



Continuing Professional Development Audit for Dentists and Dental Specialists

The end of the first continuing professional development (CPD) cycle for dentists and dental specialists is coming up on 31 March 2009. This first cycle will conclude with an audit of CPD activities for the four-yearly cycle period for 10% of these practitioners.

The CPD requirements over the four-yearly recertification cycle for dentists and dental specialists are detailed in the Recertification Booklet; a publication sent to every registered oral health practitioner with annual practising certificate application forms in March each year. Every year practitioners are asked to declare whether or not they have engaged in the recommended minimum number of hours of verifiable CPD activities as part of the APC application.

Dentists and dental specialists are required to complete 160 hours total CPD over the four-yearly cycle. This includes a minimum of:

- 80 hours verifiable CPD including peer contact activities
- 12 interactive peer contact activities.

The Recertification Booklet provides details on how to maintain a record of CPD activities (see pages 12-14) and what the minimum requirements are (see page 26).

The Dental Council has encouraged practitioners to be members of an approved recertification provider who manage a practitioners CPD portfolio. For example members of the NZDA have access to an online CPD service. NZDA and NZAO are the only approved recertification providers. Practitioners who are not members of a recertification provider organisation are personally required to maintain documented and verifiable evidence of their CPD activities.

The Dental Council will randomly select 10% of registered dentists and dental specialists to undergo an audit of their CPD activities. These practitioners will be notified by letter. The audit involves practitioners submitting evidence of verifiable CPD activities and peer contact activities. The letter will provide further detail about the process. A CPD activity summary sheet will be included. This needs to be completed and signed by the practitioners. A record of CPD activities sheet will also be included as a guide. This is a copy of the template available on the DCNZ website and in the Recertification booklet (see page 14).

Approved recertification providers will provide the Dental Council with a list of members who have completed the minimum CPD requirements for the four-yearly cycle based on the information available from their systems. These practitioners will be **excluded** from the Council's CPD audit.

To provide enough time for the Council to enter the CPD information from approved recertification providers the Council has agreed to cease its CPD cycle on 31 December 2008 and prorate the CPD requirements to:

- 70 hours verifiable CPD
- 10 peer contact activities.

Members of recertification provider organisations are **strongly** advised to enter their CPD activities by **1 December** to ensure that their names are not included in the pool for random selection for the audit process.

Practitioners will know by mid-February if they are part of the CPD audit process. They will have until mid-March to provide their CPD documentation to the Dental Council.

Consultation on draft scope of practice for oral health therapy

On 5 September the Dental Council released its consultation document on the draft scope of practice in oral health therapy practice. All dental therapists and dental hygienists have been invited to comment on the draft scope. The Council has also asked the professional associations for their views and invited students currently enrolled at the Auckland University of Technology (AUT) or the University of Otago oral health programmes to comment. The consultation document is available on the Dental Council's website on the scopes of practice page at <http://www.dcnz.org.nz/dcScopesOfPractice>. The resulting submissions of the consultation will be presented to the Dental Council at its meeting on 4 December 2008.

November 2008

inside this issue

DCNZ Annual Plan for the
2009/2010 year

Tooth whitening

Prize for Clinical Excellence

Cultural competence

Dual-trained graduates

HPCAA review update

Have you changed address
recently?

On-line registration

Cosmetic dentistry

Professional agreements

Practitioner's corner

Stop press

Level 5, 138 The Terrace
PO Box 10-448
Wellington 6143
New Zealand
telephone: 64-4-499 4820
facsimile: 64-4-499 1668
email: inquiries@dcnz.org.nz
www.dcnz.org.nz

DCNZ Annual Plan for the 2009/2010 year

The Dental Council has identified the following high priority project initiatives for 2009/10. These have been approved by the Council to go forward for project scoping and full costing to determine affordability and impact on APC fees.

Key strategies
Review DCNZ policies and processes to ensure compliance with privacy legislation and best practice information management
Develop best practice framework associated with dealing with concerns and complaints
Complete the definition of competencies for all dental specialists
Further develop a communications plan to ensure effective stakeholder relationship management
Review all current Memoranda of Understanding with Associations and develop a generic MOU
Implement the Online Dental Registration and Recertification System (if efficiency and affordability is determined)
Further develop website to streamline registration and application processes, inclusive of content development around frequently asked questions (FAQs)
Develop response to HPCAA review inclusive of legislative changes and implement any required changes
Engage with Ministry of Health to review the restricted activities list
Review prescribed qualifications and processes of assessing overseas qualifications equivalence (Part 2 s 15(2) of the HPCAA)
Complete the five-yearly review of the NZDREX

The Council will reconsider each of the initiatives at its meeting in December 2008 to confirm if they remain as a 2009/10 high priority initiative. If identified as a 2009/10 initiative, the Council will then place a priority ranking on each one.

