

## Renewal of Annual Practising Certificates 2012/13 for dental hygienists, dental therapists, orthodontic auxiliaries, dental technicians and clinical dental technicians

The annual practising cycle for dental hygienists, dental therapists, orthodontic auxiliaries, dental technicians and clinical dental technicians ends on 31 March 2012.

### Help us to help you

The Dental Council would like to ensure that all practitioners' Annual Practising Certificates (APCs) are issued as soon as possible. Please ensure that you complete your application form accurately and include the correct payment as published. Any incomplete or incorrectly completed forms will be returned to the practitioner.

Also, remember that standard post delivery can take between seven to 10 days if you are located outside of the main cities. You should allow sufficient time for postal delivery to ensure that your completed application is received by the Council on or before **31 March 2012**. If you miss this deadline, you will be required to pay the additional processing APC fee and, more importantly, cease practise until such time as your APC is issued.

### Additional processing APC fee

The additional processing APC fee is a **new** fee that was consulted upon in December 2011 and recently gazetted. The additional processing APC fee recognises the extra demands placed on the Secretariat in following up on those practitioners who have failed to renew their APCs by the start of the next annual practising cycle. This cost has traditionally been carried by all members of the profession as part of their APC fee. From now on, those practitioners whose applications are not received by the Council before the expiry date of their APC will incur the additional processing fee.

If you are renewing<sup>1</sup> your APC and fail to get your completed and correct application, accompanied by the correct fee (including the disciplinary levy), to the Dental Council by 31 March 2012, you will be charged a late fee of \$45.00 (GST inclusive) in addition to your APC fee and the disciplinary levy. There will be no exceptions in relation to charging of the additional processing APC fee.

Please be aware that if, as a result of your application being returned to you, you do not, or cannot, get your completed application and the correct fee to the Dental Council by the deadline of 31 March 2012, you will be charged the additional processing APC fee.

This fee will not apply for first-time APC applications or for a practitioner who is on the register as a non-practising registrant and is applying for an APC.

### Separate APC and retention forms

Similar to the last cycle, practitioners who are currently on retention will receive only a retention form. If you wish to change your status to practising (or from practising to retention), or for any reason do not receive your APC or retention form in the post, please download and print the relevant form from our website at: [www.dcnz.org.nz/dcForms](http://www.dcnz.org.nz/dcForms).

**For any questions or assistance, please contact the Dental Council at (04) 499 4820 or email [inquiries@dcnz.org.nz](mailto:inquiries@dcnz.org.nz).**

<sup>1</sup> You are renewing your APC if you hold an APC for the period ending 31 March 2012 and you are now applying for an APC for the practising period commencing 1 April 2012 and ending 31 March 2013.

Renewal of Annual Practising Certificates 2012/13 for dental hygienists, dental therapists, orthodontic auxiliaries, dental technicians and clinical dental technicians

Council elections – chair and deputy chair

Revised working relationship between dental hygienists and dentists or dental specialists

Other Dental Council activities:

Consultations | Policy and code reviews | Professional conduct and disciplinary matters | Accreditation | Course approvals | Continuing professional development providers.

Health sector reforms come to regulatory authorities

## Revised working relationship between dental hygienists and dentists or dental specialists

The Council issued two consultation documents during 2011 on proposed changes to the dental hygiene scope of practice; the first document issued during May and the follow-up consultation issued during September.

These consultations proposed changes that would align the activities relating to orthodontic procedures in the dental hygiene scope of practice with those procedures contained in the orthodontic auxiliary scope of practice. In addition, the Council consulted on changing the supervision levels of specific orthodontic procedures in the dental hygiene scope of practice to be performed under direct clinical supervision. These proposals were accepted by the Council and the revised dental hygiene scope of practice was circulated to practitioners on 20 December 2011.

The May 2011 consultation also included a draft amended working relationship between dental hygienists and dentists or dental specialists (the 'working relationship'), with the corresponding changes required to reflect the proposed amendments to the dental hygiene scope of practice, if approved. During the Council's August meeting, the proposed changes to the working relationship, as reflected in the first consultation document, were approved but it was decided not to issue the revised working relationship until finalisation of the follow-up consultation process.

After the Council's approval of the additional changes to the dental hygiene scope of practice in December 2011, the working relationship required further updates to reflect the corresponding changes. The amended working relationship was approved by the Council at its February 2012 meeting.

### What does this mean for practitioners?

All dental hygienists, dentists and dental specialists should have received the amended working relationship document between dental hygienists and dentists or dental specialists. Please familiarise yourself with the amended version of the document, and sign a new working relationship document, as relevant, to ensure compliance with this Code of Practice of the Council.

