Dental Council
Te Kaunihera Tiaki Niho

Newsletter: December 2016

Dental Council - December 2016

Message from the Chair

As my first year as Chair of the Dental Council draws to a close, it's worthwhile reflecting on some of the significant pieces of work that have been achieved over the past 12 months.

This year has seen the finalisation of the sedation and infection prevention and control practice standards, the decision to introduce an oral health therapy scope of practice, the conclusion of a comprehensive inquiry into orthodontic services as provided by general dentists and a great deal of background work on one of the Council's key strategic priorities—recertification.

The Council's primary purpose is to protect public health and safety by ensuring oral health professionals are safe, competent and fit to practise. Setting standards for the oral health sector is at the heart of this and is one of the Council's core statutory duties, as set out in section 118 of the Act.

We saw the introduction of the standards framework in 2015 and the Council now has an ongoing work schedule which will ensure our practice standards are regularly reviewed, updated and maintained.

This year, we have reviewed and updated the infection prevention and control and sedation practice standards—thank you to all who participated in the consultation processes.

The oral health therapy scope of practice was confirmed in October, after two rounds of consultation, the first held in 2014 and the second earlier this year. The new scope will come into effect on 1 November 2017. The Council also confirmed it would apply to have oral health therapy recognised as a profession under the Health Practitioners Competence Assurance Act 2003.

It is the Council's view that oral health therapists have a unique body of knowledge and skills. Although there are overlaps with dental hygiene and dental therapy, oral health therapists' integrated approach to care and heightened capabilities mean their practice is distinct.

The Council believes recognising oral heath therapy as a profession will reflect the changing face of the dental professions, since the introduction of the Bachelor's degrees in oral health in 2006. The Council currently has around 440 practitioners who will transition to being oral health therapists on its register.

In November, the Council released the report of the orthodontic working group. This group was tasked with investigating the provision of orthodontic services by general dentists. The working group found the vast majority of general dentists offering orthodontics do so safely and within their capabilities and competence. Concerns around orthodontic treatment involved only a small number of patients and a very small number of practitioners. However, the group identified some areas that could be improved and made a number of recommendations to Council, which we have accepted.

Council staff are now working on an implementation plan which will set out options for the Council to action the recommendations. The Council is pleased with the process the working group took, which was to carefully and thoroughly gather information on the issue and engage directly with stakeholders and representatives of the affected parties before discussing and presenting their findings.

The Council and its staff have done a significant amount of work this year on the review of our recertification framework, as part of our strategic priority “lifelong practitioner competence”. Work has primarily focused on reviewing the substantial body of literature on recertification and how different health authorities ensure their practitioners are competent and fit to practise. There are a plethora of different approaches and it is important we have a good understanding of these before we begin developing our own framework.

We intend to engage with you all next year and will be seeking your input into how best we can ensure we meet our objectives of ensuring practitioner competence and identifying risky or unsafe practitioners.

So it’s been a busy and productive year. I would like to acknowledge all those who have worked with the Council this year, contributed to projects or submitted to consultations—we appreciate your input and ongoing support.

I would particularly like to acknowledge Council staff. The year has been full of the challenges associated with high workloads and complex issues. A great deal of interaction with practitioners occurs, with a wide range of

enquiries from requesting registration, dealing with concerns about competence or being engaged in questions related to a person's health. In November, the secretariat team was faced with the additional challenges of the Kaikoura earthquake and a four-day period with the office closed while the building underwent safety checks. The event was managed by the secretariat team in a very professional way. The business of the Dental Council continued on top of personal issues for our staff that were associated with being in Wellington at that time.

I also thank all of the Dental Council members for their time and commitment to the Council’s work. Many hours are spent every month preparing for and considering the issues of Council.

And finally I would like to wish you all a Merry Christmas and a happy and safe holiday season.

Naku noa na

Robin Whyman

Chair

Message from the Chief Executive

It's nearly the end of a very busy year, and I hope you are all looking forward to a well-earned break over the holiday season.

This week, I had the pleasure of attending the prize-giving ceremony of the new oral health graduates from Auckland University of Technology, while our Chair attended the University of Otago graduation ceremony on Saturday. Together, around 200 people graduated across the two institutions' oral health programmes.

It is an honour to welcome new graduates to the oral health professions and on behalf of the Council, I would like to extend our congratulations and wish you all success in your professional practice. The registration team are working hard to ensure registration applications are processed as promptly as possible to allow graduates to commence work.

