



## What do your APC fees pay for?

Although established by the government as a regulatory authority to carry out functions under an Act of Parliament (the Health Practitioners Competence Assurance Act 2003) the Dental Council is not funded by the government.

Funding is obtained from practitioners and those using DCNZ services, e.g. applicants for registration. Once a year the Dental Council collects fees from oral health practitioners and issues annual practising certificates (APC) for those who meet the requirements specified in the Health Practitioners Competence Assurance Act 2003 (HPCAA). The APC fees pay for the bulk of costs incurred by the Dental Council in carrying out its responsibilities under the Act. Wherever reasonable, costs are recovered directly from practitioners, such as registration applicants, examination candidates and educational institutions (for the accreditation of programmes). Some costs may also be recovered from practitioners who have competence, recertification or health undertakings.

This is self-funded self-regulation. For health professionals generally, the compliance requirements and costs under the HPCAA are greater than experienced under previous legislation.

In the September 2007 issue of DCNZ News information was provided showing that DCNZ APC fees are not out of kilter with what other health practitioners have to pay under HPCAA and that the Council had been quite successful in maintaining fees at a comparatively affordable level. There are benefits and economies of scale for the four oral health professions who together total only 3200 practitioners to share administrative arrangements.

### APC renewal update

The collection of fees and issuing of Annual Practising Certificates for the 2008/09 year is almost completed. At the time of going to print over 95% of the application forms and fees had been received and certificates posted to practitioners.

The Dental Council acknowledges that it takes time to complete the forms and wishes to thank practitioners for their responses. This year we asked the question "If this application form, including payment of fee, was available for completion online would you utilise this service?" Over 64% have indicated that they would support an on-line APC renewal process.

### The Act

The primary role of the Dental Council is to protect the health and safety of members of the public by providing for mechanisms to ensure that oral health practitioners are competent and fit to practise their professions. This includes:

- requiring that the practitioner is:
  - registered in a scope of practice
  - has the prescribed qualifications for that scope of practice
  - is competent to practise within that scope of practice
  - is fit for registration, which includes the ability to communicate effectively for the purposes of practising within that scope of practice
- utilising the mechanisms for achieving these requirements, which include competence reviews, competence programmes, recertification programmes, medical examinations and protective quality assurance activities such as Codes of Practice audits and Continuing Professional Development audits
- establishing professional conduct committees, to investigate complaints, and the Health Practitioners Disciplinary Tribunal, to hear and determine charges brought against the practitioner.

### What does the APC cover?

The APC fee enables the:

- development, description and updating of scopes of practice and prescribed qualifications for registration purposes
- development and implementation of accreditation processes to ensure that courses and course providers are to a standard that assures of Council of graduate competence
- application of robust recertification (renewal of APC) processes which requires the processing of all applications for APCs, data entry, issue of certificates, practice visits, and CPD audits

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- management of competence, conduct and fitness to practise issues, eg CRC, individual programme development, and obtaining legal advice
- maintenance of a complete, accurate and accessible register of oral health practitioners to assure the public of who is registered and entitled to practice
- compliance with the legal requirement to be registered with the Dental Council
- development of codes of practice and best practice statements and guidelines to assist practitioners to manage risks
- regulation and recertification of the profession as required by the Act
- maintenance of information available to the public via website
- liaison with the profession and communication of guidance on good practise to the profession
- advocacy to the Minister and Ministry of Health on public safety issues that relate to practitioners.

The Council, workforce Boards, committees and secretariat undertake all the above for each profession.

## The Composition of the Annual Practising Certificate

An APC is made up of three components:

- 1 **DCNZ levy** – covers general overheads to which each practitioner contributes the same amount.
  - servicing Council and the secretariat – salaries, rent, office expenses, etc
  - financial management – accounts, budget development, compliance
  - workforce survey data collection
  - strategic planning
  - newsletter, annual report and website publications
  - liaison with the Minister of Health, educational facilities, other regulatory bodies
- 2 **Profession levy** – covers the Board/profession’s costs. These costs are specific to a practitioner group and are spread across the practitioner group only.
  - board meetings, travel and fees of members
  - consideration of non-standard applications for registration
  - consideration of competence and health issues – this includes case management which is often protracted and labour intensive
  - liaising with the profession and other key stakeholders
  - board specific projects such as training for competence reviewers and supervisors