A copy of the amended working relationship between dental hygienists and dentists or specialists is also available on the Dental Council website at: <http://www.dcnz.org.nz/dcStandardsCodes>.

## Council elections – chair and deputy chair

The Council is required, under clause 3, Schedule 3 of the Health Practitioners Competence Assurance Act 2003, to elect from its membership a chair and deputy chair at its first meeting of the year.

The election for 2012 was held at the Council's February meeting. Mark Goodhew and Michael Bain were re-elected as the Council's chair and deputy chair, respectively.

## OTHER DENTAL COUNCIL ACTIVITIES

### Consultations

#### Outcome of recent consultations

- **BUDGET AND APC FEE 2012/13**

The Council consulted on the 2012/13 budget, APC fees and disciplinary levies for dental therapists, dental hygienists, orthodontic auxiliaries, dental technicians and clinical dental technicians in December 2011. Please note that these professions are all receiving a credit refund on their disciplinary levies in 2012/13 by way of a deduction from the APC fee.

After consideration of the submissions received, the Council approved the 2012/13 budget as reflected in the consultation document. The new fees for 2012/13 were

approved, including: APC fees and disciplinary levies for dental therapists, dental hygienists, orthodontic auxiliaries, dental technicians and clinical dental technicians; increased examination and registration fees; and an additional processing APC fee (new).

### Council fees

The new 2012/13 dentists and dental specialists APC fees and disciplinary levies, to take effect from 1 October 2012, will be calculated and consulted on before finalisation after the financial year-end.

A list of all the gazetted 2012/13 Council fees, coming into effect from 1 April 2012, can be found on the Dental Council website at: <http://www.dentalcouncil.org.nz/dcScheduleFees>.

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

As mentioned in the December newsletter, the Council considered the submissions received 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. At that time, the Council required further clarification on matters raised by some of the submitters.

At the Council's meeting on 5 and 6 March, it resolved to gazette the Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) FRACDS (OMS) as a prescribed qualification for the Oral and Maxillofacial Surgery Scope of Practice.

This notice was gazetted on 15 March 2012, which means that any graduate of the Fellowship of the Royal Australasian College of Dental Surgeons (Oral and Maxillofacial Surgery) who obtains his or her qualification after 15 March 2012, can apply for registration to the Oral and Maxillofacial Surgery Scope of Practice with a prescribed qualification and follow the associated specialist registration application process.

Details on how to apply for registration as a dental specialist in New Zealand can be found on the Dental Council website at: <http://www.dcnz.org.nz/dcRegistrationDentistSpecialistPrescribed>.

## Current consultation

- **CONSULTATION ON THE FUTURE OF THE SPECIALTY OF ORAL SURGERY IN NEW ZEALAND**

The purpose of this consultation document, issued on 30 January 2012, is to invite stakeholders to comment on the future of the specialty of oral surgery in New Zealand as the Council works towards a final decision on the Oral Surgery Specialist Scope of Practice.

The Council seeks any comments on the consultation by **23 April 2012**. A copy of the consultation document is available on the Dental Council website at: [http://www.dcnz.org.nz/Documents/Consultation/DCNZ\\_Consultation\\_OralSurgery\\_201201.pdf](http://www.dcnz.org.nz/Documents/Consultation/DCNZ_Consultation_OralSurgery_201201.pdf).

## Upcoming consultations

- **FOLLOW-UP CONSULTATION – DRAFT CODE OF PRACTICE ON ADVERTISING**

As advised in the December newsletter, the Council established an advertising working group of Council members to work through all the submissions received,

consider the issues raised and make recommendations to the Council on further development of the draft code.

The working group has submitted its recommendations, and the Council is now finalising the follow-up consultation document, with an amended Draft Code of Practice on Advertising, to be issued in the near future.

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

As advised in the December newsletter, the Council obtained independent expert clinical opinions in the particular field of impression taking of maxillofacial defects. These were considered at the Council's March 2012 meeting, and the follow-up consultation document will be issued soon.

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## Policy and code reviews

- **RECERTIFICATION WORKING GROUP FOR DENTISTS AND DENTAL SPECIALISTS**

The Council established the Dentists/Dental Specialists Recertification Working Group at its December 2011 meeting as part of its consideration into the future of the recertification requirements for dentists and dental specialists, with a specific focus on continuing professional development (CPD) requirements.

