DENTAL COUNCIL
Te Kaunihera Tiaki Niho

December 2011

NEWS

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Message from the Chair

This year has delivered significant changes for the Dental Council. The previous Chair Professor Robert Love and Deputy Chair Erin Collins were farewelled after many years of service. I thank them for their contributions and dedication, and welcome new Councillors Lyndie Foster Page and Robin Whyman.

From August, Council moved to monthly meetings, after making substantial changes to its governance structure by disestablishing the previous separate professional boards. Council is grateful to all who contributed over the years to these committees. This change was implemented to improve both the governance and operational processes of our organisation. Individual practitioners should notice an improvement in turnaround times for issues that affect them directly, and Council should be able to take a more coherent approach to strategic development.

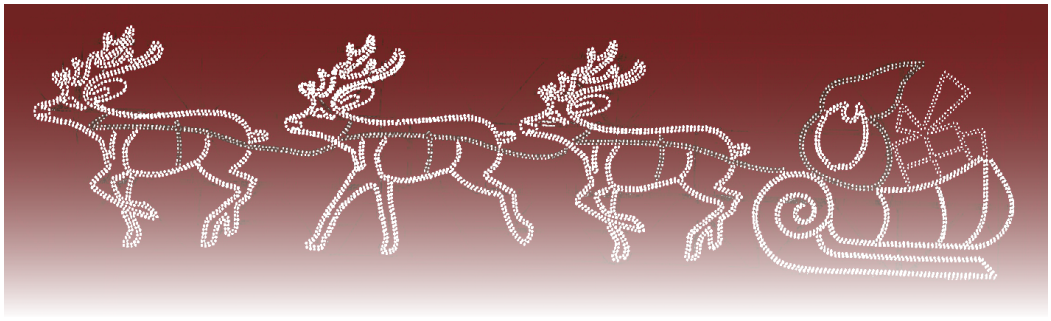
The latter point is particularly important in view of the Health Workforce New Zealand proposal to move to a consolidated secretariat for all of the health regulatory authorities. The Dental Council has spent considerable time responding to this proposal and, in fact, has taken a leading role in developing a serious plan to move towards this model. If change is to occur, I would prefer to be part of shaping that change than having it imposed on our professions' regulatory body. A fundamental review of the Health Practitioners Competence Assurance Act 2003 is also on the menu in early 2012, so it seems likely that further changes are on the way next year.

As a consequence of these changes, and an increase in competence and professional conduct issues, the workload on Council staff has been heavy, so I thank them for their considerable efforts this year.

I am looking forward in 2012 to continuing to manage and further strengthen the relationships Council has with its professional associations and other stakeholders – above all, Council shares a common goal to improve the oral health care of New Zealanders.

May I take this opportunity, on behalf of Council and Secretariat staff, to wish you all a safe and happy Christmas and a peaceful summer break.

Mark Goodhew
Chair



Council membership

Council Chair and Deputy Chair

The term of appointment for two valued Council members, Professor Robert Love and Erin Collins, came to an end in June 2011.

Robert Love was appointed to the Council and the Dentist Board in December 2003. He served as Dentist Board Chair from 2004 to 2008. In 2007, Robert was elected as Deputy Chair of Council and served as Council Chair from 2009 to 2011, in addition to serving on Council's Audit and Risk Management Committee. He also served on the Australian Dental Council/Dental Council (NZ) accreditation committee since 2004. During his term, Robert made tremendous contributions to Council, leading the Secretariat through a major restructuring in 2008 to ensure optimisation of service delivery to practitioners. He has passionately driven various changes made by Council, including scope of practice developments, accreditation and recertification. He introduced various codes of practices and Council statements, initiated the work that resulted in the reciprocity agreement with Canada and finally the recent governance structure change that disestablished professional boards to bring about necessary efficiencies in processes to ensure timely decision making.

Erin Collins was appointed to the Council and the Dentist Board in December 2003. He was elected as Deputy Chair of the Dentist Board in 2007. In 2009, Erin was elected as Chair of the Dentist Board and, also, Deputy Chair of Council. He served in both capacities until February 2011. Erin's contribution towards the professions, especially for dentists and dental specialists, was driven by his passion for, and ultimate vision of, a profession that held itself accountable to the highest professional standards and ethical values.

I would like to express my appreciation to Robert and Erin, on behalf of their fellow Council members, professional board members over the years and Secretariat staff, for their hard work, active participation, positive contribution and selfless service to the oral healthcare profession. It was a privilege working with you.

It is now my privilege to introduce to practitioners Mark Goodhew, the new Council Chair, and Michael Bain, the new Deputy Chair.

Mark Goodhew was appointed to the Council in April 2010, and was appointed to the Dentist Board in May 2010 which he served on until the disestablishing of the professional boards in August 2011. Mark was elected Deputy Chair of Council in February 2011, and was Acting Chair of Council from June 2011 until the Council's meeting in August, where he was elected Chair of Council. Mark is a current member of the joint Australian Dental Council/Dental Council (NZ) Accreditation Committee.

Mark graduated at the University of Otago in 1984 and has been a general dental practitioner in Timaru since 1987. Mark is currently a principal of Timaru Dental Care, a group dental practice. Mark is a former President of the New Zealand Dental Association and a former Vice Chairman of the World Dental Federation Communications Committee.

He has been an expert advisor to the Health and Disability Commissioner, Fellow of the Academy of Dentistry International, member of the Institute of Directors (NZ), former Chairman of the South Canterbury Rugby Union and a current Director of Opihi Vineyards Limited. He is also a competitive Sudoku player.

