



DCNZ news

The Dental Council of New Zealand • Te Kaunihera Tiaki Niho o Aotearoa

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DR LIVINGSTON I PRESUME . . .

Dr Mary Livingston has been elected as the new Chair of the Dental Council.

Originally from Canada, Mary came to New Zealand on a working holiday in the 1970s and enjoyed herself so much that she made it her home. Graduating with a BDS Otago in 1980 she went on to train as a specialist and gained a Master of Community Dentistry in 1989. A member of the Council since August 2001, Mary is also Deputy Chair of the Council's Dentist Board. For her 'day jobs' she continues to work both in private practice in Christchurch and as a dental specialist contracted to the Canterbury District Health Board.

Commenting on her appointment as Council Chair, Mary Livingston said: "I am delighted and honoured to have been elected to this position. It will certainly be a challenging role. We are unique as a health regulatory authority in that we regulate a number of oral health provider groups rather than just one profession. This has been a remarkable achievement and my vision is to build on this by achieving greater synergy and cooperation. I also wish to lead the Council in developing its strategic direction and look forward to consulting with the professions and other stakeholders on this."



Dr Brent Stanley and Dr Mary Livingston

Mary also took the opportunity to pay tribute to her predecessor Brent Stanley. "With his boundless energy and unwavering enthusiasm, Brent has been the ideal Chair to steer the Council through what have arguably been the most radical changes in its entire history."

While having stepped down as Chair, Dr Stanley continues to serve as a member of the Dental Council and its Dentist Board. Laymember, Victoria Hinson has been reelected as the Council's vice-chair.

RECERTIFICATION UPDATE - PEER CONTACT

The recertification cycle for dentists is now in its second year while the cycles for dental therapy, dental hygiene and dental technology began on 1 April 2006. Included in the recertification cycle is a requirement for practitioners to engage in a minimum level of peer contact activity.

Under the Health Practitioners Competence Assurance (HPCA) Act 2003 the Dental Council is required to protect public safety by monitoring and ensuring the continuing professional competence and fitness to practise of registered oral health practitioners.

The mechanism for ensuring the competence of practitioners is linked to the issue of an annual practising certificate (APC) – a process known as 'recertification'. Under this framework the Dental Council will 'certify' each year, through the issue of an APC, that the practitioner is competent and fit to practise.

All registered practitioners should by now

have received a booklet from the Dental Council detailing the recertification requirements. If you have not yet received this booklet or wish to request extra copies, please contact our office. You can also view the text of these booklets on our website (www.dcnz.org.nz/dcstandards).

Most practitioners will be aware by now that they will be required to undertake a certain amount of CPD over the course of the recertification cycle. However, there is less of an awareness that these CPD requirements include a minimum level of peer contact activity. There is still, moreover, some confusion as to what peer contact means and how the requirements can be met.

What is peer contact?

Peer contact means regular interactive contact with peers with the specific objective of professional development. A peer is someone who is registered as an oral health practitioner. Interactive peer contact activities should largely take place with those registered in the same scope of practice but may take place with those from different oral health scopes.

Research has shown that practising in isolation is a significant risk factor in poor performance. Interactive peer contact learning activity by contrast enhances competence and reflective practice and is effective in facilitating beneficial changes and developments in an individual's practice. Participation in interactive peer contact activities is therefore one of the requirements of the annual practising certificate recertification process for dentists, dental therapists, dental hygienists and auxiliaries. Peer contact activities are not yet compulsory for dental technicians and clinical dental technicians but are nonetheless highly recommended.

The majority of oral health practitioners currently engage in regular interactive peer contact activities and should have no difficulty in meeting the requirements.

What kind of activities will count as peer contact?

It is important to note that during the first CPD cycle the interpretation of acceptable peer contact activities will be liberal. Provided such contact is interactive and promotes reflective practice a wide range of activities will be acceptable including:

- participation in study groups
- hands-on clinical courses
- NZDA, NZDTA, NZDHA and NZIDT branch meetings where peer interaction and collective participation comprises part of, or the entire, meeting
- attendance at formal presentations/lectures/conferences where group discussion and/or a question and answer session comprise part of the session
- peer discussion and review activities within a group dental practice or laboratory
- joint treatment planning/patient management sessions
- providing or receiving mentoring or supervision
- practice audit and/or peer appraisal

Another way in which practitioners can meet their peer contact requirements is by joining or setting up a peer group. The Dental Council hopes that over time all oral health practitioners will participate in interactive and structured peer group activities. The Council has issued detailed guidance on establishing and running peer groups, which you can view on our website or order from our office.