As the CPD cycle for dentists and dental specialists ends on 31 December 2012, the immediate focus of this review will be on dentists and dental specialists. A similar process will be followed for the review of the recertification requirements for the other oral health practitioner groups (hygienists, therapists, orthodontic auxiliaries, dental technicians and clinical dental technicians) after finalisation of the dentist and dental specialist recertification process.

The appointed Dentists/Dental Specialists Recertification Working Group members are:

Michael Bain, *Council member, dentist* (Chair)

Vivienne Anderson, *educationalist*

Erin Collins, *dentist*

David Crum, *dentist*

Warwick Duncan, *dental specialist*

Peter Dysart, *dental specialist*

Susan Gorrie, *dentist*

Phillip Keeling, *educationalist*.

To keep the working group at a practicable size, representation from all the dental specialities is not feasible. However, the relevant associations and societies will be kept informed of the working group's progress.

Two educationalists have been included to provide an independent perspective and contribute their knowledge in relation to continuing education and life-long learning. The particular matters that the working group is required to consider, and report to the Council on, are:

- the current issues and shortcomings (as viewed by dentists and dental specialists) of the existing CPD system and requirements, as detailed in the Council's policy on CPD activities;
- the recertification and CPD systems and requirements of other New Zealand regulatory authorities and international jurisdictions;
- the relevant recent literature on design, effectiveness and appropriateness of systems that aim to ensure the maintenance of professional competence;
- the development of a revised recertification framework for the next CPD cycle for dentists and dental specialists;
- the development, if a staged implementation of the revised recertification framework is required, of a proposal on the different stages and associated timeframes; and
- any other matters that the working group considers may be relevant to the Council's consideration of a revised framework for the recertification and CPD cycle for dentists and dental specialists.

The aim is to have a consultation document issued by mid-2012 to dentists, dental specialists and other key stakeholders, providing the opportunity to comment on the proposed direction of the future CPD framework for dentists and dental specialists. Depending on the level of proposed change from the current system, the consultation might include transitional arrangements to achieve the successful implementation of such change, if accepted.

- **REVIEW OF CODE OF PRACTICE ON MEDICAL EMERGENCIES IN DENTAL PRACTICE**

At present, the Council has two Medical Emergency codes of practice; one for dentists and dental specialists, the other a generic code for dental therapists, dental hygienists, dental technicians and clinical dental technicians. The Council resolved, at its February 2012 meeting, that these codes would be reviewed and updated to ensure they are aligned with the New Zealand Resuscitation Council guidelines and standards for the various CORE levels. The appropriateness of the current CORE levels required for the various professions will also be considered.

The Council has invited representation from the New Zealand Resuscitation Council and various professional associations to form the Code on Medical Emergencies Working Group. It is anticipated that this project will be initiated mid-2012.

## Professional conduct and disciplinary matters

- **DENTIST'S APPEAL AGAINST TRIBUNAL FINDING OF INDECENTLY TOUCHING PATIENT UNDER SEDATION DISMISSED**

A dentist's appeal against the 2009 findings of the Dentists Disciplinary Tribunal that he had indecently touched a patient while she was under sedation, and had endangered the patient's wellbeing by having a nurse administer the sedative in his absence and at a time when the patient was breastfeeding, has been dismissed by the High Court. The High Court noted that the competing evidence had been correctly weighed by the Tribunal and, having carefully reviewed the evidence itself, agreed with the Tribunal's finding. The dentist's appeal against the Tribunal's decision declining permanent name suppression was successful, with the High Court finding that "good reasons exist in this very unusual case to maintain the permanent suppression of [the dentist's] name". The dentist provided an undertaking to the Tribunal that, if asked, he would acknowledge that he was the practitioner concerned in these proceedings. The Tribunal suspended the dentist for nine months, placed conditions on his return to practise for three years: he must not undertake sedation and he must be chaperoned when working on a female patient, ordered a course of counselling and therapy, censured him and ordered costs.

*Z v Dental Council of New Zealand* (HC Wellington CIV-2010-485-2249, 2 December 2011, Clifford J).

- **ASSAULT WITH BLUNT INSTRUMENT REFLECTS ADVERSELY ON DENTAL HYGIENIST'S FITNESS TO PRACTISE**

A dental hygienist was convicted of a charge of assault with a weapon. Having fallen into an altercation with another patron during a 'night out', she used a bottle to hit the patron over the head and threw a wine glass at him, which smashed in his face. She pleaded guilty to the charge. The Health Practitioners Disciplinary Tribunal found the assault charge reflected adversely on her fitness to practise as a dental hygienist. The Tribunal rejected the assertion that assault does not reflect adversely on a dental hygienist compared with other health professionals. The Tribunal has asked counsel for submissions before it deals with the question of penalty. Proceedings are ongoing.