Michael Bain was appointed to the Council in July 2009, and was appointed to the Dentist Board in February 2010. He was elected Deputy Chair of the Dentist Board in February 2011, a position which he held until the disestablishing of the professional boards in August 2011. Michael is a current member of the joint Australian Dental Council/Dental Council (NZ) Accreditation Committee.

Michael practised in the New Zealand Defence Force for 25 years where he subsequently held the position of Director Defence Dental Services 15 years ago. Michael started a private practice in Keri-Keri, where he still practises.

Michael has been actively involved with the dental profession at both branch and national levels. He served as Secretary/Treasurer of the New Zealand Society of Forensic Odontology for 12 years and is now a life member. After the 2004 Thailand tsunami he participated with the victim identification process, a sobering but professionally rewarding experience.

The past few months working together have already been exciting and I am looking forward to facing as a team the challenges that the anticipated changes to the regulatory environment will bring.

Marie Warner
Chief Executive

New members

The Minister of Health has appointed Lyndie Foster Page and Robin Whyman as Dental Council members for a term of three years commencing 2 June 2011.

A short introduction to these two members follows.

Lyndie Foster Page

Lyndie commenced her career in general dental practice in Dunedin and Taranaki before commencing work in dental public health for five years. In 2008 she commenced her research and teaching career at the University of Otago as a senior lecturer, teaching in both the dentistry and oral health programmes, and has commenced publications in peer-reviewed articles. She is the head of discipline of preventive and restorative dentistry in the Department of Oral Rehabilitation. She continues to practise in private practice in Otago and the faculty of Dentistry.

Lyndie's research is concerned with oral health-related quality of life in children and adolescents. Her epidemiological and clinical research encompasses a wide range of oral conditions, problems and settings, most notably in the fields of adolescent oral health and dental caries. She has commenced work with the Dunedin Multidisciplinary Health and Development Study and is also involved in cross-sectional surveys, educational research, and a variety of health services research and clinical projects.

Robin Whyman

Robin is a dental specialist in public health dentistry and a registered general dentist. He practises at Hutt Valley District Health Board and is a visiting dental specialist at Whanganui District Health Board. Robin's clinical practice involves hospital-based paediatric dentistry, special needs dentistry and general dentistry for high-need patients. He is also engaged in several public health dentistry projects involving water fluoridation, clinical leadership and quality improvement for dental services.

Robin has previously worked in a variety of clinical leadership roles including Chief Dental Officer New Zealand of the Ministry of Health, General Manager Clinical Services of Dental Health Services Victoria (Australia), Executive Director of New Zealand Dental Association and Regional Director for Wellington's public dental services.

International relationships

The Dental Council has entered into two Memorandum of Understanding agreements.

Commission on Dental Accreditation of Canada

Council has entered into a Memorandum of Understanding with the Commission on Dental Accreditation of Canada (CDAC), which recognises the accreditation standards and policies of each jurisdiction as being substantially equivalent to its own, and mutually recognises the accreditation status granted for education programmes in general dentistry in each jurisdiction. Effective from November 2011, both jurisdictions mutually recognise graduates of general dentistry programmes accredited by the CDAC or Dental Council. Individuals attending general dentistry programmes in one country and planning to practise in another should carefully investigate the requirements of the regulatory and licensing jurisdiction where they wish to practise.

Dental Board of Australia

A Memorandum of Understanding between Council and the Dental Board of Australia has been agreed, which sets out a framework to facilitate the exchange of information, communication and collaboration on areas of mutual interest, such as the registration and regulation of dental practitioners and the accreditation of dentistry and oral health programmes.

Health sector reforms come to the regulatory authorities

We are all familiar with the government's drive to focus on the front-line delivery of health services and reduction of back-office overheads. We have seen the district health boards starting to share their administrative services and information systems and now we, too, are working on achieving some of these same reforms.

In February, the 16 regulatory authorities that regulate health sector practitioners received a proposal from Health Workforce New Zealand (HWNZ) on behalf of the Minister of Health suggesting several changes under the heading "Proposal for a shared secretariat and office function for all health-related regulatory authorities together with a reduction in the number of regulatory authority board members". While the objectives are evident from the title, the proposal also has a strong focus on the provision of consistent and consolidated health workforce data to assist the government in its long-term planning. HWNZ requires a response by Christmas this year.

Over the past five months, the Dental Council has joined forces with the Medical Council, Pharmacy Council and Physiotherapy Board to work out how the proposed reforms could be achieved. This "group-of-four" embarked on a two-stage business-case approach and has produced its indicative business case that examines the feasibility of doing what HWNZ suggested along with the various implications, including financial. Assuming that all the group-of-four Councils approve, this business case will be followed by detailed planning in the first half of 2012 and production of a detailed business case.

Meanwhile, the over-arching group HRANZ (Health Regulatory Authorities of New Zealand - a voluntary grouping of the 16 regulatory authorities that regulate health sector practitioners) has been looking at health workforce data requirements and the overall implications of the HWNZ proposal. Given the longer timeframe for that work, the group-of-four has expedited its own detailed formative work to provide a substantive report to HWNZ within the necessary timeframe.

So what is it looking like so far? The indicative business case has shown that there would indeed be benefits from the suggested reforms. A shared administrative secretariat would provide all the participating authorities with benefits through:

- sharing premises (lower overall lease costs)
- workflow efficiencies in processing registration, recertification and professional standards (sharing a computer-based workflow-enabled system, online applications for registration and recertification, self-service for practitioners to view and maintain their register details through a secure web portal)
- more sophisticated financial reporting
- a small long-term shrinkage in staff numbers
- and lastly but most significantly, a reduction in annual practising certificate fees over time.

