

# **Newsletter: September 2016**

Dental Council - September 2016

## Message from the Chief Executive

Greetings all,

We're right in the middle of a very busy period for the Council staff, with the APC renewal cycle for dentists and dental specialists closing today. Thank you to those who have returned these promptly. The forms are being processed and approved by our registration team prior to issuing the certificates. We expect to process around 2300 APC forms and 500 retention forms this year.



We expect this to be the last time we physically undertake this process for dentists and dental specialists as our new IT system should be in place providing for online registration by September 2017. However, we anticipate the April round of APC renewals for oral health practitioners will be done by physical mail.

You will see in this edition of the Council newsletter that we have included a new section, called "Case studies". This will be a recurring section which will focus on case studies of competence, conduct and health cases dealt with by the Council in the hope we can all learn from the experiences of others. All identifying details will be removed from the case studies and practitioners involved will be notified before articles are published. We expect practitioners will find this a useful learning tool while it will also provide an insight into the types of cases that come before the Council, and how we respond.

Also new in this edition is an introduction to one of the teams that make up the Council staff. As many of you will know the Council undertook an HR review earlier this year which resulted in several staff changes. We intend to profile all our staff members and teams this way over the next few newsletters.

Looking ahead, the end of the year already feels very close. There are two main areas of consultation that we will be contacting you about over the next couple of months—the Advanced Areas of Practice practice standard and the 2017/18 budget and fees and levies. We look forward to receiving your feedback on these.

Kind regards,

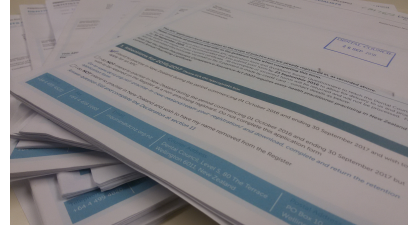
Marie Warner

Chief Executive

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## APC renewals

All annual practising certificates (APCs) for dentists and dental specialists expire on 30 September 2016.



If you have not yet returned your completed forms, please do so. You can download the form from our website at the links below and send it via fax (04 499 1668) or email ([inquiries@dcnz.org.nz](mailto:inquiries@dcnz.org.nz) (<mailto:inquiries@dcnz.org.nz>)).

APC form (<http://www.dcnz.org.nz/i-practise-in-new-zealand/dentists-and-dental-specialists/apply-for-an-annual-practising-certificate/>)

Retention form (<http://www.dcnz.org.nz/i-practise-in-new-zealand/retain-your-registration/>)

Practitioners are reminded you will be charged an additional processing APC fee if you are renewing your APC and fail to get your completed and correct application and fee to us by 30 September 2016. This fee is \$45.00 (GST inclusive).

### Legal responsibility

Practitioners are reminded that the Health Practitioners Competence Assurance Act 2003 requires every health practitioner practising in New Zealand to hold a current annual practising certificate. If you do not have a current APC on 1 October 2016, you must cease practise until such time as an APC is issued to you. The public register on the Council website is updated daily on working days, and practitioners can view their APC status online: [www.dcnz.org.nz](http://www.dcnz.org.nz) (<http://www.dcnz.org.nz>).

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## Recertification review - project update

As many of you will be aware, the Council is currently reviewing its recertification policy. We want to ensure we have the best possible framework for ensuring ongoing practitioner competence and fitness to practise.

We are still in the initial stages of the review. At this point our focus has been on reviewing literature to inform our understanding and thinking about the future direction of the recertification framework.

The recertification framework comprises some key components everyone should be familiar with, including:

- application process for annual practising certificates
- compliance with Council practice standards
- competence and fitness to practise
- continuing professional development (CPD)

While our review has focused on these components, other topics and areas of interests have also been explored, including ways to measure the ongoing competence of practitioners; how to identify risk factors that may prevent practitioners from being recertified; and ways to evaluate the effectiveness and impact of CPD activities for practitioners.

