DENTAL COUNCIL
Te Kaunihera Tiaki Niho

August 2013

NEWS

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Dental Council Strategic Plan for 2013–18

During Council's end of year strategic planning session, its Mission and Vision were reviewed, and the following four key strategic goals for the 2013–18 period were identified.

Mission

To provide public assurance that oral health practitioners are competent and fit to practise.

Vision

Standards are set and maintained for oral health practitioners to deliver safe and competent care to the public of New Zealand.

Goals

1. Administer the Health Practitioners Competence Assurance Act 2003 consistently, fairly and effectively.
2. Maintain an organisation that is efficient, responsive and sustainable.
3. Promote and communicate Council's functions to stakeholders and the public of New Zealand.
4. Promote appropriate standards of oral health care.

Further details on the Dental Council's strategic plan, and specific projects associated with each of the four strategic goals, can be found on Council's website at:

www.dcnz.org.nz/Documents/StrategicPlans/DentalCouncil_StrategicPlan_2013-2018.pdf.

Development of a Standards Framework

One of the key priorities identified in Council's 2013/14 annual plan was the development of a standards framework.

At present, the professional standards that practitioners are required to observe are set out in several codes of practice and practice statements issued by Council, which stand in isolation, without reference to any broad ethical or standards framework or wider ethical principles.

Council has approved in principle, a proposed standards framework, consisting of core ethical principles that are supported by standards of conduct, performance and ethics. Further development of the standards framework is in progress, and a consultation process with all key stakeholders and practitioners will commence in due course.

Update on a Single Shared Secretariat for Responsible Authorities

In late 2012, the Minister of Health requested the preparation of a detailed business case (DBC) for a single shared secretariat.

The objective of the DBC was to articulate the case for change and to identify the costs and benefits of establishing a single shared secretariat to manage all of the functions and responsibilities of all 16 responsible authorities (RAs).

A steering committee was established to oversee the preparation of the DBC, comprising three RA chairs and three RA chief executive officers (CEOs), under the chairmanship of Professor Ron Paterson, former Health and Disability Commissioner and now Professor of Health Law and Policy at the University of Auckland. CEO of the Dental Council, Marie Warner was appointed to the steering committee.

PricewaterhouseCoopers was engaged by the steering committee to undertake the DBC project in December 2012 and completed its assignment in April 2013. RA Boards and Councils were then asked to consider the proposal and advise Health Workforce New Zealand by the end of May 2013 whether or not they supported the proposition.

The Director-General of Health has now advised that, while there appears to be RA support for the amalgamation of back-office functions, the proposition for full amalgamation has not been universally accepted. RAs have now been asked to submit a joint proposal to the Director-General of Health by 31 August 2013 for the implementation of a back-office organisation.

Update on the Review of the Act

The Ministry of Health has advised all submitters to the 2012 review of the Health Practitioners Competence Assurance Act 2003 that only a small number of changes to the Act are proposed.

According to the Ministry, the majority of submissions received during the public consultation phase of the review considered that the Act remains a robust framework for the protection of public safety, and that significant legislative change was unnecessary.

Health Workforce New Zealand convened three focus groups of invited attendees (including the Council and/or Board Chairs of all RAs) where the proposals were discussed. The creation of focus groups was intended to target discussion at those groups most affected by the proposed changes. The focus groups met on 1–3 July 2013, and Health Workforce New Zealand will now provide advice to the Minister about final recommendations from the review, taking into account the views and advice of the focus groups.

Code of Practice on Advertising

Council published its approved Code of Practice on Advertising (the code) on 19 April 2013. The code establishes the minimum standards that oral health practitioners are required to meet when advertising their services.

The code will take effect from 1 November 2013. The rationale for deferring the date the code comes into effect was to provide practitioners with the opportunity to make any necessary amendments to their advertising to ensure it meets the standards established by the new code.

Council's expectation is that all oral health practitioners will familiarise themselves with the code and ensure their advertising is compliant with it. All oral health practitioners are reminded that the standards must be met. Failure to meet the standards, without good reason, will on the face of it be a breach of a practitioner's professional duties. Clause 6 of the code sets out the consequences of a breach of advertising requirements.

It is not appropriate for Council to review or advise on practitioner advertising or its compliance with the code. If you are in any doubt about matters relating to your advertising and compliance with the code, you should seek your own independent legal advice.

