

# **Newsletter: March 2017**

Dental Council - March 2017

## Message from the Chief Executive

It's been an eventful start to the year with the Council's staff being forced to leave our offices on the Terrace in Wellington, due to the recent discovery of structural damage caused by the November Kaikoura earthquakes. We are in the process of securing new temporary offices which we hope to be moving into later in the month – there is more detail on this later in the newsletter. While it's been an unsettling time, staff have worked hard to ensure our delivery of services is maintained. We have appreciated the messages of support and understanding we have received from many of you, thank you.



Despite the disruption to our physical location, Council work is continuing at a rapid pace.

The annual practising certificate (APC) round for dental hygienists, dental therapists, orthodontic auxiliaries, clinical dental technicians and dental technicians is well and truly underway. We encourage anyone who has not yet returned their APC or retention form to do so quickly – we recommend you ensure your form is in the mail by 23 March to allow enough time for delivery to us and processing by 31 March, when your current APC will expire. As you are no doubt aware, the Health Practitioners Competence Assurance Act 2003 requires every practising health practitioner to have a current APC. If you have not renewed your APC by 1 April 2017, you must cease practice immediately and not recommence until you have a valid APC.

We are hosting a symposium on our recertification review for policy-makers and other parties with a variety of roles in health regulation, support and advocacy for oral health professions, and with consumer perspectives later this month. This is the first step of our engagement process on this important project. Following the symposium, we will finalise a discussion document which we will be sending to all practitioners for feedback. We aim to meet and talk with as many practitioners as possible through a series of workshops or forums later in the year.

Finally, you should have received an invitation to take part in our annual engagement survey late last week. We really want to hear from you, to better understand how we can improve how we communicate with you all. Please complete the survey – it should only take 5-10 minutes and will be of immense help to us. You can access the survey here (<https://www.surveymonkey.com/r/DentalCouncilsurvey>).

Marie Warner  
Chief Executive

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## Building update

As many of you will now know, the Dental Council vacated its building at 80 the Terrace in February.

This was in response to ongoing issues relating to the November Kaikoura earthquakes. Initial engineering testing in November cleared the building for re-entry, but in December, the Wellington City Council identified our building as one of 80 buildings in Wellington that required further, more invasive, testing.

This further testing was done in February and identified that the building is in need of structural strengthening work.

Our staff, along with staff from the other responsible authorities who work in the building, vacated the premises and we have been working to urgently locate alternative accommodation.

We are close to securing a lease in the CBD and hope to be moving into new premises in late March. We expect to be in temporary accommodation for around six months, but will negotiate a lease which will allow us to extend this if necessary.

In the interim, most staff have been working from home, while our registration team has been working from a temporary office site.

Physical practitioner files are being relocated from our building to an archival unit to ensure we have continued access and assurance of security while our building is repaired.

The APC round for oral health practitioners is on track and staff have been working to ensure we continue to answer queries coming through the main phone line and inquiries email. We do anticipate there will continue to be delays on some replies and application processing while this issue is resolved and appreciate your patience and understanding.

### **You can reach us at our usual contacts:**

Office hours: 8.30-17.00

Telephone: +64 4 499 4829

Fax: Please note we are experiencing difficulties receiving faxes. Please call or email instead of sending a fax – if you have sent a fax, please check via phone or email to ensure it has been received.

**Postal address:**



PO Box 10-448  
Wellington 6143  
New Zealand

**Email addresses:**

For applications or registered practitioner related queries:  
[inquiries@dcnz.org.nz](mailto:inquiries@dcnz.org.nz) (<mailto:inquiries@dcnz.org.nz>)

For corporate matters: [corporate@dcnz.org.nz](mailto:corporate@dcnz.org.nz)  
(<mailto:corporate@dcnz.org.nz>)

For consultation matters: [consultations@dcnz.org.nz](mailto:consultations@dcnz.org.nz)  
(<mailto:consultations@dcnz.org.nz>)

For newsletter, website, media or other communications queries:  
[comms@dcnz.org.nz](mailto:comms@dcnz.org.nz) (<mailto:comms@dcnz.org.nz>)

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# Oral health therapy scope of practice implementation update

Over the past few months, the Council has been working through the implementation of the oral health therapy scope of practice on 1 November 2017.

