Dental Council
Te Kaunihera Tiaki Niho

Newsletter: December 2019

Dental Council - December 2019

From the Chief Executive

Message from the Chair



As one of several regulators in the New Zealand healthcare system, the Council plays a critical role in minimising harm to those receiving oral health care. Achieving the right balance between protecting public health and safety, as required by statute, and managing the oral health professional workforce is a constant challenge of this role.

I was honoured to be appointed as Council Chair in February this year and have found the position personally rewarding.

Working with the public, government, oral health professional organisations and practitioners is key to good regulation and an area where Council has worked hard over the past year. The continued drive for improvement has focused us on significant projects including recertification, information technology and updating scopes of practice and accreditation processes. We expect change will be the norm as we continue to review oral health practice to ensure New Zealand maintains world leading oral health regulation which includes input from all stakeholders.

The review of recertification has continued this year with extensive consultation across the sector. This project is safety-focused and aims to improve oral health care and reduce public harm by enhancing professional peer interaction, encouraging team-focused care and allowing practitioners to plan their own competency expansion and growth. Reviewing and modernising the way we all recertify our competency will take time to embed and will require a change of approach for many practitioners. The new recertification programme which supports practitioners to map their own development needs based on their own practice will enable all oral health professionals to drive for high quality best practice in a safe and manageable way.

Enhanced access to Council services through an online portal is now available to all practitioners. The processes for annual practicing certificate applications, updating personal details, completing practice standards audit questionnaires and other services have all been simplified

and improved through our online system. The online capability will continue to be developed so practitioners can more easily complete registration applications and meet the new recertification programme requirements when they are introduced next year.

Practitioners who contribute to Council's work are critical for regulation of professionals with reference to their peers, and I'd like to thank all those who have helped the Council in 2019. Practitioner participation in the recertification consultation and focus groups has provided Council and the project team with useful insight to the associated changes that will be required. The contribution of practitioners to competency review committees, professional conduct committees, individual recertification programmes, mentoring support and supervision is a vital component of Council's function. As well as being extremely useful for us, these contributions are professionally beneficial, and I encourage all practitioners to become involved.

The hard work of the Council secretariat is much appreciated by me personally and the whole Council. The quality of monthly Board papers is high and the attention to detail provides Council members with the information needed to ensure a fair, non-biased decision-making process. Providing regulatory services for seven oral health professions means a significant workload for our secretariat staff. Marie and her team continue to show dedication and expertise in heath regulation which has allowed our Council to lead many aspects of regulation in the sector.

And finally thank you to Council Deputy Chair John Aarts and Council members. John's leadership and commitment to Council and several working committees have provided me valuable support in my role as Chair. Council members' thoughtfulness and experience have helped us work through some challenging processes and difficult decisions in the past year.

Four Council members – Karen Ferns, Charlotte Neame, Wendy Tozer and Jocelyn Logan – have finished their Council terms this year. It has been a pleasure to work with all these members over the last few years – they can be proud of their contribution to oral health and dedication to New Zealand health regulation. With some members departing we also welcome new arrivals, and I am looking forward to working with our new Council members, Andrew Cautley, Camilla Belich, Nur Alniaami and Robyn Corrigan in the future.

I wish you all a happy Christmas and all the best over the holiday period and into the New Year.

Andrew Gray

From the Chief Executive

Greetings from the Chief Executive



I'd like to wish you all a safe and happy few weeks ahead as you celebrate the end of 2019, and hopefully enjoy some holiday time to welcome in the New Year.

2019 has proven to be another busy one for us at the Dental Council with our focus well and truly on introducing our new recertification programme next year. Thank you to everyone who shared their perspectives and provided feedback in our recent focus groups to help us complete the design for the new programme. More information about the design and implementation dates will be shared early next year.

All our practitioners have now had the opportunity to use our online services including those chosen randomly to complete practice standards questionnaires. The online system has proved to be a great success - I have received a great deal of positive feedback from users already but encourage more of you to share your experience by emailing comms@dcnz.org.nz (mailto:comms@dcnz.org.nz).

