practitioner's qualifications.

The Dental Council therefore seeks any comments on the proposal by the close of business on **Monday, 16 May 2011**. The consultation document can be found at <http://www.dcnz.org.nz/dcWhatsNew>

#### Proposed Code of Advertising

The Dental Council has issued a consultation document on a Proposed Code of Practice on Advertising, developed in conjunction with the New Zealand Dental Association, for comments by close of business on **Monday, 20 June 2011**. The consultation document can be found at <http://www.dcnz.org.nz/dcWhatsNew>.

### Previous consultation outcomes

#### Statement of Use of Cone Beam Computed Tomography in Dentistry

The Dental Council issued the Cone Beam Computed Tomography consultation document, with guideline principles to be published as a Council statement, on 22 November 2010 with feedback requested by 31 January 2011.

At its meeting on 28 February 2011, the Council noted strong support from the submissions for a Council statement. The Council accepted a few amendments to the draft statement, based on submissions received, and a revised statement will be finalised.

### Future consultations

#### Draft Code of Practice: The Practice of Dental Technology and Clinical Dental Technology and the working relationship within the Practice of Dentistry

The Dental Technicians Board appointed a working party to review the above code of practice to incorporate the changes made to the dental technician and clinical dental technician scopes of practice. The Dental Technicians Board has recommended to the Council changes to the code of practice, which will be considered at the Council's May meeting. A consultation document will be issued shortly afterwards inviting submissions.

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## Health Workforce New Zealand Discussion Document

Health Workforce New Zealand (HWNZ) issued a discussion document on 17 February 2011, on behalf of the Minister of Health, with a proposal for a shared secretariat and office function for all health related regulatory authorities (RAs) together with a reduction in the number of regulatory authority board members.

The minimisation of costs associated with regulatory authority secretariat and office functions is a Ministerial priority. The Minister's intentions and proposal were reported to Cabinet in December 2010. A report back to Cabinet on the proposal is due in June 2011.

The discussion document included a range of options that were considered when formulating the proposal for reducing the costs of regulation, including:

- i. consolidation of all RAs into one organisation;
- ii. consolidation of all RAs into one organisation except for the five with either the largest number of members or the most disciplinary cases;

- iii. consolidation of all the RA secretariats (on its own);
- iv. reduction in the number of board members (on its own).

A fifth and preferred HWNZ option involves both:

1. consolidation of all the RA secretariats, together with;
2. reducing the number of board members.

Submissions are due on 22 April 2011 (a one-week extension from the original submission date has been granted by HWNZ). The Dental Council is in the process of finalising its response.

## Accreditation

The Council considered and approved the following New Zealand programmes' accreditation.

*University of Otago – Bachelor of Dental Surgery programme* was granted re-accreditation until 31 December 2017 subject to receiving satisfactory annual reports that include progress on the recommendations in the Accreditation Report. This programme is a prescribed qualification for the Scope of Practice for General Dental Practice.

*New Zealand Association of Orthodontists, Orthodontic Auxiliary Training Programme: Certificate of Orthodontic Assisting* was granted re-accreditation to 31 March 2013, with the following condition:

1. to develop the "Use of handpiece" module for the in-house training programme; and to implement this for the next 2011 graduating class.

This programme, similar to all other programmes, also needs to submit annual reports that include progress on the condition and recommendations in the Accreditation

Report. This programme is a prescribed qualification for the Scope of Practice for Orthodontic Auxiliary Practice.

The following *University of Otago postgraduate programmes* are scheduled for an accreditation review in September 2011:

- MDS/MBChB
  - Oral Medicine
- Master of Community Dentistry (MComDent)
- Doctor of Clinical Dentistry (DClinDent)
  - Endodontics
  - Oral and Maxillofacial Surgery
  - Oral Pathology
  - Orthodontics
  - Paediatric Dentistry
  - Periodontology
  - Prosthodontics
  - Special Needs Dentistry.

## Oral Surgery Working Party

As part of its consideration into the future of the specialty of oral surgery in New Zealand, and the possible need to amend, revoke or replace the oral surgery specialist scope of practice, the Council has established a working group of key stakeholders to consider matters relating to the future of the oral surgery speciality in New Zealand.

The members of the working party are Ms Sue Ineson – Chair (layperson); Dr Robyn Haisman (Ministry of Health nominee); Dr Glenn Kirk (Oral Surgery nominee); Dr Paul Scott (New Zealand Dental Association nominee) and Dr Brian Whitley (New Zealand Association of Oral and Maxillofacial Surgeons nominee).

The terms of reference of the working party specify the particular matters that the working group is required to consider and report on. These matters are as follows:

- (a) the current status of oral surgery as a speciality in New Zealand;
- (b) the interface between oral surgery, general dentistry and oral and maxillofacial surgery;
- (c) workforce and training issues;
- (d) international developments and trends, including the status of oral surgery as a specialty in Australia and the United Kingdom;
- (e) any other matters that the working group considers may be relevant to the Council's consideration of the future of oral surgery in New Zealand.

