



HPCA ACT COMES INTO FORCE

The Health Practitioners Competence Assurance (HPCA) Act finally came into force on 18 September 2004. By establishing a unified framework extending across no fewer than 20 professions this landmark legislation places New Zealand at the cutting edge of health regulation. Here we review the main features of the Act and examine how it will impact on the oral health professions.

The central purpose of 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.

Uniformity

The Act repealed 11 previous Acts of Parliament such as the Dental Act and the Medical Practitioners Act. Most of these laws were out of date - some were passed as far back as 1949 - and there was considerable variation in terms of how they regulated their respective professions. By contrast, the new Act brings uniformity and consistency to the regulation of health occupations.

Flexibility

The Act liberalises the health regulatory framework with a view to ensuring that it can respond flexibly to the needs of an evolving health workforce. One of the ways in which the Act does this is by giving regulatory bodies the authority to define 'scopes of practice' for the professions they regulate, and to 'prescribe' (approve) the qualifications required for registration in these scopes. Moreover, regulatory authorities are able to amend scopes of practice as and when required - for example to take account of changes in technology or working practices.

The scopes of practice for the oral health professions are described in the article on page 3.

Competence assurance

With the exception of the Medical Practitioners Act 1995, none of the old laws regulating the health professions had provisions aimed at ensuring the continuing competence of practitioners. Rather, there was an underlying assumption that practitioners,



Minister of Health (left) with DCNZ delegation at HPCA Act launch function, Grand Hall, Parliament.

once registered, were fit for registration indefinitely unless there was adverse evidence to the contrary. The new Act, however, provides regulatory authorities with mechanisms to ensure that practitioners are competent and fit to practise, not just at the point of registration but on an ongoing basis.

Recertification through the issue of an Annual Practising Certificate (APC) is the main method that the Dental Council and other regulatory authorities will use for ensuring practitioners' competence to practise. Accordingly, practitioners who apply for an APC will have to meet certain minimum requirements, in particular undertaking continuing professional development, maintaining regular peer contact and meeting certain required practice standards (see page 2 for more details).

New Dental Council

While the new Act affects all registered health professions, the impacts on the oral health professions are particularly far-reaching insofar as it has established a new 'combined' Dental Council regulating not only dentists but also dental technicians, clinical dental technicians and the previously unregulated dental therapists and dental hygienists. All of these groups are reflected in the structure and composition of the new entity. While the combined Council maintains

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a strategic and coordinating focus it has delegated core regulatory functions to committees known as 'workforce boards'. These are the Dentist Board, the Dental Technicians Board, the Dental Therapist Board and the Dental Hygienist Board.

Registering the hygiene and therapy workforces proved a major logistical undertaking. So far around 630 dental therapists and 340 dental hygienists (the figure for hygienists includes 62 dental auxiliaries and 97 orthodontic auxiliaries) have been registered.

Restricted activities

The HPCA Act empowers the Minister of Health to declare that certain health activities, which carry a risk of serious or permanent harm, be restricted to registered health practitioners. Activities not included on the restricted activity list may be carried out by unregistered persons provided they do not call themselves or give the impression that they are a registered health practitioner.

The list is not likely to be declared until the New Year. The Dental Council expects, however, that the following activities will be restricted to registered persons and may not be carried out by unregistered persons regardless of whether or not they are working under supervision:

- Invasive procedures, including surgical or operative procedures on, in or below the surface of the skin, mucous membranes of teeth.
- Clinical procedures involved in the provision of fixed and removable orthodontic or oral and maxillo-prosthetic appliances

If you employ or work with unregistered practitioners and are not sure whether the work that they do is likely to fall within the definition of a restricted activity, please contact the Dental Council. You can also find out which activities the Dental Council considers likely to be restricted by visiting our website www.dcnz.org.nz

RECERTIFICATION FOR DENTISTS

The Dentist Board of the new Dental Council has recently approved a policy on recertification of dentists. In accordance with the new HPCA Act this policy aims to ensure that dentists remain competent to practise throughout their working lives. While it applies only to dentists similar policies are being developed for the other dental provider groups.