In particular, the Council has progressed the following three applications for statutory change, set out as part of our implementation plan. More detail on the implementation of the scope is available in our outcome letter (<http://www.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>), published in October 2016.

## Medicines reclassification

The application for the reclassification of articaine, lignocaine and prilocaine with or without felypressin, for oral health therapists has been submitted to Medsafe. The application will be considered by the Medicines Classification Committee at its meeting on 16 May 2017. A successful application will ensure that oral health therapists have uninterrupted access to these local anaesthetic medicines without the need for a prescription or a standing order—similar to the current provision for dental therapists for patients up to 18 years of age.

In preparation for the application, the Council has consulted with key stakeholders, and received a number of letters of support. The Council wishes to thank these organisations for their support and effort on this matter. These letters form part of the application, and will be accessible on the Medsafe website, once released.

## Recognition as a profession

The application for recognition of oral health therapy as a profession under the Health Practitioners Competence Assurance Act 2003 was submitted to the Minister of Health at the end of January.

With the approval of the new oral health therapy scope of practice, due to come into effect on 1 November 2017, this application is considered a logical progression from the approval of the new scope, as it will enshrine in law what is increasingly the reality in the oral health workforce. These changes are a result of structural changes to the undergraduate oral health programmes delivered in New Zealand, and mean no new dental

hygienists or dental therapists have graduated in New Zealand since 2009—only oral health therapists. The introduction of a new “oral health therapy profession” will reflect the changing face of the dental professions.

It is the Council’s view that oral health therapists have acquired a unique body of knowledge and skills due to their education, roles and responsibilities in practice. Although there are overlaps with dental hygiene and dental therapy, oral health therapists’ integrated approach to care and heightened capabilities in some practice areas distinguish their practice from these existing professions.

The Council believes the application meets the primary criteria for regulation of a new profession, as detailed in the Ministry of Health’s Guidelines for Applying for Regulation ([http://www.health.govt.nz/system/files/documents/pages/20160719\\_apply\\_for\\_regulation.pdf](http://www.health.govt.nz/system/files/documents/pages/20160719_apply_for_regulation.pdf)), in that:

- oral health therapists deliver a health service as defined by the Act
- services provided by oral health therapists pose a risk of harm to the health and safety of the public
- the regulation of oral health therapy as a profession under the Act is in the public interest, by accurately reflecting the professions under the Act as they operate in practice.

The secondary criteria are also considered met, as the application demonstrates that statutory recognition of oral health therapy as a profession is practical, appropriate and beneficial to the public and oral health therapists.

The application is now before the Minister for consideration.

## **Radiation Safety Regulations**

A formal request was submitted to the Ministry of Health to consider adding oral health therapists to the Radiation Safety Regulations list of health practitioners exempted from the need of a use licence, similar to other oral health practitioners where radiography forms part of their scope of practice.

### **Next steps**

We will publish on our website any links to consultation or information published by the various agencies on these applications, as they become available to us. Check our home page from time-to-time for any updates on these applications.

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## Recertification symposium

The Dental Council is hosting a symposium on our recertification system later this month. The objective of the symposium is to launch a national conversation about how we recertify our practitioners.

Recertification is how we ensure our practitioners are competent and fit to practise and therefore sits at the very heart of what the Dental Council does. The review of our recertification system is a hugely important piece of work for us.

While we began this comprehensive review some time ago, this symposium marks the beginning of what we hope to be a national discussion about recertification of oral health practitioners – what is working, what isn't, how we can protect the health and safety of the public better and how a more efficient system would work for practitioners.

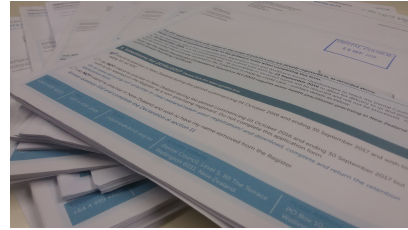
We have invited policy-makers and other parties with a role in health regulation, support and advocacy for oral health professions and with consumer perspectives to the symposium to start this discussion – we intend to work through an initial discussion document with them to test the logic of the research and thinking we have done so far. Once we have incorporated their feedback, we will circulate a discussion document to all practitioners and other stakeholders for consultation and comment.

We also intend to hold workshops and other forums for practitioners to attend and continue the discussion directly with Council members. We look forward to hearing your views and working together to build the best possible recertification framework we can.

