DENTAL COUNCIL OF NEW ZEALAND
Te Kaunihera Tiaki Niho o Aotearoa

DCNZ NEWS

Annual practising certificates – renewal due before 31 March 2008

Practitioners are reminded that their current annual practising certificate (APC) will expire on 31 March 2008. To ensure that you are not in breach of the Act and that your APC remains current, you must complete and return your APC application form before this date. Application packs will be sent to practitioners late February 2008.

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA) a practitioner is considered to hold an APC from the date the completed application form **and** fee is received in the Council office until the date the certificate expires.

You are reminded that practising an oral health profession without an APC is an offence against the HPCAA.

Other consequences of not holding a current APC are:

- Your patients may not be covered by their health insurers or ACC. If you do not hold a current APC at the time of the treatment ACC could be required to recover any cost paid or decline to fund the treatment.
- You may not be covered by your dental indemnity insurer.
- Pharmacies may not fill scripts for your patients.

During the previous APC renewal round some practitioners returned their APC applications on, or a few days after, the renewal date and found that they were not eligible for ACC payments for the days they did not have an APC. Council strongly encourages practitioners to send their applications at least a week in advance of the renewal date to allow for any postal delays. If your application reaches our office at a later date, for example, 12 April 2008, the Dental Register will record your APC as being valid only from 12 April 2008 to 31 March 2009. What this means is that you will not be covered for the period 1 April to 11 April 2008.

This year the Council will be sending reminders to all practitioners before the due date of 31 March 2008 rather than after current certificates have expired.

Reasons for returned applications

To ensure that you comply, your application **must** reach us **before** 31 March 2008. The Council, moreover, can only record that it has received an application from you if you have completed the form correctly and attached the appropriate fee. Failure to do so will result in delay and could mean that you are not covered in time for the next APC year. We return applications for a number of reasons including:

- The APC application form has not been signed.
- The incorrect fee has been sent.
- Not all compulsory sections of the form have been completed.

Returned mail

Remember that if you change your address you have a statutory obligation as a registered health practitioner to promptly advise the Dental Council.

Office closed over the holiday period

The Dental Council office will close on Friday 21 December 2007 and will reopen on Monday 7 January 2008.

APC reminder

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December 2007

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Message from the Chair

As I reflect on the past twelve months I realise there have been a number of significant changes and issues that the Dental Council has been involved in.

In January we implemented a number of reforms with the aim of achieving more effective governance. This included a reduction in the size of the Council and the workforce boards, increasing delegations from the workforce boards to the Registrar, and redefining the functions of the Council and workforce boards. As a result of these changes Council is in a better position to meet the needs of practitioners as well as continue with its principal role of assuring the public of practitioner competence.

There have been a number of changes to personnel, both at the Council and within the Secretariat. Late last year we said goodbye to four Council members and during the year we have welcomed a new Council member and two new workforce board members. In July we said farewell to Janet Eden who had been with the Dental Council for over eleven years and in September we welcomed David Dunbar as Registrar.

The restricted activities list has been debated again and specific guidance developed for unregistered dental and orthodontic assistants. The Council has continued to take a stand against tooth whitening/bleaching by unregistered persons. This culminated in a joint submission with the New Zealand Dental Association to the Environmental Risk Management Authority (ERMA) in October.

The use of laser technology and the application of "grills" are two other issues the Dental Council has considered and provided guidance on. Other issues the Council has considered over the year include the use of x-rays by unlicensed persons, medical emergency training and competence, oral surgery, the fitting of mouth guards, misleading advertising and the use of appropriate titles, and adult care in the dental therapy scope of practice.

Compliance with codes of practice audits were carried out for the first time this year. The Council's Professional Advisor (Dental), Dr Dexter Bambery, carried out the audits on five dentists. The results were more than satisfactory. Next year the compliance monitoring audits will encompass all the oral health professions.