The most relevant literature focuses on oral health professionals in New Zealand and overseas.

However, the largest pool of research relates to medical professionals (i.e. doctors). To ensure our thinking reflects and is guided by the available literature we have included the larger pool of research relating to health practitioners in our review.

We are particularly interested in the experiences of other regulatory authorities (both in New Zealand and overseas) who have or are considering the best way forward for recertification of their own health practitioners.

If you would like to learn more we have included a small selection of the research we have been reviewing - this selection has a particular focus on CPD.

In terms of the review process, we will be seeking practitioner input once we have a clearer idea of what a future framework may look like. We will provide an update on the review process in the December newsletter.

Archer et al. 2015. The evidence and options for medical revalidation in the Australian context: final report (/assets/Medical-Board-2015-Evidence-and-options-for-medical-revalidation.pdf).

Eaton et al. 2011. The impact of continuing professional development in dentistry: a literature review prepared for the General Dental Council (/page-not-found/).

Grant, R. Continuing education – does it make for a more competent practitioner? Australian Journal of Physiotherapy 40<sup>th</sup> Jubilee Issue 1994: 33-37 (/page-not-found/).

Mathers et al. 2013. A study to assess the impact of continuing professional development (CPD) on doctors' performance and patient/service outcomes for the GMC (/assets/Mathers-et-al-2013.pdf).

Prescott-Clements et al. 2015. Evaluation of potential supporting evidence for continuing assurance of practice in dental regulation (/assets/Prescott-et-al-2015.pdf).

The Royal College of Surgeons of England. (n.d). Continuing professional development – a new direction for the College (/assets/The-Royal-College-of-Surgeons-of-England.pdf).

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# End of year declarations (dentists and dental specialists)

## Verification of CPD

As most of you will be aware, the current recertification programme for dentists and dental specialists is ending on 31 December 2016. The Dental Council has decided to waive one of the requirements of this programme. The Council will not require that continuing professional development (CPD) is verified—simply that it is capable of verification.

This does not change the requirements to complete 80 hours of verifiable CPD and 10 peer contact activities.

The Council will still be undertaking random audits at the conclusion of the recertification cycle. Those practitioners have who logged the required number of verified CPD hours and peer contact activities with the New Zealand Dental Association (NZDA) and/or New Zealand Association of Orthodontist's (NZAO) will be exempt from audit.

The reasoning behind this change is:

- Council's experience in managing the CPD cycle for dentists and dental specialists in 2012/13 highlighted that the process of verifying CPD activities was not only an extremely labour intensive, and therefore costly, activity but one that produced inconsistent and conflicting outcomes.
- Recognising this, prior to the 2013 conclusion of the CPD cycle for dental therapists, dental hygienists, orthodontic auxiliaries, clinical dental technologists and dental technologists (OHPs), Council agreed to waive the necessity of individual CPD activity verification for OHPs.
- Council agreed to apply the same methodology to the dentists and dental specialist cycle this year.

This means that while the requirement for CPD to be verifiable remains, Council will not be undertaking verification of individual CPD activities for all dentists and dental specialists for the current recertification programme ending on 31 December 2016.

## How does this affect you?

*All CPD recorded on NZDA or NZAO system*

If you have logged the required number of verified CPD hours with the New Zealand Dental Association (NZDA) and/or the New Zealand Association of Orthodontists (NZAO) you do not need to do anything

further. You are not required to submit to Council a detailed activities schedule or log. NZDA and NZAO will provide Council with full details of the verified CPD activities you have completed, and you will be exempt from any CPD audit.

*Some CPD recorded on NZDA or NZAO system*

If you have logged some of your CPD hours with NZDA and/or NZAO, and you have evidence of other verifiable CPD activities you have completed, you must complete and return the CPD Self Declaration to Council. This should be completed on or after 31 December 2016 and returned to Council no later than 20 January 2017.