Tooth whitening

Many practitioners have contacted the Council concerned at the increased presence of tooth whitening booths in New Zealand, believing that the provision of such services by non-regulated practitioners raises a risk to public safety.

The Council shares this concern and has regularly called for action from the Ministry of Health as the Council itself does not have any authority to investigate or prosecute such activities. The Council has also published a statement alerting the public to the risks of teeth bleaching carried out by unregistered practitioners.

The Council welcomes recent action taken by the Ministry of Health to investigate this activity. The Ministry reports that the Department of Labour visited a tooth whitening operation in a shopping mall in Auckland at the request of the Ministry of Health. A number of safety issues were identified and raised with the employer. The employer addressed these issues, but subsequently advised that it would be closing the business. The Department of Labour has stated that it is aware of other tooth-whitening operations and will continue to work with the Ministry of Health to

address any workplace health and safety issues that may arise from these outlets.

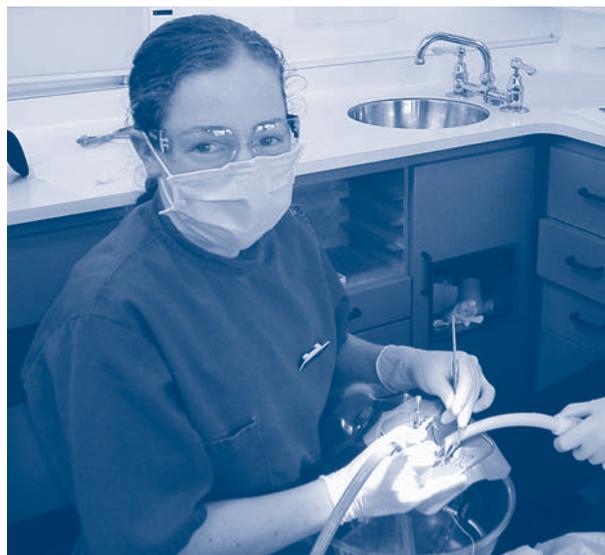
The Council's actions to address this problem have extended to making a joint submission with the NZDA to the Environmental Risk Management Authority (ERMA), arguing that higher potency teeth bleaching products be restricted to registered practitioners. ERMA's response has been that it is not able to impose such restrictions under the recently-reviewed Cosmetic Products Group Standard (CPGS), which covers personal care products deemed safe for retail sale and use by the public without supervision or specific advice. The CPGS sets a very low limit for hydrogen peroxide in oral hygiene products. Instead, ERMA determined that higher-strength tooth whitening products should be addressed in a separate exercise – most probably by a revision of the existing Dental Products Group Standards (DPGS). The DPGS is currently under review.

Prize for Clinical Excellence

Each year the Dentist Board presents a clinical excellence prize to a student undertaking the Bachelor of Dental Surgery programme at the University of Otago. The prize is awarded in recognition of excellent performance during the fourth year of studies. This year the recipient is Bathsheba (Bethy) Turton.

Bethy says she chose dentistry because it presented a broad range of challenges from clinical science to engineering. She has really enjoyed the hands-on component of the course and appreciates the unique range of patients that the Dental School has to offer.

Bethy liked the prospect of “providing a service that is so drastically lacking in a lot of low income areas around New Zealand and in the world at large”. With this in mind she is looking to start her dentistry career in the military or hospitals.



The Council congratulates Bethy on her achievement to date and wishes her well with her career in dentistry.

Cultural competence

The Dental Council has approved two statements on cultural competence. The first is an overarching statement and outlines the attitudes, knowledge and skills expected of oral health practitioners in their dealings with all patients. The second is specifically tailored to providing care for Māori patients and outlines the attitudes, knowledge and skills relevant to oral health practitioners in providing advice to and care for Māori patients and their whānau. This statement has been developed to enable practitioners to integrate cultural competency for Māori patients within their clinical practice and to achieve better outcomes.

The development of the Council statements has been a long and involved process. The Council is particularly grateful to the Medical Council of New Zealand for its generosity in sharing its code of practice on cultural competence in the early stages of the process. The Council has also sought guidance from Mauri Ora and Associates and has appreciated the comments from Te Ao Marama.

Both statements are available on the Dental Council website under Professional Standards, Codes of Practice – <http://www.dcnz.org.nz/dcStandardsCodes>.

Dual-trained graduates

In 2005 the Auckland University of Technology and the University of Otago applied to the Dental Council for accreditation of bachelor degree programmes in dental therapy and dental hygiene.