This year has seen the Council address a number of competence issues and complaints. Several practitioners have been assisted with supervision or educational programmes designed to improve competence. This has only been possible with the generous assistance of their colleagues whose help is appreciated. The Council has endeavoured to keep a balance between maintaining the integrity of the profession, the dignity of the practitioner, and ensuring safety for members of the public.

The Council has continued to work with the professional associations seeking input into policy decisions and the development of codes of practice. The Council has also provided advice to the associations on matters such as the use of Penthrox and CPD activities.

In October the Council provided a competence review training day for health regulatory authorities. Over 40 people attended the day and benefited from the collective experience of the presenters and their colleagues.

The year ahead will have its own challenges and matters to address. The Council will continue to refine its governance arrangements in order to achieve a sustainable and cost effective approach. The Health Practitioners Competence Assurance Act review has commenced and Council has begun work on its submission. I am sure that other important matters pertaining to oral health practitioners will be raised as the year progresses.

As 2007 draws to a close, on behalf of the Council, I wish you a safe and happy Christmas and all the best for the New Year.

Mary Livingston
Chair

Competence review training

The Dental Council hosted a training day in conducting and participating in competence reviews on 26 October.

Over 45 people attended with representatives from ten registration authorities as well as a number of oral health practitioners.

The participants enjoyed the opportunity to mix and mingle with like-minded colleagues and share ideas and experiences.

The day included sessions on risk management, communication, the legal perspective and the competence review committee from the lay person's perspective. There was an opportunity to reflect on how far the sector had come since the implementation of the HPCA Act and the very first competence review training held in 2004. There was also time to look ahead to determine what areas of the process would benefit from further refinement.

According to participant feedback, the day was worthwhile. Insights from the legal perspective and the opportunity to hear how others managed the competence review process were just two of the highlights.

Annual Plan and Budget for 2008/2009

The draft budget and annual plan takes into account the Council's statutory functions together with specific measures intended to advance the strategic goals which are to:

1 Implement the functions of the HPCAA efficiently and effectively.
2 Increase understanding of Council's role and secure a reputation that is well respected.
3 Maintain an organization that is sustainable and responsive.
4 Advocate for changes to the HPCAA to ensure best practice regulation.

Activities contained in the budget are tied to these, both in terms of general operations and projects.

Cost allocation model

At its August meeting Council refined its cost allocation model. From next year the APC for each practitioner group will comprise three components:

1 **DCNZ General Levy** to cover overheads such as running Council, secretariat and common services such as the newsletters. The levy will be made up of costs incurred by Council on behalf of the practitioners. These costs will be apportioned on a "per registrant" basis and include:
   - ***General administration:*** audit fees, indemnity insurance, legal costs, property related costs, personnel and office costs.
   - ***Capital Budget***
   - ***Project Costs:*** items that are generic and constitute part of the Council's general business. They are not Board specific and include:
     – Business Assurance Committee and financial advice
     – data collection (conducting the workforce survey on contract to MOH) and health (including payment to DHAS)
     – recertification and registration such as codes of practice and APC processing
     – strategic planning including HPCAA review and governance review
     – communications (newsletter, annual report, other publications and website)
     – Council liaison and meeting costs including meetings with the Minister/ stakeholders and Australian Boards, members' fees, travel etc).
2 **Board/profession** levy to cover each profession's activities. This will reflect the activity of the practitioner's workforce Board and will focus on meeting costs incurred on a practitioner basis, such as:
   - health and competence issues, mentoring impaired practitioners, competency review, supervision and training
   - education
   - examination, including examiners fees and venue costs for all exams
   - recertification and registration including practice and CPD audits, registration appeals and legal advice
   - meeting costs, liaison with the profession etc.
   - board liaison, meeting costs and strategic planning.
3 **Disciplinary levy** to meet costs arising from the investigation by a Professional Conduct Committee or proceedings of the Tribunal (Section 131 HPCAA). This will be a charge on each practising member of that profession.