The code can be downloaded from Council's website at: www.dentalcouncil.org.nz/dcStandardsCodes.

Oral health practitioners' ethical responsibility in the community water fluoridation debate

There has been a high level of interest in the issue of community water fluoridation over recent months, with various local councils reviewing their policies on water fluoridation.

Dental Council is aware that various oral health practitioners have been requested to make submissions or provide advice to the councils on this matter.

Recent survey results published by the New Zealand Dental Association indicate that the majority of oral health professionals support community water fluoridation. However, a small number of practitioners take a dissenting view. The difficult question for practitioners holding a dissenting view is how to reconcile their beliefs against a majority opinion, and what advice they offer to patients, local councils and other stakeholders involved.

A significant body of research exists about water fluoridation. The published research is peer reviewed, presented in journals to a broad audience and is therefore exposed to wide critique. From this wide critique, the consensus of opinion across the oral health profession is that the benefit of water fluoridation outweighs the potential side effects.

Practitioners advising stakeholders and decision making bodies have a professional and ethical responsibility to critically analyse available research, and to ensure the breadth and depth of the evidence they use to formulate their position is appropriate. The information presented should be impartial, not selected or edited to support one particular view. If your personal belief differs from the majority view, then there is an onus on you to inform your audience on the extent to which your view has, or does not have, the support of the majority of oral health practitioners.

Oral health promotion is a key competency of all oral health professionals, and practitioners are encouraged to embrace the opportunity to participate in this very important debate, but simultaneously must act in a responsible and professional manner as the outcome of these decisions impact on our communities.

Other Council Activities

Liaison

Signing of a Memorandum of Understanding with the Australian Dental Council

Front: Mark Goodhew – Dental Council Chair, John Boucher – Australian Dental Council President. **Back:** Marie Warner – Dental Council CEO, Lyn LeBlanc – Australian Dental Council CEO.

Council and the Australian Dental Council renewed their Memorandum of Understanding (MOU) in Wellington on 31 May 2013. The MOU covers the joint accreditation committee; the joint dentist written examination; and the communication and liaison mechanisms between the two organisations.

Council values its strong working relationship with the Australian Dental Council both on the governance and operational levels.

International Dental Regulators Forum

Council Chair, Mark Goodhew and CEO, Marie Warner met with representatives of the Dental Council of Ireland and the Commission on Dental Accreditation from the United States, during their visit to the Commission on Dental Accreditation of Canada in November 2012.

As a result of these meetings, Council is taking a leading role in establishing an inaugural international dental regulatory conference, scheduled for October 2013. The aim is to establish an international dental regulators forum where matters of common interest can be discussed.

Current Consultations

Proposed prescribed qualification for the Dental Specialty: Oral Medicine Scope of Practice

Council issued a consultation document in July 2013 on a proposed prescribed qualification for the Dental Specialty: Oral Medicine Scope of Practice.

Council granted accreditation to the DClinDent (Oral Medicine) programme in March 2013 as the dental component of the Oral Medicine Scope of Practice.

Council is now proposing that the DClinDent (Oral Medicine) programme plus a recognised medical degree be included as a prescribed qualification for the Oral Medicine Scope of Practice.

Council seeks any comments on the proposal by **3 September 2013**.

Consultation Outcomes

Consultation on proposed prescribed qualifications for the General Dental, Oral and Maxillofacial Surgery and Dental Technology scopes of practice

In October 2012, Council consulted on a proposal to gazette three University of Otago qualifications as prescribed qualifications.

At its meeting in February 2013, Council considered the submissions it had received and approved the proposal to gazette the following:

- *University of Otago Bachelor of Dental Surgery with Honours* as a prescribed qualification for the general dental scope of practice
- *University of Otago Bachelor of Dental Technology with Honours* as a prescribed qualification for the dental technology scope of practice
- *University of Otago Doctor of Clinical Dentistry in Oral and Maxillofacial Surgery* as a prescribed qualification for the oral and maxillofacial surgery scope of practice.

The qualifications were gazetted on 4 April 2013.

Further details on any consultation proposals or outcomes are available at: www.dcnz.org.nz/dcConsultation.

Committees and Working Groups

Standards Review Standing Committee appointments

Council established the Standards Review Standing Committee to advise it on the review and development of Council codes of practice and statements.