As well as thanking everyone who contributed to our work throughout 2019, I'd like to acknowledge and extend a special thank you to my team in the Secretariat. They do an incredible job supporting the Council and myself throughout the year. They also provide a professional and friendly service responding to a huge range of requests, questions and problems from local and international callers every day.

We recently met with the new appointed Dean of the Faculty of Dentistry at Otago University, Professor Mike Morgan, and Head of Discipline, Oral Health at AUT, Dr Manorika Ratnaweera. The Council has existing working relationships with both educational institutions and we look forward to continuing and building on these good relationships in 2020. We wish both Prof Morgan and Dr Ratnaweeraall the best for their new roles.

Many warm wishes to everyone for a Merry Christmas and a happy New Year.

Marie Warner

In this issue...

Recertification review update



The Council held a series of practitioner and stakeholder focus group meetings between 29 October and 13 November 2019 in the three main centres and by videoconference.

The purpose of the focus groups was to get practitioner and stakeholder's perspectives on the design of our new recertification programme and test with them that the programme will be workable in practice.

We selected a range of practitioners from different demographics to ensure all oral health professions, different practice types and size, different community sizes and geographic locations, and different attitudes to the proposed changes were represented. The practitioner focus groups were attended by a total of 44 individuals from the following groups:

- 15 dentists
- 7 dental specialists
- 3 oral health therapists
- 5 hygienists
- 6 dental therapists
- 8 dental technicians/clinical dental technicians.

We also held two focus groups via videoconference with key stakeholders. These stakeholders included professional organisations, specialist bodies, other interest groups, large employers and education providers.

The material supplied to participants and discussed at the focus groups is available on our website (assets/Uploads/Recertification-programme-2019/Recertification-focus-group-1-background-reading.pdf). Please note that this document is the background reading compiled for the focus group discussion and does not reflect the changes that have been made based on the feedback we received.

Overall practitioners were positive about the focus group process. While participants suggested ways to strengthen or make changes to the core components of the new recertification programme, very few were strongly opposed to the individual elements or the whole design.

The proposal not to specify a quota of hours for professional development activities was an issue that generated a great deal of discussion particularly amongst dentists and dental specialists. Some thought a mandatory quota for activities was important, others indicated they would be happy with an indicative guide only, while others thought no quota was required at all.

Eye health was another topic on which participants expressed a wide range of views. Many were of the view that either all, or no, practitioners should be required to make eye health declarations, and not just those above a specified age.

The pros and cons for these views and all other focus group feedback and perspectives were presented and discussed by Council at their meeting in early December 2019.

A summary of the feedback received at the focus groups and presented to the Council for their discussion is available on our website (assets/Uploads/Recertification-programme-2019/Recertification-focus-group-feedback-summary.pdf).

Council's responses and decisions on key questions is now being incorporated into a final detailed design that we will share with all practitioners and stakeholders early next year. At that time, we will also be able to share more details about implementation of the new recertification programme including starting dates and what practitioners will be required to do.

As indicated previously, we are working hard to ensure that practitioners will be given plenty of time and support to prepare for the new programme. To this end, we have also started planning a second group of focus meetings that will start in March 2020. These focus groups will allow us to check with practitioners that the guidance resources (including templates and examples) we are developing clearly describe the requirements of the new programme, are easy to use and understand.

Invitations to the March 2020 focus groups will be issued before the end of December. In the meantime, more information and background about the new recertification programme is available on our website (i-practise-in-new-zealand/recertification-review-documents-and-background). If you have any questions, you can email us at recertification@dcnz.org.nz (mailto:recertification@dcnz.org.nz).

Accreditation of the University of Otago undergraduate programmes

The Council has completed the accreditation review of the University of Otago undergraduate programmes for dentistry, oral health and dental technology. The Council considered the site evaluation team's accreditation report and the Australian Dental Council/ Dental Council (NZ) Accreditation Committee's recommendations.

University of Otago undergraduate programmes

Overall, the review team found the undergraduate programmes have continued to provide appropriate education and training for students to attain the necessary competencies and substantially meet the benchmark accreditation standards.