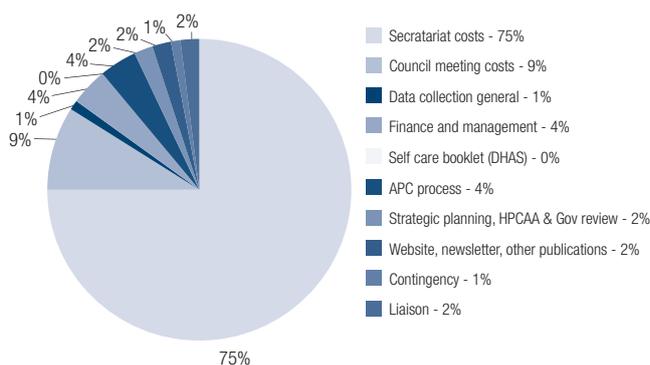
### Allocation of DCNZ levy to projects

Secretariat costs	\$1,205,597
Council meeting costs	\$136,045
Data collection general	\$8,600
Finance and management	\$63,532
Self care booklet (DHAS)	\$7,000
APC process	\$60,700
Strategic planning, HPCAA & governance review	\$29,650
Website, newsletter, other publications	\$38,335
Contingency	\$10,000
Liaison	\$38,500
<b>Total</b>	<b>\$1,598,449</b>

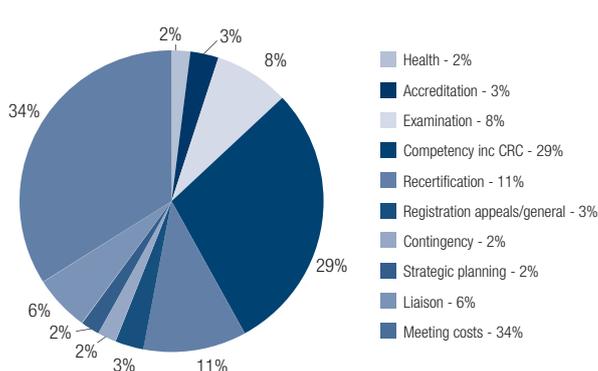
### Allocation of profession levy to projects

Health	\$11,500
Accreditation	\$15,230
Examination	\$42,714
Competency including CRC	\$158,094
Recertification	\$61,200
Registration appeals/general	\$14,840
Contingency	\$11,000
Strategic planning	\$10,260
Liaison	\$35,430
Meeting costs	\$186,073
<b>Total</b>	<b>\$546,341</b>

### Allocation of DCNZ Levy to Projects



### Allocation of Profession Levy to Projects

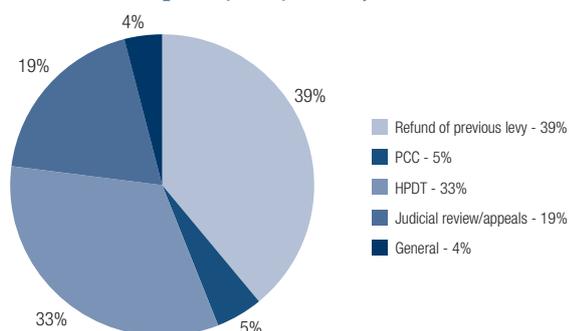


3 **Disciplinary levy** – covers costs arising from investigations by a Professional Conduct Committee or proceedings of the Tribunal. These costs are specific to a practitioner group and are spread across the practitioner group only.

**Allocation of disciplinary levy to projects**

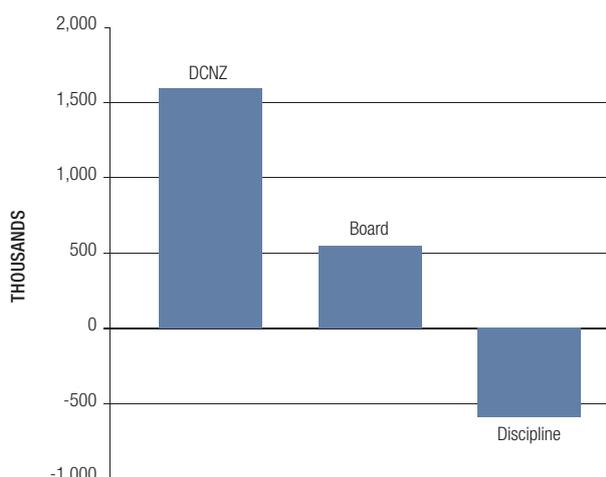
Refund of previous levy	\$227,949
PCC	\$27,500
HPDT	\$198,800
Judicial review appeals	\$115,038
General	\$24,485
<b>Total</b>	<b>\$593,772</b>

**Allocation of Disciplinary Levy to Projects**



This year the activities in the disciplinary component are being funded by reserves as can be seen from the adjacent table. This returns any excess funds held by the Dental Council to the practitioner but still retains a “buffer” against unforeseen events that might otherwise have caused the organisation to go into deficit and be regarded as “insolvent”. Funding from reserves effectively reduces the amount of this levy paid by the practitioner.