Over four-year cycles starting May 2005, the issue of an Annual Practising Certificate (APC) will no longer be automatic upon receipt of payment. Rather, the Dentist Board will have to be satisfied that you have maintained your competence before you are recertified to practise through the issue of an APC. Consequently, when you apply for an APC you will have to meet certain minimum requirements. These will involve:

- Continuing professional development (CPD) including regular peer contact with other dentists and dental specialists with the specific objective of professional development
- Compliance with professional standards as set out in the joint DCNZ/NZDA Codes of Practice

Approved programmes

The Dentist Board recognises that NZDA and groups representing specialists already provide ongoing professional development opportunities for their members. Therefore, it did not wish to replicate or compromise these existing schemes. Rather it has taken an approach that acknowledges the work of the profession in developing and running programmes to ensure dentists' competence. Accordingly, the Board has written to these organisations inviting them to apply to it for recognition and approval of programmes they provide for their members. Dentists who participate in and meet the requirements of an approved programme will be deemed to have met the Board's CPD requirements. The Board will provide you with details of such programmes as and when they are approved.

Dentists who do not participate in an approved programme will be required to satisfy the Board's minimum CPD requirements, which will consist of:

- a) 80 hours verifiable and 80 hours non-verifiable CPD over a four-year period relevant to the scope/s of practice the dentist is registered in
- b) Compliance with peer group contact requirements

The Board will be issuing guidance for non-affiliated practitioners on acceptable CPD and peer contact activities and required documentation.

When do I have to do this?

The process of recertification will proceed as follows over successive four-year cycles starting from May 2005:

- The CPD requirements will operate on a four-year cycle commencing on 1 May 2005. If you have not done so already, you should start documenting your involvement in these activities now
- Every four years as of May 2009 when applying for an APC you will be asked to declare that you have met the requirements of the four-yearly CPD cycle either through an approved provider or on an individual basis

If you belong to an approved programme the Board will check your annual and four-yearly declarations on CPD against information provided by the programme provider. Until, however, such programmes are up and running the Board may require you to provide evidence of such activities. In the meantime, therefore you are advised to retain all relevant information documenting your participation in CDP and peer contact.

If you do not belong to an approved programme the Dentist Board may from May 2009 require you to provide full details of CDP and peer contact activities undertaken.

The Board therefore strongly advises that from now on you retain all relevant information documenting your involvement in these activities.

Every year from May 2006 you will also be required to declare compliance with the following codes of practice:

- a) Informed Consent
- b) Patient Records
- c) Cross Infection Control
- d) Emergencies in Dental Practice
- e) Sedation for Dental Procedures (if you are providing sedation to patients)

SCOPES OF PRACTICE

The Dental Council has approved 'scopes of practice' for the various dental provider groups. As well as defining what practitioners are entitled to do, the scopes define the relationships between the oral health professions with a view to promoting a team approach to dental care.

The Board will monitor compliance with codes of practice by asking a random sample of dentists each year to complete a questionnaire. The Board may follow up these questionnaires by visits to dental practices.

What will happen to dentists who do not comply?

The Board will take action if practitioners do not satisfy recertification requirements. For example, the Board may

- restrict or place conditions on the practitioner's scope of practice
- suspend the practitioner's APC or registration
- refer the practitioner to the Board's competence screening programme and the possibility of a full competence review

What is a competence review?

The objective of a competence review is to determine whether a dentist is practising to the required standard of competence. The Board will initiate competence reviews only in response to concerns raising issues of public safety, which includes continued failure to comply with recertification requirements. If after conducting such a review, the Board considers that the practitioner does not meet the required standard of competence, the Board can take action. For example, it may

- Direct the practitioner to undergo a competence programme (see below)
- Place conditions on the practitioner's scope of practice
- Require the practitioner to sit an examination or undertake an assessment.

