

Annual Practising Certificates – Dentists and Dental Specialists

We would like to remind all dentists and dental specialists that their current annual practising certificates (APCs) expire on 30 September 2010.

Please remember that it is a breach of the Health Practitioners Competence Assurance Act 2003 (the “Act”), and accordingly unlawful, to practise without a valid APC. Even if your employer is paying your fees, it is ultimately your responsibility to ensure that your APC form and payment are received by the Dental Council on or before 30 September 2010.

Separate APC and Retention Forms

As with the last cycle, practitioners currently on retention will only receive a retention form. If you wish to change your status to ‘practising’ (or from ‘practising’ to ‘retention’), please download and complete the correct form from our website (www.dcnz.org.nz/dcForms).

Help Us to Help You

An APC is Council’s certification to the world at large that it considers that the holder of an APC meets the required standard of competence and is fit to practise.

If you do not complete the APC application form by answering all the questions and completing all the panels it contains, Council will not be in a position to grant that certification.

Where Council receives an incomplete or incorrectly completed application form, it will not be processed, nor will the accompanying credit card payment or cheque be accepted.

It will be returned to the practitioner for completion or correction. Only when the correctly completed application form is received by Council will the form and payment be processed and an APC issued. APCs will not be back-dated.

To avoid any delay in having your APC issued, and the possible legal ramifications that flow from not having a current APC on 1 October 2010, please remember to:

- carefully read and complete **all** sections of the application;
- ensure that you update your contact details (as required by the Act) – including your email address to receive electronic communication from Council;
- if you are paying by credit card, ensure you sign the credit card authorisation; and
- ensure that you pay the correct fee – the rate of GST increases with effect from 1 October 2010.

You should also bear in mind that standard post can take between 7–10 days if you are located outside the main centres. Please allow sufficient time for postal delivery to ensure that your completed application is received by Council on or before 30 September 2010, and you do not find yourself in the position of having to cease practise until such time as your APC is issued.

Annual Practising Certificates – Dentists and Dental Specialists

GST Increase on 1 October 2010

NZAOMS Judicial Review Proceedings Against the Dental Council

What’s New

- New Fees Published
- Prescribed Specialist Qualifications
- New and Amended Policies Approved by Council
- Accreditation
- Annual Report 2010
- HRANZ Working Party

Dental Council, Professional Boards and Committee Appointments

Health Practitioners Disciplinary Tribunal Appointments

Have You Moved? Do We Have Your Email Address?

‘Lost’ Practitioners

Continuing Professional Development Updates

Practitioners’ Corner – How Does Council Deal with Complaints?

GST Increase on 1 October 2010

GST increases on 1 October 2010 from 12.5% to 15%.

GST will be applied to APC and retention fees payable to Council at the rate of GST applicable on the day the completed application form and payment is received by the Dental Council. Please note, that where it is necessary to return an application form to a practitioner for completion or correction, the GST rate applicable on the date when the completed or corrected form is received by Council will be applied.

The APC or retention fees payable are as follows:

- APC applications received by Council **before the close of business on 30 September 2010** – GST at the rate of 12.5% will be applied, i.e. a GST inclusive **total of \$748.00**.
- APC applications received by Council **after the close**

of business on 30 September 2010 – GST at the rate of 15% will be applied, i.e. a GST inclusive **total of \$764.62**.

- Retention applications received by Council **before the close of business on 30 September 2010** – GST at the rate of 12.5% will be applied, i.e. a GST inclusive **total of \$108.00**.
- Retention applications received by Council **after the close of business on 30 September 2010** – GST at the rate of 15% will be applied, i.e. a GST inclusive **total of \$110.40**.

The same principle will apply to any other fees received by Council on or before 30 September 2010 and from 1 October 2010 onwards.

New Zealand Association of Oral and Maxillofacial Surgeons (NZAOMS) Judicial Review Proceedings Against the Dental Council

In December 2009 the Australian and New Zealand Association of Oral and Maxillofacial Surgeons (ANZAOMS) issued judicial review proceedings against the Dental Council in respect of decisions concerning the scope of practice for oral surgery including registration of Australian registered oral surgeons via the Trans Tasman Mutual Recognition legislation.

During 2010 Council agreed to the substitution of ANZAOMS with NZAOMS. Council had prepared for the proceedings, however prior to the hearing commencing Council and NZAOMS agreed to settle the matter, and upon the release of the following statement:

“NZAOMS had issued judicial review proceedings against the Dental Council of New Zealand in respect of decisions concerning the scope of practice for oral surgery.

The parties have now agreed to settle those proceedings.