**Split between APC Components**



**Current APC fees**

The table below indicates the breakdown of the three levies that make up the total of the APC fees applied to each practitioner group. For all groups there is a negative value for the disciplinary levy. This is as a result of drawing down on reserves for the disciplinary element.

**Breakdown of the APC fee levies**

	Dentist	Therapist	Hygienist	Auxiliaries	Clinical DT	DT
DCNZ	551.16	551.16	551.17	551.17	551.16	551.16
Profession	181.38	176.23	242.34	242.34	208.23	208.23
Disciplinary	-32.54	-95.39	-198.51	-418.51	-9.38	-159.39
<b>Total</b>	<b>700.00</b>	<b>632.00</b>	<b>595.00</b>	<b>375.00</b>	<b>750.01</b>	<b>600.00</b>

**Farewell to the CEO**

The Dental Council said farewell to Dr William Whittaker, Chief Executive Officer in May.



William has served the Council as its CEO since December 2005 following several years as CEO/Registrar of the Physiotherapy Board. During his time with DCNZ William has seen the consolidation of the “new” Council as constituted under the Act. He has worked with the professional associations in the development of DCNZ policies to ensure the views

of practitioners have been considered. He has also overseen the recent changes to the governance structure of the Council and the refinement of administration processes to ensure the Council is supported in its governance role.

William has been an integral part of the Health Regulatory Authorities group (HRANZ). He has played a key role in instigating regular meetings to enable a collective approach to resolving common issues faced by health regulatory authorities. He is well respected by his HRANZ peers.

Under his leadership the Secretariat has taken on a number of new staff to meet the demands of implementing the HPCAA. Staff have appreciated the support William has given them through some trying times.

The Council wishes William well as he moves on to a new role with the Institute of Directors.

**Appointment of Acting CEO**

Following the resignation of William Whittaker, Marie Warner has taken up the position of Chief Executive Officer in an acting capacity.

Marie has worked with the Dental Council for many years assisting with the preparation of its annual accounts, development of its risk management framework and redevelopment of its Practitioner Registration System. Marie has held a variety of management positions in New Zealand and overseas. The Council looks forward to the contribution that her skills, knowledge and experience will bring to the organisation.

## What to do when you are aware of non-registered people “practising” as though they are a registered oral health professional

With the commencement of the Health Practitioners Competence Assurance Act in 2004 it became illegal for an unqualified person to claim to be a registered health practitioner. Section 7(2) states:

*“No person may 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 a profession as a health practitioner of that kind unless the person –*

- (a) is a health practitioner of that kind; and*
- (b) holds a current practising certificate as a health practitioner of that kind.”*

In spite of this clear directive, there are practitioners out there who ignore the requirement of the Act to be registered and practice as if they are a registered health practitioner anyway. The Ministry of Health is responsible for those who are not registered, but who act as if they are. Unregistered practitioners who practise as registered practitioners are liable to prosecution by the Ministry and can face a fine of up to \$10,000 (Section 7(5)).

The Dental Council is not able to prosecute unregistered practitioners or impose any form of discipline. The Council is also not able to impose a requirement that registered oral health practitioners only use the services of other registered oral health practitioners. The Council does, however, support the registered professions by enabling the reporting of unregistered practitioners who are trading on the good name of registered practitioners and the Act enables the Ministry of Health to prosecute these persons where the Ministry:

- is unable to get the practitioner to comply with the Act, and
- is able to gather sufficient evidence to substantiate a prosecution.

Registered practitioners who have a current annual practising certificate and who are aware of practising unregistered practitioners should notify the Ministry of Health so that action can be taken. The best way to do this is to contact the responsible manager within the Ministry, Dr John Marwick.

### CORA exams – dental technology

The Council of Regulating Authorities (Australia) is working with the Dental Council to administer examinations for registration as a dental technician. The next exam will be held in Sydney in July 2008. Potential candidates will need to apply through the DCNZ examination process. Refer to the website <http://www.dcnz.org.nz/dcExaminationsTechnicians>.

Dr Marwick's contact details are:

Dr John Marwick  
Ministry of Health  
Health and Disability Systems Strategy Directorate  
PO Box 5013  
WELLINGTON 6145  
Email – [John\\_Marwick@moh.govt.nz](mailto:John_Marwick@moh.govt.nz)  
Telephone – (04) 496 2000

Please note that you may be contacted by one of the Ministry's enforcement officials and requested to assist with information. If the Ministry is to proceed to prosecution, sufficient evidence of the alleged offence will be required and you may be required to testify in a court of law.