Council was pleased to discover there was significant practitioner interest in serving on the committee and is most grateful to all candidates for making themselves available for consideration. It was encouraging to see the extent of genuine practitioner interest in the further development of the professions' minimum standards.

The following people were appointed to the committee for a three-year term:

- Robin Whyman – Chair and Council member
- Sue Ineson – Layperson

- Karl Lyons – Dental specialist
- Anita Nolan – Academic
- Dianne Pevreal – Dental therapist
- Tania Stuart – Dentist
- Sharmyn Turner – Dental hygienist
- Justin Wall – Māori representative
- Mike Williams – Dental technician/Clinical dental technician.

The committee had its inaugural meeting on 18 June 2013 where a proposed work plan for 2013/14 was developed for consideration by Council.

Oral Health Therapist Working Group appointments

A request for expressions of interest to serve on the Oral Health Therapist Working Group was issued by Council in November 2012, with a second expression of interest issued for additional positions created in February 2013.

The working group is tasked with developing a draft oral health therapist scope of practice and a working relationship between the oral health therapist and dentist for Council consideration. In addition, the group will be asked to comment on the treatment of adults by oral health therapists, and the required supervision levels, by analysing the relevant New Zealand training programmes and international practice.

The members of the group are:

- Lyndie Foster Page – Chair (Council member)
- Minnie McGibbon – Dental therapist (Council member)
- Leslea Eilenberg – Dental hygienist (Council member)
- Susan Moffat – Educationalist; University of Otago
- Daniel Fernandez – Educationalist; Auckland University of Technology
- John Boyens – Dentist
- Marize Jones – Dual-trained qualified practitioner
- Grace Park – Dual-trained qualified practitioner
- Barbara Dewson – Dental therapist
- Rose Davies – Dental hygienist.

The working group's first meeting is scheduled for 19 August 2013.

Accreditation

The following accreditation reviews are scheduled during July to September 2013.

- **Reaccreditation** – Auckland University of Technology Bachelor of Health Science in Oral Health; 3–5 September 2013.

  Site evaluation team members:

  - Jenny Miller – Chair and Senior academic – University of Adelaide
  - Catherine Schillinger – Dental hygienist
  - Karen Boyce-Bacon – Dental therapist
  - Christine Rimene – Layperson, Māori and previous review team member representative.
- **Limited review** – Royal Australasian College of Dental Surgeons Oral and Maxillofacial Surgery Education and Training Programme; 29–30 July 2013.

  A limited review has been conducted following a joint Australian Medical Council/Australian Dental Council/ Dental Council (New Zealand) comprehensive review process in 2012. The limited review has focused on Australian Dental Council/Dental Council (New Zealand) accreditation standards not specifically covered in the joint comprehensive review process.

  Site evaluation team members were:

  - Professor Lindsay Richards – Chair and Senior academic – University of Adelaide
  - John Bridgman – Oral and maxillofacial surgeon
  - Christene Rimene – Layperson.
- **New programme** – Royal College of Pathologists of Australasia Fellowship of the Faculty of Oral Pathology; 29 July – 1 August 2013.

  A joint accreditation between Australian Dental Council and Dental Council (New Zealand), submitted as a new programme application in New Zealand.

  Site evaluation team members were:

  - Professor Newell Johnson – Chair; Griffith University
  - Professor David Wilson – Charles Sturt University
  - Dr Alec High – Oral pathologist – Leeds, United Kingdom.

Annual report

Council has tabled its annual report on its operations and audited financial statements for the financial year ending 31 March 2013, in accordance with section 134 of the Health Practitioners Competence Assurance Act 2003. A copy of the 2012/13 annual report is available at: www.dcnz.org.nz/dcWhatsNew.

Graduates 2012

In response to inquiries on the number of recent graduates registered with Council, a breakdown on the 2012 graduates is provided in the table below.

	Number of 2012 graduates	Number of 2012 graduates registered, as at 31 March 2013	Number of 2012 graduates with an annual practising certificate, as at 31 March 2013
University of Otago			
Bachelor of Dental Surgery	84	69	64
Bachelor of Oral Health	34	33	31
Bachelor of Dental Technology	30	1	0
Postgraduate qualifications:*	20	16	14
Dental Specialists	*15*	*12*	*12*
Clinical Dental Technology	*5*	*4*	*2*
Total from Otago	**168**	**119**	**109**
Auckland University of Technology			
Bachelor of Health Science in Oral Health	31	30	29
TOTAL	**199**	**149**	**138**

*Only postgraduate qualifications that lead to registration in a scope of practice are reported here.