How much peer contact do I have to do?

If you are a dentist you will have to participate in a minimum of 12 interactive peer contact activities over the four-year cycle. For dental therapists, dental hygienists and dental auxiliaries the minimum requirement amounts to four interactive peer contact activities over the two-year cycle. Orthodontic auxiliaries, for their part, are required to undertake at least three interactive peer contact activities over the two-year cycle.

Does peer contact count towards verifiable hours?

Peer contact activities will count towards verifiable hours if you can demonstrate, when required, that the activities are interactive and outcome-oriented. You should try and ensure that at least some of your peer contact activities are verifiable. If your peer contact activities are not verifiable you can credit these to the non-verifiable CPD requirements. However, you will still need to keep a record of non-verifiable peer contact activities as part of your CPD portfolio/

logbook. It is recommended that this should include date, time involved, educational aim (if relevant), description of the content, evaluation of the value to the individual, and implications for practice. For advice on recording CPD and peer contact activities refer to your recertification booklet.

How do I do this if I work in a small town or rural area?

It may be necessary to establish an alternative structure for those who are geographically isolated. Links can be established by tele/video-conferencing means or via the Internet. You can also seek advice from the local branch of the professional association you belong to. If you continue to experience genuine problems in gaining peer contact as a result of your isolation you should bring these to the attention of the Dental Council.

Research has shown that practising in isolation is a significant risk factor in poor performance. Interactive peer contact learning activity enhances competence and reflective practice and is effective in facilitating beneficial changes and developments in an individual's practice.

BRIDGING COURSE FOR OVERSEAS - TRAINED DENTISTS

The Faculty of Dentistry, University of Otago, has run a new bridging course targeted at those overseas-qualified dentists adversely affected by previous immigration policies.

The Faculty already runs revision courses for general dental practitioners. Some candidates, however, require significantly more training than the refresher courses provide. Many of them came to New Zealand under previous immigration policies which awarded points for the possession of a dental degree, but did not require applicants to first be registered with the Dental Council. Unfortunately, many of these immigrants failed to meet the required New Zealand standard for registration.

However, last year, the Faculty ran a new bridging course targeted specifically at those affected by these policies and backed with some funding from the Ministry of Health. This course has proved to be very successful. Of the 18 students from the course who went on to sit the clinical component of the New Zealand Dental Registration Examination, 12 passed, four were awarded partial passes and only two failed. Enrolments for the 2006 bridging programme have already closed with an increased number of candidates applying.

2005 ANNUAL WORKFORCE ANALYSIS

The Dental Council has published its 2005 workforce analysis.

Derived from the workforce survey forms completed each year by dentists when applying for an annual practising certificate, the high quality of the data provides an accurate picture of the current workforce.

The analysis reveals a slight fall in the active workforce last year. There were a total of 1,852 practising dentists in 2005 compared with 1,896 in 2004. The proportion of female dentists continued to rise – to just over 27% of practising dentists, as did the representation of ethnic minority groups. New Zealand Europeans remained the largest ethnic group within the workforce (66%) followed by dentists of Chinese, Indian or Arab origin. However, dentists of Maori origin continued to be underrepresented at only 0.6%.

The proportion of dentists by practice type continued a trend away from solo practice. In 2001, a total of 41% were in solo practice but since then this has fallen every year to 35% in 2005.

The dentist-to-population ratio estimates by DHB indicate that the Counties-Manukau, Wairarapa, West Coast, Tairāwhiti, and Wanganui DHBs remain under-served.

DENTAL COUNCIL UNDERGRADUATE PRIZE WINNER

The 2006 Dental Council prize for clinical excellence in undergraduate dentistry studies has been awarded to final year Otago BDS undergraduate, Shelley Jones.



Shelley Jones

Shelley originally enrolled for first year law and biochemistry in 2002. At the end of that year she was accepted into both second year law and dentistry. So what made her choose dentistry? “It was an option that I had considered since leaving school”, says Shelley “so when I was accepted I thought I’d give it a go. As it turned out I really enjoyed it - in particular I like the clinical and hands-on experience we get at dental school.”

Shelley says she is really looking forward to graduating at the end of the year. “My goal for the immediate future is to go out and see what the dental field really has to offer. I want to get as much experience as I can and find out if there is any area of dentistry that particularly interests me. In the distant future I would consider specialising – possibly in oral pathology, oral medicine, oral surgery, prosthodontics.”