Although you are not required to submit a detailed schedule or log of your CPD activities to Council, you should retain it for your records pending a possible audit.

*No CPD recorded on NZDA or NZAO systems*

If you have not used either the NZDA or NZAO CPD logging systems but have evidence of the verifiable CPD activities you have completed, you must complete and return the CPD Self Declaration to Council. This should be completed on or after 31 December 2016 and returned to Council no later than 20 January 2017.

Although you are not required to submit a detailed schedule or log of your CPD activities to Council, we recommend you retain it for your records pending a possible audit.

Other than the verification of CPD being waived by Council, all other aspects of the current recertification programme established under section 41 of the Health Practitioners Competence Assurance Act 2003 remain unchanged, including the statutory consequences for you should you fail to meet the requirements of the programme.

There is further information on the CPD requirements, including the self-declaration forms, on our website here ([/i-practise-in-new-zealand/continuing-professional-development/](http://i-practise-in-new-zealand/continuing-professional-development/)).

If you have any questions concerning this matter please contact the registration team on 04 499 4820 or by email to [inquiries@dcnz.org.nz](mailto:inquiries@dcnz.org.nz) (<mailto:inquiries@dcnz.org.nz>).

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# Health Practitioners Disciplinary Tribunal decision

The Health Practitioners Disciplinary Tribunal has recently published a decision about a case brought before it by the Council-appointed Professional Conduct Committee (PCC).

The case, involving a general dentist (Dr M) who has been granted permanent name suppression, was based on allegations of professional misconduct, particularly in relation to hygiene practices.

The tribunal found the case came down to credibility of witnesses and dismissed the case in its entirety. The decision can be read here (<http://hpdt.org.nz/portals/0/Den15337pDecisionweb.pdf>).

The PCC's decision to put the case before the tribunal was based on the fact that, if proven, the allegations were serious. It was appropriate that the tribunal, as the entity charged with hearing and making determinations on disciplinary matters, had the opportunity to review all the evidence and make a finding.

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## Dates to watch

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

- APC renewal date (30 September)
  - CPD return date for dentists and dental specialists (31 December)
  - New Zealand Institute of Dental Technicians Conference "Matrix in the City" Te Papa (13-15 October)
  - New Zealand Dental Association Conference TSB Arena (26-29 October)
  - Dental Therapist/Hygienist Day (in association with New Zealand Dental and Oral Health Therapists) at the TSB Arena (29 October)
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# 2015/16 Annual Report

We are pleased to advise that the Dental Council has published its 2015/16 Annual Report, available here (<http://www.dcnz.org.nz/resources-and-publications/updates/httpwww-dcnz-org-nzresources-and-publicationspublicationsannual-reports/>) on our website. The report includes the audited financial statements to 31 March 2016 and information on all the Council's operations, including registration and APC numbers, competence and conduct cases, and examinations and accreditation.



The report also includes a comprehensive update on how we have progressed on our five strategic priorities—some of the highlights are listed below.

In 2015/16, the Council:

## **Strategic priority—Standards**

*Complete and embed standards of clinical competence, cultural competence and ethical conduct*

- Introduced the standards framework
- Finalised the transmissible major viral infections practice standard
- Finalised the infection prevention and control practice standard

## **Strategic priority—Engagement**

*Grow understanding of, and engagement with, the Dental Council*

- Undertook our first engagement survey, receiving more than 1000 responses from practitioners and other stakeholders
- Led five forums and one webinar as part of our consultation on the standards framework
- Directly talked with hundreds of practitioners through proactively seeking out opportunities to meet them face-to-face

## **Strategic priority—Lifelong practitioner competence**

*Introduce an effective, quality assured framework for ongoing practitioner competence*

- Began the review of the Council's recertification policy and the development of a framework for ongoing practitioner competence

## **Strategic priority—A capable organisation**

*Ensure we have the policies, systems, skills and processes to deliver our functions – smarter, more consistently and in accordance with our principles and values*

- Completed a human resources review of the Council staff, to ensure the organisation has the necessary capabilities and capacity to deliver the strategic plan
- Progressed work on a major review of the Council's information technology systems

## **Strategic priority—Governance**

*Review and refresh our governance model*

- Reviewed the Council's governance operating model
- Agreed to move towards a risk-based governance model
- Adopted a performance measurement framework which will allow us to report to you on how well we are delivering on our strategic priorities

We hope you enjoy the report.