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## Update on HPCAA review

In the December edition of DCNZ News practitioners were advised that the Ministry of Health was undertaking a review of the Health Practitioners Competence Assurance Act 2003.

It is a requirement of the Act that it be reviewed after a set time. Health practitioners were invited to complete a survey on the Ministry of Health's website in January and the Council felt it valuable to draw practitioners' attention to the survey through the newsletter.

Some practitioners appear to be of the view that it is the Council that is running the review. This is not the case. It is the Ministry's responsibility to do this.

The Ministry of Health has now completed the first phase of the review, which was to identify issues with the operation of the Act. A number of the issues identified will be included in a discussion document that will be released in mid-July 2008. The discussion document will also include draft recommendations to address these issues and an open invitation to comment on the discussion document is expected. The Council expects to prepare a submission and will seek the views of professional associations as part of this process. Responses to the discussion document will be analysed and the recommendations finalised by the Ministry. The Ministry has indicated it wishes to prepare its report on the HPCAA review for the Minister of Health by the end of this year.

If you have concerns about the Act and the way it is applied, now is the opportunity for you to have your say.

Further information about the HPCAA review can be found on the Ministry of Health's website at <http://www.moh.govt.nz/moh.nsf/indexmh/hpca-review>.

## Practitioner's corner

From time to time the Dental Council receives queries from practitioners seeking clarification on a code of practice or other regulatory or recertification 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 we have CPD audits and what's involved?

Under the HPCAA, the Dental Council is required to provide mechanisms to ensure that oral health practitioners are competent and fit to practise their professions. The continuing professional development (CPD) audit is a tool used by the Dental Council to ensure practitioners are continuing to update and maintain their professional skills and knowledge.

The CPD audit occurs at the end of each CPD cycle. The first CPD cycle for dental therapists, dental hygienists, dental auxiliaries and orthodontic auxiliaries ended on 31 March 2008. Ten percent of these practitioner workforce groups were randomly selected and required to submit their CPD portfolio/documentation. A total of 85 portfolios were assessed. Overall the Dental Council has been impressed with the quality of the portfolios. Information is up-to-date, well presented, and the number of CPD hours is often over and above the minimum requirement.

Where practitioners did not meet the minimum CPD requirements, their APC was issued with a condition on that reads "has not met CPD requirements". This condition will be removed once evidence of the outstanding CPD requirements has been submitted to the Secretariat and approved. These practitioners have until 31 March 2009 to submit their evidence.

### Where can I find a list of approved CPD providers?

The Dental Council lists approved CPD providers on its website by practitioner group. Click on the "Professional Standards" page and then select "Recertification for [your practitioner group]". At the bottom of the page is a link to approved CPD providers and courses.

### Who should have a written professional agreement?

Dental therapists and dental hygienists are required to have a written professional agreement. This is a signed document that lists the scopes of practice the therapist or hygienist is registered in, the name and signatures of the dentist(s)/dental specialist(s) they are working with who will provide timely professional advice, and the location(s) they work in. The agreement is individual to the practitioner. It is not an individual employment agreement (IEA). Groups of practitioners can not be covered by a collective professional agreement.

Each professional group has their own code of practice that provides the details of the agreement and the relevant responsibilities for the practitioners concerned. A sample professional agreement is included in the codes as an appendix. Please refer to the Professional Standards page of the Dental Council's website for copies of these codes.

The purpose of the agreement is to document responsibilities and arrangements for professional advice and access to prescription medicines. In essence it assures the Dental

Council that dental therapists and dental hygienists are professionally supported in their practise and that a consultative working relationship is in place. The agreement details the delegations of responsibility and provides evidence of agreed professional support, clinical guidance and general oversight. For example:

- The dentist/dental specialist is responsible for the overall management of the patient's oral health and the provision of professional support and advice to the named practitioners in the professional agreement.
- The dental hygienist is responsible and accountable for the management of his/her own clinical practice within the boundaries of his/her scope of practice.
- The dental therapist is responsible for assessing, planning, and providing dental care to children and adolescents up to age 18 years within the boundaries of his/her scope of practice and seeking timely professional advice.

Dental therapists and dental hygienists must state the name of the dentist/dental specialist with whom they have a written professional agreement in their application for their annual practising certificate. A copy of the agreement must be sighted as part of the compliance monitoring audits. The Dental Council noted that a number of practitioners selected for CPD audit did not submit this agreement with their original audit documentation.