Draft budget

Summary	**$**
Income	2,355,887
Expenditure	2,899,885
Net Surplus/Deficit	**-543,998**

COUNCIL ACTIVITIES	
Income	**$**
From Registration	1,564,764
From Other Activities	166,000
	1,730,765
Expenditure	**$**
General Administration	1,339,597
Project	
Finance and management	59,932
Data collection and Health	26,000
Recertification and registration	68,905
Strategic Planning	26,650
Communications	38,335
Council liaison and meeting costs	160,745
Contingency	10,000
	1,730,765
Net surplus from Council Activities	**0**

BOARD ACTIVITIES	**$**
Income	**803,297**
Expenditure	
Project	
Health and Competence	169,594
Education	31,440
Examination	239,335
Recertification and Registration	129,540
Board Liaison, meeting costs and Strategic Planning	223,388
Contingency	11,000
	803,297
Net surplus from Board Activities	**0**

DISCIPLINARY ACTIVITIES	**$**
Income (Financed through Reserves)	**(178,175)**
Expenditure	
General Administration	46,000
Professional Conduct Committees	27,500
Health Practitioner Disciplinary Tribunal	198,800
Appeals and Judicial reviews	115,038
	387,338
Net surplus from Disciplinary Activities	**(543,998)**

Explanation

Council intends to run a deficit budget by drawing on reserves. Prior to the introduction of HPCAA assumptions were made regarding the level and cost of disciplinary activity which, along with the need to provide a "buffer" against unforeseen events that might otherwise have caused the organisation to go into deficit and be regarded as "insolvent", form a basis for holding reserves. Three years of operations under HPCAA have enabled an historical record to be developed which has revealed that both the incidence and cost of disciplinary activity, e.g. HPDT hearings, is lower than was anticipated. Therefore, by adjusting the assumptions underpinning the reserves policy, an opportunity exists to diminish reserves to augment operational income and fund the budget.

Effect on APCs

Even allowing for the effects of inflation and additional Council and Board activity, the effect that this will have on APCs is that most professional groups should experience little change. However, as noted in the September newsletter, whilst the reserves situation is healthy at the consolidated level, there is variation at the professional/board level. The Dental Technicians Board is in the most challenging situation as the last workforce group to be incorporated into the DCNZ administrative system and with ongoing HPCAA implementation costs. At this stage, while every effort will be made to hold the APC for Clinical Dental Technicians to the current level, Dental Technicians may expect an increase in theirs. This is a reflection of the reducing gap between the two professional groups in exposure to risk.

The year ahead

The aim of Council is to continue its consolidation under HPCAA and to refine its governance and business processes to support this. In late 2006 governance changes were effected which resulted in reduced membership of Council and Boards and further clarity around the role of each. The process of review and evolutionary change will continue. With respect to financial management, full compliance with requirements under the Public Audit Act 2001 is a key goal. Replacing the current accounting software will be investigated. Capital budget funds of $40,000 have been allocated to this.

The legislation provides for a review of the operation of the Act after three years. This is now under way. Council is committed to developing and implementing an advocacy plan to achieve desired changes in the Act for the purpose of ensuring that public health and safety is assured with mechanisms that are equitable and manageable.

Further refinement of registration and recertification systems is planned. This will include the development of the CPD audit framework and an assessment of the feasibility of developing an online system of APC renewal to ensure that DCNZ provides a streamlined process that is efficient for both practitioners and Council. Project funding of $100,000 has been allocated to this.

Council is required to register practitioners who are competent and fit to practise. At the heart of this are scopes of practice and qualifications. It is hoped the consideration of the oral surgery scope will be concluded and, in reviewing the way it deals with qualifications that the graduates from the conjoint hygiene/therapy courses are suitably accommodated. With respect to the latter the Dental Therapist and Dental Hygienist Boards will be working towards this with the professional associations.

Other activities include the ongoing refinements in communications, including the website. Council will also provide a training workshop focusing on supervision in 2008.

Whilst the budget is generally conservative in nature, a number of key projects have been identified. The Dental Council remains committed to ensuring that it operates in a cost-effective manner and strives to maintain a balance between ensuring the efficient and effective discharge of its public safety obligations and practitioner affordability. In the HPCAA era it believes that it is very effective in this as oral health practitioners have not faced the large increases in APCs many of their health sector colleagues have.