At the Dental Council, we were on track for achieving some of these benefits, with the information systems upgrade we had to put on hold when the HWNZ proposal arrived. This new collaborative approach, however, will see our practitioners better off along with other professions, assuming the detailed business case supports the initial findings and that the group-of-four Councils agree to proceed.

Our modelling for the potential shared administrative secretariat also allows for other authorities to join in, and we have already had approaches along these lines. The more the better, as the economies of scale will deliver increased benefits across all professionals and ultimately to our collective client base, the people of New Zealand.

Our next significant milestone is the detailed business case due in May 2012. We will be able to update you on the outcome of that once it has been considered by all Councils involved.

Health Practitioners Competence Assurance Act 2003 review

The Ministry of Health is to commence a fundamental review of the Health Practitioners Competence Assurance Act 2003 (the Act) in February 2012, which will involve a review of the policy settings that underpin the legislation and the operation of the Act itself. It will also provide the opportunity to make the appropriate legislative changes necessary to support any move to the shared administrative support secretariat concept being investigated by the Dental Council and other regulatory authorities. This is explained further in the "Health sector reforms come to the regulatory authorities" article.

The proposed review, which the Ministry of Health will consult upon widely, will provide you with an opportunity to have your say about the Act – its objectives and how it operates. Council will be making extensive submissions, particularly in those areas where it can see the opportunity to streamline what it currently does and to reduce costs.

Other Dental Council activities

Consultations

Why do we consult?

Some practitioners have been asking Council members or the Secretariat – why the need for so many consultations?

The Dental Council has legal obligations to consult under the Health Practitioners Competence Assurance Act 2003. The Act specifically requires consultation when defining scopes of practice or prescribing qualifications for registration, and there are other general obligations under the Act. Furthermore, the Dental Council Guidelines on Consultation stipulate that Council will consult with interested parties and individuals, when the issue under consideration could involve possible significant change or have a substantial impact on the sector or members of the public. Effective consultation is an integral part of good decision making and leads to robust policies and procedures.

Council is encouraged by the level of engagement in the consultation process by practitioners, associations and other key stakeholders. It wishes to thank those participants for taking the time to respond thoughtfully and, by doing so, contributing to informed and strengthened outcomes.

New graduates 2011

It is always a pleasure to welcome new members to the profession. As it is that time of the year again, we would like to congratulate all the successful graduates from the University of Otago and Auckland University of Technology oral health programmes.

The respective numbers of new graduates for 2011 are as follows:

UNIVERSITY OF OTAGO

Dentistry	67
Dental hygiene and dental therapy	41
Dental technology	22
Postgraduate programmes	51
Total from Otago	181

AUCKLAND UNIVERSITY OF TECHNOLOGY

Dental hygiene and dental therapy	33
TOTAL NEW GRADUATES	**214**

We welcome each new graduate to the dental profession and wish them well in their chosen career.

Outcome of recent consultations

- **CODE OF PRACTICE ON ADVERTISING**

A substantial response has been received to consultation on the draft code of practice on advertising. The responses confirmed that this issue elicits a wide range of strongly held but diverse opinions.

The Council has now established a working group of Council members, comprising a general dentist, a dental specialist and a lay person. The group is working through all of the submissions received and issues raised, before Council further develops the draft code.

The Council is committed to addressing this issue in a careful, considered way and to achieving an acceptable, durable and workable document. It is probable that some time will be required for further development of the draft code, and it may then become necessary to consult on an amended draft code of practice.

- **DENTAL TECHNICIAN AND CLINICAL DENTAL TECHNICIAN SCOPES AND CODE OF PRACTICE**

The feedback on this consultation, issued in May 2011, was considered by Council. There was majority support for the proposed changes to the scope of practice, emergency training levels of dental technicians and a revised code of practice. However, relevant issues were raised in the submissions that resulted in Council deciding to develop a follow-up consultation document before finalising the scope and code of practice.

Council is obtaining independent expert clinical opinions in the particular field of impression taking of maxillofacial defects. Council will finalise the follow-up consultation after consideration of these clinical opinions.

- **DENTAL HYGIENE SCOPE OF PRACTICE – ORTHODONTIC PROCEDURES**

The initial consultation, issued in May 2011, proposed to align the orthodontic procedures contained in the dental hygienist scope of practice with those in the orthodontic auxiliary scope of practice. These proposals were supported by stakeholders, and Council approved the proposed changes. As a result of good suggestions contained in the submissions, a follow-up consultation document was issued in September 2011.

The follow-up consultation aimed to clarify the different levels of supervision by grouping the scope procedures into the relevant categories of supervision levels, that is, clinical guidance and direct clinical supervision. In addition, the document included a proposal to appropriately align the supervision levels for orthodontic procedures already

reflected in the "general" hygiene scope of practice and to remove any duplication of procedures. These proposals were also supported, and the changes were approved by Council at its December 2011 meeting.

As a result of these two consultations, Council has approved for:

- the dental hygiene scope of practice:
  - the proposed changes that align the orthodontic procedures contained in the hygiene scope of practice with those in the orthodontic auxiliary scope of practice
  - the change of the supervision level of some orthodontic procedures to be performed under direct clinical supervision and no longer under clinical guidance
  - the overall grouping of the scope procedures into two groups based on the required supervision level, that is, direct clinical supervision and clinical guidance
- the orthodontic auxiliary prescribed qualifications:
  - the addition of the three proposed dental hygiene qualifications, which included the orthodontic procedures in the training, as prescribed qualifications for the orthodontic auxiliary scope of practice
- the working relationship between dental hygienists, dentists and specialists:
  - the corresponding updates to reflect the scope of practice changes as well as general updates.