Number of Exclusions on Dental Hygienists, Dental Therapists and Orthodontic Auxiliaries Scopes of Practice

Two years since the merger of the additional scopes of practice into the general scopes of practice for dental hygienists, dental therapists and orthodontic auxiliaries, it is timely to review the number of exclusions that still exist on the relevant practitioners' scope of practice and the number of exclusions removed since March 2011.

	Total number of exclusions removed – 2011/12	Total number of exclusions removed – 2012/13	Total number of exclusions remaining, as at 28 July 2013
Dental hygiene scope of practice			
Orthodontic procedures	32	2	359
Local anaesthesia	4	15	205
Extra-oral radiography	37	7	314
Intra-oral radiography	37	8	160
Dental therapy scope of practice			
Pulpotomies	11	34	315
Stainless steel crowns	40	44	317
Radiography	16	4	30
Diagnostic radiography	21	3	30
TOTAL	**198**	**117**	**1730**

Discipline Update

Disciplinary proceedings initiated with the laying of charges against practitioners

A number of practitioners who were the subject of investigations by professional conduct committees have had charges brought against them before the Health Practitioners Disciplinary Tribunal and are awaiting an outcome. They include four registered dental technicians and one dentist/specialist who practised without a current annual practising certificate (APC); a dentist who "had breached acceptable boundaries with a colleague in his place of work"; and a dentist who was convicted and sentenced in the District Court for dishonesty offences relating to dental claims to a value of $49,274.71.

Tribunal's penalty for dentist who practised while suspended appealed

Dr Choonsik Moon, a dentist of Auckland, was charged before the Health Practitioners Disciplinary Tribunal on 20 March 2013 with practising dentistry at a time when he knew, or ought to have known, that he had been suspended by the Dental Council. The period during which he had practised while suspended was just under two weeks. The Council had suspended Dr Moon's registration because of serious concerns it had about his failure to comply with the Council's code of practice on medical emergencies. Dr Moon acknowledged that he had received the Council's order suspending his registration and that he had carried on practising knowing that he was suspended.

The Tribunal found Dr Moon guilty of professional misconduct and determined that his registration be suspended for a period of 12 months, but that the suspension of his registration would not take effect unless Dr Moon failed to satisfy conditions imposed on his practice for a two-year period. Those conditions were that Dr Moon be mentored by a Dental Council-approved practitioner, with reporting requirements, and that he attend and adequately pass a course or courses of training in the ethics of the dental profession. Dr Moon was also censured and ordered to pay a fine of $5,000 and a contribution of $5,000 towards the cost of prosecution.

Decision No: 536/Den12/231P, 22 May 2013, to be published on the Tribunal's website, www.hpdt.org.nz.

The professional conduct committee has appealed to the High Court against the Tribunal's decision to order a suspended suspension.

Absolute responsibility of practitioners to renew annual practising certificate

- A professional conduct committee laid a charge against Dr Albert Kewene, a senior dentist of Hamilton, for practising without a current APC. The Tribunal found the dentist had practised dentistry between 1 October 2011 and 4 November 2011 without being the holder of a current APC. This is an absolute offence, and any questions of protection of the public, maintaining professional standards or punishment of the practitioner are considerations only, in relation to penalty. The dentist was fined $500 and ordered to pay a contribution of $5,000 towards the costs and expenses of the investigation, inquiry and prosecution of the charge.

  Decision No: 503/Den12/219P, 21 December 2012, published on the Tribunal's website, www.hpdt.org.nz.

  Dr Kewene unsuccessfully appealed to the High Court for permanent name suppression.

- In another decision of the Tribunal, it found that a charge laid against Mrs Cherie Griffen, a dental therapist of the Bay of Islands, was made out. She was charged with having practised her profession of dental therapy between 1 and 18 April 2012 when she did not hold a current APC. Mrs Griffen was censured. The Tribunal stated that censure was not a "mere formality" but was "an expression of the concern that the Tribunal has against the breach of standards and the HPCA [Health Practitioners Competence Assurance] Act by Mrs Griffen". She was ordered to pay a fine of $500 and a contribution of $2,000 towards the cost of the prosecution.