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## Introduction to the Council staff – Strategy and Engagement group



(l-r: Sophie Hazelhurst, Suzanne Bornman, Vanessa Minninnick, Mereana Ruri)

The Dental Council undertook an HR review of the Council staff in March 2016. The review recommended the Council build capacity by recruiting staff with specialised skills in communication and engagement, strategic and operational policy development, programme management and business analysis. This will ensure the Council is able to deliver on its strategic plan and provide improved services to practitioners.

In response to the recommendations, the Council completed a restructure of the staff, which resulted in the loss of some staff and employment of several new staff members.

We will be introducing you to the new structure and staff members over the next few newsletters.

First up – the strategy and engagement group.

The strategy and engagement group comprises three specialists from a range of disciplines and an administrator. The main functions of this team include:

- Managing the standards review process
- Coordinating the public consultation process
- Accreditation
- Publications
- Handling media queries

- Policy review and development

### **Suzanne Bornman – Standards & Accreditation Manager**

Suzanne comes from a pharmacy background, with 10 years of pharmacy practice experience in South Africa and a Master's degree in pharmacy practice. Her experience included four years as professional advisor for the pharmaceutical society. In moving to New Zealand at the end of 2008, Suzanne decided to further develop her interest in regulation and standards setting. She started with the Dental Council in mid-2010.

During this time Suzanne has led various consultations. She coordinated various working groups; including the TMVI, infection prevention and control, and sedation practice standards reviews; the oral health therapy working group; and most recently the orthodontic working group. Suzanne was one of the key contributors to the standards framework for oral health practitioners, introduced in August 2015.

Suzanne is also responsible for accreditation and monitoring of the 22 education programmes for oral health practitioners in New Zealand, and works closely with the site evaluation teams during programme site visits. Up to August this year she was also responsible for communication—this included the redesign of the new Council website and updated Council branding in 2014, and the introduction of electronic Council newsletters.

Suzanne manages one staff member, Vanessa Minhinnick, and the workload of one of our professional advisors, Duchesne Hall.

Duchesne is Professional Advisor—Standards, and works closely with Suzanne on the practice standard reviews. As a practising dentist, Duchesne brings clinical insight and valuable knowledge to the table. Duchesne will be introduced with the other professional advisors in a later edition of this newsletter.

Together, Suzanne and Duchesne have a focus of delivery related to the Council's first strategic priority standards (complete and embed standards of clinical competence, cultural competence and ethical conduct).

### **Vanessa Minhinnick – Standards Administration Assistant**

Originally from Canada, Vanessa worked in marketing for over six years before moving to New Zealand where she has worked in administrative roles in both the public and private sector.

She has worked as a Marketing Project Manager in a large entertainment company and in print media. More recently she has worked in sector engagement, ministerial administration and corporate administrative team support.

Vanessa provides part-time administrative support to the Strategy and Engagement team, while earning a bachelor degree.

### **Mereana Ruri – Senior Policy Analyst**

Mereana comes from a strong policy background, involving almost 20 years of working in government and non-government organisations.

In that time, Mereana has worked across a broad range of sectors, with Cabinet Ministers, MPs, senior public servants and officials, researchers, service providers and practitioners and children and young people.

Mereana says her work has focused primarily on the rights, interests and wellbeing of children and young people, especially the experiences of children in New Zealand's care and protection, youth justice and education systems.

