APPLICATION FOR
Annual Practising Certificate (APC)
Dental Therapy, Dental Hygiene, Orthodontic Auxiliary, Dental Technology, Clinical Dental Technology
(01 April 2014 – 31 March 2015)

Name: Registration No:
Address:

Qualifications:

Scopes of Practice:

Conditions on Practice:

This APC application form only relates to the scope of practice you are already registered in, as recorded above. Practitioners registered in a combination of the dental hygiene and dental therapy scopes of practice, or in the dental therapy and orthodontic auxiliary scopes of practice need to complete and submit an APC form for each scope of practice.

Please complete all questions and refer to the guidance notes before completing this form.

You are required to return your completed APC application form and Workforce Survey Questionnaire to reach the Dental Council office on/before 21 March 2014 to allow for processing of your application before the expiry date of 31 March 2014. All incomplete or incorrect forms will be returned and will NOT be processed by the Dental Council.

Note that the Health Practitioners Competence Assurance Act 2003 requires every health practitioner practising in New Zealand to hold a current Annual Practising Certificate.

1. Intentions for 2014/2015 Please tick the appropriate box

☐ I intend to practise in New Zealand during the period commencing 01 April 2014 and ending 31 March 2015 and wish to apply for an APC

☐ I do NOT intend to practise in New Zealand during the period commencing 01 April 2014 and ending 31 March 2015 but wish to be retained on the Register as a non-practising registrant. Do not complete this application:

⇒ Go to www.dcnz.org.nz/retention2014 and download, complete and return the retention application form

☐ I do NOT intend to practise in New Zealand and wish to have my name removed from the Register

⇒ Answer questions 1, 5(d) and complete the Declaration section at 11
2. Payment

The total fee payable consists of an APC Fee and a Disciplinary Levy

<table>
<thead>
<tr>
<th></th>
<th>The fees payable until 31 March 2014</th>
<th>The fees payable from 01 April 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>APC fee (GST excl)</td>
<td>Disciplinary levy (GST excl)</td>
</tr>
<tr>
<td>Dental Hygienist, Orthodontic Auxiliary</td>
<td>$517.26</td>
<td>$64.54</td>
</tr>
<tr>
<td>Dental Therapist</td>
<td>$565.07</td>
<td>$94.26</td>
</tr>
<tr>
<td>Dental Technician, Clinical Dental Technician</td>
<td>$524.81</td>
<td>$166.08</td>
</tr>
</tbody>
</table>

Note: Practitioners registered in more than one scope of practice pay only one APC fee, being the higher of the two fees.

If you are renewing your APC and fail to get your completed and correct application form accompanied by the correct amount to the Dental Council by 31 March 2014 you will be charged an Additional Processing APC Fee (Late fee) of $45.00 (GST inclusive) in addition to your APC fee and the Disciplinary Levy. Please be aware that if as a result of your application being returned to you, you do not, or cannot get your completed application and the correct fee to the Dental Council by the deadline of 31 March 2014, you will be charged the Additional Processing APC Fee. There will be no exceptions with respect to the Additional Processing APC Fee. The Additional Processing APC Fee will not apply for first time APC applications, or for a practitioner who is on the Register as a non-practising registrant and is applying for an APC.

☐ My employer/District Health Board is paying for me. Name of employer/DHB:______________________________

☐ I enclose a cheque payable to Dental Council (please attach your cheque to this section)

☐ I wish to pay by credit card (Visa or MasterCard only)

Credit Card Authorisation

“I authorise the Dental Council to charge the credit card account below with the sum of $_________ (GST incl.); or, in the event that my complete and correct application form is not received by the Dental Council until after 31 March 2014; and, I held an APC for the annual practising cycle ending 31 March 2014, the sum of $_________ (GST incl.)”