The Dental Council acknowledges that NZAOMS has concerns about Council’s previous processes regarding the oral surgery specialist scope of practice, including the management of conflicts of interest. Council has implemented measures that have addressed these concerns.

Council will establish a new working group of key stakeholders, including but not limited to NZAOMS, to consider the future of the oral surgery specialist scope

of practice and for a committee of Council to consider the report of the working group before the full Council makes any further decision on the future of oral surgery specialist scope of practice. All members of the working group will be provided with sufficient information to enable the members to participate effectively. NZAOMS acknowledges that the decision on the oral surgery specialist scope of practice is for Council.

NZAOMS acknowledges that the litigation has been distressing for the Dental Council, and in particular, its Chair, Professor Robert Love. NZAOMS regrets any harm and distress suffered by Professor Love as a consequence of the litigation. NZAOMS has assured Professor Love that no personal attack or slight was or is intended by the legal proceedings.

Both parties are pleased that the dispute between them has been resolved and look forward to working together constructively in the future.”

WHAT'S NEW

New Fees Published

New Zealand Dental Hygienists and Dental Therapy Registration Examinations

Council has reviewed and approved a new schedule of examination fees for dental hygienists, dental therapists and dental technicians to take effect from 2 September 2010. Two fees have been set: one for examinations where there are fewer than five candidates; and the other for where more than five candidates are enrolled in the examination. All examination fees are set on a full cost recovery basis. Please refer to Council's website for the full fee schedule (www.dcnz.org.nz/dcScheduleFees).

Approval of Courses to Equip Registered Oral Health Practitioners for Registration in an Additional Scope of Practice

In keeping with its policy of full cost recovery, Council has set new fees for the approval of courses that lead to registration of practitioners in additional scopes. The newly published fees are available on Council's website (www.dcnz.org.nz/dcScheduleFees).

Prescribed Specialist Qualifications

Council has agreed in principle to enhance the current individual assessment process for overseas dental specialist's applications. It is proposed that, when necessary for a professional board to reach a decision on whether a specialist's qualification can be considered "equivalent to, or as satisfactory as, a prescribed qualification", a panel can interview the applicant to determine his or her clinical competence.

Annual Report 2010

Council published its annual report for 2010 and submitted it to the Minister of Health in July 2010. The annual report provides an overview of the Dental Council's business and financial statements for the period 1 April 2009 to 31 March 2010. The report is available on Council's website (www.dcnz.org.nz/Documents/AnnualReports/DCNZ_Annual_Report_2010.pdf).

Accreditation

Council granted full accreditation to the Bachelor of Oral Health programme at the University of Otago until 31 December 2014. This review formed part of the continuous accreditation reviews of New Zealand qualification programmes to ensure that the appropriate standard of training is maintained.

The following qualification programmes are scheduled for accreditation reviews:

- Bachelor of Dental Technology, Bachelor of Dental Technology (Honours) and Postgraduate Diploma in Clinical Dental Technology at the University of Otago – 13–15 September 2010.
- Bachelor of Dental Surgery at the University of Otago – 18–20 October 2010.
- New Zealand Dentist Registration Examination (NZDREX) Clinical Examination – 7–11 February 2011.

HRANZ Working Party

The Health Regulatory Authorities of New Zealand (HRANZ) is a forum that consists of the 16 regulatory authorities, formed for the purpose of considering matters of common concern or interest to assist forum members in carrying out their functions under the Health Practitioners Competence Assurance Act 2003 (the "Act").

During HRANZ's strategic meeting on 9 March 2010, the Ministry of Health requested that a working party be formed to advise and develop a framework to implement Recommendations 12 and 13 from the 2009 Ministerial Review of the Act, with specific focus on developing templates for annual reports, standardised financial reporting and consistency of governance reporting across all regulatory authorities. Professor Robert Love, the Dental Council Chair, has been nominated to sit on this working party.

WHAT'S NEW

New and Amended Policies Approved by Council

Council approved the following amended policies:

- **Generic Recency of Practice Policy**
This new generic policy is designed to apply the same considerations for recency of practice to each of the professions instead of the previous individual policies for each of the professions that applied different considerations and benchmarks.
- **Generic Recertification Policy**
Similar to the Recency of Practice Policy, this is a new generic policy designed to apply the same consistent standards to each of the professions. Prior to the introduction of this policy, each of the professions had individual recertification policies.
- **Continuing Professional Development Non-Compliance Policy**
It is the practitioner's responsibility to ensure that he or she maintains competence through participation in continuing professional development (CPD) activities. Council's CPD requirements were established as a formal recertification programme under section 41 of the Health Practitioners Competence Assurance Act 2003 (the "Act"), and non-compliance will be dealt with on a case-by-case basis under section 43 of the Act.
- **Policy on the Approval to Equip Registered Health Practitioners for Registration in an Additional Scope of Practice**
This policy has been developed to describe how courses designed to equip registered oral health practitioners to extend their areas of practice may be approved as prescribed qualifications for registration in a Dental Council defined additional scope of practice.
- **New Zealand Dental Registration Examinations Policies**
Two examination policies have been approved by Council. The objective of these policies was to consolidate previous policy decisions and information from other examination source documents into two standard policies for examination applicants. Two policies are necessary in the short term because a different set of rules applied to applicants prior to 4 November 2009, and they cannot be disadvantaged by a change in the rules without adequate notice. The policy now applying to applicants who applied for entry to examinations prior to 4 November 2009 will expire in two years time, following which there will be one policy which will apply to all. All examination candidates have been informed of these policy changes.

These policies are available on Council's website (www.dcnz.org.nz/dcWhatsNew#guidance).

Have You Moved? Do We Have Your Email Address?

Have you changed practice? Have you moved house? Have you changed your email address?

If so, you need to advise the Dental Council of these changes. Section 140 of the Health Practitioners Competence Assurance Act 2003 requires practitioners to promptly update Council, in writing, of any change in their postal address, residential address and work address (where applicable). It is important to ensure that you receive all communication from Council and don't miss out on important reminders (such as APC renewal forms) because you have not advised us of a change of address. If the Dental Council does not receive a reply to any specific communication addressed to you within six months or if

it is returned to us undelivered, the Registrar may remove you from the register. If you are not sure of your legal obligations as a registered practitioner, please have a look at our website or talk to our staff.

The Dental Council also wants to make more use of electronic communications to keep up to date with communication trends and also to allow us to communicate with practitioners more frequently and in a cost-effective way. We request all practitioners to provide us with email details and any changes as they occur.

Dental Council, Professional Boards and Committee Appointments

Dental Council

Three new Council members have been appointed by the Minister of Health for a term of three years:

Bede Carran – Layperson

Mark Goodhew – Dentist

Kate Hazlett – Layperson

Council would like to thank Helen Colebrook, Mary Livingston and John Robertson for their valuable contributions during the period that they have served on the Dental Council, Professional Boards and Council Committees. Council would particularly like to thank Mary Livingston for her support and commitment during her tenure as Chair.

Dentist Board

Mark Goodhew and Kate Hazlett have been appointed to the Dentist Board for a term of three years.

Dental Hygienist-Dental Therapist Board

Sharmyn Turner was reappointed to the Dental Hygienist-Dental Therapist Board for a term of three years.

Dental Technician Board

John Batchelor, Bede Carran and Ian Mercer were appointed to the Dental Technician Board for a term of three years, with Bryon Lord also reappointed for a further three years.

Council would like to thank Phyllis Huitema, Danny O’Sullivan and Mike Williams for their valuable contributions during the period that they have served on the Dental Technician Board.

Audit and Risk Management Committee

Bede Carran was appointed in his capacity as Council member to the Audit and Risk Management Committee for a term of three years.

For a complete list of Council, Professional Boards and Committees please refer to Council’s website (www.dcnz.org.nz/dcAbout).

Health Practitioners Disciplinary Tribunal Appointments

The Minister of Health, the Hon Tony Ryall, in accordance with section 87 of the Health Practitioners Competence Assurance Act 2003, has recently made the following appointments/reappointments to the Health Practitioners Disciplinary Tribunal.

The representatives of the dental health profession for 2010 are as follows:

Dentists

Robert East until 24 June 2015

Marion Joyce until 1 December 2014

Cathrine Lloyd until 1 December 2014

Paopio Luteru until 1 December 2014

Warwick Ross until 1 December 2014

Sergio Salis until 24 June 2015

Hugh Trengrove until 1 December 2014

Brent Stanley until 24 June 2015

Dental Therapists

Pamela Brennan until 28 April 2011

Claire Caddie until 1 December 2014

Heather Krutz until 1 December 2014

Lynette Nicholas until 1 December 2014

Ruth O’Rourke until 28 April 2011

Dental Hygienists

Els Denne until 1 December 2014

Susan Morriss until 24 June 2015

Mary Mowbray until 24 June 2015

Kirsten Wade-Egan until 24 June 2015

Dental Technicians

Kenneth Lock until 1 December 2014

Kenneth Scott until 1 December 2014

'Lost' Practitioners

Dental Council has tried to contact the following practitioners, but despite our best efforts Council has not been able to locate them. If you know any of these practitioners and/or have any information about their whereabouts, please notify Council or ask them to contact Council urgently.