The Council has, by notice to be published in the Gazette on 22 December 2011, described the revised dental hygiene scope of practice and orthodontic auxiliary prescribed qualifications. The Secretariat is updating the working relationship to reflect the last scope of practice changes. The revised working relationship will be considered by Council at its first meeting in 2012. Practitioners will be advised when the working relationship document is finalised.

The revised dental hygiene and orthodontic auxiliary scopes of practice are available on Council's website

http://www.dcnz.org.nz/dcScopesOfPractice.

• ORTHODONTIC AUXILIARY PRESCRIBED QUALIFICATIONS

This consultation document was issued in May 2011 after the Dental Council was requested to review the New Zealand Association of Orthodontists' (NZAO's) orthodontic assisting training programme material to assess whether the training meets the educational requirements to cover the activities of "taking intra-oral and extra-oral radiographs". Council accepted the recommendation of the accreditation review team, which concluded that both current prescribed qualifications for orthodontic auxiliaries meet the educational requirements to cover the activities of "taking intra-oral and extra-oral radiographs".

The proposals contained in the consultation document were that the requirement for the completion of "a Dental Council approved course for intra-oral and extra-oral radiographs" be removed from the current two prescribed qualifications, and a change be made to the NZAO's training programme qualification name for purposes of consistency in format.

The overwhelming majority of submissions were in agreement with these proposals, and Council approved these changes.

The Council has, by notice to be published in the Gazette on 22 December 2011, described the revised orthodontic auxiliary prescribed qualifications, reflecting both the outcomes of this and the previous consultation.

What do these changes mean for orthodontic auxiliaries?

- The qualification name of the *New Zealand Association of Orthodontists, Orthodontic Auxiliary Training Programme: Certificate of Orthodontic Assisting* will now be reflected as *Certificate of Orthodontic Assisting, New Zealand Association of Orthodontists: Orthodontic Auxiliary Training Programme*.
- Orthodontic auxiliaries who in future obtain the *Graduate Certificate of Orthodontic Assisting, Academy of Orthodontic* and *Certificate of Orthodontic Assisting, New Zealand Association of Orthodontists: Orthodontic Auxiliary Training Programme* qualifications will not have to complete a Dental Council approved course for "intra-oral and extra-oral radiographs" to be able to perform these procedures.
- Registrants with the *New Zealand Association of Orthodontists, Orthodontic Auxiliary Training Programme: Certificate of Orthodontic Assisting* and *Certificate of Orthodontic Assisting, New Zealand Association of Orthodontists: Orthodontic Auxiliary Training Programme*, who have existing exclusions for intra-oral and extra-oral radiographs on their scope of practice, will have these exclusions removed and new registration certificates issued. All annual practising certificates at the next recertification cycle, during March 2012, will be issued with the amended scope of practice details.

The revised orthodontic auxiliary prescribed qualifications are available on Council's website at http://www.dcnz.org.nz/dcScopesOfPractice.

- **PRESCRIBED QUALIFICATION FOR THE DENTAL SPECIALTY: ORAL AND MAXILLOFACIAL SURGERY SCOPE OF PRACTICE**

In May 2011, Council granted accreditation, under section 118(a) of the Health Practitioners Competence Assurance Act 2003, to the Oral and Maxillofacial Surgery Education and Training Program of the Royal Australasian College of Dental Surgeons to December 2012, subject to satisfactory annual reports and a comprehensive report in July 2012.

The Dental Council issued the consultation document in September 2011. It sought comments on the proposal to approve the Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) – FRACDS (OMS), gained through its Oral and Maxillofacial Surgery Education and Training Program, as a prescribed qualification for registration in the Scope of Practice for Oral and Maxillofacial Surgery Specialists.

Council considered the submissions received at its December meeting, but needs further clarification on matters raised by some of the submitters. This matter will be further considered at Council's February 2012 meeting.

Current consultations

- **DRAFT ANNUAL PRACTISING CERTIFICATE FEE AND BUDGET 2012/13**

This consultation was issued on 20 December 2011, with the closing date of 10 February 2012.

Upcoming consultations in the new year

- **DENTAL TECHNICIAN AND CLINICAL DENTAL TECHNICIAN SCOPES AND CODE OF PRACTICE**

Refer to the Outcome of recent consultations section for further details.

- **THE SPECIALTY OF ORAL SURGERY IN NEW ZEALAND**

As reported in the April Dental Council Newsletter, an oral surgery working party of key stakeholders was appointed as part of Council's consideration of the future of the specialty of oral surgery in New Zealand. The working party report was finalised and submitted to Council in May 2011, whereafter the Council's oral surgery committee met to discuss the working party's report. The Council committee tabled the working party's report and a committee report to Council at its meeting on 8 August 2011, where both reports were considered.

Council approved the preparation of a draft consultation document on the future of the specialty of oral surgery in New Zealand, which would offer three options, without a Council preference, and which is aligned to the oral surgery working party's main recommendations. Council has reviewed the draft consultation document and is in the process of finalising the document for issuing early next year to all relevant stakeholders.

For details on any of the consultation documents or the outcome of the consultations concluded, visit our website at http://www.dcnz.org.nz/dcConsultation.