Most recently, Mereana's policy work has focused almost exclusively on the challenges facing some of our most vulnerable groups of children and young people, including children with disabilities, Maori, Pacific and ethnic minority children.

Mereana's initial focus at the Council will be to achieve the third strategic priority of lifelong practitioner competence (introduce an effective, quality assured framework for ongoing practitioner competence).

### **Sophie Hazelhurst – Communications and Engagement Specialist**

A former journalist, Sophie joins us after seven years working as a Senior Communications Advisor at Maritime NZ. While the maritime sector is vastly different to the oral health sector, there are still a number of parallels between the regulatory functions of the two organisations—with

both organisations focused on ensuring those entering and working within the sector it regulates maintain the standards the organisation and wider public expect.

Sophie's focus at the Council will be to help the organisation achieve its second strategic priority of engagement (grow understanding of, and engagement with, the Dental Council). She aims to do this by improving the Council's publications and identifying and embedding new ways of communicating with practitioners.

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## Orthodontic working group - update

At its September 2015 meeting the Council agreed to establish an Orthodontic working group to address concerns from patients, general dentists and orthodontic specialists concerning the quality and appropriateness of orthodontic treatment provided by general dentists offering orthodontics.

Information on the establishment of the group was provided in our December 2015 newsletter ([resources-and-publications/publications/newsletters/view/15?article=11](#)) and an update, detailing some of the stakeholders who have contributed to the working group's deliberations, was provided in our May 2016 newsletter (<http://www.dcnz.org.nz/resources-and-publications/publications/newsletters/view/16?article=7>).

The working group is expected to provide a report on its findings to Council later this year and we hope to make this available to practitioners and the public in December.

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## Practitioner's Corner

### Checking for patient understanding

The concepts and processes of consent have changed considerably over recent years. If we take into account the clarification of patients' rights under the Health and Disability Commissioner (HDC) legislation, and the practice standards required by the Dental Council, the process of arriving at a decision about treatment is a core component of a dental clinician's work.



The emphasis is now on the sharing of decision making with the patient or their carer. It requires an understanding of patient expectations (especially those that are unrealistic) and a requirement for patients to share in the ownership of treatment choices.



The question is how we can be sure that patients understand what we have told them. Treatment options may be many and often complex and expensive. Risks and benefits need to be communicated to our patients in a way that enables them to make a meaningful decision about the treatment programme they want to take. Home care is fundamental to

successful long term treatment outcomes and a patient who has an understanding and sense of ownership of their treatment is more likely to adhere to an ongoing care programme.

A study[1] ([/resources-and-publications/publications/newsletters/view/21#\\_ftn1](#)) compared different methods for checking for patient understanding with respect to their preferred option. Three options were demonstrated:

- Tell Back. Patients were asked if they understood what they had been told with an expectation of a Yes or No answer
- Tell Back—Directive. Patients were asked to repeat back what they had been told. This can sometimes be perceived as intimidating or threatening.
- Tell Back—Collaborative. This is a patient-centred approach and is phrased to allow the clinician to accept responsibility if there has been any misunderstanding. Useful phrases in this technique include: "It is important for me to understand that I have communicated the information correctly so could you share your understanding about what we have discussed?"

The conclusion was that patients strongly prefer the Tell Back—Collaborative approach when assessing their understanding.

The paper noted there is considerable evidence that many patients leave medical encounters with a poor understanding of their disease and the recommended treatment. In one study when patients were asked to explain what they had been told, their explanations included so many gaps and errors that half of the information they had been given was lost. Several early studies substantiated poor understanding of medical information, with reports of lost information ranging from 46 percent to 63 percent.