Competence programme

If the Board directs a dentist to undergo a competence programme he or she may have to meet one or more requirements such as pass an examination or assessment, undertake a period of practical training or experience, or undertake a period of supervised practice. If the dentist fails to satisfy the requirements of the programme, the Board may restrict or place conditions on his or her scope of practice or suspend the practitioner's APC or registration.

You will receive more details on the recertification process and requirements in due course. If you have any enquiries, please do not hesitate to contact us.

Under the Health Practitioners Competence Assurance (HPCA) Act, which came into force on 18 September 2004, all oral health practitioners have to be registered in one or more 'scopes of practice'. A scope of practice describes what a registered practitioner is entitled to do. Registered practitioners are not permitted to practise outside their scope of practice, and the Dental Council is required, through the issue of an annual practising certificate to a practitioner, to certify that the practitioner is competent to practise in their scope of practice (see page 2).

Registering in a scope of a practice

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

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

Applicants who hold prescribed qualifications and satisfy all the competence and fitness requirements of the HPCA Act can be expected to gain registration in the scope of practice they apply for. Dentists, dental specialists, dental technicians and clinical dental technicians previously registered under the old Dental Act 1988 have been automatically registered under the HPCA Act in a corresponding scope of practice.

What are the scopes?

The Council has defined main scopes, dental specialist scopes and additional scopes. The main scopes of practice are as follows

- General Dental Practice
- General Dental Therapy Practice
- General Dental Hygiene Practice

- Dental Technology Practice
- Clinical Dental Technology Practice

As subsets of the general dental hygiene scope Council has also defined scopes for Orthodontic Auxiliary Practice and Dental Auxiliary Practice. The aim of these scopes was to enable workers without formal hygiene qualifications, who had previously worked under the Section 11 exemption provisions of the old Dental Act, to continue to practise once the new HPCA Act came into force. The dental auxiliary scope was closed as of 19 September and those registered within it must upgrade to the full scope of dental hygiene practice by September 2009. The orthodontic auxiliary scope is an ongoing scope but applicants are now required to have a prescribed qualification in orthodontic auxiliary practice. The NZAO is currently developing a training programme for orthodontic auxiliaries.

Dental specialist scopes

The scopes for specialist practice are based on the previous definitions of specialist practice. Under the new Act dentists do not have to register in a general scope before registering in a specialist scope. However, Council will need to be satisfied of applicants' knowledge and experience in general dentistry before it will register them in a specialist scope.

In practice this will mean that applicants will normally be required to hold either a prescribed base degree for registration as a dentist or sit and pass the NZDREX examination. Prescribed base degrees are from accredited New Zealand and Australian universities, CDA-accredited US and Canadian Dental Schools, UK universities with GDC accreditation, and base degrees from GDC-accredited South African, Hong Kong, Malaysian and Singapore universities awarded prior to end of December 2000.

Dentists wishing to undertake both general and specialist practice will be required to register in both a general and specialist scope of practice. Moreover, they will have to demonstrate their ongoing competence in both scopes of practice as part of the recertification requirements under the HPCA Act.

'Add-on' scopes

For dental therapy and dental hygiene Council has also defined additional or 'add-on' scopes of practice. Practitioners wishing to register in an additional scope must be registered in the relevant main scope, and hold the qualifications prescribed for the additional scope.

In dental hygiene there are additional scopes of practice in:

- Administering Local Anaesthetic
- Undertaking Orthodontic Procedures
- Intra-Oral Radiography
- Extra-Oral Radiography

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

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

- Pulpotomies
- Radiography
- Diagnostic Radiography
- Stainless Steel Crowns

In addition 13 therapists providing adult care were grandparented into an additional adult scope of practice so that they could continue to practise under the new HPCA regime. This grandparenting provision on the basis of experience is no longer available. From 18 September the prescribed qualification for registration in this additional scope is an accredited qualification in adult dental therapy practice. A corresponding training programme has yet to be developed and would be subject to a full consultation and accreditation process.