Areas where the programmes need to strengthen student clinical experience and manage transition arrangements for the new clinics (Dunedin and Auckland) have been identified. Accreditation has been granted subject to the programmes meeting a number of conditions, particularly for the BDS programme, within defined time frames.

The following programmes were granted accreditation subject to conditions until 31 December 2024:

- Bachelor of Dental Surgery (BDS) and Bachelor of Dental Surgery with Honours (BDS(Hons))
- Bachelor of Oral Health (BOH)
- Bachelor of Dental Technology and Bachelor of Dental Technology with Honours.

The full accreditation report containing details of the review and the conditions that have been imposed on the programmes is available on our website (assets/Uploads/Accreditation-standards/Accreditation-reports/Otago-undergraduate-programmes-evaluation-report.pdf).

University of Otago postgraduate programmes

The DClinDent (oral medicine) programme was accredited with a shorter accreditation period until end of 2019 subject to certain conditions. The programme has now met all the conditions that it could practically meet, and at its December meeting the Council extended the DClinDent (oral medicine) programme's accreditation period until 31 December 2023,

similar to the other postgraduate programmes. One assessment related condition remains open during its next student intake, and medicine-related clinical experience will require ongoing reporting.

The DClinDent (special needs dentistry) programme has continued to work hard to meet conditions, with further reporting on the clinical outplacements due early next year. The faculty of dentistry, the special needs dentistry programme and the Council worked together to monitor developments in these areas. Progress against the outstanding conditions will be considered by the Council early next year, with the programme currently accredited until 31 March 2020.

Oral health therapy accredited courses



Following the decision to remove the age limit for restorative activities from the oral health therapy (OHT) scope of practice, Council has placed an exclusion on OHT scopes of practice effective from 1 November 2019.

The exclusion is for "Restorative treatment on patients 18 years and older" and will remain until an OHT completes an accredited adult restorative programme to attain the necessary competencies.

OHTs who have completed a qualification listed below after the date specified, and who meet our recency of practice requirements will not have this exclusion placed on their scope of practice:

- Central Queensland University - Bachelor of Oral Health completed after 1 January 2016
- Curtin University of Technology - Bachelor of Science (Oral Health Therapy) completed after 1 January 2016
- La Trobe University - Bachelor of Oral Health Science completed after 1 January 2019
- University of Newcastle - Bachelor of Oral Health Therapy completed after 1 January 2018
- University of Sydney - Bachelor of Oral Health completed after 1 January 2018

Some overseas qualifications include training in adult restorative treatment. If you can provide satisfactory evidence that you have received appropriate training, you can apply to have the exclusion removed from your scope of practice. Any assessment of a non-approved course will be considered on an individual basis by a senior academic against an accredited programme which includes the adult restorative treatment. The application and assessor report are then considered by Council.

We are aware that both Otago University and AUT are developing programmes to provide oral health graduates with the education and clinical experience for providing restorative care for adult patients but we have not received any applications for accreditation to date.

Our regulatory principles - right-touch and risk-based

Since 2015, right-touch and risk-based regulation has been referenced in a variety of our documents and presentations. More recently, practitioners will have seen and heard these references during our review of recertification. Over the last five years, we have talked about right-touch and risk-based regulation in our strategic planning and Council meetings.

Right-touch and risk-based regulation is based on the commonly accepted principles of proportionate, consistent, targeted, transparent, accountable and agile regulation.

Council has decided to fully articulate and publish these regulatory principles on our website (assets/Uploads/Newsletter-misc-files/Council-regulatory-principles-Nov-2019.pdf)so all practitioners and stakeholders can better understand what being a right-touch risk-based regulator means in practice and how we apply this regulatory approach to our work, decision-making processes and to the other tools we use to fulfil our statutory roles and responsibilities.

For us, right-touch regulation is about using the appropriate response to manage risks posed by practitioners. In some cases, this may mean a practitioner receives a phone call to discuss an issue that has come to our attention. In other cases, the seriousness of the action (or lack of action) and the risk of harm posed to patients may require a more intensive hands-on approach. In every instance, our aim is to match our response and level of intervention to the circumstances.