More recently, a study of 20 general practices in England reported that misunderstandings associated with actual or potential adverse outcomes occurred in 80 percent of consultations.[2] ([/resources-and-publications/publications/newsletters/view/21#\\_ftn2](#))

There can be a high cost for inadequate understanding of dental information for the patient and the clinician. For patients, misunderstanding can lead to failing to follow treatment recommendations with consequential adverse outcomes, as well as decreased satisfaction of the clinician. If we, as clinicians, fail to check for patient understanding of dental information we have an increased risk of complaint or notification.

Perhaps as part of our “safety netting” approach to review our diagnosis and treatment recommendations we should include a conscious step to be absolutely sure patients understand what we have communicated to them. This could include ensuring we use the Tell Back—Collaborative technique to assess patient understanding before agreeing on a treatment programme.

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[1] (/resources-and-publications/publications/newsletters/view/21#\_ftnref1) Patients Prefer the Method of “Tell Back-Collaborative Inquiry” to Assess Understanding of Medical Information.” Evelyn C. Kemp, Michael R. Floyd, Elizabeth McCord-Duncan, Forrest Lang. Journal of the American Board of Family Medicine January-February 2008 vol.21 no.1.

[2] (/resources-and-publications/publications/newsletters/view/21#\_ftnref2) See first footnote

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## Case studies

*This is a new section of the newsletter which will focus on case studies of competence, conduct and health cases dealt with by the Council in the hope practitioners can learn from the experiences of others. All identifying details will be removed from the case studies and practitioners involved will be notified before articles are published.*

### Scenario

Dr A is a general dentist practising in a private practice.

The Dental Council received a notification<sup>[1]</sup> ([/resources-and-publications/publications/newsletters/view/21#\\_ftn1](#)) from Dr B, also a general dentist. The notification related to a patient (X).

Dr B said pre-approval from ACC was given for patient X to have a pulp extirpation/obturation under sedation. Dr A had provided treatment where, according to clinical notes, a pulp capping was performed under nitrous oxide sedation. Subsequent radiographs showed no evidence of obturation. Dr B queried whether open apex endodontics was appropriate for a general dental practitioner. Patient X's parents had paid an ACC co-payment for treatment that seemed not to have been provided.

When offered the opportunity to provide his comments to the Dental Council, Dr A said Dr B's concerns appeared to be based on misinterpretation of documents and assumptions of what had happened, and that Dr B had provided incorrect documentation not related to the tooth in question.

Dr A said he had not carried out open apex endodontics, or claimed any such treatment from ACC.

The Council directed its professional advisor to make inquiries into the notification. The professional advisor's review of the clinical records showed Dr A's management of the case was appropriate and a review of practice standards showed a high level of compliance. His report noted the concerns raised by Dr B were genuine but may have been based on a complaint by a dissatisfied patient. Dr A acknowledged that patient X's mother had been unhappy with some aspects of how things were managed and there were missed opportunities to handle the situation better.

## **Outcome**

Council's view was that the concerns raised in the referral were not clinically founded but related to relationship management and communication issues. It appeared patient X's mother's interaction with Dr A's receptionist may have contributed to her dissatisfaction and provided the basis for the notification from Dr B.

Council noted its disappointment that Dr B had not first contacted Dr A directly to address his concerns.

Council notified both practitioners to advise no further action would be taken.

## **Key lessons**

When approached by a patient with a complaint about another practitioner, it is important to acknowledge that you may not have all of the information. Direct and professional communication between practitioners can often resolve the situation quickly without involving a notification to Council. (See the Council's standards framework (<http://www.dcnz.org.nz/i-practise-in-new-zealand/standards-framework/>), professional standards 17 and 18, which provide guidance on how practitioners should engage with colleagues and other health professionals in order to achieve the ethical principle of communicating effectively.)

In this case, opportunities to address the patient's parents' concerns were missed. Oral health professionals and dental practice managers should ensure all staff, including non-clinical staff members, understand the importance of treating patients with professionalism and respect throughout their entire visit to the dental practice.