Comments are invited and should be directed to the Secretariat by **15 January** 2008 via email to inquiries@dcnz.org.nz.

"Final fitting" of Implant Overdentures

The Council has recently discussed with the New Zealand Institute of Dental Technologists the interpretation of the term "final fitting" as used in the detailed scope of practice for Clinical Dental Technology. Both the Council and the NZIDT believed the intention of the wording relating to final fitting of implant overdentures (IODs) should be clarified, in a way that reflects the intended steps and the team approach to the provision of implant overdentures to clients. That is, to acknowledge that the patient should be referred to a dentist or specialist for the ongoing care of the implants, after placement of the IOD by the clinical dental technician. The Council acknowledges the NZIDT's contributions to the discussion on this point. The Council has agreed to the following wording:

> *Final fitting means ensuring the patient is referred back to the prescribing dentist for the ongoing monitoring and management of that patient's oral health.*

The Council will ensure that this definition is used where necessary to clarify the matter.

APC reminder

Practitioners are reminded that their current annual practising certificate (APC) will expire on 31 March 2008. To ensure that you are not in breach of the Act and that your APC remains current, you must complete and return your APC application and payment before this date.

A friendly reminder – 31 March 2008

There are a number of Dental Council requirements with a deadline of 31 March 2008. Please note that the following are due.

APC applications

The 2007/08 Annual Practising Certificate (APC) applications must be with the Dental Council before 31 March 2008. Application packs will be sent to practitioners late February 2008.

CPD requirements

Practitioners must complete the minimum number of hours of continuing professional development (CPD) activities stipulated by the Dental Council in order to meet recertification requirements. Practitioners who fail to meet CPD requirements within the first cycle will have until the next APC renewal round to make up the missing hours. This will be in addition to completing CPD as required for the next cycle commencing 1 April 2008. A condition on practice will be imposed until the missing CPD is completed. Practitioners who still fail to complete their CPD requirements **will not be** issued with an APC for the following year.

The first recertification cycle ends for dental therapists, dental hygienists, dental auxiliaries and orthodontic auxiliaries on 31 March 2008. The required hours for the period 1/4/2006 to 31/3/2008 are as follows:

- Dental therapists – 60 hours total CPD; a minimum of 30 hours verifiable, a minimum of 4 peer contact activities
- Dental hygienists and dental auxiliaries – 60 hours total CPD; a minimum of 30 hours verifiable, a minimum of 4 peer contact activities
- Orthodontic auxiliaries – 40 hours CPD; a minimum of 20 hours verifiable, a minimum of 3 peer contact activities

Medical emergencies training

All practitioners engaged in clinical practice are required to hold a current emergency care certificate. Dentists and dental specialists had a deadline for completing the training on 31 December 2006. All other registered oral health professionals are required to complete the medical emergencies training by 31 March 2008.

DCNZ Presentations

The Dental Council of New Zealand has been on the road meeting with practitioners and professional associations across the country in the last few months.

Graduating students at the Auckland University of Technology (AUT) and the University of Otago have been introduced to the DCNZ and the APC process.

Presentations and discussions focusing on CPD requirements and compliance monitoring have been undertaken by Council members and the Professional Advisors. Feedback from participants has been positive and the presenters are encouraged by the discussion and interaction with the attendees.

If your professional association branch, peer group or colleagues would like to host a presentation on compliance monitoring or any other appropriate topic, please get in touch with the Dental Council – (04) 499 4820 or inquiries@dcnz.org.nz.

Annual workforce analysis – 2006

Each year practitioners are invited to complete the workforce survey form as part of the annual practising certificate application process. In previous years only dentists were asked to participate. For the first time, all oral health professions were included in the survey. The high response rate (95%) provides an accurate picture of the current workforce.

The Dental Council wishes to thank practitioners for their contributions to the 2006 survey and looks forward to your continued support with the 2007 survey which will be included with the APC applications next year.