As a right-touch regulator, we aspire to incorporate risk-based regulation into our work as our data and information capabilities mature and evolve.

In developing our regulatory principles, we have leveraged our work, as have Australian Health Practitioner Regulation Agency (AHPRA) and other New Zealand responsible authorities, from the Professional Standards Authority (PSA) for Health and Social Care (http://www.professionalstandards.org.uk/what-we-do/improving-regulation/right-touch-regulation) and risk-based regulatory expert, Professor Malcolm Sparrow.

No more cheques

Please note that we will no longer accept cheques for payments after 31 December 2019.

In line with other government agencies and New Zealand businesses, we will stop receiving cheques as payment next year as part of our shift away from paper to digital systems. You will be able to continue making payments to us by credit card or online (account-to-account bank transfer from personal bank accounts).

Cheque use in New Zealand is steadily declining and Kiwibank (https://www.kiwibank.co.nz/personal-banking/accounts/manage-your-money/making-payments/cheques/) has already indicated they will stop cheque services in 2020.

Practitioner's corner

Working together to keep patients safe



What do you do if you become aware that a colleague may be practising in a way that could pose a risk of harm to patients?

Competent practitioners use knowledge, skills and judgment to deliver safe oral health care within their scope of practice. But practitioners' competence may decline and fall short of required standards at any time in their professional life. Often such decline is associated with factors such as professional isolation, physical and mental health issues—including substance abuse and addiction.

Recognising a practitioner's competence issues early will allow us all to put mechanisms in place to minimise risk more quickly and protect the public from harm.

What qualifies as a "risk of harm"?

The nature of a health practitioner's work means simply practising potentially poses some risk of harm. However, "risk of harm" must be one which exists over and above that which is a necessary incident of practice. This is a high threshold. The risk must be to a member of the public—that means patients or potential patients—rather than to practitioners or employers.

Council has agreed that risk of harm is indicated by:

- a pattern over time that suggests the practitioner's practice may not meet the required competence standards
- a one-off incident that demonstrates a significant departure from accepted standards
- recognised poor performance where local (non-regulatory) interventions have failed—including local interventions where internal review or audit were unavailable to the person notifying the concern
- professional isolation where declining standards become apparent.

Examples of a risk of harm could include:

- failure to diagnose and manage dental disease over time (supervised neglect)
- definitive or expensive treatment in the presence of active disease
- deficient or poor quality of treatment characterised by early failure
- dentistry based on practitioner bias rather than on the patient's best interests

- lack of informed consent
- dishonesty including inappropriate claiming from third parties.

In every case, the Council will consider the context and circumstances of the practitioner and their practice.

Your role is to raise concerns about patient safety

If you think a colleague's practice potentially poses a risk of harm to patients, you have a discretion under the Health Practitioners Competence Assurance Act 2003 (the Act) to make a formal notification to Council. Section 34(1) provides:

> *"If a health practitioner (health practitioner A) has reason to believe that another health practitioner (health practitioner B) may pose a risk of harm to the public by practising below the required standard of competence, health practitioner A may give the Registrar of the authority that health practitioner B is registered with written notice of the reasons on which that belief is based."*

If appropriate measures such as support, mentoring or remediation programmes are in place and patients are not at risk, notification at that point may be premature.

If a practitioner resigns or is dismissed from employment for reasons relating to competence, you are legally required under section 34(3) to notify Council:

> *"Whenever an employee employed as a health practitioner resigns or is dismissed from his or her employment for reasons relating to competence, the person who employed the employee immediately before that resignation or dismissal must promptly give the Registrar of the responsible authority written notice of the reasons for that resignation or dismissal."*

As the overall intention of the Act is to protect the public, it is reasonable that the obligation to notify equally applies to self-employed practitioners contracted to provide dental services to any organisation.