Credit Card Payment: (Please tick one) ☐ Visa ☐ MasterCard

Card number: ____________________________ Expiry Date: ____________________________

Cardholder’s Signature: ____________________________ Date: ____________________________

Cardholder’s name: ____________________________

1 You are renewing your APC if you hold an APC for the period ending 31 March 2014, and you are now applying for an APC for the practising period commencing 01 April 2014 and ending 31 March 2015.

3. Contact Details

A) Below are your current listed contact details on the Dental Council Register, please review these and make any necessary changes in section B below. Note that Section 140 of the Health Practitioners Competence Assurance Act 2003 requires that all registered practitioners keep the Dental Council informed of their current postal, residential and, if applicable, practice addresses.

Postal Address
(Can be a street address or PO Box)

Practice Address
(MUST be a New Zealand street address, and NOT a PO Box)

Residential Address

Phone:
Mobile:
Fax:
Email:

Phone:
Mobile:
Fax:
Email:

Phone:
Mobile:
Fax:
Email:

B) If any of the above contact details are incorrect, please provide your new contact details below.

Postal Address
(Can be a street address or PO Box)

Practice Address
(MUST be a New Zealand street address, and NOT a PO Box)

Residential Address

Street:
Suburb:
City:
Country:
Postcode:
Phone:
Mobile:
Fax:
Email:

Street:
Suburb:
City:
Country:
Postcode:
Phone:
Mobile:
Fax:
Email:

Street:
Suburb:
City:
Country:
Postcode:
Phone:
Mobile:
Fax:
Email:

Total Amount Due until 31 March 2014: $_________

Total Amount Due from 01 April 2014: $_________
5. Fitness to Practise  Answer ALL of these questions by ticking either “Yes” or “No”. If you answer “Yes” please attach details, or if you are unsure of any aspect of this question, please contact the Dental Council via email at inquiries@dcnz.org.nz or by telephone at (04) 499 4820.

Since you were last issued an APC in New Zealand, or whilst you have been on retention, have you been subject to any of the following (whether in New Zealand or overseas)?:

a) Any investigations or proceedings relating to any matter that may be the subject of professional disciplinary proceedings. If yes, please provide evidence relating to the investigations or proceedings.
   - Yes
   - No

b) A formal competence inquiry or a restriction or withdrawal of your credentials based on your clinical performance?
   - Yes
   - No

c) An adverse finding in any disciplinary action?
   - Yes
   - No

d) A police investigation, pending court proceedings, and/or a conviction in any criminal proceedings, punishable by imprisonment for a term of 3 months or longer by any court (including traffic offences involving alcohol and/or drugs)?
   - Yes
   - No

If yes, please provide evidence relating to the investigations, proceedings or convictions.

e) Any personal condition with the potential to affect your fitness to practise in the scopes of practice in which you are registered, such as:
   i) Any addictive condition including, but not limited to, a drug and/or alcohol dependency and/or a gambling addiction.
      - Yes
      - No
   
   ii) Any mental health condition including, but not limited to, depression, anorexia and/or bipolar disorder.
      - Yes
      - No
   
   iii) Any physical condition including, but not limited to, Transmissible Major Viral Infections, injuries as a result of an accident, memory loss and/or any degenerative condition such as Multiple Sclerosis or Motor Neurone Disease.
      - Yes
      - No
   
   iv) Any other personal condition that might affect your fitness to practise.
      - Yes
      - No

If you have answered yes to any of the above, please enclose a report from your doctor or specialist updating the Dental Council on your condition.

6. Recency of Practice

Have you held an APC in New Zealand at anytime within the last three years?

a) Yes  Go to Question 7
   - No  Go to Question 6(b)

b) No, I have been retained on the Register as a non-practising registrant for ______ years  Go to Question 7
   
   If you have been retained on the Register for more than 3 years please contact the Dental Council before you complete and return this application

   c) No  (If none of the above apply please contact the Dental Council before you complete and return this application form)

7. Competence – Scopes of Practice

I confirm that I have maintained my competence in all the scopes of practice in which I am currently registered (as listed on the front of this form) and in which I am now applying for an APC.