In her leisure time, Shelley enjoys Latin American and ballroom dancing - for which she is currently sitting medal exams every six months, the gym, swimming, going home on her term breaks and spending time with her family and friends.

DENTAL HYGIENE

APPROVED OVERSEAS QUALIFICATIONS FOR REGISTRATION

On the recommendation of the Hygienist Board the Dental Council has agreed to prescribe (approve) designated overseas qualifications for registration in a dental hygiene scope of practice.

With the exception of Australian qualifications, no overseas qualifications had previously been prescribed for registration in dental hygiene. However, the newly prescribed qualifications provide US, Canadian and UK trained hygienists with a pathway to registration in New Zealand without having to sit the written and clinical components of the New Zealand Dental Hygiene Registration Examination.

The prescribed qualifications in question are as follows:

- An undergraduate dental hygiene degree or diploma or undergraduate dental degree and a pass in the USA National Board Dental Hygiene Examination or Canadian National Dental Hygiene Certification Examination and a pass in a USA or Canadian regional or state board dental hygiene clinical examination and registration with a USA or Canadian dental authority
- A Commission on Dental Accreditation (CDA) accredited undergraduate dental hygiene degree or diploma; a pass in the USA National Board Dental Hygiene Examination or Canadian National Dental Hygiene Certification Examination; and registration with a USA or Canadian dental authority
- A General Dental Council (GDC) accredited undergraduate dental hygiene degree or diploma from the United Kingdom and registration with the GDC
- A Certificate or Diploma in Dental Hygiene conferred by the GDC and registration with the GDC

In making the decision to extend the prescribed qualifications to include those awarded by accredited US, Canadian and UK dental hygiene schools, the Board was concerned with the standard of training in these countries, not reciprocity or workforce issues. The extension of the prescribed qualifications is also consistent with the approach taken by the Dentist Board in recognising robust accreditation systems.

QUALIFICATION FOR ORTHODONTIC AUXILIARY REGISTRATION PROPOSED

An accredited NZ training programme has yet to be developed for registration in the orthodontic auxiliary scope of practice. However, the Hygienist Board is proposing that in the interim a US-based online course combined with an additional hands-on workshop in New Zealand be prescribed for registration.

The orthodontic auxiliary scope of practice was defined to allow those without formal dental hygiene qualifications who were practising under the Section 11 exemption provisions of the Dental Act 1988, to continue to practise after the implementation of the HPCA Act on 18 September 2004. Those practising prior to 31 July 2005 were 'grandparented' into the orthodontic auxiliary scope on the basis of experience provided they met fitness and competence to practise criteria under the new Act.

This grandparenting provision ceased with the implementation of the Restricted Activities list on 1 August 2005. The prescribed qualification is now defined as a "DCNZ accredited qualification in orthodontic auxiliary practice". An accredited NZ based training programme has not yet been developed. In the meantime orthodontists and dentists are having difficulty replacing orthodontic auxiliary staff.

Pending the development of such a programme the Hygienist Board is proposing to prescribe the following qualification for registration in the orthodontic auxiliary scope of practice:

- Graduate Certificate of Orthodontic Assisting, Academy of Orthodontic Assisting; and
- possession of a dental therapy, dental hygiene or dentistry qualification; or registration as a dental auxiliary and approved experience in the provision of orthodontic auxiliary services under the direction and supervision of a dentist or dental specialist who can attest to competency.

The Certificate is offered by the US based Academy of Orthodontic Assisting and is available as an online course, with the Graduate Certificate being awarded to those successfully completing an additional 'hands-on' workshop in an appropriate NZ facility.

Prescribing this qualification would allow orthodontists and dentists to employ persons with previous dental training to undertake orthodontic assisting duties while undertaking the distance training programme under the HPCA Act exemption provisions.

The Hygienist Board is also proposing that this qualification be prescribed for registration in the additional scope of orthodontic procedures in dental hygiene practice.

The Board is currently consulting on this proposal. You can access a copy of the consultation document on our website (www.dcnz.org.nz/dcWhatsNew).

DENTAL TECHNOLOGY

URGENT INFORMATION FOR PRACTITIONERS AND EMPLOYERS

If you practice dental technology or clinical dental technology it is a legal requirement for you to be registered and to hold a practising certificate. If you are not registered you will need to apply as soon as possible or risk facing significant penalties.