Copies of the full survey will be available on the resources page of the DCNZ website in the New Year (http://www.dcnz.org.nz/dcResources).

Dentists

The dentist workforce comprises a predominantly Pakeha male group. Approximately 30% of the workforce is female. The bulk of the dentists are in the 40-49 age group with 12% under 30 years. The majority of dentists work in solo or group practice. However, the trend is moving away from solo practice. There has continued to be an increase in the number of dentists working for District Health Boards (DHBs).

Dental Therapists

The dental therapist workforce comprises a predominantly Pakeha female group. The bulk of the dental therapists are in the 50-59 age group with over half of all dental therapists aged 50 or more. There are 9 registered male therapists (1.4%). Nearly all therapists work for DHBs. Approximately three-quarters work full-time.

Dental Hygienists

The dental hygienist workforce comprises a predominantly Pakeha female group. The median age is 38; younger than the dental therapist workforce median age of 50. Most dental hygienists are employees in private practice. Approximately half of the hygienists work full-time.

Dental Technicians and Clinical Dental Technicians

The dental technicians workforce comprises a predominantly Pakeha group where the proportion of females to males is less than one in five. Half of the clinical dental technicians are aged 50 or more. The majority of technicians and clinical dental technicians work full-time and in one place of employment.

Dental Council 2007

Back row – Erin Collins, William Whittaker (CEO), John Robertson
Centre row – Riria Handscomb, Neil Waddell, Albert Kewene, Vicki Kershaw
Front Row – Helen Colebrook, Ed Alcock, Mary Livingston (Chair), Robert Love (Deputy Chair), Robyn Watson

Changes at the workforce board tables

With the recent changes to the governance arrangements of the Dental Council and its workforce boards, nominations were called for the dental therapy educator position and the clinical dental technician position on the respective boards earlier this year. The Dental Council is pleased to welcome Susan Moffat to the Dental Therapist Board and Mike Williams to the Dental Technicians Board. Both were appointed on 1 September 2007 for a three-year term.

Susan Moffat is a registered dental therapist with over twenty years' experience. She has worked at the School of Dentistry at the University of Otago since 1999. Currently Susan is a lecturer in the Bachelor of Oral Health Programme and is the Head of Discipline for Dental Therapy at the School. Susan has worked on the Executive Council of the NZ Dental Therapists' Association in the past and has also been a part of accreditation review teams assessing various oral health programmes on behalf of the Dental Council. She is also a member of the Board's CPD Approval Committee.

Mike Williams is a registered clinical dental technician with over twenty years' experience. He is currently working in the maxillofacial unit at Waikato Hospital. He was originally trained in Sheffield, UK and then completed an advanced certificate in clinical dental technology (with distinction) in New Zealand in 2000. Mike is a member of the NZ Institute of Dental Technologists and is also a member of the Institute of Maxillofacial Prosthetists and Technologists, UK and the American Anaplastology Association, USA.

The Dental Council congratulates Susan and Mike on their appointments and wishes them well in their new roles.

Tracy Burke, a Wellingon-based private practitioner, joined the Dental Technicians Board in October 2006 for a twelve-month term as a Dental Technician representative. The appointment was made for a shorter term to facilitate the governance changes of the Board. The Board acknowledged Tracy's strong contribution and wished her well at their November meeting.

Provision of dental grills

The issue of dental grills was recently considered by the Dental Council of New Zealand. Grills are decorative covers worn over teeth. They are usually removable and are created using a mould process. This followed concerns expressed to Council members about potential safety issues arising from the fitting of grills.

The Council acknowledged that while the provision of dental grills is not specifically included in the Council's gazetted scopes of practice for clinical dental technicians or dentists, it is something that they might be asked to do. The Council believes that, given the potential harm from the fitting of grills, such fitting requires the same judgement and care that needs to be exercised, for example, in the fitting of a partial denture. For a clinical dental technician this includes the need to sight an oral health certificate. As a result of Dental Council concerns information for the public about the wearing of grills has been posted on the Dental Council website on the FAQs page. Comment is also included in the information for practitioners section of the website.