Both programmes have undergone the accreditation process. The first cohort of dual-trained practitioners will graduate at the end of 2008. The Dental Council is working through a number of matters that need to be addressed to accommodate these graduates. For example:

- What scope of practice will they be registered in?
- If they are registered in a new scope, what will the title of the scope (and these practitioners) be?
- What will their recertification requirements be?
- What will their practice agreement requirements be?

HPCAA review update

The Ministry of Health has decided not to proceed with the discussion document that it had proposed would be a key part of its consultation on the review of the Health Practitioners Competence Assurance Act 2003. The Ministry instead decided to host workshops in the main centres in September to report on its interim findings and seek comment from attendees.

Further information about the HPCAA review is available on the Ministry of Health's website at <http://www.moh.govt.nz/moh.nsf/indexmh/hpcaa-review>. You will need to scroll down to Phase 3.

Have you changed address recently?

Section 140 of the Health Practitioners Competence Assurance Act 2003 states that health practitioners must ensure that the Registrar has the practitioner's current postal address, current residential address, and (if applicable) current work address.

Practitioners are reminded that they should notify the Council promptly of any change of any of these addresses. The Act requires that this notification be in writing. A change of address form is available on the Dental Council's website at <http://www.dcnz.org.nz/dcInfoPractChangeInfo>.

Missing Practitioners

Under the Act, the Council is required, when contemplating removal of a practitioner's name, to write to the practitioner at the last address provided to ask if they want their name to be retained on the register. If practitioners do not

respond within six months their names will be removed from the Dental Register. The Council wants to ensure that practitioners who wish to remain on the Register are given an opportunity to let the Council know of their change of address.

Mail addressed to a number of practitioners has been "returned to sender" with "address unknown". Despite our best efforts, the Council has not been able to locate them. If you know the current whereabouts of any of the following people, please notify the Council or ask them to get in touch with us.

Dentists

Simon Heath

Peter William Milne

Olivia Chandana Nova

May Yen Neoh

Rachael Francis Edith-May Seadon

Reema Sharifi

Bernadeth Santos

Adam Robert Tabor

Raymond Samuel Te Moananui

Dental Hygienists

Megan Fieldes

Lisa Kelly Shilton

Heidi Taylor

Dental Technicians

Ross Malcom Cartwright

Alan Scott Forrest

Carl Neville Joyce

Pattharin Punnatrakul

Karen Elizabeth Wayne

On-line registration

As part of the APC application form for 2008/09, oral health practitioners were asked if they would support an on-line recertification process. The response was very positive with a large percentage indicating that they would utilise the payment of fees on-line if it was available. As you will see in the accompanying item on the Council's annual plan, the Council is investigating an on-line registration and recertification system. Such a system will benefit practitioners with an easier method of payment and will also streamline processes within the Secretariat.

Cosmetic dentistry

The Dental Council is committed to protecting the health and safety of members of the public. With a number of cosmetic procedures now readily available to the public such as tooth whitening, Botox, and collagen replacement therapy, the Council has identified the need to provide guidelines for oral health practitioners in this area. The Council approached the New Zealand Dental Association and the Association is currently developing guidelines in this area in consultation with the Dentist Board.

Professional agreements

In the June 2008 issue of the DCNZnews the article on “Who should have a written professional agreement?” in the Practitioner’s corner caused some confusion amongst practitioners.

The bullet points were all based on the codes of practice on working relationships. Unfortunately the source of each quote was not provided and it was not clear to which professional group each bullet point referred. To clarify:

The code of practice on the working relationship between dental hygienists and dentists states:

- The dentist/dental specialist is responsible for the overall management of the patient’s oral health (paragraph 29) and the provision of professional support and advice to the named practitioners in the professional agreement (paragraph 26).
- 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 (paragraph 30).

The code of practice on the professional relationships associated with the practice of dental therapy states:

- 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 (paragraph 2.1).

The Council wishes to apologise for the confusion this caused.

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.

What’s involved in the compliance monitoring audit process?

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 Codes of Practice audit is a tool used by the Council to ensure practitioners are maintaining and complying with professional standards.

Each year practitioners are required to declare whether or not they have complied with the professional standards of the Dental Council as part of the application for their annual practising certificates. After the declaration of compliance, 10% of each practitioner group is randomly selected to complete a questionnaire that identifies the various requirements of each code. Follow-up practice visits are made to a small number of practitioners from this group to verify their responses to the questionnaire and to ensure compliance with the Codes of Practice. The focus of compliance monitoring is largely educative.