- Yes

OR

- No  (If no, please list the scope(s) in which you do not want to apply for an APC)
8. Overseas Practise

Have you practised overseas since you were last issued with an APC, or whilst you have been on retention?

- No Go to Question 9
- Yes Please list below all countries you have practised in since you were last issued with a Dental Council APC, or whilst you have been on retention and;

Please arrange for an original certificate of good standing (COGS) from each jurisdiction in which you were registered within the last seven (7) years to be sent directly to the Dental Council. The certificates must be no more than 3 months old at the time they are received.

Please be aware that without a COGS your application will be treated as incomplete and an APC will not be issued.

- Where you are renewing a current APC and you are required by the Dental Council to provide a COGS from the overseas jurisdiction(s) in which you have worked, such certificate(s) must be received by Council by 31 March 2014, or your application will be deemed to be incomplete and you will be required to stop practising from and including 01 April 2014 until such time as the required certificate(s) are provided to Council and an APC issued to you.

- If you do not hold a current APC at the time of your application and you are required by the Dental Council to provide a COGS from the overseas jurisdiction(s) in which you have worked, your application will be deemed to be incomplete and an APC will not be issued to you until such time as Council receives the required certificate(s). You are reminded that the Health Practitioners Competence Assurance Act 2003 requires every health practitioner practising in New Zealand to hold a current APC, and it is accordingly unlawful to practise without one.

9. Compliance with Codes of Practice

Yes - I comply with this Code of Practice
No - I am not complying with this Code of Practice
N/A - This Code of Practice is not applicable to my scope of practice

Before answering the questions below, please refer to question 9 in the Annual Practising Certificate Guidance Notes on p10. The guidance notes section includes the questions from the annual code of practice compliance questionnaire as a reference to guide you in determining whether you are complying with the relevant code of practice.

Please answer all the questions
If your answer is “No” please attach an explanation and provide details of the steps being taken to ensure compliance, including timeframes.

I declare that I comply with the following professional standards:

a) Informed Consent
   - Yes
   - No

b) Patient Information and Records
   - Yes
   - No

c) Control of Cross Infection
   - Yes
   - No

d) Working relationships associated with other oral health practitioners within your practice
   - Yes
   - No
   - N/A

e) Transmissible Major Viral Infections (TMVI)
   - Yes
   - No

f) Advertising
   - Yes
   - No

g) Medical Emergencies in dental practice
   - Yes
   - No

h) I confirm that I hold a valid Emergency Care Training First Aid Certificate
   - Yes
   - Date course completed: 20
   - Day
   - Month
   - Year
   - Please note the Dental Council accepts the validity of these courses for four years from the date of issue.

   - No
   - (Please provide a copy of your enrolment into an Emergency Care training course).

Note that an APC will not be issued without evidence of your enrolment into an Emergency Care course.

If you are not sure about the content of any of these Codes or Council Statements, they can be found on our website (www.dcnz.org.nz dcStandardsCodes).

The current Continuing Professional Development (CPD) cycle for Dental Hygienists, Dental Therapists, Orthodontic Auxiliaries, Dental Technicians and Clinical Dental Technicians runs from 1/1/2014 to 31/12/2017. Within this cycle practitioners are required to meet a certain minimum number of verifiable CPD hours and peer contact activities. Please ensure that you are keeping up to date with your CPD to ensure you meet the requirements at the end of the cycle. For more information go to our website at www.dcnz.org.nz/dcInfoPractCPD.
10. Health Practitioner Index  Your date of birth and/or gender can only be supplied to the Ministry of Health if you agree.

Answer this question by ticking either “Yes” or “No”.

I agree that the Dental Council may inform the Ministry of Health of my date of birth and/or gender for the purposes of the Health Practitioner Index.

☐ Yes
☐ No

11. Declaration

You are cautioned to take significant care when completing this form. It is an offence under section 172 of the Health Practitioners Competence Assurance Act 2003 to knowingly make a false or misleading declaration or representation and the penalty for committing such an offence is a fine of up to $10,000.