I know many of you are interested in the recertification review project and I hope at least some of you were able to have a look at the sample of literature on the subject that we shared in the last newsletter.

Since then, our Senior Policy Analyst has been working on a substantial literature review document which we will share with you next year—this sets out the resources the Council has been using to inform its thinking and gives an idea of the breadth of information and different approaches that regulatory authorities use to ensure competence and fitness to practise in health practitioners.

Our Senior Policy Analyst is also working on a discussion document which will address the main concerns and questions we are seeking to answer—we expect to share this with you in the first few months of next year. Once we have done that, we will be looking at how best to engage with practitioners to ensure we get a comprehensive picture of your views.

We will provide these documents and a roadmap of the process to you via our website in the first part of next year.

We have begun the scoping and design phase of the IT systems replacement project, following appointment of a supplier. This project involves staff across the business and aims to achieve streamlined business processes that will deliver a system that enables a self-service environment for practitioners. For example, in the future you will be able to maintain your own personal information and apply online for your annual practicing certificate. These changes affect you and we will communicate directly with you closer to the time of going live.

With the introduction of the new Health & Safety Act this year, the Council has been reviewing its obligations in relation to its staff and contractors that assist the Council to carry out its business.

Thank you to everyone who has contributed to Council work this year—we do appreciate your commitment and support.

I would like to wish you all a Merry Christmas and a happy and safe holiday season.

Kind regards,

Marie Warner
Chief Executive

Dates to watch (including Christmas closing hours)

Some upcoming dates of importance on the oral health sector calendar:

- The Council offices will close for the Christmas break on the afternoon of Wednesday 21 December 2016. We will reopen on Wednesday 4 January 2017. If you have an urgent query that must be dealt with during the break, please call +64 4 499 4820.

- 31 December 2016 current recertification programme ends for dentists and dental specialists. For those who need to submit CPD self declaration forms, these are due with Council no later than 20 January 2017. If you are unsure whether you need to submit a form, please see here (resources-and-publications/publications/newsletters/view/21?article=4) for more information.
- 26 January 2017—Big Day In conference at Waikato University. Find out more here. (http://www.healthcareessentials.nz/page/74/big-day-in-programme)
- 2 February 2017—submissions close on the Health (Fluoridation of Drinking Water) Amendment Bill. Find out more on the Parliament website here. (https://www.parliament.nz/en/pb/sc/make-a-submission/document/51SCHE_SCF_00DBHOH_BILL71741_1/health-fluoridation-of-drinking-water-amendment-bill#RelatedAnchor)

New Zealand Resuscitation Council changes to CORE courses

The New Zealand Resuscitation Council (NZRC) announced changes to its educational framework earlier this year, which was phased into the NZRC courses during the second half of the year. There are now two resuscitation courses for health professionals: CORE Immediate and CORE Advanced. These supersede the previous CORE 'levels' 4-7.

What does this mean for oral health practitioners?

When oral health practitioners book their resuscitation training, they will have to select one of the following course options:

- CORE Intermediate—for dentists/dental specialists not performing sedation, dental therapists, dental hygienists, orthodontic auxiliaries, clinical dental technicians and dental technicians undertaking restricted activities. Equivalent courses are accepted.
- CORE Advanced—for dentists/dental specialists performing sedation, excluding relative analgesia. Only CORE Advanced courses are accepted.
- Basic life support—dental technicians not undertaking restricted activities.

Both CORE Immediate and CORE Advanced cover the knowledge and skills in managing a collapsed person, airway management, use of an automated external defibrillator and include resuscitation scenarios with emphasis on communication and teamwork.

A four-hour 'adult collapse' module forms the basis of CORE Immediate. CORE Immediate also includes a two-hour 'child collapse' module—not necessary for clinical dental technicians and dental technicians undertaking restricted activities. CORE Immediate includes a skills assessment.

CORE Advanced is a full-day course that builds on CORE Immediate to include manual defibrillation and recognition of cardiac rhythms. CORE Advanced also includes a knowledge assessment.

More information about CORE can be found at http://nzrc.org.nz/training/CORE/ (http://scanmail.trustwave.com/?c=8934&d=nufI2DEaxyFhvmvu0Lm8gVODAPPfn_erHUmX8VqTkg&u=http%3a%2f%2fnzrc%2eorg%2enz%2ftraining%2fCORE%2f).

The Council practice standard, *medical emergencies in dental practice* (/page-not-found/), has been updated to reflect the new terminology.