Relationships between provider groups

As well as delineating what activities oral practitioners are permitted to do, the scopes of practice also define parameters for the relationships between provider groups. For example, the scope for general dental therapy states that dental therapists and dentists have a 'consultative working relationship, which is documented by an agreement between the parties'. More details on this relationship are set out in the DCNZ Code of Practice on the Professional Relationships Associated with the Practice of Dental Therapy.

Dental hygienists are required to 'practise in a team situation with clinical guidance by a practising dentist or dental specialist as part of overall integrated care to the patient group'. Clinical guidance may be provided at a distance but appropriate access must be available to ensure that the dentist or dental specialist is able to provide guidance and advice. A similar relationship applies to dental therapists registered in the additional adult care scope of practice. Dental auxiliaries and orthodontic auxiliaries for their part must practise under the direct clinical supervision of a dentist or dental specialist who is present on the premises at which the work is carried out.

DCNZ is currently developing a code of practice on the relationship between (clinical) dental technicians and prescribing practitioner. This should be available on our website by the end of the year.

SCOPES OF PRACTICE (EXTRACTS)

General Dental Practice

The scope of practice for general dental practice . . . involves the maintenance of health through the assessment, diagnosis, management, treatment and prevention of any disease, disorder or condition of the orofacial complex and associated structures within the scope of the practitioner's approved education, training and competence.

General Dental Therapy Practice

Dental therapists provide oral health assessment, treatment, management and prevention services for children and adolescents up to age 18. Disease prevention and oral health promotion and maintenance are core activities.

Dental therapists and dentists have a consultative working relationship, which is documented in an agreement between the parties.

Dental Hygiene Practice

A dental hygienist's major role is in the provision of oral health education and the prevention of oral disease to promote healthy oral behaviours. A dental hygienist's primary task is in prevention and non-surgical treatment of periodontal diseases. A dental hygienist guides patients' personal care to maintain sound oral tissues as an integral part of their general health.

Dental hygienists practise in a team situation with clinical guidance provided by a practising dentist or dental specialist.

Orthodontic Auxiliary Practice

Orthodontic Auxiliaries practise under the direct clinical supervision of a dentist or orthodontist who is present on the premises at which the work is carried out, who has prepared a treatment plan for the patient concerned and who is responsible for patient's clinical care outcomes.

Orthodontic auxiliaries assist the dentist or orthodontist in implementing orthodontic treatment through performing such orthodontic procedures as taking impressions and making study models, inserting and removing some orthodontic appliances, preparing teeth for bonding, removing bonding composite and banding cement and providing oral health education and advice on the care and maintenance of orthodontic appliances.

Dental Technology

Dental Technology . . . involves processes and procedures associated with the design, manufacture and repair of fixed and removable oral and extra-oral appliances and prostheses prescribed by a practising dental specialist, dentist, clinical dental technician, medical practitioner or other practising health practitioner¹.

Clinical Dental Technology

Clinical Dental Technology . . . involves the scope of practice for Dental Technicians, plus the fitting of complete removable dentures and the fitting of some other types of removable dentures and oral and extra oral appliances under specific conditions¹.

¹The working relationship between dental technicians and prescribing practising health practitioners is set out in the DCNZ Code of Practice on the Practice of Dental Technology and Clinical Dental Technology and the Working Relationship within the Practice of Dentistry

FROM THE CHAIR

BRENT STANLEY

Well, it's finally here! After years in the making the landmark HPCA Act came into force on 18 September. When the possibility of a single piece of legislation covering all the registered health professions was first mooted in the late 1990s, this was considered a radical concept and many doubted that it could be realised. That it has come to fruition is testimony to the extraordinary goodwill and cooperation between the Ministry of Health, regulatory bodies and professional groups, who agreed that a unified approach would be desirable in the interests of public safety and future workforce flexibility.