  Decision No: 544/Dth12/229P, 31 May 2013, published on the Tribunal's website, www.hpdt.org.nz.

Important message for all practitioners

The Tribunal made it very clear there was no ground to excuse a health practitioner for practising without being the holder of a current APC. In its decision for Dr Kewene, the Tribunal stated:

> The requirement for an annual practising certificate is absolute and the responsibility lies with the practitioner. The practitioner must initiate whatever is required to renew the practising certificate annually and the responsibility lies solely with the practitioner, first, to do that and secondly, not to practise until the annual practising certificate has in fact been received. The Dental Council has apparently undertaken a course of an early reminder to dental practitioners for renewal and that will assist dental practitioners in the renewal of their annual practising certificates in a timely and responsible fashion.
>
> …
>
> The obligation is not to practise until the annual practising certificate is in hand. It is not enough for the fee to be paid and an application form to have been received by the appropriate council. It is not enough for a practitioner to leave the matter in the hands of his or her employer and then to practise in some expectation that their responsibilities have been discharged.

Duties of employers and the Dental Council to 'notify' under the Act

The purpose of the Health Practitioners Competence Assurance Act 2003 (the 'Act') is to protect the health and safety of the public by establishing mechanisms to ensure that health practitioners are competent and fit to practise their professions. If you are an employer of a registered oral health practitioner you should be aware of your responsibilities under the Act.

Employers' duty

Employers have a responsibility to protect patients from a risk of harm posed by the conduct, competence or health of a practitioner employed by them. Employers have mandatory obligations under the Act to notify the Dental Council of certain matters affecting a health practitioner who is, or has been, employed by them.

- If an employed oral health practitioner resigns or is dismissed from their employment **for reasons relating to competence**, their employee at the time immediately before the resignation or dismissal **must** give the Registrar of the Dental Council written notice of the reasons for the resignation or dismissal – *section 34(3) of the Act*.
- If an employer of an oral health practitioner has reason to believe that the practitioner is **unable to perform the functions required** for the practise of their profession **because of some mental or physical condition**, the employer must promptly give the Registrar of the Dental Council written notice of all the circumstances – *section 45(2) of the Act*.

Although it is not mandatory under the Act, employers are encouraged to report any serious concerns about a practitioner to the Council in a timely manner. Patient safety should always be the leading consideration.