Continuing professional development providers

The Council has received and considered 10 renewal applications from continuing professional development (CPD) providers over the past few months. In addition, two CPD providers submitted their mid-term reports, which were considered to be satisfactory. Council has also received and approved a new application from the Australian Dental Association New South Wales Centre for Professional Dental Development as a CPD provider for dentists, dental therapists and dental hygienists.

The table below reflects the CPD provider approval periods.

Auckland Regional Dental Services (ARDS)	August 2011 – August 2016
Australian Dental Association New South Wales Centre for Professional Dental Development	August 2011 – August 2016
Canterbury District Health Board	August 2011 – August 2016
Hawke's Bay District Health Board	November 2011 – November 2016
Hutt Valley District Health Board	August 2011 – August 2016
Nelson Marlborough District Health Board	October 2008 – October 2013
Northland District Health Board	November 2011 – November 2016
New Zealand Dental Therapists' Association (NZDTA)	November 2011 – November 2016
New Zealand Dental Hygienists' Association (NZDHA)	November 2011 – November 2016
New Zealand Institute of Dental Technologists (NZIDT)	November 2011 – November 2016
Southern District Health Board	September 2008 – September 2013
Taranaki District Health Board	August 2011 – August 2016
Waikato District Health Board	April 2006 – December 2011 (review still pending)

Discipline

Dentist convicted of dishonesty offences receives suspended sentence, conditions and censure

Tribunal decision summary

Dr Alan GT Payne, a registered dentist and specialist prosthodontist, latterly of Dunedin and now of Whangarei, has been disciplined by the New Zealand Health Practitioners Disciplinary Tribunal.

The Tribunal found that Dr Payne had been convicted in the District Court of offences that reflect adversely on his fitness to practise. The convictions related to three dishonesty offences over the period 2007 to 2009, including the creation of false invoices to obtain personal monetary gain. The Tribunal viewed Dr Payne's actions as premeditated, unethical and "very serious breaches of professional standards".

The Tribunal ordered his suspension for nine months; however, the operation of the suspension order would be delayed for up to 24 months and lapse at that time, provided Dr Payne complied with all conditions imposed upon his scope of practice and that no other disciplinary matter surfaced.

Conditions were imposed restricting Dr Payne's practice for three years as follows:

- he is subject to professional supervision by a Dental Council approved supervisor
- he must not practise on his own account and may not own or manage a practice except as authorised by the Dental Council
- he must not undertake any financial transactions directly with patients (this does not preclude quoting or estimating costs of treatment with patients) or any external dental service provider; nor is he to undertake any financial commitments on behalf of an employer
- he is to maintain a therapeutic relationship with his medical practitioner.

Any employer is to be made aware of the Tribunal decision and the penalties imposed.

The Tribunal made an order of censure and expressed its "strong disapproval for the conduct which has given rise to the serious convictions it was required to consider". Dr Payne was directed to pay $12,000, being 30 percent of the costs incurred by the Professional Conduct Committee and the Tribunal.

(HPDT decision 405/Den11/184P)

A copy of the Tribunal's written decision may be found at:

http://www.hpdt.org.nz/portals/0/den11184pcdecisionweb.pdf.

Importance of providing accurate information to the Dental Council: A word of warning

Practitioners have a significant obligation to apply for and obtain an annual practising certificate (APC) in a timely manner in order to practise lawfully. Practitioners are further obliged to complete an application form with care, answering all questions truthfully.

The APC is an important document and central to the competence regime of the Health Practitioners Competence Assurance Act 2003. It is fundamental that the Dental Council can trust the reliability of practitioner statements. Honest and full disclosure of, for example, a practitioner's employment history, health status, any police investigation and/or conviction, and a current contact address, is necessary. All practitioners are cautioned that failure to provide true and correct information in an application form is a serious breach of their professional and legal obligations, and the Dental Council will pursue discipline action against them.

The Health Practitioners Disciplinary Tribunal recently considered charges relating to an optometrist practising without holding a current practising certificate and making an incorrect and careless declaration on an APC application. The Tribunal found the charges were established and warranted a finding of professional misconduct, bringing discredit to the profession. The health practitioner was censured and ordered to pay a fine of $6,250 and costs of $8,000.

(HPDT decision 392/Opt11/177P)

Practising without an APC?

A caution to all practitioners … if at any time you do not have a current APC, you should not be practising!

The Council is taking action against registered dentists found to be practising dentistry without an APC from 1 October 2011. Those practitioners are being referred to a Professional Conduct Committee (PCC) for investigation to determine if they have been practising without an APC. Should the PCC find that the dentists are in breach of the Health Practitioners Competence Assurance Act 2003, they may be referred to the Health Practitioners Disciplinary Tribunal. At present, four practitioners are facing disciplinary action for not having renewed their practising certificates on time.

All practitioners are reminded that they must have a current practising certificate if they wish to practise their profession.

Practitioners should note that the names of all practitioners who do not renew their APC on time are reported to:

- Accident Compensation Corporation
- Ministry of Health
- Dental Protection Limited
- Each of the District Health Boards.

Registration under the Trans-Tasman Mutual Recognition Act 1997

The Trans-Tasman Mutual Recognition (TTMR) Act 1997 recognises Australian and New Zealand registration standards as equivalent and enhances the freedom of registered professionals to work in either country.

Under the TTMR Act, if you are registered as an oral health practitioner in Australia, you are entitled to be registered in the same occupation in New Zealand.

Upon receipt of a completed application under the TTMR Act, the Dental Council will determine an application within one month of the date of receipt. During that period, an applicant is deemed to be registered.