In the event of non-compliance Council will take appropriate action. This may include:

- a follow-up phone call to discuss the identified non-compliance
- written advice on how to modify practice to the required standard and a realistic timeframe to achieve this
- placing restrictions on scopes of practice
- referral to the Council’s competence screening

programme with the possibility of a full competence review

- declining to issue an APC
- interim suspension of registration.

When will my practitioner group be audited?

The first compliance monitoring audit for dentists took place in 2006. The 2007 audit, including practice visits, was completed on 1 September 2008. The first compliance monitoring audit for dental therapists took place in 2007. The dental hygienist audit has just got under way and the dental technician audit will be starting later in the year.

What can I expect if I am selected for audit?

The Professional Advisor for the Dental Therapist Board, Marijke van der Leij Conway, has provided the following report of her experience of the compliance monitoring of the dental therapist group in 2007.

The 2007/08 dental therapist compliance monitoring audit experience

To complete the dental therapists’ Code of Practice compliance monitoring project for the 2007/2008 practising period, Marijke Conway, Professional Advisor for the Dental Therapist Board and Dr Dexter Bambery, Professional Advisor for the Council undertook practice visits.

Five dental therapists were randomly selected from the 10% who had been required to complete questionnaires.

continued on page 6

Practitioner's corner continued

The practitioners were located in Napier, Hastings, Levin, Palmerston North and Featherston. Compliance with the codes was evaluated using the same questionnaire used in the first tier of the auditing process.

The five dental therapists selected were employed by DHBs and practised in dental clinics within school grounds.

- One was a sole practitioner.
- One was a sole practitioner with a part time assistant.
- Three of the practitioners had full time assistants.

Practice visits

All of the dental therapists chosen for the practice visits were helpful, friendly and appreciative of the reasons behind the process. Two dental therapists included the Principal Dental Officer and Service Manager at the audit and where available, chairside staff were also included. The time taken was around one hour.

Outcomes

All practitioners were compliant with the DCNZ Codes of Practice. Follow up letters were sent to all five practitioners recommending some changes to their current practice. The recommendations ranged from a request to time-log patients through to developing a system of sterile instrument delivery to minimise contamination.

Commonly asked questions

- Q. Dental therapists automatically send a patient's treatment records to another dental therapist without the consent of the caregiver, when the patient has relocated to that area. Does this contravene a patient's right to privacy?
- A. The Code of Patient Information and Records states, "It is the responsibility of the oral health professional to ensure that they and all associated staff keep a patient's information confidential" (Rule 5a). The code further states, "Accordingly, information should be disclosed only with the permission of the patient except when the law requires otherwise" (Rule 5d). There may be many circumstances where requests are made by other health care professionals, regulatory bodies or individuals, for disclosure of information regarding identifiable individuals. The most common situation is where another health care professional makes such a request in order to provide health or disability services to an individual. Such disclosure is permitted by section 22F of the Health Act 1956 and there are only limited circumstances where such a request can be refused.
- Q. I have recently completed training to Level 4 NZ Resuscitation Council Certificate of Resuscitation and Emergency Care (CORE). This contained a lot of material not relevant to dental practice. Why are we required to train to this level?
- A. The Council states that dental therapists, dental hygienists and clinical dental technicians must have completed training in the areas articulated in the code to a level equivalent to the NZRC Certificate of Resuscitation and Emergency Care (CORE) Level 3. Practitioners can best meet the training requirements by undertaking either:
- the relevant modules of the NZRC CORE Level 4 (modular) course or equivalent; or
 - a course provided by a trainer certified to at least NZRC Level 3 which includes practical skills of resuscitation (with emphasis on the emergency situations set out in the Code of Medical Emergencies in Dental Practice), ABC, adult collapse, childhood collapse, airway management (health professional level) and AED. [The St John course "Advanced Basic Life Support" or the NZ Red Cross course "Enhanced basic life support for dental therapists, dental hygienists and clinical dental technicians" both meet these requirements.]
- Q. It is often difficult to obtain consent for treatment from parents/caregivers for dental procedures. Can I accept consent from the patient?
- A. Section 3 of the Code of Informed Consent states that, "Every consumer must be presumed competent to make an informed choice, or give informed consent, unless there are reasonable grounds for believing that the consumer is not competent. The patient's age can be a relevant factor to take into account that must be considered when determining competence, but there are several other factors such as the person's level of understanding; whether, regardless of their age, a person has the capacity to consent; a person's maturity and the seriousness of the procedure".

Stop press!

The Dental Council has just commenced a review of its policy on Continuing Professional Development (CPD). Details will be available on the website by mid-November and will include an opportunity for practitioners to provide comment on the revised policy document. Keep an eye on the "What's new" page of the website – <http://www.dcnz.org.nz/dcWhatsNew>.