This time last year saw the establishment of the revolutionary "combined Council" regulating all the main oral health provider groups. The immediate priority of the Council was to register the previously unregulated dental hygiene and dental therapy workforces. This proved to be a huge and complex exercise not least when it came to delineating scopes of practice and defining professional relationships with dentists. In particular, the conflicting concepts of full 'autonomy' for therapists on the one hand and close 'supervision' by dentists on the other were at first difficult to reconcile and the debate often generated more heat than light!

Fortunately, there now seems to be a general consensus that the professional relationship as defined in the dental therapy scope - and elaborated in the relevant code of practice - is a workable framework. As a result, the much talked of team approach, with therapists able to provide services to children and adolescents within private practice, can at last be transformed into practical reality.

The next major priority is to develop a recertification framework for oral health practitioners. Under the old Dental Act practitioners had little contact with the Dental Council apart from applying for an annual practicing certificate - which was seen as little more than a payment exercise. However, under the new HPCA framework, practitioners who apply for an APC will have to meet certain requirements including CPD and compliance with codes of practice.

Overall these changes are the most far-reaching that dental regulation in New Zealand has ever encountered. In implementing the new regime Council has placed an emphasis on continuing consultation, and has sought to ensure that each step is achievable, practical and straightforward.

One major area of concern is the continued absence



of a "restricted activities" list identifying those activities which can only be legally provided by registered health professionals. Despite repeated assurances from the Ministry that such a list would be in place by 19 September, it now seems certain that this is not going to happen before the New Year. For the dental professions a restricted activities list is the only barrier that would prevent unqualified persons from providing some or all dental services. Without it anyone can practise dentistry!

From my viewpoint as Chair of Council it is perhaps wishful thinking but I observe that the outwardly calm acceptance of the Act coming into force is indicative of the extent of prior consultation and the professions' understanding of the new environment. Hopefully this is a positive signal that the new regulatory framework is broadly accepted as workable, balanced and necessary.

To the Council, the Workforce Boards and especially the Council Registrar, Janet Eden and staff, I express my sincere thanks. Their efforts during working days, evenings and weekends, over the last year, have been above and beyond expectations.

Brent Stanley, Chair, Dental Council of New Zealand

CONFIDENCE IN YOUR HEALTH PRACTITIONER

The 15 regulatory authorities under the HPCA Act have collectively established an informal organisation known as Health Regulatory Authorities of New Zealand (HRANZ).

With the support of the Ministry of Health HRANZ has produced a pamphlet for consumers entitled Confidence in Your Health Practitioner. The pamphlet provides consumers with an overview of the Act and explains how it protects them. It also describes the role of regulatory authorities and provides their contact details.

The Ministry of Health has mailed 20 copies of the pamphlet to over 700 dental practices. If you have not received any or would like further copies please contact our office.

You can also view the pamphlet on <http://www.dcnz.org.nz/dcInfoConsumerHPCA>

In brief

- The Dental Council website has undergone a major revamp recently to bring its content into line with the HPCA Act. We have also taken the opportunity to give it a fresh, more user-friendly look. Keep informed, contact us and download forms on www.dcnz.org.nz
- Dental Council Chair, Brent Stanley, has been elected to the prestigious position of Treasurer of the FDI World Dental Federation. Not to be outshone Dental Council laymember, John Robertson, has been elected as Mayor of Papakura! The Dental Council extends them both its congratulations.