Applicants will be informed in writing of the outcome of their application. If an application is postponed or refused, or if conditions are imposed, applicants will be given reasons in writing.

If an application is approved, the applicant will be registered with the Dental Council, and the Registrar will add their name to the public register of oral health practitioners. If an applicant has applied and paid for an APC, they will be issued with an APC for the current practising year.

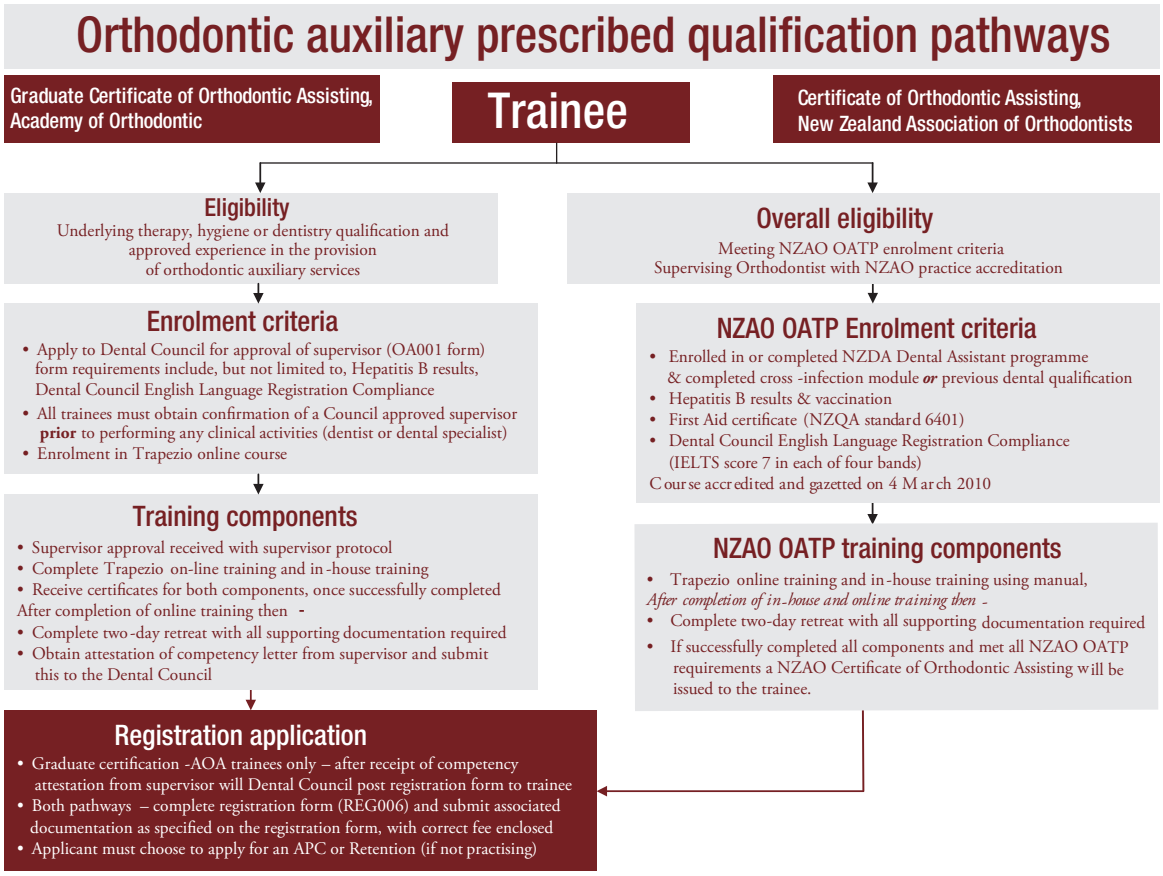
If an application is refused, the applicant will be given reasons for the refusal. The APC fee or the retention fee that they paid will also be refunded.

Orthodontic auxiliary registration pathways

The Secretariat frequently receives questions from potential orthodontic auxiliary trainees on the differences between the following two prescribed qualification training pathways:

Graduate Certificate of Orthodontic Assisting, Academy of Orthodontic and Certificate of Orthodontic Assisting, New Zealand Association of Orthodontists: Orthodontic Auxiliary Training Programme.

The Secretariat has developed a high-level flow diagram to explain the two training pathways and associated requirements. This flow diagram should not be read in isolation and does not replace the registration requirements stipulated in Council's registration policies, website information or forms.



Note: APC = annual practising certificate; AOA = Academy of Orthodontic Assisting ; IELTS = International English Language Testing System; NZAO = New Zealand Association of Orthodontists; NZDA = New Zealand Dental Association; NZQA = New Zealand Qualifications Authority; OATP = Orthodontic Auxiliary Training Programme.

For more detailed information on this process, refer to our website, http://www.dcnz.org.nz/dcRegistrationOrthAuxGuide

"Lost" practitioners

The Council's secretariat staff has tried to contact the following practitioners but, despite their best endeavours, has been unable to locate them. If you know any of these practitioners and/or have any information about their whereabouts, please notify Council or ask them to contact Council immediately.