The Board has received a number of reports of persons practising dental technology and clinical dental technology without being registered and/or holding an annual practising certificate (APC), and of registered dental technicians and clinical dental technicians practising outside their scopes of practice

With the implementation of the Health Practitioners Competence Assurance (HPCA) Act in September 2003, the Section 10 exemption provisions of the previous Dental Act which allowed unregistered persons to undertake dental technicians' work under the direction and supervision of a dentist, clinical dental technician or dental technician, disappeared. Under Section 7 of the HPCA Act, by contrast, any person wishing to practise dental technology, clinical technology or any of the other professions described in the scopes of practice gazetted by the Dental Council must be registered and hold an APC. Anyone breaching this section is committing an offence punishable with a fine of up to \$10,000.

October deadline for registration applications

In addition to the requirement to be registered and hold an APC, Section 8 of the HPCA Act stipulates that practitioners may not practise outside of the scope of practice in which they are authorised to practise. Therefore, if you are registered only in the dental technology scope of practice you cannot provide dental technology services directly to the public. Similarly, if you are registered as a clinical dental technician you cannot, amongst other things, diagnose, or prescribe procedures outside of the clinical dental technology scope of practice, for example anti-snoring devices or teeth bleaching.

There are significant penalties under the HPCA Act for practising outside your registered scope or practising without being registered or holding an APC.

Unregistered practitioners are therefore urged to apply for registration immediately. In the meantime, they can continue to practise while their application for registration is being

BOARD APPOINTMENTS



Leslea Stapleton, Chair, Hygienist Board.

The Hygienist Board has expanded its number of members from six to eight. This reflects the Board's desire to ensure the representation of orthodontic auxiliaries and increase the number of practising hygienists.

Tanya Cleland has been appointed as the orthodontic auxiliary member, while Kirsty Jennings has assumed the additional hygienist

member position. Iri Mako has been appointed as a laymember to the Board and replaces Christine Rimine. Leslea Stapleton and Victoria Hinson have been reelected as Chair and Deputy Chair respectively.

EXPIRY OF THE DENTAL AUXILIARY SCOPE OF PRACTICE IN 2009

The scope of dental auxiliary practice was established as an interim arrangement to allow persons without formal dental hygiene qualifications to continue to practise under the new HPCA Act. This scope of practice will expire on 18 September 2009. Those currently registered in this scope will no longer be able to call themselves dental auxiliaries and must cease practising any activities, which are restricted under the HPCA Act to registered practitioners.

If you wish to register as a dental hygienist you will have to either:

- sit and pass the dental hygiene registration examinations; or
- complete a formal dental hygiene qualification

The Hygienist Board is pleased to advise that the University of Otago, subject to sufficient interest, is proposing to offer a distance programme run over 18 months to assist dental auxiliaries prepare for the registration examinations. Those who successfully complete the course would be exempt from the written component of the dental hygiene registration examination and would only be required to sit and pass the clinical examination to be registered. Course fees would be in the range of \$20,000 depending on the number of participants – a minimum of 10 students is required to run the course. In addition, dental auxiliaries are likely to have the option of pursuing orthodontic auxiliary registration.

processed. However, as of 1 October 2006 the Dental Council will seek prosecution of any practitioners who have not applied for registration or to sit the registration examination and who continue to practise without being registered or holding an APC. You can download registration forms from our website www.dcnz.org.nz

The Board will consider each application on an individual basis. Depending on the qualifications and experience of applicants they may be registered with or without conditions on their scope of practice, or be required to sit and pass the registration examination. The University of Otago is proposing to offer update courses for practitioners prior to staging a special sitting of the registration examination for dental technicians in January 2007. Note that this update course and January examination does not relate to clinical dental technology. Any person practising in the clinical dental technicians scope who does not meet the registration requirements must stop providing services directly to the public from 1 October.

The situation of overseas-qualified applicants who are already practising in New Zealand or who have been approved for immigration needs special consideration especially since many may not be able to meet the English language requirements for registration. One option the Board is considering is to register such persons in an individual scope under supervision and with conditions requiring them to sit and pass an approved English test, and the registration examination if required, by a specified date. This, option, however, would be available only until October 2006. From then onwards, any further applicants in this category would not be permitted to practise unless they meet the normal registration requirements. The Board is, however, considering the development of a dental technician auxiliary scope of practice in which such applicants could be accommodated in the future.

Information evenings

The Dental Council is planning to hold a series of information evenings this August in the four main urban centres to advise the profession and all laboratories of the HPCA Act requirements and how the Board is implementing these.