YOUR RESPONSIBILITIES AS AN ORAL HEALTH PRACTITIONER

As a registered oral health practitioner you have certain responsibilities under the Health Practitioners Competence Assurance (HPCA) Act 2003. In particular you must

- Not practise outside the scope of practice in which you are registered
- Not describe yourself as or imply that you are a health practitioner of a particular kind unless you are registered as a practitioner of that kind. For example if you are registered as a dentist you may not describe yourself as, or imply that you are, a particular kind of dental specialist, unless you are registered in a scope of practice for the dental specialty concerned. Similarly, if you are registered as an orthodontic auxiliary you must not describe yourself as or imply that you are a dental therapist (for example by wearing your dental therapy medallion while treating patients) unless you are registered as one
- Comply with any conditions that the Dental Council may place on your scope of practice
- Not perform certain activities restricted to health practitioners unless these activities fall within your scope of practice
- Not practise without a current Annual Practising Certificate
- Provide the information determined by the Dental Council when applying for an APC along with the relevant fee
- Meet the requirements of a recertification programme as determined by the Dental Council
- Comply with any orders that the Dental Council may make following a review of your competence
- Comply with the requirements of any competence programme that the Dental Council may set
- Allow the Dental Council to inspect all or any of your clinical records for the purpose of a competence review, competence programme or recertification programme
- Inform the Dental Council of your current postal address, residential address and (if applicable) work address, and promptly advise the Dental Council of any changes in your address
- Advise the Dental Council of any changes in your name within one month
- Promptly notify the Registrar of the Dental Council if you have reason to believe that another practitioner is unable to perform the functions required for the practice of dentistry because of some mental or physical condition¹.

Note furthermore that the Dental Council also strongly recommends that you

- Display your Annual Practising Certificate prominently in your practice
- Notify the Registrar in writing if you believe that another oral health practitioner poses a risk of harm to the public by practising below the required standard of competence¹.
- Assist in the regulation of the dental professions, for example by participating in a Professional Conduct Committee (PCC) or Competence Review Committee (CRC) when asked by the Dental Council to do so. Note that as dentistry operates in self-regulating environment Council depends on the active participation of the profession if this process is to be effective

¹Note that if you have similar concerns over a health practitioner registered with another authority you may notify the registrar of the authority concerned

LESLEA STAPLETON – CHAIR, DENTAL HYGIENIST BOARD

Currently working part-time as a dental hygienist in central Auckland, Leslea trained as school dental nurse and subsequently studied dental hygiene in the United States.

She was involved in the formative stages of the NZ Dental Hygienists Association, for which she served president and is an honorary life member. She was a representative on the boards of the Permanent External Advisory Committee (formulated and implemented the direction of dental hygiene in New Zealand), NZ Society of Periodontology and is currently a member of the Dental Health Foundation and representative on the BAC (Business Advisory Committee).

“Registering the hygiene workforce from scratch was a huge task for the Hygienist Board” says Leslea. “Not only did we have to locate and contact hundreds dental hygienists, dental



auxiliaries and orthodontic auxiliaries but also give them the opportunity to contribute to this historic process”.

One of the main issues faced by the Board was how to enable those workers practising without formal hygiene qualifications to continue to do so in a regulated environment. “In the case of dental auxiliaries the

approach we eventually adopted was a ‘grandparenting’ arrangement which acknowledged previous experience for the purpose of registration and which gives them a five-year window to upgrade to the full dental hygiene scope”.

“Registration recognises the profession’s maturity and the ability to regulate itself in the public’s rather than the profession’s interest”, says Leslea. “It is an exciting development that encourages both dentists and hygienists to have respect for each other’s roles and work collaboratively.”

Leslea is competitive sportswoman. She has a brown belt in judo - a skill that occasionally comes in handy when facilitating Hygienist Board meetings! She has also represented NZ at the World Triathlon Champs in Canada and has completed four ‘Ironmans’ including the gruelling Hawaiian ironman. “But I’m lousy at tennis!” she hastens to add . . .

BARBARA DEWSON – CHAIR, DENTAL THERAPIST BOARD

Barbara Dewson works as dental health manager for the School Dental Service and Dental Unit, Good Health Wanganui, a position she has held since 1994. Trained as a dental nurse, she also holds a Bachelor of Business Studies.