I hereby declare that:

• The information I have given in this application is true and correct.
• I will promptly provide the Dental Council with any further information it may require.
• I am aware of, and will act in accordance with, my legal obligation to notify the Dental Council of any name and/or address changes.
• I understand that extracts of the Public Register, in accordance with what I have agreed to, may be provided by the Dental Council to appropriate organisations from time to time.

In signing this declaration, I also consent to the Dental Council seeking information from the Health and Disability Commissioner (HDC) pertaining to any investigations that the HDC may have about me.

Signed: ___________________________________________ [Signature of applicant]  
[Full name of applicant]  
Date: __________________________________________

12. Checklist  All incomplete or incorrect forms will be returned to practitioners and will not be processed by the Dental Council until completed and/or corrected.

Please check that you have enclosed all relevant documentation to ensure efficient and timely processing of your APC.

Have you:

☐ Read, understood and signed the Declaration section. (Refer section 11)
☐ Attached details of medical conditions, if applicable. (Refer section 5)
☐ Attached details of investigations, convictions or proceedings, if applicable. (Refer section 5)
☐ Attached any other information relevant to your fitness to practise, if applicable. (Refer section 5)
☐ Arranged for an original certificate of good standing, if applicable, to be forwarded to the Dental Council. (Refer section 8)
☐ Attached confirmation of your enrolment in an Emergency Care training course, if applicable. (Refer section 9)
☐ Included payment (cheque attached, employer details provided, if applicable, or credit card details completed and authorisation signed).

That completes the APC application form. Please complete the Workforce Survey on the next page.

NB: If you require the hard copy of your APC on 01 April 2014, you will need to ensure your application is received by the Dental Council no later than 21 March 2014. If you are renewing an APC which is still valid on the date your completed and correct application is received accompanied by the correct fee, you are deemed to hold an APC unless you have been notified otherwise.

The Public Register on the Dental Council website is updated daily, and practitioners (or members of the public) can view their APC status at the following link: www.dcnz.org.nz/cgi-bin/searchohp.pl
Please note that:

- to produce accurate and statistical meaningful data, we need to get back as many as possible survey forms
- the information from this form will only be used to monitor workforce trends and plan workforce development, and will not be published in a form that could identify individuals
- the analysis of previous workforce surveys is available from the Dental Council website

Please return the Workforce Survey, along with the application – do not detach from form.

1. Were you practising in New Zealand in the period 01 April 2013 to 31 March 2014?
   - Yes → Go to question 2
   - No → Go to question 5

2. Please enter the address where you mostly practised in the period 01 April 2013 to 31 March 2014 (see workforce survey guidance notes)
   - Street/Road name
   - Suburb or rural locality
   - City, town or district
   - Postal code

3. During the period 01 April 2013 to 31 March 2014 did you usually practice for 35 hours or more per week?
   - Yes → Go to question 5
   - No → Go to question 4

4. What was the MAIN reason you did not practise for more than 35 hours per week? Please tick ONE
   - Doing non-dental work
   - Not enough dental work available
   - Seeking dental employment
   - Semi-retired from practice
   - Parental responsibilities
   - Personal choice
   - Other (please specify)

5. Please note that the ethnic groups listed are from the Statistics New Zealand Standard Classification. These are being used to ensure that all workforce data is comparable.
   Which ethnic group do you belong to (see workforce survey guidance notes)?
   You may tick up to three.
   - New Zealand European
   - Maori
   - Samoan
   - Cook Island Maori
   - Tongan
   - Niuean
   - Fijian
   - Chinese
   - Indian
   - Tokelauan
   - Other European (please specify)
   - Other Pacific Peoples (please specify)
   - Other East Asian (please specify)
   - Other Asian (please specify)
   - Other (please specify)
6. During the period 01 April 2013 to 31 March 2014 did you undertake post-graduate training towards a formal qualification?
   - Yes  ➔ Go to question 7
   - No  ➔ Go to question 9

7. (a) What post-graduate qualification did you gain/do you expect to gain? (e.g. PGDipDentTher)
   (b) In which year did you complete/do you expect to complete study for this qualification?