If you have good reason to believe a colleague is suffering from a health condition which could affect their ability to deliver patient care or place colleagues at risk, you are legally required under section 45(2) of the Act to inform the Council:

> *"If a person to whom this subsection applies has reason to believe that a health practitioner is unable to perform the functions required for the practice of his or her profession because of some mental or physical condition, the person must promptly give the registrar of the responsible authority written notice of all the circumstances."*

This notification requirement applies to health practitioners, employers of health practitioners and those in charge of an organisation that provides health services.

Ethics and professionalism

Council has established a Standards Framework (link) describing the minimum standards of ethical conduct, and clinical and cultural competence that patients and the public can expect from oral health practitioners.

These standards are defined in the five ethical principles, 28 professional standards and several practice standards that all practitioners must comply with. We highlight the following professional standards:

> *27 You must protect the interests of patients and colleagues from any risk posed by your personal issues or health, or those of a colleague.*

> *28 You must protect the interests of patients and colleagues from any risk posed by your competence or conduct, or that of a colleague or an employee.*

Guidance is provided to help you meet the professional standards. The guidance for professional standards 27 and 28 states you have a legal and professional duty to inform the Council if you know or suspect there is an issue with the competence, conduct or health of a colleague or an employee where patients may be at risk.

Reporting is an important mechanism to protect public health and safety. Public safety is the Council's priority and we treat all notifications seriously. When we receive a notification, we will decide whether a risk of harm or serious harm exists and respond where required to protect public health and safety.

Ethically, practitioners are required to protect the interests of patients from any risk posed by the competence of a colleague or an employee. This applies whether the practitioner is employed or is contracted to provide services. Acting without delay if you have good reason to believe that a practitioner may be putting patients at risk is a professional responsibility.

Carefully consider too, your responsibility to comply with following professional standard:

> *23 You must ensure your professional and personal conduct justifies trust in you and your profession*

If you have genuine concerns about the safe practice of another practitioner and don’t raise those concerns with the Dental Council, you are falling short of your professional obligations to keep patients safe.

Situations involving the competence of your colleagues, peers and employees are difficult and stressful. It is often advisable to consult senior colleagues or your professional association for support and advice.

Announcements & Events


Merry Christmas
Best wishes for a
safe holiday season
and a happy New Year.
Dental Council and staff
Dental Council
Te Kaunihera Tiaki Niho

Updates

Office closing for Christmas and New Year holidays

Please note our closing dates over the 2019/20 holiday period.

The Dental Council office will be closed from 12 noon on Friday 20 December 2019 and will reopen on Monday 6 January 2020.

Open consultation

Consultation on the Dental Council's draft 2020/19 draft budget, proposed fees and levies for oral health practitioners closes on Friday 17 January 2020.

We have issued a consultation document (assets/Uploads/Consultations/2019/Consultation-proposed-2020-21-budget-fees-and-levies/2020-21-proposed-budget-and-fees-consultation-document.pdf) seeking comments and views from our practitioners and stakeholders. You can email us (mailto:consultations@dcnz.org.nz) or post your submissions to Dental Council, PO Box 10-448, Wellington 6143.

The Council will consider the feedback and aims to make final decisions about fees and disciplinary levies at its February 2020 Council meeting.

New graduates

We are now receiving applications for registration and annual practising certificates (APCs) for new dental and oral health graduates.

If you employ new graduates, please remind them that they can apply online (i-want-to-practise-in-new-zealand/new-graduates-from-otago-and-aut-universities/). You can check their practising status under 'Find a registered oral health practitioner' on our website (https://www.dcnz.org.nz/).

Consultation on ACC regulated payments for treatment

ACC purchases many health services through the Cost of Treatment Regulations (CoTR purchases health services through the CoTR are reviewed on a regular basis.

The review this year has been undertaken with a view to adjust prices for inflationary fac distinct allied health groups to reflect differences in future reviews, and remove provision ACC's contribution to dental treatment.

The proposed changes are open for consultation until 13 December 2019.

For further detail and to have your say, please visit MBIE's website (https://scanmail.trus c=8934&d=nPfU3bmO-_HkvGNqf3LrQLcoQ437WT1sRyuocwsbLA&u=https%3a%2f%2fwww%2embie%2egovt your-say%2fconsultation-on-acc-regulated-payments-for-treatment).