Radiation Safety Regulations approved

Approved Radiation Safety Regulations exempt oral health practitioners with necessary capabilities from needing a use licence

In the May 2016 newsletter the Council advised practitioners of the new Radiation Safety Act 2016 that comes into effect on 7 March 2017.

Subsequently, the Council made a submission (assets/Uploads/Publications/Submissions/Dental-Council-radiation-safety-regulations-submission-may16.pdf) to the Office of Radiation Safety on the draft Radiation Safety Regulations. The Council supported the proposal that registered health practitioners with the necessary education and training be authorised to use radiation equipment within their scope of practice, without the need for a use licence. The office would rely on responsible health authorities to assure competence for practitioners to handle radiation equipment, within their respective scopes of practice.

The regulations were enacted on 12 December 2016, and will also come into force on 7 March 2017. The regulations can be viewed here (http://www.legislation.govt.nz/regulation/public/2016/0303/latest/DLM7049344.html#DLM7049374). (http://www.legislation.govt.nz/regulation/public/2016/0303/latest/DLM7049344.html#DLM7049374)

This means that oral health practitioners registered with a valid practising certificate in the scopes described in the table below do not need to apply for a use licence to be allowed to take X-rays for the specified permitted activities:

Scope of Practice	Permitted Activity

General dental practice, endodontic specialist, oral and maxillofacial surgery specialist, oral medicine specialist, oral pathology specialist, oral surgery specialist, orthodontic specialist, paediatric dentistry specialist, periodontic specialist, prosthodontic specialist, public health dentistry specialist, restorative dental specialist	Use of irradiating apparatus for dental diagnostic purposes
Dental therapy practice	Use of irradiating apparatus for taking periapical and bitewing radiographs for dental diagnostic purposes
Dental hygiene practice (with no exclusion in taking extra-oral radiographs)	Use of irradiating apparatus for taking extra-oral radiographs for dental diagnostic purposes
Dental hygiene practice (with no exclusion in taking intra-oral radiographs)	Use of irradiating apparatus for taking periapical and bitewing radiographs for dental diagnostic purposes
Orthodontic auxiliary practice (with no exclusion in taking extra-oral radiographs)	Use of irradiating apparatus for taking extra-oral radiographs for dental diagnostic purposes
Orthodontic auxiliary practice (with no exclusion in taking intra-oral radiographs)	Use of irradiating apparatus for taking periapical and bitewing radiographs for dental diagnostic purposes

Source licences

The use licence exemptions do not replace the need for a source licence by any entity that possesses a radiation source. The Office of Radiation Safety is developing forms and other application processes for source licences, and will contact practitioners after March to advise the new requirements.

The fees for source licences depend on the frequency with which facilities are audited. Facilities with Cone Beam Computed Tomography (CBCT) are audited every two years, and the annual fee is $718 plus GST. Facilities that do not use CBCT are audited every five years, and the annual fee is $361 plus GST. Applicants for licences have the option of selecting a one, two or three-year licence period.

Can non-registered staff still take X-rays under the new Act?

The Council receive frequent questions about the legality and provisions associated with non-registered dental practice staff taking X-rays.

Section 21(4) of the new Radiation Safety Act allows for non-registered staff, who does not hold a use licence, to use the radiation source under the direct supervision of an authorised person. An authorised person in the dental practice would mean an oral health practitioner registered with a valid practising certificate in one of the scopes described in the table above.

Direct supervision is defined as “supervision by a person who is physically present and able to intervene”.

It is important to note that a practitioner may delegate the task of taking the X-ray, but not the responsibility.

Code of Practice for Dental Radiology under review

The Office of Radiation Safety has recently consulted on an updated draft Code of Practice for Dental Radiology to reflect changes to accepted radiation safety practice, and to reflect the new obligations set out in the Radiation Safety legislation.

The Council made a submission to the draft code for dentistry—the Council’s submission can be accessed here (assets/Uploads/Publications/Submissions/code-practice-dental-radiology-submission-form-Dec2016-Dental-Council.pdf). The new Code

of Practice for Dental Radiology is expected to be finalised by the end of February 2017 so that it can be in place when the new Act and Regulations come into force.

What we do—standards

This is a new section for our newsletter, where we will go into detail on functions performed by the Council. All functions are set out in section 118 of the Health Practitioners Competence Assurance Act 2003 (the Act).

In this issue, we are looking at how the Council sets standards, as mandated by section 118(i) of the Act, which requires us to “set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession”.