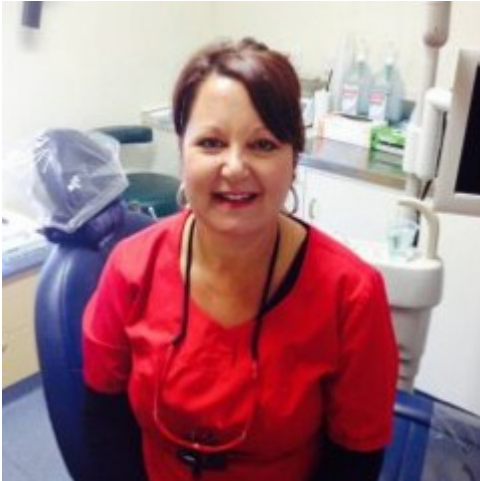
If as a practitioner you do have genuine concerns about a colleague's standard of practice, and particularly if you believe there is a risk of harm to the public, it is important to seek advice. The Council's registration team can provide advice without a formal notification, while other colleagues or your professional association could also help in deciding what action to take.

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[1] (/resources-and-publications/publications/newsletters/view/21#\_ftnref1) under section 34(1) of the Health Practitioners Competence Assurance Act 2003

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# New Zealand Dental Hygienists' Association update



Kia Ora

As the new President of the NZDHA, it is an honour to lead my new team of executives, and what a dynamic and enthusiastic group we have. After our annual NZDHA conference on Sunday 23 July, the new executive and past President, Roberta Prestidge, had a meeting and handover commenced. A robust discussion and planning for the immediate future of the NZDHA was had. We are looking to bring some changes that will enhance the experience as a dental hygienist working in New Zealand with the support of the NZDHA. It is an exciting time to make change in the industry we work in.

We had a successful conference in New Plymouth, with an enthusiastic response. Next year's conference is to be held in Wellington.

I will be in Dunedin at the University of Otago to represent and congratulate the new graduates of the Bachelor of Oral Health programme, on 7 October. Whilst at Otago I will be speaking to the Bachelor of Dental Surgery graduates on getting the most of your working relationship with your dental hygienist, covering the many benefits for them and their patients. A visit to the AUT to speak to the graduates and spend time with team of fellows will be an enlightening experience.

We have an ongoing healthy communicative relationship with the Dental Council, discussing consultation and legislative matters of interest to the NZDHA. As an executive we look forward to further engagement with other professional bodies to bring benefits to both our profession and the public's experience of dental care in New Zealand.

Kind Regards  
Paula Palmer

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## Wellington Regional Dental Service preschool “knee to knee” initiative



Wellington Regional Dental Service has come up with a targeted initiative to address known inequalities in oral health outcomes for preschool aged children.



The Bee Healthy Early Intervention and Prevention team has identified 65 early childhood centres (ECCs) involving approximately 1700 preschool children. These centres include Te Kohanga Reo and Pacific early childhood centres, along with some other ECCs. The targeted ECCs are being supported to create and maintain an environment which promotes the oral health and overall health and wellbeing of the children and their whanau.



## Approach

- Oral health education and information is provided for ECC teachers, support staff, students and families to raise awareness of the importance of teeth and key prevention messages.
- All children enrolled at the ECC are enrolled with Bee Healthy Regional Dental Service.
- ECCs are supported to develop/review nutrition policies to support oral health.
- Children at the ECC are provided the opportunity to receive their free annual dental examination either onsite within their ECC or by "walking bus" to the local Bee Healthy Dental Clinic.

Wellington Regional Dental Service Clinical Director Kathryn Fuge said the initiative had been well-received by the centres, families and by the therapists carrying out the examinations.

"The walking bus and onsite dental examinations have provided children with the opportunity to become familiar and comfortable with dental services in a fun, friendly environment and with the support of their peers.

“By working with the ECC teachers and support staff, and through them the families, we hope to educate and instil the importance of oral health within the wider community.”