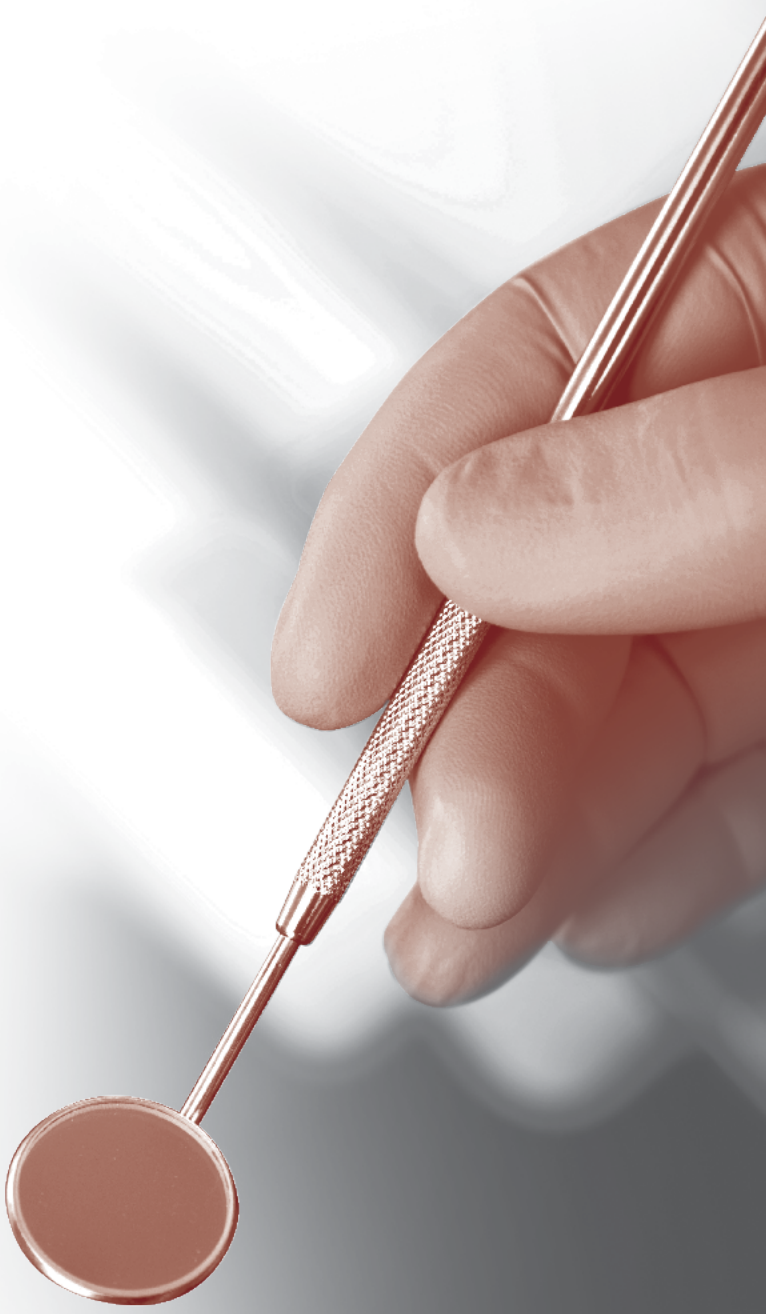
Council's duty

Council's primary responsibility when responding to an employer's notification or reported concern is to protect the health and safety of the public. However, where possible, Council aims to respond in a rehabilitative and supportive manner (for example, working with practitioners who have health problems to enable them to regain and maintain their ability to perform the functions required of their profession).

The Act makes it mandatory for the Dental Council to notify an employer of risks to public safety posed by a practitioner in certain circumstances:

- If the Dental Council has reason to believe that an oral health practitioner may pose a risk of harm to the public, it must promptly give to the practitioner's employer written notice of the circumstances that have given rise to that belief – *section 35(1)(d) of the Act*; and "may" give such notice to any person who works in partnership or in association with the practitioner – *section 35(2)*.
- If the Dental Council, having conducted a review of the competence of an oral health practitioner, has reason to believe that the practitioner fails to meet the required standard of competence, and an order is made under section 38(1) of the Act (for example, an order that the practitioner undertake a competence programme or that conditions be placed on the practitioner's scope of practice), the Council must ensure that a copy of the order is given to the practitioner's employer and any person who works in partnership or association with the practitioner within five days after making the order – *section 38(3)(a)*.

The duties of employers and Council to 'notify' under the Act jointly serve to enhance the primary objective of the Act to protect the health and safety of members of the public.



Practitioners' Corner – Compliance with Codes of Practice

Author – Dexter Bambery, Dental Council Professional Advisor

Introduction

The principal purpose of the Health Practitioners Competence Assurance Act 2003 is to protect the health and safety of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions at the time of registration and on a continuing basis.

The issue of an APC to a practitioner is not automatic upon the making of an application and payment to the Dental Council. Recertification in the context of APC renewals revolves around a practitioner's competence and fitness to practise. Compliance with Dental Council codes of practice serves as an indicator of practitioner competence and fitness to practise. All practitioners are required to declare their compliance as part of the application process for an APC. If a practitioner has not complied with his or her obligations under the codes of practice, the Dental Council may withhold issuing an APC to that non-compliant practitioner.

Each year, 10 percent of each of the oral health profession is randomly chosen and audited by the Dental Council by means of a practitioner self-audit questionnaire. Of those audited practitioners, a number of practitioners are randomly selected for a practice visit by the Dental Council's professional advisors to confirm the practitioner's compliance with all of the codes.

Practice audits

The audit process has been educational and supportive; designed to promote self-reflection and highlight to practitioners any areas for improvement in compliance to the minimum standards set by the codes of practice.

A self-audit of compliance to the codes works best when the codes are read carefully and the questions answered with specific reference to those codes. Some practitioners use the audit as an opportunity to include all staff in the practice with a view to identifying any changes that may improve performance and patient safety. To undertake the process with a colleague from another practice has merit as it provides an opportunity to see things through a fresh set of eyes and enhance peer interaction.

Results

After a number of years of undertaking random audits, the Dental Council has noted several recurring aspects of non-compliance in the following areas.