The primary purpose of the Council is to protect public health and safety by ensuring oral health professionals are safe, competent and fit to practise. At the heart of this is the setting of standards for the oral health sector, one of the Council’s core statutory duties.

Background

Many of you may know that historically we have worked closely with the New Zealand Dental Association (NZDA) to set practice standards, formerly known as codes of practice.

Historically, the NZDA would develop the standards, which were considered and endorsed by Council for use by dentists and dental specialists. The NZDA also allowed these codes of practice to be adapted for use by the other oral health professions.

In 2011, the Council made the decision to bring the development and review of practice standards “in-house”, in a separate, Council-led process, rather than using the Association’s codes of practice as a basis.

This was due to a number of reasons, the primary one being that legal advice made it clear it was simply not a function the Council should delegate externally. This reflected Council's statutory responsibility under s118 of the Act to set standards for all oral health professions. It also highlighted the fact that delegating the function was in direct conflict with the Act's intent in establishing independent regulation rather than allowing professions to set standards for themselves.

The Council was also aware that while the arrangement with the NZDA meant the views and interests of dentists were well represented, some of the other professions did not feel adequately represented or included by this arrangement.

The Council was further aware there was a growing body of material—in the form of best practice standards, guidances, guidelines—from a range of organisations, employers and associations that practitioners were also relying upon for guidance in their practice. Often these standards are focused on achieving excellence in practice, and these play an important and specific role in all professions. However, the Council felt it was important to differentiate these standards from Council-set standards, which are mandatory standards that all registered oral health practitioners must comply with.

How we set standards

In August 2015 the Standards Framework for Oral Health Practitioners was implemented. The standards framework describes the minimum standards of ethical conduct, and clinical and cultural competence that the public can expect from oral health practitioners. This consists of five ethical principles and 23 professional standards which set out how practitioners should conduct themselves in order to ensure they adhere to the ethical principles. The third component of the standards framework is made up of 17 practice

standards, which set out the expectations of practitioners and offer associated guidance relating to specific practice areas.

The framework is available on our website (i-practise-in-new-zealand/standards-framework/) in an interactive wheel format, or as a pdf document.

The Council has a schedule of reviewing the practice standards which ensures they remain current and meaningful. The Council frequently assesses its practice standard review priorities based on a regulatory risk analyses. Review or development of a new practice standard might be prioritised in response to an increased risk to patient safety. Risk levels may be heightened through an increased number of notifications or complaints of breaches of a particular practice standard; changes in other legislation; or significant changes in practice that means the standard is no longer fit for purpose. Otherwise practice standards will be reviewed on a cyclical basis.

In general, the process of reviewing a practice standard involves:

1. The Council staff and Professional Advisor Standards lead the review. This includes taking into consideration known issues or concerns with the standard; similar local and international standards or guidelines; changes in technology, practice or public expectations since the last review; and external considerations such as changes in the workforce or training. External subject matter experts and the Council's professional advisors are consulted as necessary.
2. A draft practice standard is developed, and submitted to the Council for consideration.
3. Once ready, stakeholders are consulted. These include practitioners and other relevant stakeholders such as educational institutions, the Ministry of Health, district health boards and any other identified parties who can provide insight.
4. Submissions are received and carefully analysed. All submissions and the detailed analysis are considered by the Council. Changes are made to the consultation draft, as considered appropriate by the Council. Expert advice on technical aspects might be sought and submitted to the Council to inform the

consideration of the consultation submissions. If the changes are substantive, there will be a second round of consultation.

5. Once the practice standard is approved, a suitable implementation period is determined by the Council to allow practitioners to familiarise themselves with the new obligations and for necessary changes to be put in place—for example, educational institutions may need to develop or update training programmes, or practitioners may need to adjust workplace protocols or purchase new equipment.
6. The outcome of the consultation and the final practice standard is communicated to all stakeholders.

The Council acknowledges that this process is resource intensive and time consuming, but it prides itself on the robust development process. Extensive consultation with its stakeholders helps ensure that it makes the most informed decisions. As a risk proportionate regulator, the Council continuously balances its obligation to protect patient safety with the obligations placed on oral health practitioners.

Our standards work plan for 2017

The practice standards on the Council's 2017 work plan are those relating to professional behaviour, cultural competence and informed consent. The review of the cultural competence practice standard may continue beyond next year, as extensive engagement with various groups is planned.