- **EXPERIENCED DENTIST PRACTISING WITHOUT AN APC REFERRED TO TRIBUNAL**

A dentist registered with the Council for over 30 years was investigated by the Professional Conduct Committee (PCC) for practising the profession without holding a current annual practising certificate during certain periods. The PCC determined to lay a charge against the dentist before the Health Practitioners Disciplinary Tribunal. The outcome is pending.

## Education

### Accreditation

#### • UNIVERSITY OF OTAGO POSTGRADUATE PROGRAMMES

The following University of Otago Faculty of Dentistry postgraduate programmes were reviewed during a site visit by an accreditation team of the joint Australian Dental Council/Dental Council (NZ) Accreditation Committee on 5 to 7 September 2011:

Master of Community Dentistry (MComDent)  
MDS/MBChB Oral Medicine  
DCLinDent Endodontics  
DCLinDent Oral Pathology  
DCLinDent Oral and Maxillofacial Surgery\*  
DCLinDent Orthodontics  
DCLinDent Paediatric Dentistry  
DCLinDent Periodontology  
DCLinDent Prosthodontics  
DCLinDent Special Needs Dentistry.

\* The MDS/MBChB Oral and Maxillofacial Surgery programme has accreditation until 31 December 2012.

The Faculty advised the accreditation review team of a significant change to the postgraduate programme MDS/MBChB Oral and Maxillofacial Surgery by transferring it to a DCLinDent Oral and Maxillofacial Surgery programme. The accreditation review team reported that:

*... the DCLinDent in Oral and Maxillofacial Surgery is evolving to become a four year programme (2 years full-time and then 2 years half-time) after candidates have completed basic medical and dental training. The changes do not involve any significant variation in the content of the programme but changes to the pathway that candidates follow.*

The accreditation review team recommended that the proposed change in the MDS/MBChB Oral and Maxillofacial Surgery programme to the DCLinDent Oral and Maxillofacial Surgery be regarded as minor.

The accreditation review team report and its recommendations were considered by the Australian Dental Council/Dental Council (NZ) Accreditation Committee at its meeting on 16 November 2011, and by the Council at its meeting on 5 December 2011.

The Council decided to grant re-accreditation to the University of Otago Doctor of Clinical Dentistry (DCLinDent) programmes in endodontics, oral pathology, orthodontics, paediatric dentistry, periodontology, prosthodontics and special needs dentistry (with a condition), the Master of Community Dentistry programme and the MDS/MBChB Oral Medicine programme from 1 January 2012 to 31 December 2016.

In addition, Council approved the recommendation that the proposed change in the MDS/MBChB Oral and Maxillofacial Surgery programme to the DCLinDent Oral

and Maxillofacial Surgery be regarded as minor, and the DCLinDent in Oral and Maxillofacial Surgery programme was granted accreditation from 1 January 2012 until 31 December 2016.

#### What does this mean?

The DCLinDent programmes in endodontics, oral pathology, orthodontics, paediatric dentistry, periodontology, prosthodontics, special needs dentistry, Oral and Maxillofacial Surgery, the Master of Community Dentistry programme (MComDent) and the MDS/MBChB Oral Medicine programme are all accredited until 31 December 2016 and, therefore, these qualifications are New Zealand-prescribed qualifications for the relevant scopes of practices.

#### • AUCKLAND UNIVERSITY OF TECHNOLOGY – ORTHODONTIC PROCEDURES MODULE

Auckland University of Technology (AUT) advised the Council, during 2010, that it wanted to implement an Orthodontic Procedures module into its BHSc(Oral Health) programme.

The Council concluded, after consideration of the Australian Dental Council/Dental Council (NZ) Accreditation Committee's recommendation, that the curriculum of the Orthodontic Procedures module did not meet the criteria for a major change and, therefore, it fell within the current accreditation granted to the AUT BHSc(Oral Health) programme. The Faculty was required to include progress on the introduction of the Orthodontic Procedures module into the programme's 2011 annual report.

The Australian Dental Council/Dental Council (NZ) Accreditation Committee considered the Faculty's documentation submitted at the end of 2011, and the Committee's recommendation was considered by Council during its March 2012 meeting.

Council concluded that the introduction of the Orthodontic Procedures module into the AUT BHSc(Oral Health) programme had been successfully delivered and introduced.