Dentists and dental specialists
Hazel Adamson
Azza Al-Ani
Mohamad Al-Dujaili
Arjun Atresh
Wojciech Bilski
Phillipa Brickell
Cary Chien
Megan Child
Jared Christofferson
Andre Collins
Lauren Cooper
Amit Deveshvar
Sonia Deveshvar
Alex Dovban
Irene Franziska Euler-Kennedy
Steven Fletcher
Amelia Foster
Mahen Ganhewa
Christine Alma Gianni
Monil Gohil
Douglas Green
James Harris
Samantha Hindle
Brian Joffe
Kwang Yeon Lee
Hanis Mazlan
Edgar Mendieta
Muthusubramanian Muthaiya
Mark Naisbitt
Sarah Naisbitt
Andrzej Nowicki
Edward Ohlrich
James Olsen
Louise Ormondroyd
Ashanth Phillips
Niall Quigley
Jon Ryder
Andries Smith
Napat Sombunya
Johannes Spies
Anna Steyn
Jannen Tan
Jacques Theron
Antha Van Vuuren
Leigh Walker
Edwina Wells
Kai-Ming Wu

Dental hygienist/dental therapist
George Shenoda

Dental technician
Makoto Negishi

New prescribing limits for dentists

On 1 December 2011 the period of prescribing limits for dentists and midwives under the Medicines Regulations were aligned with other prescribers.

The Ministry of Health has issued a communication indicating that as a result of the changes to the Medicines Amendment Regulations, the Ministry has become aware that some prescribers are operating outside the Misuse of Drug legislation limits when prescribing controlled drugs. The communication indicates that the Ministry will be making changes to the pharmacy claiming system rules to ensure pharmacy claim items that exceed the legislative limits are identified.

In addition, the Ministry will be in contact with the prescribing Regulatory Authorities and their professional groups in the new year, to organise profession specific meetings to discuss the problem of prescribers issuing prescriptions that are outside the controlled drug legislative limits and, in many cases, also outside the practitioner's scope of practice.

The Ministry issued the following key messages in relation to the changes to the Medicines Regulations:

- From 1 December the period of supply limits for prescription medicines under the Medicine Regulations 1984 will be aligned for all prescribers at six months for oral contraceptives and three months for other prescription medicines. Note this change does not affect controlled drug period of supply limits.
- There are different legislative limits on periods of supply for controlled drugs (Misuse of Drugs Act 1975 and Misuse of Drugs Regulations 1977) versus other prescription medicines (Medicines Act 1981 and Medicines Regulations 1984).
- Pharmacy software systems rules are currently set to reflect the maximum prescribing periods under the Medicines Regulations 1984. However, prescriptions and dispensing must comply with the periods of supply detailed in both the Medicines Regulations and the Misuse of Drugs legislation.

The Ministry's communication with more detailed information is available on our website http://www.dcnz.org.nz/dcWhatsNew.

In addition, the Dental Council received the following communication prepared by the Pharmaceutical Society, in consultation with the Pharmacy Council, and issued to all pharmacists in relation to the new prescribing limits for dentists.

Period of supply of dentists' prescriptions

The 5 day (and a further 5 day repeat) restriction on dentists prescribing has been removed. Regulation 39A of the Medicines Regulations now permits dentists to prescribe up to 3 months supply of prescription medicines and the Pharmaceutical Schedule General Rule 3.1 has been amended to provide subsidy for this quantity.

But there has been no change to the quantity of controlled drugs (both Class B and Class C) which can be prescribed by dentists. It remains at a maximum of 7 days' supply

(regulation 21(4) of the Misuse of Drugs Regulations). This restriction includes codeine[1] and benzodiazepines.

Note that the Pharmaceutical Schedule General Rules 3.1.3 (was rule 3.3.1) limits the subsidy of Class B controlled drugs to a maximum of 5 days' supply, even although 7 days' supply can legally be prescribed. The changes to the Pharmaceutical Schedule General Rules from 1 December 2011 can be found on http://www.pharmac.govt.nz/2011/11/17/SU.pdf (refer to page 53).

7 days' supply is now subsidised for Class C controlled drugs (eg codeine and benzodiazepines) prescribed by a dentist.

Form of prescription

A change to regulation 41 of the Medicines Regulations now requires there to be on each prescription:

- the full name of the prescriber,
- the full street address of the prescriber's place of work or, in the absence of the prescriber having a place of work, the postal address of the prescriber, and
- the telephone number of the prescriber.
- the surname, each given name and the address (street address is recommended) of the person for whose use the prescription is given,
- the date of birth if a child under the age of 13 years.

Prescribing within scope of practice

The only restriction in regulation 39 of the Medicines Regulations on what may now be prescribed by dentists is that the medicine is within the prescriber's scope of practice.

Dentists are not permitted to prescribe or obtain unregistered medicines i.e. those that do not have Ministerial consent for their distribution in New Zealand. The exemption through section 29 of the Medicines Act applies only to medical practitioners.

Emergency supply provisions now includes dentists

Regulation 44(m) now includes NZ registered dentists as prescribers under which an emergency 72 hours supply of a previously prescribed medicine (and which is current therapy) can be supplied without prescription.

The complete Medicines Regulations, as at 1 December 2011, can be downloaded on

http://www.legislation.govt.nz/regulation/public/1984/0143/latest/DLM95668.html

1 Codeine phosphate tablets (15, 30 and 60mg)

Practitioners' corner – *Your health and wellbeing*

HEALTH OF HEALTH PRACTITIONERS

Oral health practitioners, like anyone else, can suffer from physical or mental illness, either temporarily or as part of a gradual deterioration; from chronic illness and from injury. An illness or injury may affect a practitioner's ability to safely care for patients.

The Dental Council ("Council") is the body responsible for protecting the health and safety of the public under the Health Practitioners Competence Assurance Act 2003 ("the Act"). In particular, Council is concerned with ensuring that practitioners are fit to practise.