Practitioners are invited to submit any particular concerns within these practice standard areas to the Council in preparation for these reviews. Any concerns or reference material can be emailed to consultations@dcnz.org.nz. (mailto:consultations@dcnz.org.nz)

Oral health therapy scope of practice

You will now all be aware that, following its second round of consultation on this topic, the Council has decided to introduce an oral health therapy scope of practice.

In October, we provided you with some details on the implementation process—this information is also on our website here (http://dcnz.org.nz/assets/Uploads/Consultations/2016/Oral-Health-Therapy-Scope-of-Practice-Consultation-Outcome/Oral-health-therapy-follow-up-consultation-outcome-includes-all-attachments.pdf). The scope will come into effect on 1 November 2017 and you will all be provided with more detail on the transition closer to the time.

The implementation process is now well underway and we are in the final stages of drafting our application to the Ministry of Health to recognise oral health therapy a profession under the Health Practitioners Competence Assurance Act 2003.

We are also drafting an application for reclassification of local anaesthetic medicines with the Medicines Classification Committee to extend the existing supply provision under the Medicine Regulations to oral health therapists. We expect to submit this application by the end of January.

Message from the New Zealand Dental & Oral Health Therapists Association

Kia Ora Tatou,

It is my pleasure as chair of New Zealand Dental and Oral Health Therapists Association (NZDOHTA) to provide a comment to the recent outcome of the follow-up consultation on the proposed oral health therapy scope of practice. Firstly, I must congratulate the Council and everyone that provided submissions to the consultation. The creation of the oral health therapy scope of practice has been long overdue and now provides the dual graduate clinicians to have a sense of identity that reflects their training.

Moreover, NZDOHTA and the New Zealand Dental Hygienists Association have also progressed talks to merge the two organisations. The 2017 Annual Conference between NZDOHTA and NZDHA will be the first step towards a unified organisation.

While NZDOHTA is pleased with the outcomes of the submission, it is still concerning to note that restorative scopes for practice on over 18s was not agreed upon.

NZDOHTA will continue to work with the two education providers to strongly advocate for a recognised qualification leading to our dental and oral health therapist being able to provide restorative treatment to over 18-year-olds.

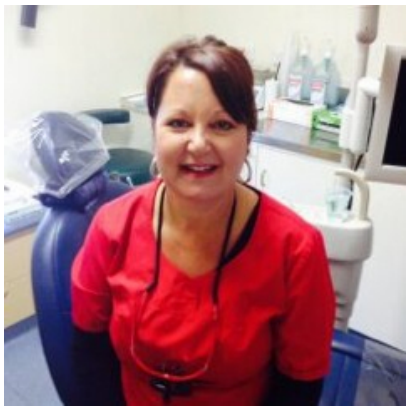
Mid-level dental providers have been proven successful internationally and would be the solution to providing care to low income earners in New Zealand.

Finally, I would urge our dental and oral health therapists to continue to maintain their high standards of practice, engage in continuous professional development activities and most of all provide the best care possible to our clientele.

Nga Mihi

Arish Naresh
Chairperson
New Zealand Dental & Oral Health Therapists Association

Message from the New Zealand Dental Hygienists' Association



Over the last three months, it has been a very busy time with NZDHA working hard to promote dental hygiene as a profession that is continuously evolving. I had the pleasure of speaking with the new graduates of both Otago University and AUT and it was pleasing to see so many oral health therapists pursuing exciting opportunities both in private and public sectors.

With the new scope of practice for oral health therapist recognised by the Dental Council, we see changes ahead for our profession. This has been an opportunity to create a good relationship with NZDOHTA for us as an association as we engage in a combined conference for 2017. This will be the first conference, commencing, what we think is an exciting relationship between the two associations working together. It will be held 7-8 July in Wellington, our Diamond sponsor being Colgate.

Looking to the future, we are wanting a more cohesive representation of our two associations. We have had several meetings with positive communication and are looking forward to taking a proposal to our members early next year.

Both NZDOHTA and NZDHA had joint meeting with the Dental Council to discuss scopes of practice and the possible amalgamation of the two associations. This time was well spent further ascertaining an understanding of each other's associations and the Council's perspective of these issues and more.

I would like to take this time to wish you all a very merry Christmas and safe holidays. 2017 is looking very bright for us as an association, growing better relationships in the profession and a positive profile with the public.

Paula Palmer
NZDHA president

New Zealand Institute of Dental Technologists conference 2016

Wellington put on a spectacular weather display, showing its true colours from rain and wind to stunning sun and harbour views for NZIDT’s 2016 Conference held at Te Papa 13-15 October.