#### What does this mean?

- The 2011 (only) AUT BHSc(Oral Health) cohort, currently registered with exclusions for Undertaking Orthodontic Procedures, will have these exclusions removed from their registration status and issued with new registration certificates. These changes will also be reflected on their APC certificates issued during the 2012/13 APC renewals.
- All future AUT BHSc(Oral Health) cohorts will be registered with a full dental hygiene scope of practice (no exclusions) and will not have to do an additional Dental Council-approved course to perform orthodontic procedures.
- The dental hygiene and orthodontic auxiliary scopes of practice prescribed qualifications have been gazetted on 15 March 2012 to reflect the Council's decision.

- The dental hygiene prescribed qualifications were amended by removing the requirement for the AUT BHSc(Oral Health) programme to complete a Dental Council-approved course for Orthodontic Procedures. In addition, the AUT BHSc(Oral Health) programme was added as an orthodontic auxiliary scope of practice prescribed qualification.<sup>2</sup>
- The amended scopes of practice can be found on the Dental Council website at: <http://www.dentalcouncil.org.nz/dcRegistration>.
- **NEW ZEALAND ASSOCIATION OF ORTHODONTISTS – ORTHODONTIC AUXILIARY TRAINING PROGRAMME**

The New Zealand Association of Orthodontists – Orthodontic Auxiliary Training Programme (NZAO OATP) was granted re-accreditation in March 2011, with a condition to develop a Use of Handpiece module for the in-house training component of the programme. The module that was developed was submitted to Council and reviewed by the accreditation review team members. At its meeting in February 2012, the Council approved the introduction of the module into the NZAO OATP programme. As the accreditation condition was met, the accreditation status of the programme was amended to full accreditation until 31 March 2013.

## Course approvals

- **UNIVERSITY OF OTAGO – PULPOTOMIES AND STAINLESS STEEL CROWNS AND LOCAL ANAESTHESIA COURSES**

The University of Otago applied for two courses, a Pulpotomies and Stainless Steel Crowns course and a Local Anaesthesia course, to be considered as approved courses

to equip registered oral health practitioners to remove exclusions from their scope of practice.

After Council's consideration of the independent educationalists' recommendations, the Council approved both these courses.

This means that the University of Otago Pulpotomies and Stainless Steel Crowns course is a Dental Council-approved course that enables a dental therapist to apply for removal of the Pulpotomies and Stainless Steel Crowns exclusions from his/her registration status, once successfully completed.

Similarly, the University of Otago Local Anaesthesia course is a Dental Council-approved course that enables a dental hygienist to apply for removal of the Local Anaesthesia exclusion from his/her registration status, once successfully completed.

## Continuing professional development providers

As noted in the December 2011 newsletter, the review of the Waikato District Health Board's (DHB) continuing professional development provider renewal application was still in process. Since then, the Waikato DHB's CPD renewal application has been approved by Council until December 2016.

A list of all Dental Council-approved CPD providers is available on the Dental Council website at: <http://www.dentalcouncil.org.nz/Documents/ApprovedCPDProvidersAndCourses.pdf>.

<sup>2</sup> This proposed change was reflected in the Dental Hygiene Scope of Practice – relating to the orthodontic procedures consultation document dated 27 May 2011 (p 9).

## Health sector reforms come to regulatory authorities

In the December newsletter we described the work then under way by the Dental, Medical and Pharmacy Councils and Physiotherapy Board to develop an indicative business case for a consolidated secretariat, for presentation to Health Workforce New Zealand (HWNZ) at the Ministry of Health.

Since then:

- The indicative business case was completed on schedule by the end of 2011.
- The Podiatrists Board joined the group, which then became "G5".
- G5 made a formal detailed progress report to the Minister, HWNZ and the Ministry of Health.
- A number of other RAs have approached G5, to enable the RA to understand the potential impact of joining a single shared administrative secretariat, especially on their professions' APC fees.
- Representatives from G5 have given presentations to a number of other health RA Boards or Councils to explain the indicative business case and its cost model.

- The Chairs of all 16 RAs are trying to reach mutual agreement on an approach for modelling a shared secretariat for all 16 RAs. A detailed business case can begin once this has been achieved.
- The IT systems' requirements and evaluation has been progressing satisfactorily.

Dental Council and the other G5 RAs have put considerable effort into supporting the government's "value for money" objective, which has included participation in a number of sector workshops and a significant amount of the time of the G5 Chairs, but which has resulted in an extension of the timeline beyond what had been anticipated.

What is clear from the indicative business case is that Dental Council registrants and the public will see benefits in service and quality from a single shared secretariat, as well as a longer term reduction in costs, and therefore APC fees. An improved workforce database for all of the health professions will also be possible. This is a major project which is likely to create significant benefits when compared with business-as-usual, while maintaining the identity of the Dental Council.