The symposium will be held on 17 March. We expect to circulate a discussion document for wider consultation in June.

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## APC round



The annual practising certificate (APC) round for dental hygienists, dental therapists, orthodontic auxiliaries, clinical dental technicians and dental technicians is underway, with around 2000 forms mailed out to practitioners on 28 February.

Please remember your current APC will expire on 31 March and the Health Practitioners Competence Assurance Act 2003 requires every practising health practitioner to have a current APC. If we have not received your completed form and payment by that date, you must cease practice.

If you have not returned your form yet, we encourage you to do so as soon as possible. If you have not received your form in the mail, you can download an APC or retention form from our website (</updates/sign-up-for-a-webinar/>). You can return the form by email if you are paying by credit card.

If you are returning your form by post, we recommend you ensure your form is in the mail by 23 March to allow enough time for delivery to us and processing by 31 March.

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## Practitioner's Corner

### Infection prevention and control



In recent months, the Dental Council has been made aware of three separate cases relating to breaches of infection prevention and control standards at dental practices.

Two have received media attention due to the potential risk to public safety. These cases highlight for us the importance of following the Council's infection prevention and control practice standard ([/page-not-found/](#)); and the responsibilities and obligations that practitioners have in relation to this area.

These cases follow a recent review of this practice standard, which the Council updated following consultation, in March last year. We encourage all oral health practitioners to take this opportunity to review their processes with reference to the infection prevention and control practice standard.

Compliance with this standard is fundamental to delivering safe care and the Council takes any breach of this standard seriously. The recent breaches put patient safety at risk, and jeopardise the public's trust in the profession and standard of oral health care in New Zealand.

Infection prevention and control is often a shared responsibility within a dental practice, sometimes involving non-registered staff members. It is fundamental that all dental staff are fully aware of and comply with the requirements of the practice standard to ensure effective and safe infection prevention and control. However, the practitioner is ultimately responsible for the infection prevention and control associated with his or her practice, and has an ethical responsibility to address identified issues with other practice staff members and/or management.

Practices with one person responsible for reprocessing instruments (solo practitioners with one dental assistant or large practices with a dedicated sterilising staff member) may have less risk of a breach of protocols than practices that have a number of staff members involved in reprocessing

instruments. Checklists, independent verification or random spot-checks by the practitioner, and notices on the reprocessing equipment indicating the current status of a particular load can be helpful.

If there is a breach of standards a prompt and professional response is essential. There needs to be a risk assessment of the nature of the specific breach, and it would be prudent to seek advice from your local Medical Officer of Health or local infectious disease specialist, if available – especially if it involves critical items. Batch control identification (tracking) of critical items is also important, to ensure that patients that could have been exposed to potentially infected items can be accurately identified and contacted. All affected patients may need to be advised of the need for initial and follow-up testing, as appropriate.

The installation and regular maintenance of equipment must be carried out by qualified technicians. Anti-retraction valves need to be fitted and the appropriate flushing (for about 30 seconds) of air and water lines between patients, and at the start and end of the day, is necessary.

As always, good, clear communication with patients is critical. When communicating with patients following a breach, practitioners are reminded:

- It is vital to demonstrate empathy. Recognise this will be unknown territory for most patients and has potential to cause real concern and upset. Acknowledge the issue.
- Prepare clear messages, based on your expert advice obtained, about initial testing and follow-up testing.
- Different patients will have different comfort levels and information requirements. Where possible, provide patients with phone numbers or other avenues for more information should they require it.
- Be prompt, responsive and transparent in your communication with affected patients or their parents/carers.

In light of the recent infection prevention and control breaches, we urge all oral health practitioners to re-familiarise yourself with your practice's infection prevention and control procedures. Have team discussions to ensure everyone is fully aware of their responsibilities and roles, and ensure that the practices within your environment, and your delivery of care comply with the Council's practice standard, to protect the safety of the public.

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# Digital marketing and practitioner responsibility in advertising

The Dental Council has received complaints and concerns about practitioner advertising on Google search pages. Issues arise concerning complex cross-channel digital marketing, involving meta-tags and algorithms which can be difficult to navigate and understand.

Practitioners who advertise using digital properties tend to rely on technical experts, who in turn do not always understand dentistry language and the significance of scopes of practice, and accurate dental terms and descriptors. However, while this might assist understanding how an advertising issue can arise in the first place, it is not an excuse for the advertising practitioner, who remains responsible for their own advertising at all times.