The working group is to prepare a written report summarising its findings, and any dissenting views, and present this to a Committee of Council (to be appointed by the Council). The committee will consider the report of the working group before the full Council makes any decision on the future of the oral surgery specialist scope of practice.

The working party met on 7 March 2011, and it is anticipated the final report will be submitted to the Committee of Council by the end of April 2011.

### Policy on the Approval of Providers of Continuing Professional Development Activities

A new policy for the approval of providers of continuing professional development (CPD) activities was approved by Council at its February meeting. All current CPD providers have been issued with the revised policy, which is also available at <http://www.dcnz.org.nz/dcWhatsNew>

# Dental Council Awards 2010

The following two Dental Council awards were granted in 2010.

## Dental Council Research Award – Auckland University of Technology

This award is for the Highest Achievement in Methods of Research and Enquiry. The 2010 recipient was Yvonne Smith.



PROFESSOR ROBERT LOVE, DENTAL COUNCIL CHAIR, PRESENTING THE AWARD TO MS YVONNE SMITH

Yvonne shared the following on her specific interest in research.

*"I am a recent AUT University BHSc (Oral Health) graduate, working as both a dental therapist with the Auckland Regional Dental Service and as a dental hygienist in a specialist Periodontics practice in Remuera. At the end of my final year of study, I was delighted to receive the Dental Council award for highest achievement in methods of research and enquiry.*

*My interest in dental research began during the first year of my studies when I developed a research poster on the topic of Bruxism. In the second year of my AUT University based course, I worked as part of a research team (University of Otago and AUT) as a research assistant for a project which aimed to assess the current practice and feasibility of community pharmacists delivering an oral health message for patients with systemic disease. During this year I also completed a literature review and presented a paper on the prevalence of Musculoskeletal Disorders (MSD) among dental hygienists. This formed the basis for a research plan to determine the prevalence of MSD among dental hygienists in New Zealand – a project I am interested in pursuing in the future.*

*At the upcoming NZDTA conference in Queenstown, I will be presenting 'Musculoskeletal Disorders – Prevention is better than cure'. This presentation will report on the prevalence and consequences of MSD among dental professionals, as well as detailing ergonomic and preventive strategies for effectively managing these common conditions."*

## Dental Council Prize for Clinical Excellence – University of Otago

This prize is awarded annually to the top clinical student of the fourth-year class for the degree of Bachelor of Dental Surgery.

The 2010 prize recipient was Inah Kim. Inah wrote the following about her experience as a dental student.

*"I chose to study Dentistry because I was torn whether to continue with art or science after high school. After years of observing and assisting my father part time, I believed Dentistry was the perfect combination of the two. Now I thoroughly enjoy using both my passions everyday.*



MS INAH KIM

*There are certain aspects of training at Otago Dental School that I enjoyed and thought were particularly invaluable. I believe early clinical training in second year has been advantageous, giving students a taste of patient management and practical experience early on. It allowed us to link our theoretical knowledge with real-life clinical situations right from the beginning.*

*I really enjoyed spending time in the lab, making trays and wax ups for my patients, as I love working with my hands. Also the opportunity to do Summer Studentship Research over the break has given me an insight into a totally different aspect of Dentistry that I otherwise would not have experienced.*

*In the future, I hope to gain experience in both public and private sectors, volunteer my time and skills overseas in countries without sufficient dental care, and hopefully further studies in a field where I develop particular interest.*

*At this stage, my main focus is to complete my summer research on craniofacial growth, and enjoy my final year at Dental School."*

## Practitioners' Corner – 2009 Workforce Survey Extract

The Workforce Analysis, prepared by Dr JM Broadbent on behalf of the Council, for the period 1 April 2009 – 31 March 2010 has been issued. Extracts from the report are presented below, and the full report is available at <http://www.dcnz.org.nz/dcWhatsNew>

### The Dentist Workforce

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

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

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

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

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

### The Dental Therapist Workforce

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

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

### The Dental Hygienist Workforce

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

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

### The Dental Technician Workforce

There were 346 active dental technicians (up by 1 from the previous year), of whom 43% were clinical dental technicians. The age groupings of the dental technology workforce were similar to that of the dentists. The proportion of females was 22% for all dental technicians and 14% for clinical dental technicians (39.1% of dental technicians were female). Of the clinical dental technicians, 59% were aged 50 and over, compared to 26% for dental technicians. Some 52% of the dental technology group were New Zealand European – 2% less than the previous year. 'Other Europeans' comprised 13% of dental technicians, and Māori comprised less than 3%.

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

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