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# New Zealand Institute of Dental Technology conference

The 13th of October 2016 heralds the opening of the NZIDT (New Zealand Institute of Dental Technology) International Conference in Wellington. This fantastic event is being held at Te Papa Museum.

The conference "Matrix in the City" features technology, the changes, the direction and the future.

The conference spans three days. Day one showcases two full-day seminars running side by side and delivered by two world renowned speakers. The calibre of these speakers is rarely seen in New Zealand and it has taken three years of planning and communication to secure them for our conference.

One of these speakers, Luc Rutten, is travelling from Belgium. Luc and his brother Patrick are technicians specialising in crown & bridge and implants with an emphasis on aesthetics. Luc has lectured regularly all over the world in Europe, India, Australia, Israel, Japan, South Africa and USA. His knowledge and skills are world class and if you are involved in aesthetics, crown & bridge and implant restorations his seminar is one not to be missed.

Our second speaker is prosthodontist Dr Julian Conejo from Costa Rica. Julian is highly regarded in the prosthetics field, specialising in dental implants and CAD-CAM technology. Julian has won many awards and is featured in several publications including Quintessence and Dental Dialogue. Julian will be flying to Australia after his lecture in New Zealand to speak at the Quintessence Symposium. If removable prosthetics is your thing, Julian's seminar on the Thursday is definitely one to book into.

Friday and Saturday sees the continuation of the conference but with a slightly different format. The two keynote presenters will speak alternately and guest speakers New Zealand prosthodontist Andrew Cautley, Australian technician Russell Young, and Barry Williams in his capacity as professional advisor for the Dental Council will be introduced into the mix.

Conference attendees will also qualify for the added benefit of one-stop shopping in our large trades' area. With 29 booths this area is sure to provide a great hub for viewing and learning about new technology and materials, social interaction and various competitions that will be run

throughout the event. There will also be demonstration booths where companies will exhibit products and practical training, such as face bow recording to name but one.

The Friday evening dinner event features a sit down meal with the world famous "Beat Girls" for entertainment.

Come and join us for this exciting event. Registrations for the seminars and two-day conference are still available.

Contact Lisa to get involved.

Phone 06 858 5303

Email: [nzidtadmin@clad.co.nz](mailto:nzidtadmin@clad.co.nz) (mailto:nzidtadmin@clad.co.nz)

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## In the news

A quick look at some of the times oral health featured in the media since the last newsletter.

To floss or not to floss caused a bit of media interest in August. See stuff.co.nz (<http://www.stuff.co.nz/life-style/well-good/teach-me/83710429/How-effective-is-flossing>) and the NZ Herald ([http://www.nzherald.co.nz/lifestyle/news/article.cfm?c\\_id=6&objectid=11686316](http://www.nzherald.co.nz/lifestyle/news/article.cfm?c_id=6&objectid=11686316)).

In the UK, a dentist sparked discussion when he suggested people were going to the dentist too often (<http://www.telegraph.co.uk/news/2016/09/07/going-to-the-dentist-every-six-months-is-unnecessary-says-uks-to/>) - this article was followed up by Radio Live in New Zealand.

Closer to home, the Dominion Post profiled the joint Southern Cross Health trust/New Zealand Dental Association initiative providing free dental care to low income New Zealanders earlier this month (<http://www.stuff.co.nz/national/health/83148762/free-dental-care-for-low-income-kiwis>).

And the Taranaki Daily News welcomed a new dental clinic (<http://www.stuff.co.nz/taranaki-daily-news/82823358/Opunake-gets-first-dentist-in-30-years-at-community-health-centre>) opening in the small coastal town of Opunake.

The Privacy Commissioner recently made a statement on sharing information about a current or future danger to a child (<http://opcwebsite.cwp.govt.nz/news-and-publications/statements-media-releases/law-allows-information-sharing-about-vulnerable-children-now-privacy-commissioner/>) which will be of interest to practitioners working with children.