Before her appointment to the Dental Therapist Board, Barbara had an extensive track record of involvement in the New Zealand Dental Therapists’ Association. She has been a National Council member, held the position of National Treasurer and served on various organising committees.

Reflecting on her service on the Board so far, Barbara Dewson considers it has been challenging and rewarding. “We have had some very difficult issues to work through, in particular the working



relationship of dental therapists and dentists under the new HPCA Act. In the end, however, I think that we have developed a concept which promotes a team-based rather than competitive approach to the provision of dental care. I believe that this will be to

the benefit of the public. Working in tandem with dentists dental therapists could play an important role in reversing inequalities in oral health, particularly amongst children and teenagers.”

Looking to the future, Barbara considers that dental therapy as a career will continue to evolve. The Ministry of Health is presently conducting a review of the School Dental Service, and depending on the outcome this could result in new scopes of practice, which in turn would promote postgraduate study and make dental therapy more attractive as a profession.

Barbara is married with two grown-up daughters. She enjoys bush-walking and outdoor activities. She is also an avid music lover and regularly attends NZSO concerts.

ROBERT LOVE – CHAIR, DENTIST BOARD

Recent dental graduates from the University of Otago will need no introduction to Robert Love, who is Associate Professor at the Faculty of Dentistry, where he heads the Department of Oral Diagnostic and Surgical Sciences. As well as chairing the Dentist Board, Robert is a member of the new combined Dental Council.

Robert is responsible for the final year BDS general dental practice course and teaches endodontics at undergraduate and postgraduate levels. After graduating with the BDS from Otago he spent two years as a dental house surgeon and seven years in general private practice before gaining a MDS in Endodontics, a PhD in Molecular Oral Microbiology, and FRACDS. Robert has lectured widely both nationally and internationally and also has an impressive publication and research record - make sure you've got enough paper when you're printing off his CV!

A recent initiative from the Dentist Board has been to adopt



a policy on recertification requirements under the new HPCA Act (see page 2) "I am convinced that the HPCA Act will be to the benefit of both the public and dentists. Ensuring ongoing competency of practitioners is the central objective of the new Act" says Robert. "To a large extent, our policy formalises what most dentists are already doing and as such should not pose too much by way of additional demands. However, it does serve to underline that learning should continue throughout a practitioner's career and the Dentist Board is keen to work with the profession to enable practitioners to meet this objective."

Born in Scotland Robert has spent most of his life in New Zealand. Thankfully, however, he has retained his dry Scottish

humour which has enlivened many a dull Council meeting! In the little spare time that he has, Robert enjoys family life with wife Jonni and children Robert and Katie, aviation and attempting to get to the golf course . . .

KEITH PINE – CHAIR, DENTAL TECHNICIANS BOARD

Keith Pine is chair of the new Dental Technicians Board. Unlike its predecessor of the same name, which was constituted as a separate regulatory body under the old Dental Act, the new Board comes under the umbrella of the combined Dental Council - of which Keith is also a member.

Trained as a Clinical Dental Technician with advanced qualifications in Maxillo-Facial Technology - Keith also holds a BSc and a Masters degree in Business Administration.

Prior to establishing his own commercial dental laboratory, 'Keith Pine and Associates Ltd' in 1978, Keith spent 16 years with Middlemore Hospital's Plastic Surgical Unit where he became the unit's specialist facial



prosthetist. In 1988, Keith acquired Geddes Dental Group which he developed into Australasia's largest private dental practice with 14 branches and 3 mobile dental clinics. He sold Geddes in 2002 and now continues to make and fit artificial eyes in a limited referral practice in Takapuna.

According to Keith, one of the major challenges for the Dental Technicians Board arising out of the HPCA Act has been coping with "the huge increase in workload in the face of limited resources". He is, nonetheless, enthusiastic about the Act and the combined Dental Council concept, which he believes will bring a "huge step up in terms of formal process and professional expectation". This, he says will be reflected in dental technology standards over the next few years.