Infection control

- Many practices are still using cold sterilising solutions. The code requires that anything that comes into contact with blood, saliva or mucous membranes must be autoclaved or of single use. This includes, X-ray holders, bite blocks, impression trays and so on.
- A lack of appreciation of the potential for contamination by aerosols from high-speed hand pieces, triple syringes, ultrasonic scalers and so on. All materials, burs, discs and instruments, if kept within the primary clinical area, must be protected by being in draws or under cover. A bracket table or plastic tray that is disinfected by wiping down rather than autoclaved has the potential to contaminate anything placed on that surface.
- Many practices are using lathes and polishing wheels with polishing materials, such as pumice, to polish adjusted dentures. The polishing of contaminated dentures requires a fresh supply of polishing material and a sterile wheel for each patient.
- It is also worth reflecting on the importance of washing forearms along with hands between patients. This is difficult if wearing a wrist watch.
- Many practices are storing materials in the same fridge as food and drink.
- A number of practices could improve the design of the sterilising area, which should be away from the clinical area and have a flow in one direction from contaminated to washed, to autoclave to clean storage area.

Medical emergencies in dental practice

- Numerous practices are not complying with this code. First-aid kits are common but the requirements of the code are specific with respect to equipment, drugs and training. Many drugs need replacing as they are past their "use-by" date.

Record keeping

- It appears that many practices are simply recording the work done and the fee charged. Often there is insufficient detail especially on materials used (including linings under restorations) and the medicines dispensed (including local anaesthetic). Reference to the code will establish minimum requirements in record keeping and provide guidance to best practice.

- Records are often deficient with reference to the management of periodontal health – baseline charting, proposed treatment, treatment provided and outcomes.
- A fresh look at the issue of privacy can reveal concerns regarding potential for breaches to the confidentiality of patients' clinical records.

Informed consent

- Most practitioners will discuss options, possible consequences of treatment and give out appropriate written information but often fail to record the fact that they have done so in the patients' clinical records.
- Informed consent can be simple for simple routine procedures, but more complex treatment, with the increased potential for adverse outcomes, requires further detail and in some situations signed consent is advisable.

Conclusion

The Dental Council undertakes practice audits to review practitioner compliance to the minimum standards set out in the codes of practice; to educate practitioners; and to support practitioner self-reflection. Practitioner compliance with the codes of practice is a fundamental element of recertification in the context of APC renewals. All practitioners should be familiar with the codes and Council urges practitioners to take responsibility for ensuring, on a continual basis, that they reach and maintain the minimum standards set out within the codes.

End of the Four-Year Continuing Professional Development Cycle for Dental Hygienists, Dental Therapists, Orthodontic Auxiliaries, Dental Technicians and Clinical Dental Technicians – 31 December 2013

The continuing professional development (CPD) four-year cycle for dental hygienists, dental therapists, orthodontic auxiliaries, dental technicians and clinical dental technicians ends on 31 December 2013.

By that time, you are required to have completed the minimum number of verifiable CPD hours and peer-contact activities as outlined in Council's Policy on Continuing Professional Development Activities, and set out in the table below.

Profession	Minimum number of verifiable CPD hours	Minimum number of peer contact activities
Dental hygienists	60	8
Dental therapists	60	8
Orthodontic auxiliaries	30	6
Dental technicians	40	0
Clinical dental technicians	60	0

Note: Dual registered dental hygienists/dental therapists require 60 hours of verifiable continuing professional development and eight peer-contact activities.

All CPD undertaken must be **verified**. That means the CPD activities you have undertaken must have been verified by a Council-approved CPD provider/verifier or by Council's CPD Advisory Committee.

The professional associations (New Zealand Dental Association, New Zealand Association of Orthodontists, New Zealand Institute of Dental Technologists, New Zealand Dental and Oral Health Therapists Association and New Zealand Dental Hygienists' Association) do evaluate and approve applications for an activity to be approved for verifiable CPD purposes for their members. Alternatively, the necessary documentation can be submitted to Council's CPD Advisory Committee.

The onus is on you to ensure the CPD activities that you do undertake are approved **before the end of the CPD cycle**.

If you have questions regarding any of the above information, please contact the Registration Team on 04 499 4820 or by email at inquiries@dcnz.org.nz.

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