While venues have still to be confirmed (check our website for details) dates and locations are as follows

- Thursday 3 August - Auckland
- Thursday 10 August - Dunedin
- Thursday 17 August - Christchurch
- Thursday 24 August - Wellington

BOARD UPDATE



Keith Pine (left) and Murray Wells (right).

Servicing of the Dental Technicians Board has been transferred from its former Auckland office to the Dental Council Secretariat in Wellington.

Newly elected Chair of the Dental Technicians Board, Neil Waddell, welcomed the move: "With the combined resources, experience and expertise of the Dental Council behind it, I am confident that the Board can more effectively regulate the profession in accordance with the HPCA Act requirements."

The transfer to Wellington which took effect as of 1 February coincided with the departure of Murray Wells who stepped down from managing the Board after 10 years of service. Describing his time at the DTB as "both challenging and fulfilling" Murray said he would miss his connections with dental technicians. Dental Council member and outgoing DTB Chair, Keith Pine, paid tribute to Murray Wells, saying that he had taken the Board 'from a registrable trade to a creditable profession'.

Keith Pine himself has stepped down as Chair after a six-year tenure in that position, though he continues to remain a Board member. Newly elected Board Chair, Neil Waddell was keen to acknowledge the contribution of his predecessor. "The profession underestimates how much it owes to Keith", he said. Starting from the 'bad old days' Keith Pine had upgraded the profession and had the foresight to guide the Board to where it is today - under the umbrella of a combined Dental Council.

The new Deputy-Chair is Karl Lyons. Appointed as a dentist member of the Board in November last year, Karl is a registered prosthodontist and Senior Lecturer at the School

of Dentistry. Byron Lord has been appointed as a new dental technician member of the Board, where he takes over from Peter Boekhout who resigned in January.

On a sad note we regret to inform readers that Board Member, Roger Cann has died after a battle against cancer. A Napier-based clinical dental technician Roger joined the Board in 2003.

Board Chair, Neil Waddell said: "I enjoyed knowing Roger. His straightforward, humorous and easygoing manner was very much appreciated and he helped guide the Board through some momentous changes over the last couple of years. We owe him a lot. The members of the Board and I will miss him and we offer his family our sincere condolences."

DENTAL THERAPY

RECERTIFICATION UPDATE: PRACTICE APPRAISAL

The recertification requirements for dental therapists differ from those of other provider groups in one important respect in that they require dental therapists to have undergone at least one satisfactory practice appraisal within the two-year recertification cycle.

The reason for this is that practice appraisal or clinical audit as it is sometimes called is a well-established procedure in District Health Boards and as such the Therapist Board considered that it should form part of the recertification process.

Practice appraisal is a structured review against defined standards of an individual dental therapist's performance in delivering dental therapy care. The aim is to determine whether the therapist is practising to the required standard of competence and to assist in identifying ongoing continuing professional development needs. Practice appraisal is a two-way educative process between the individual dental therapist and a peer who may be a dental therapist or dentist.

The form of practice appraisal varies amongst DHBs. Thus, rather than requiring a specific format the Board is taking a flexible approach, which recognises the variety of means available to assess competency and performance.

For those requiring guidance a suggested template is available on request from the Council office or by downloading from its website. This is based on the approved competency standards and performance measures for dental therapists.

As part of the ongoing recertification requirements the Board requires dental therapists in non-clinical practice to have undergone some form of external evaluation of their work within each two-year recertification cycle and to keep a record of this, for example, evidence of quality improvement initiatives, staff surveys and performance reviews.

If you are newly registered in New Zealand or in the first year of work following graduation you need a peer to attest to your

competence and fitness to practise when you apply to renew your first annual practising certificate (APC). Your peer will need to declare they have discussed, reviewed and are satisfied with your CPD activities. Your peer can be a dental therapist colleague or a dentist.

The Board also requires new registrants to supply evidence of one satisfactory practice appraisal with their first APC renewal application.

This timeframe is tight for new graduates, given many do not begin practice until early February and the APC renewal round is every March. If circumstances do not permit an appraisal to be carried out in time the Board will look to issue an interim APC with a requirement that the appraisal report be forwarded within a certain timeframe.

FIRST THERAPY REGISTRATION EXAMINATION GOES AHEAD

The first DCNZ written registration examination for dental therapists was held during May in Auckland.

A total of four candidates sat the examination. While this was one less than the minimum five required to break even the Therapist Board decided that it was still worth staging the examination to ensure there was an examination pathway for the candidates.