The Dental Council advertising practice standard provides:

## 3.7 Authorising the Content of Advertising

(a) Practitioners are responsible for the form and content of the advertising of health-related services and products associated with their practice. Practitioners must not delegate this responsibility.

(b) Practitioners must ensure the accuracy of advertising their health-related services and products and must ensure compliance with this practice standard. The Dental Council will apply the doctrine of vicarious liability.

When using digital marketing avenues to advertise your services, and employing the technical expertise of others, practitioners are reminded they are still responsible for the form and content of their advertising. Therefore, practitioners are obliged to take care to understand what their 'expert' is doing on their behalf, and that it does not result in misleading advertising.

You should presume all information placed online to advertise your practice will be there permanently, even if you delete it. Therefore, before placing any advertisement of your services online (for example, your practice website; GoogleAd; LinkedIn; Google or Bing search listings, etc.), you must take care to ensure the advertised information is accurate and not misleading.



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## Radiation Safety Act update

The Radiation Safety Act 2016 came into force on 7 March. Practitioners should notice that they are no longer receiving correspondence from the Office of Radiation Safety (ORS) to renew their use licences. If you do receive such a notice, we suggest you contact ORS direct so that they can amend their records.

ORS is starting the process of requiring organisations to obtain source licences for the radiation sources they manage and control. It is likely to be May or June before they contact dental practices. At that time practices will need to register their x-ray equipment with ORS and obtain a source licence.

There is no cost for registration, and the source licence fees for each year of the licence term are:

- \$718 plus GST for practices with cone beam computed tomography (CBCT)
- \$361 plus GST for practices without CBCT.

Practices will have a choice of one, two or three years for their licences. No action is required until ORS makes contact in May or June.

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## Engagement survey 2017

You should have received an invitation to take part in our engagement survey by email last week. If you did not, you can access the survey here (<https://www.surveymonkey.com/r/DentalCouncilsurvey>). We encourage all practitioners and other stakeholders to do the survey, which only takes between 5-10 minutes to complete. Please take the time to have your say even if you did it last year - we intend to compare year-on-year results. The survey will remain open until Friday 24 March.

This is just the second time we have conducted this survey – we plan to do it every year to build a complete picture on how our engagement with practitioners and other stakeholders is tracking.

Improving how we engage with our stakeholders is one of the five strategic priorities the Council is focused on. Last year our engagement survey showed most of you felt we communicated with practitioners and other stakeholders reasonably well, although there was room for improvement.

We hope many of you take this opportunity to tell us what you think we are doing well and what we can improve – we will report back to you on the results in the next newsletter.

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## Dates to watch

17 March Dental Council symposium on recertification

29 March – 1 April NZ Association of Orthodontists conference, Queenstown (<http://www.nzao2017.co.nz/nzao17> (<http://www.nzao2017.co.nz/nzao17>))

31 March – end of APC cycle for dental hygienists, dental therapists, orthodontic auxiliaries, dental technicians and clinical dental technicians

26-27 May Hui a Tau and AGM, Te Ao Marama, Wellington

22-23 September NZ Institute of Dental Technologists conference 2017, Dunedin (<http://www.nzidt.nz/events/conference-2017> (<http://www.nzidt.nz/events/conference-2017>))

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# NZIDT Conference 2017

The NZIDT Conference 2017 is being held in Dunedin at the Town Hall on Friday 22 and Saturday 23 September.

Details are being finalised around timings and happenings, but at this stage:

- Friday will consist of a full schedule of speakers with the gala dinner in the evening.
- Soul Deep will be the evening band.
- Saturday includes speaker sessions, a brunch late morning, more sessions then the AGM in the afternoon.
- We anticipate a great range of both international and national speakers. Keep an eye on the website for further details as they come to hand and to register for NZIDT Conference.  
(<http://www.nzidt.nz/product/conference-2017-two-days-registration>)
- Dental Technology Day is on the Thursday 21 September. For more details and to register for this day see <http://www.otago.ac.nz/dental-technology/index.html>

(<http://www.otago.ac.nz/dental-technology/index.html>)[www.nzidt.org.nz](http://www.nzidt.org.nz)  
(<http://www.nzidt.nz/product/conference-2017-two-days-registration>)