Dentists and Dental Specialists

Husam Al-Dujaili
Mohammed Ibrahim Al-Zubeidi
Lanit Anand
Keerthi Srinivas Babu
Rachel Anona Cairns
Hyung Rok Choi
Peter Kyu Hyun Choi
Richard Gray Conn
Timothy Lennox Cooke
Paul Andrew Crawford
Malcolm Farr
Laurence David Gruskin
Lisa Marie Jamieson
Jasmeen Kaur
Elizaveta Khokhlova
Zahi Ramsay Khouri
Tae Hyung Kim
Nathan James Lewis
Neil Aaron Luis
Richard Holdsworth Macfarlane
Annette Joy McDonald
Rachael Amirria McGregor
Leela Ramkumar Movva
Hasmakhlal Hansjee Natha
Gillian See Tying Ngae
Jenizan Nordin
Rosheen Bride O'Donnell
Nicholas Joseph O'Kane
Valemata Opeta
Manjara Packianathan
Mile Pandev
Alan Ivor Papert
Jaehong Park
Chettana Shashicant Ashabhat Patel
Qiumei Pei
Graham John Raynes
Tristan Dean Robertson
Laura Frances Rudge
Benjamin Sidel
Garrath Steven Sambrook
Stuart Henry Saunderson-Warner
Adam John Scattergood
Shanella Seevaramen

Alvin Chek Ping Sim
Rebecca Anne Sinclair
Vineel Prakash Singh
Richard Wilson Singleton
Sahar Somaey
Anna Alida Steyn
Olgerts Stuberovskis
Hyuk Jin Suh
Naghham Taha
Mariama Yamakoro Tarawalli
Azita Tavakoli Haghighi
Christopher Neale Telford
Ramya Thiyagarajan
Brakashini Thuraisundaram
ManuAroha Walker
Anthony Patrick Walshe
Susan Wang
John Francis Whelan
James Meng-Yin Wu
Michael Shijun Wu
Danny Shun-Kai Yang
Mu Yang
Nick Pen-Chuan Yu

Dental Hygienists

Megan Fieldes
Sai Madhuri Gokaraju
Raewyn Elizabeth Holmes
Pimwadee Intharasri
Theresa Marie Kelly
Peter Mansour
Jamie Miller
Basir Ahmad Nooristani
Jessica Catherine Old
Leeann Margaret O'Malley
Deirdre Florence Pearse
Navjit Sidhu
Lenny Skinner
Irina Nikolaevna Thomas
Carl Whitworth

Dental Therapists

Ahmed Salim Saleem Al-Habsi
Wen Jie Bian
Hsiang-Jen Chen

Mary Andrea Doiron
Kathryn Nancy Harris
Michelle Maree Hogg
Caridad Francisco Imperial
Pimwadee Intharasri
Salome Kavaliku
Jamie Jade Minter
Eti Nee-Nee
Basir Ahmad Nooristani
Yvonne Elsie Parker
Janet Mary Quigley
Sahar Somaey
Fati Tapu
Luma Uka
Rachel Anne Walbran
Maree Elizabeth Anne Williams
Woo Kyung Yim

Dental Technicians and Clinical Dental Technicians

Timothy James Broadbent
Hayley Caldwell
Gudrun Fallows
Jason Fraser
Hideki Igi
Mingue Joung
Sven-Ole Junge
Martin Ketterling
Young-Ji Kim
Shunsuke Kon
Emma Joy McCann (Higgins)
Kenichi Nishizono
Gwendolyn Nixon
Carla Pretorius
Eweleni Maria Pruchniewski
Richard Joseph Ryan
Clayton Robert Scott
Mina Sidhom
Yuan Wang
Karen Westerman
Nicola Karen Wilson
Tony Woodham

Continuing Professional Development Updates

Continuing Professional Development – Two Dentists Suspended

As a consequence of failing to meet their obligations under the continuing professional development (CPD) programme, two dentists have had their registration suspended and will not be reinstated and permitted to practise again until such time as they have met their outstanding CPD obligations.

The first CPD cycle for dentists and dental specialists ended on 31 December 2008, with the majority of practitioners meeting their obligations. Being the inaugural CPD cycle, Council allowed some leeway in meeting deadlines; however, a surprising number of practitioners had not taken the time to complete adequate logs of the CPD they had undertaken or were unable to provide the required verification of it. This caused many of them considerable angst and necessitated the investment of a significant amount of personal time and effort in recreating personal CPD logs and obtaining verification

from CPD providers. Similarly this process represented considerable work by Council staff.