The pre-conference event with international guest speakers, Dr Julian Conejo and Mr Luc Rutten, wowed the delegates with their fabulous knowledge and presentations at the one day seminars and then shared and refined more information at the Friday conference.

The Thursday evening and official opening of the trade show with a Mihi Whakatau was well attended and a fabulous event for the overseas speakers, overseas delegates and many locals as well. The waiata and haka performed with passion by students from Wellington East Girls College and Rongatai Boys High was enjoyed by all.

New additions to the conference this year showcased demonstration booths, manual dexterity competitions, QR code technology to run trade competitions. Also live-streams of the lectures into the trade exhibition area allowed no one to miss out on anything.

The live demonstrations were a hit and were attended by very large crowds. Due to the popularity of these demonstration booths, NZIDT hopes to continue the concept for future conferences with more trades coming forward due to wider awareness of the concept.

The Friday night Gala Dinner, with entertainment from the Beat Girls were fabulous as usual. Saturday kicked off with more interesting and informative speakers and then continued until the finale of the AGM, with also a short address from Ms Marie Warner, Dental Council Chief Executive prior to the AGM.

Thank you to all who participated, communicated, shared ideas and shared knowledge in a weekend full of peer–interaction with NZIDT.

Practitioner's corner: the importance of good communication

The importance of good communication

The Dental Council often receives calls from patients with concerns about treatment they have received. Council staff provide advice on what next steps the patient can take, and usually encourage the patient to go back to their treatment provider in the first instance to see if they can resolve their concerns directly.

Two issues that have come to light recently may seem unrelated, but both stem from the same basic cause—a lack of clear communication between the treatment provider and their patient.

Good communication is fundamental to good practice and can usually prevent minor concerns or misunderstandings being escalated into full-blown problems.

The first issue relates to informed consent. Council staff received a telephone call from an upset patient regarding crown and bridge work. The patient had rung their treatment provider to ask if the appointment to fit their crown could be brought forward as they were going away.

The receptionist apologised and explained they could not get the crown back earlier because it was coming from overseas. The patient became upset and was quite adamant if she had known the technical work was being done in that particular country she would have gone elsewhere to have her dentistry done.

It reminds us of the importance of our informed consent processes. We have a responsibility to understand our patients' priorities and values and perhaps where we are having our technical work done should be part of the information provided.

In the end, of course, it is the treating clinician's responsibility for the standard of treatment provided and to be familiar with the materials and techniques used for laboratory work. The same applies to orthodontic procedures where information can be sent overseas for diagnosis, treatment planning and the manufacture of orthodontic appliances. The

responsibility for clinical outcomes remains firmly with the primary clinician dealing with the patient. There may be advantages in communicating with a more experienced colleague nearby rather than taking advice from overseas.

In radiography there is now more sophisticated imaging equipment available in dentistry. There is a responsibility to be able to interpret the entire image taken and not just the field of view of interest to the clinician. Where necessary the image needs to be referred to an appropriate experienced clinician or even an overseas specialist. We need to remember that our overseas colleagues may not be registered as a health practitioners in New Zealand and extra caution is required.

The second issue relates to access to patient medical histories. In recent months, Council staff have received calls from patients who do not understand or accept why dentists require details of their medical histories which may contain private and very personal information. It can be helpful, sometimes, to have a brochure explaining why we, as oral health practitioners, need to be familiar with a patient's general health, and at the same time to emphasise the privacy arrangements.

The Council's patient information and records practice standard sets out the requirement for up-to-date medical histories for our patients. One way forward for particularly difficult interactions in this area could be for treatment providers to seek permission from the patient to contact their medical practitioner directly to discuss implications regarding the patient's medical history—this may allow the oral health practitioner to gain an insight into any potential issues without full disclosure of the patient's records.

NZDA Fellowship award: Dr Michael Bain

In October, former Council Chair Michael Bain was awarded the New Zealand Dental Association Fellowship.

NZDA President Susan Gorrie, pictured here with Dr Bain, presented the honour at an NZDA Conference VIP dinner, held at the Grand Hall at Parliament.

Dr Bain was appointed to the Council in 2009 and served as Chair from September 2013 until February this year. He was a driving force in developing the strategic framework the Council works within.

The Council congratulates Dr Bain on this honour recognising his significant contribution to dentistry and the wider oral health sector.

Christmas wishes from the Dental Council