8. When you have this qualification, do you expect to practise in New Zealand?
   - Yes
   - No

9. During the period 01 April 2013 to 31 March 2014, were you?
   - Practising in New Zealand ➔ go to question 11
   - Practising overseas ➔ this completes your workforce survey
   - Overseas but not practising ➔ go to question 10
   - In New Zealand but not practising ➔ go to question 10

10. Which of these best described your employment status during this period?
    - Working in another health profession
    - Working in a non-health profession
    - Full-time student
    - Parental duties
    - Other unpaid work
    - Seeking work
    - Retired
11. If you were practising in New Zealand, please tick to show your type(s) of oral health employment. If you have more than one type of oral health employment use both columns. If you have more than two, show the two in which you work most hours (see workforce survey guidance notes). If you did not practise for the full year in any one position please record the start and end dates next to your option selected.

<table>
<thead>
<tr>
<th>Type of Employment</th>
<th>Main type of employment</th>
<th>Second type of employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employment type in which you work the greatest number of hours</td>
<td>Employment type in which you work the next greatest number of hours</td>
</tr>
</tbody>
</table>

**Self-employed:-**
- In sole practice
- In a group practice

**Employee:-**
- Of a Private practice
  - Please specify type of practice (e.g. orthodontic specialist)
- Of a DHB
  - Please specify name of DHB
- Of a University
- Of a Government Department or Ministry (not Ministry of Health)
- Of the Ministry of Health
- Of an Iwi organisation
- Other
  - Please specify

12. Indicate the average number of hours you worked in a typical week for each type of employment you recorded in question 11.

<table>
<thead>
<tr>
<th>A Main Activity</th>
<th>Main type of employment</th>
<th>Second type of employment</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Dentistry</td>
<td>Hrs</td>
<td>Hrs</td>
</tr>
<tr>
<td>Dental Therapy work</td>
<td>Hrs</td>
<td>Hrs</td>
</tr>
<tr>
<td>Dental Hygiene work</td>
<td>Hrs</td>
<td>Hrs</td>
</tr>
<tr>
<td>Orthodontic Auxiliary work</td>
<td>Hrs</td>
<td>Hrs</td>
</tr>
<tr>
<td>Dental Technician work</td>
<td>Hrs</td>
<td>Hrs</td>
</tr>
<tr>
<td>Clinical Dental Technician work</td>
<td>Hrs</td>
<td>Hrs</td>
</tr>
<tr>
<td>Teaching (use <strong>only</strong> if you were employed to teach)</td>
<td>Hrs</td>
<td>Hrs</td>
</tr>
<tr>
<td>Administration/Management (use <strong>only</strong> if you were employed in administration/management)</td>
<td>Hrs</td>
<td>Hrs</td>
</tr>
</tbody>
</table>

Thank you for your time and co-operation. Please return this form with your application.
If you are a registered oral health practitioner, and you want to practise in New Zealand, you must hold a current Annual Practising Certificate (APC). It is illegal to practise without an APC. By doing so practitioners risk prosecution, removal from the Register and non payment of ACC and dental benefit claims. We ask all practitioners to complete the APC application form carefully and honestly. It is an offence to make a false declaration or misleading statements. This could lead to a fine not exceeding $10,000, disciplinary action and being removed from the Dental Register. All sensitive information disclosed will be dealt with very carefully, observing confidentiality and privacy principles.

In accordance with sections 16, 26, 27 and 131 of the Health Practitioners Competence Assurance Act 2003 (the ‘Act’) you will be granted an APC if the Dental Council is satisfied that you:

• are fit to practise;
• have maintained the standard of competence required for your scope of practice;
• have held an annual practising certificate within the three years immediately preceding your application;
• have lawfully practised your profession within the three years immediately preceding the date of application;
• have complied with any condition included on your scope of practice;
• have completed the requirements of any competence or recertification programme that the Dental Council may have directed you to undertake; and,
• the application was accompanied by the correct fee (including the disciplinary levy) set by the Dental Council.