Working as an oral health practitioner in New Zealand publication available

The Dental Council has recently revised the publication "Working as an oral health practitioner in New Zealand". This is used as the handbook for the New Zealand Conditions of Practice (NZCOP) Examination and contains information for all oral health practitioners including codes of practice, relevant legislation and other conditions of practice. Copies of the publication are available from the Dental Council for $30.00.

Health Practitioners Competence Assurance Act review survey

The Ministry of Health is undertaking a review of the Health Practitioners Competence Assurance Act 2003 (HPCAA) in the New Year. All health practitioners are invited to complete a survey on the Ministry of Health's website. The survey will go live on Thursday 17 January 2008 and can be found at http://www.moh.govt.nz/moh.nsf/indexmh/hpca-

Medical emergencies training

The New Zealand Red Cross has developed a medical emergencies training course for dental therapists, dental hygienists and clinical dental technicians. The course was approved as equivalent to NZRC CORE Level 3 by the Dental Council at its meeting in November. Contact your local NZ Red Cross for further details on the course – "Enhanced basic life support for dental therapists, dental hygienists and clinical dental technicians". The course is available now.

Practitioners' Corner

From time to time the Dental Council receives queries from practitioners seeking clarification on a code of practice or other registration requirement. Where several queries on a similar theme have been raised, the query will be published in the newsletter along with the Council's response.

Why do clinical dental technicians need to meet the NZRC CORE Level 3 requirement for medical emergencies training?

Medical emergencies can and do happen anywhere. The New Zealand Resuscitation Council has published national guidelines with graduated levels of training and management of common life threatening conditions. These guidelines are for all health professionals.

Clinical dental technology practitioners need to have appropriate skills, training and equipment available to deal with potentially life threatening conditions. When applied, the NZ Resuscitation Council guidelines recommend NZRC CORE Level 3 for clinical dental technicians. As dental technicians do not work directly with patients there is a perceived lower level of risk therefore the NZRC CORE Level 1 training is the minimum requirement for dental technicians.

If NZRC CORE Level 3 is the requirement, why does the Council recommend NZRC CORE Level 4 (modular) training?

The Dental Council acknowledges that the NZRC CORE Level 3 course is four days long and contains material which is not necessarily relevant to dental practice. For this reason, dental therapists, dental hygienists and clinical dental technicians are advised that they can best meet the training requirements by undertaking either the relevant modules of the NZRC CORE Level 4 (modular) course or equivalent, or a course provided by a trainer certified to at least NZRC Level 3 which includes practical skills outlined in the Medical Emergencies Code of Practice.

Why is record keeping so important for dental technicians?

The rules of the Health Information Privacy Code 1994 state "health information" about an individual **must** be collected for the purpose of the care and treatment of that patient, or to assist in the administrative aspects of care giving or treatment.

Dental technicians are not exempt from this requirement and should ensure that details on all dental appliances are on the patient's file. This should include, but is not limited to: materials used, patient details, prescribing dentist or clinical dental technician details, dates, and anything else relevant to enable tracking and/or replacement of the appliance in the future.

The patient's treatment record is legally regarded as "health information" and is an integral part of the provision of dental care provided by all oral health professionals.

A record of each encounter with a patient will improve diagnosis and treatment planning and will also assist with efficient, safe and complete delivery of care. This is particularly important when considering the often chronic nature of dental or oral conditions. If a referral to another practitioner is necessary the information within the treatment record will assist the other clinician in assuming that patient's care.

The treatment record may form the basis of self-protection in the event of a dispute associated with any treatment provided. It may also form the basis for some types of self-monitoring or audit systems used in quality review systems.

In addition to the patient's care and wellbeing, the treatment record may assist in patient identification or other aspects of forensic dentistry.

For further information, refer to the Codes of Practice section on the DCNZ website http://www.dcnz.org.nz/dcStandardsCodes

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