## Checklist for monitoring compliance with the TMVI code of practice

The Dental Council has recently made changes to item 3 of the checklist relating to the TMVI code of practice. The revised checklist is provided below and will be included in the 2009 Recertification booklet.

### Transmissible Major Viral Infections

*Please circle "Yes" or "No" and attach an explanation for all negative responses*

1. Practice policy that patients with TMVI are not refused treatment unless appropriate referral arrangements have been made.	Yes / No
2. Patients exposed to blood or other body fluids of another individual are promptly notified and the appropriate follow-up established.	Yes / No
3. Practitioner is aware of his/her TMVI status and is immunised as appropriate and encourages staff to follow this protocol.	Yes / No
4. If a practitioner or staff member suspects or knows they are HBV, HBC or HIV infected then the appropriate medical advice is sought and acted upon.	Yes / No
5. Protocol (written) in place for prompt management of exposure TMVI.	Yes / No

## Changes at the Dentist Board table

### Arrivals

Nominations for members of the Dentist Board were called for in September 2007. There was a good response from both individual practitioners and the professional associations. The Dentist Board was very pleased with the number and calibre of the practitioners who applied to serve on the Board. After consideration of each nomination against the criteria set out in the candidate information document, the Board recommended two appointments to the Dental Council. This recommendation was considered and agreed to at the Dental Council's meeting in February 2008. Dr Peter Dysart was appointed with effect from 25 February 2008 and Dr John Hale was appointed with effect from 18 March 2008.

### Peter Dysart

Dr Peter Dysart has worked in Dunedin since 1988 as a specialist in orthodontics. During that time he has also lectured part-time at the University of Otago as a clinical senior lecturer in the discipline of orthodontics. Peter was appointed to the DCNZ Specialist Registration Advisory Committee in 2003 and has been invited to provide advice on other registration matters for the Dental Council since that time.

### John Hale

Dr John Hale has worked in general dental practice for over thirty years including three years in the United Kingdom.

John has completed a post graduate degree in advanced restorative dentistry and was a member of the Dental Advisory Committee of the Postgraduate Medical Committee for the Auckland Medical School for ten years.

### Departures

The Dentist Board has recently accepted the resignation of two of its long-serving members. Dr Mary Livingston and Dr Ed Alcock have both served on the Board since it was established under the Health Practitioners Competence Assurance Act (HPCAA) in December 2003.

### Mary Livingston

Dr Mary Livingston's contribution has been invaluable as has her commitment to dentists and dental specialists and the implementation of the HPCAA. Although stepping down from the Dentist Board, Mary will continue as Chair of the Dental Council.

### Ed Alcock

Dr Ed Alcock has been a committed member and has brought a wealth of knowledge to the table from his years of experience as a general dental practitioner. Ed will continue to be a member of the Dental Council and the Chair of the Business Assurance Committee.

## Approved training providers for the DCNZ Code of Practice on Medical Emergencies in Dental Practice

The DCNZ code of practice states that those who provide training in medical emergencies must hold New Zealand Resuscitation Council (NZRC) certification so as to ensure training at the appropriate level.

The following organisations meet that requirement and can provide the training required:

- Paramed
- Resuscitation Matters
- MediTrain
- Triple One Care
- Emcare
- SPS Medics
- St John
- NZ Red Cross

### NZ Red Cross training course that meets DCNZ requirements

The "Enhanced basic life support for dental therapists, dental hygienists and clinical dental technicians" is approved as

equivalent to the NZ Resuscitation Council CORE Level 3 training course.

### St John training courses that meet DCNZ requirements

DCNZ requirement	St John equivalent course
Dentists and Dental Specialists CORE Level 4	Advanced Cardiac Life Support (ACLS) – Level 4
Dental Therapists, Dental Hygienists, and Clinical Dental Technicians CORE Level 3	Advanced Basic Life Support
Dental Technicians CORE Level 1	– Cardio pulmonary resuscitation (CPR) – Basic Life Support

## Update on oral surgery

In the September 2007 edition of the DCNZ News the Dental Council advised that due to concerns raised about the initial consultation process, it would undertake further consultation on the proposal to re-open oral surgery as a means of registering Trans-Tasman Mutual Recognition

Act (TTMR) applications and to reconsider this issue. Since then the decision has been made that no further consideration be given to the possible reopening of the oral surgery scope of practice. Practitioners seeking registration under the TTMR will continue to have their registration considered on a case by case basis within the existing Council registration policy.