PROBLEMS FACING PRACTITIONERS

Practitioners who confront their personal health issues and discuss them with Council take the first important step on the road to recovery. Conversely, those practitioners who do not recognise they have a health issue that may impact upon their fitness to practise, may resist any offer of support or help, whilst others who are aware of their shortcomings go to great efforts to mask their deficiencies. If professional help is not sought, it is generally only a matter of time before further serious issues develop, which in turn may have far more serious consequences.

In most cases, where an illness or injury is treatable, early intervention enables a practitioner to continue practising while receiving treatment. For an irreversible illness or injury on the other hand, it is critical to public safety that, where it is appropriate that the practitioner continues to work, he or she is closely monitored, medically and in the practice. The unpalatable alternative is for the practitioner to discontinue practise.

YOUR OBLIGATION TO NOTIFY COUNCIL

Practitioners are legally obliged to notify the Council if their own or a colleague's fitness to practise is in doubt, an obligation that extends to employers of practitioners and those in charge of health service providers.

A practitioner may not be fit to practise if he or she is physically or psychologically impaired, and accordingly:

- is unable to make safe judgements
- is unable to demonstrate the level of skill and knowledge required for safe practice
- behaves inappropriately
- risks infecting patients with whom she or he comes in contact
- acts in ways that impact adversely on patient safety.

PROCESS FOLLOWED BY COUNCIL WHEN A HEALTH PROBLEM IS REPORTED

At any one time, Council may be involved in assisting and/or managing upwards of a dozen practitioners with health-related issues. Typically, they may involve degenerative conditions, head trauma or other physical injuries, recovery from major surgery, substance dependence and abuse, and depression.

Whilst the Act prescribes a statutory regime for the reporting and management of health-impaired practitioners, in the majority of cases, once Council is aware of a practitioner's health issues it prefers to adopt a much more informal and cooperative approach. This generally involves the practitioner agreeing to a voluntary arrangement with Council. This may, for example, require a practitioner who has suffered a traumatic head injury to undertake, after specialist assessment, a graduated and supervised return to work in accordance with a medical specialist's recommendation. Alternatively, it could see a substance-dependent practitioner, once an assessment has been conducted, undertaking a Council-managed programme of random urine or blood screening to ensure his or her fitness to practise. The dual objectives in each case are to protect the safety of members of the public and to help the practitioner through his or her health issues to full recovery in a constructive but unobtrusive and discreet way.

In such cases, Council will help the practitioner to arrange, or will arrange on the practitioner's behalf, appropriate medical and/or psychological assessments, ongoing support and advice, supervision or collegial support where required and, where appropriate, provide advice on available support personnel and agencies.

The process is transparent and the practitioner is consulted at all stages. Council treats cases involving health concerns with sensitivity, confidentiality and endeavours to do so in a collegial and flexible way.

Where a practitioner fails to maintain required treatment and/or a programme agreed with Council, conditions on the practitioner's scope of practice could result, or where the practitioner is considered to pose a risk of harm to the public, suspension would be likely.

Council does have the ability to invoke the statutory process, under which medical examination and assessment can be mandatorily required, and under which it may, if a practitioner refuses to take the necessary action, place conditions on the practitioner's scope of practice or, as a last resort, suspend the practitioner. Council does, however, prefer to manage a practitioner's health concerns in a cooperative and supportive manner.

Generally, it is only in those cases where the practitioner has been resistant to cooperation with Council or where there has been an immediate serious risk of harm to the public that Council follows the statutory pathway.

Council's health process is designed to separate health issues from those of competence, conduct and discipline.

SEEK HELP AS SOON AS POSSIBLE

When concerns about a practitioner's fitness to practise arise, it is important to acknowledge this as early as possible so the necessary management is put in place and before there are any adverse outcomes from patient treatment.

Practitioners have several helpful strategies available when concerns arise. These include the following.

- Seeking collegial support – there appears to be a greater risk of problems associated with practitioners who have become isolated. Contact for example:
  - **New Zealand Dental Association** (contact David Crum, Chief Executive Officer, NZDA at david@nzda.org.nz or on 09 579 8001)
  - **New Zealand Dental Therapists Association** (contact Ngaire Mune at nzdta@nzdta.co.nz or on 09 638 5026)
  - **New Zealand Dental Hygienists Association** (a list of their Executive members and branch contact details is available at http://www.nzdha.co.nz)
  - **New Zealand Institute of Dental Technologists** (a list of their Executive members and branch contact details is available at http://www.nzidt.org.nz).
- Doctor's Health Advisory Service (DHAS) offers confidential counselling, advice and support to doctors, dentists, veterinary surgeons and students in those professions. The DHAS helps dentists and their families with personal and health problems. It can be contacted on 0800 471 2654. An experienced DHAS counsellor can help with making the decision with regard to an appropriate referral. However, notification to DHAS does not remove the legal obligation, under section 45 of the Health Practitioners Competence Assurance Act 2003, to notify Council formally about a dentist whose practice is adversely affected by illness.
- Advice from the practitioner's general medical practitioner with referral, if necessary, for more specialist help.
- Dental Protection Limited can and does provide support and advice to members, their families and staff (contact David Crum at david@nzda.org.nz or on 09 579 8001).
- Employing organisations may have support available, however, they have an obligation to notify the Council if they believe a practitioner is unable to perform adequately because of a mental or physical condition.
- Professional and specialty organisations.

Self Care For Dentists, edited by Dr Jeff Annan, is a useful resource for all oral heath practitioners and is available for download from the Dental Council website (http://www.dcnz.org.nz/Documents/SelfCareForDentists.pdf).

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