You are reminded that the CPD programme is constituted as a statutory recertification programme under section 41 of the Health Practitioners Competence Assurance Act 2003 (the “Act”). In the event that a practitioner does not complete the recertification programme to the satisfaction of Council, he or she is liable to have their registration suspended under section 43 of the Act. If your registration is suspended, you cannot practise.

CPD Cycle for Therapists, Hygienists, Orthodontic Auxiliaries, Dental and Clinical Dental Technicians

The two-year CPD recertification cycle for therapists, hygienists and orthodontic auxiliaries and the four-year cycle for dental and clinical technicians came to an end on 31 December 2009, at which time, all practitioners concerned were asked to complete a CPD declaration and return it to Council. Whilst it was pleasing to see the high level of response, 217 practitioners have not done so – 82 hygienists, 49 therapists, 71 dental technicians and 15 clinical dental technicians. They are considered as having not met the terms of the statutory recertification

programme under section 41 of the Act and liable under section 43 to having their registration suspended.

Council has written to all practitioners reminding them of their obligations, and every endeavour has been made to contact those at risk by telephone.

If a therapist, hygienist, orthodontic auxiliary, dental technician or clinical dental technician has failed to meet his or her CPD obligations under the recertification programme to the satisfaction of Council by 31 March 2011, that practitioner’s registration will be suspended.

CPD Requirements During Retention or Extended Periods Away from the Practice

Q. Am I required to meet the CPD requirements whilst I am on retention, away on holiday, maternity leave or sick leave or absent for any other reason?

A. Yes. The recertification programme requires all practitioners to participate in CPD activities even if you are on retention or away for extended periods from practice. The four-year cycle should provide all practitioners sufficient time to comply with the set requirements.

It is important to remember that the purpose of the CPD recertification programme is to ensure that all practitioners are competent and fit to practise, not just at the point of registration but on an on-going basis.

Practitioners' Corner – How Does Council Deal with Complaints?

Written by Dexter Bamberry, Dental Council Professional Advisor

The Dental Council receives most competency referrals from the Health and Disability Commissioner's office, and usually these follow on from a patient's complaint. Other complaint sources include health practitioners, employers (such as District Health Boards), Medical Officers of Health and the Accident Compensation Corporation.

The Health Practitioners Competence Assurance Act 2003 stipulates that, when a practitioner leaves employment under circumstances involving competency issues, that practitioner has a legal obligation to notify the respective regulatory authority. In any other situation, a referral of competency concerns is discretionary. However, if there is a risk of harm to the public, there is a moral and ethical consideration to ensure that the public is protected and to avoid any future problems.

Following a referral from any of the parties mentioned above, the Dental Council is required to assess or make inquiries to ensure the referral is not vindictive or vexatious. Usually, with notifications, there is a requirement to provide supplementary information, which normally includes clinical records with appropriate radiographs. The Dental Council will apply its policy and guidelines to establish if the threshold has been reached that requires Council to take further action. Determination of whether the threshold has been reached includes a consideration of the number of complaints or concerns as well as the seriousness of the complaint(s).

Following the inquires or assessment, if it is determined that there are concerns about competency or performance, there are a number courses of action available to the Dental Council including:

- a practice audit (usually related to the Dental Council Codes of Practice);
- a competence review;

- referral to a professional conduct committee (for issues such as inappropriate behaviour, dishonesty and practising outside the scope of practice);
- imposing conditions such as limitation on a scope of practice;
- an individual recertification programme (which could include supervision or mentoring).

The competence review process is collegial and follows the principles of professional conversation rather than an examination format. An important part of the process is to establish if any distractors exist that may be contributing to a practitioner performing below the required level of competence. Any remedial programme needs to address the underlying issues that may have contributed to a poor performance such as health concerns, stress, financial problems or substance abuse. A serious risk of harm may require a practitioner to cease practice until able to demonstrate competence.

The Dental Council has now had experience in establishing a range of competence programmes, which have included individual recertification programmes, educational programmes involving academic and/or clinical components, supervision and mentoring. The Dental Council acknowledges that any of these processes are very stressful for the practitioner and those around him or her and tries to manage the process as sensitively as possible whilst ensuring that Council upholds its statutory obligation to protect the safety of the public.

It is also very evident that there is often a breakdown in the patient/practitioner relationship. Good communication skills are a very effective tool to minimise the risk of a complaint and notification, and practitioners are encouraged to deal with any concerns expressed by patients promptly and as efficiently as possible.