Three of the four candidates were New Zealand trained. However, the fact that they had all been out of the workforce for extended periods of over 12 years meant that they no longer met the Therapist Board's recency of practice requirements and had been directed to sit the examination. The fourth candidate was an overseas-trained dentist.

The Board strongly recommends that candidates undertake a refresher course prior to attempting the registration examination. Three of the four candidates who sat the first examination completed the dental therapy refresher training run by the Auckland Regional Dental Service.

DENTAL THERAPY *continued*

FITTING MOUTHGUARDS NOW PART OF THERAPY SCOPE OF PRACTICE

The Dental Council at the recommendation of the Therapist Board has agreed that the taking of impressions for constructing and fitting of mouthguards should be added to the general dental therapy detailed scope of practice.

As this activity was not previously covered in the dental therapy scope of practice it was illegal for dental therapists to undertake this work. Section 8 of the HPCA Act states that health practitioners must not practise outside their scope of practice.

In agreeing to include this activity in the scope of practice for dental therapy, the Council was satisfied that the training at the University of Otago and AUT is appropriate. However, dental therapists who have not received training in this area as part of their undergraduate programme may only undertake this activity in accordance with the Council's policy on advanced areas of practice. You can view this on our website (www.dcnz.org.nz/dcStandardsPolicy) or order copies from the Dental Council office.

QUEENS BIRTHDAY HONOURS

Dr Brent Stanley, previous Chairperson of the Dental Council and current member of Council and the Dentist Board, has been made an Officer of the New Zealand Order of Merit (ONZM) in the Queen's Birthday Honours for services to dentistry. "I am honoured and delighted" said Dr Stanley. "However, I won't be letting it go to my head - my wife Jocelyn, my colleagues and surgery team will make very sure of that!"

A Christchurch-based general dentist, Dr Stanley has been actively involved in leadership roles within the profession for over 25 years. He has served the NZDA in the capacity of National President (1992-95) as well as Treasurer, Assistant-Secretary and Vice-President (1985-92). He first joined the Dental Council in 1992, became its Chair in 2001 and continued to hold that position until his decision to step down in April 2006.

Dr Stanley has also represented the profession at international level, and is currently Treasurer and Executive Committee member of the FDI World Dental Federation.

WE HAVE MOVED

The Dental Council has recently moved office.

Please note our new address:

Dental Council of New Zealand

Level 5, 138 The Terrace

PO Box 10-448, Wellington, New Zealand

Our telephone and fax numbers along with our e-mail inquiries and website addresses remain the same. These are as follows:

Telephone +64 4 499 4820

Facsimile +64 4 499 1668

Email inquiries@dcnz.org.nz

Website www.dcnz.org.nz

WHO NEEDS TO BE REGISTERED?

If you practise any of the oral health professions described in a Dental Council scope of practice you must be registered and hold an annual practising certificate.

Section 9(4) of the Health Practitioners Competence Assurance (HPCA) Act provides that no one can perform, or state or imply that they are willing to perform a restricted activity, unless they are:

- registered and their scope of practice permits them to perform a restricted activity or
- carrying out that activity as part of a course of training or instruction.

This section has been the subject of misunderstandings. Firstly, it appears that some people hold the view that only those practising designated restricted activities need to be registered and hold an annual practising certificate. Section 7 of the HPCA Act, however, makes it clear that no person may:

- use names, words, titles, initials, abbreviations or descriptions stating or implying the person is a registered and qualified to be a health practitioner of a particular kind
- claim to be practising a profession as a health practitioner of a particular kind or state or do anything that is calculated to suggest that the person practises or is willing to practise such a profession.

As such the Dental Council's view is that any person practising any of the oral health professions described in its gazetted scope of practice must be registered and hold an annual practising certificate.

Anyone breaching this section is committing an offence punishable with a fine of up to \$10,000.

Who can undertake training while not being registered?

Another misunderstanding relates to the exemption provision set out in Section 9(5)(b) of the Act. This states that a person does not contravene Section 9(4) by performing a restricted activity in the course of training or instruction under the control of a health practitioner permitted by his or her scope of practice to perform that activity. The Council's view, however, is that this exemption provision applies only to persons who are undertaking training leading to a prescribed (approved) qualification for registration.

You can view the Council's policy on the requirement to register and its interpretation of Section 7 of the HPCA Act on our website at www.dcnz.org.nz/dcStandardsPolicy or order copies from our office.