If you are the holder of a 2013/14 APC and your completed and correct application for a 2014/15 APC accompanied by the correct fee is received by the Dental Council on or before 31 March 2014 you will be deemed to hold a new APC from the date your application is received by Council unless you are notified otherwise.

Please note: if you have practised overseas since you were last issued with an APC, or have practised overseas whilst on retention, your application for an APC will not be considered complete until such time as Council has received a Certificate of Good Standing from each jurisdiction in which you were registered during the prior seven (7) years.

If the Council is proposing to place condition(s) on your APC or decline your application you will be notified by letter. Your application may be declined until any outstanding fines, fees, expenses, or costs (arising from any Dental Council or Disciplinary Tribunal orders) are paid. Council also has the right to decline your application if satisfied that it contains false and misleading information.

Completing your APC application

Your name

What do I do if I have changed my name?

Please forward certified documentary evidence of your change of name (e.g. marriage certificate, deed poll). Officers of the Court, Notaries Public or a Justice of the Peace are authorised to certify photocopies of original documents.

Having your correct name registered

If you have settled in New Zealand from overseas, please take care with the order in which you place your names as confusion arises if a practitioner practises under a family name (surname) which is not the same as the name published in the Dental Register. Any changes in the designated family name made to the Register following initial registration are cross-referenced to both names in the Register.

Other names

If you practise under a common use name, instead of your legal name, this name can be included in your name details on the Register as an "other name". Having common use names listed on the Register helps to avoid confusion when members of the public attempt to verify a practitioner's registration status using the public Register. If you would like a common use name added to the Register please forward a written request to our office.

Question 1: Intentions for 2014/2015

If you are not intending to practise in New Zealand during the year 01 April 2014 to 31 March 2015 but would like your name to be retained on the Register you are required to complete the Application to be retained on the Register as a non-practising registrant 2014/15 available on the Dental Council website: www.dcnz.org.nz/retention2014 and pay the required fee.

If you are not practising you can elect to have your name removed from the Dental Register. If this is your intention you are required to notify the Dental Council in writing. You can do this by completing Questions 1, 5 (d) and 11 of this application.
Question 5: Fitness to practise
You are required to disclose any investigations, which could lead to disciplinary action, or any disciplinary actions taken by an employer, licensing body or professional body in New Zealand or overseas. If you answer yes to any of these questions you must provide a written explanation of the situation.

Any correspondence with you concerning responses to the fitness to practise section will be sent to your postal address in envelopes marked "Private and Confidential – for addressee only". If you wish to nominate an alternative address for correspondence on any fitness to practise issues please clearly note this on any correspondence you enter into with Council.

Question 9: Compliance with professional standards
As a registered practitioner, the Act requires you to conform to the professional standards which are set out in the Codes of Practice and Council Statements. These can be found on the Dental Council website: www.dcnz.org.nz/dcStandardsCodes. The recertification framework requires an annual declaration of compliance with these standards.

Some questions in this section will not be relevant to your scope of practice. You must however answer all questions. Select the “Not applicable” option only for any statements that do not apply to your scope(s) of practice. Do not select the “No” option unless you are not complying with the relevant code(s). If you are not complying with one or more of the codes of practice relevant to your scope(s) of practice you must submit a written explanation outlining the reason(s) for non compliance and estimated timeframes to reach compliance.

The Council will take action under the Act, when practitioners do not satisfy recertification requirements. This may result in the practitioner’s registration being suspended.

The following table highlights the applicability of the Codes of Practice to all oral health professions:

<table>
<thead>
<tr>
<th>Codes</th>
<th>Dentists &amp; Dental Specialists</th>
<th>Dental Therapists</th>
<th>Dental Hygienists &amp; Orthodontic Auxiliaries</th>
<th>Dental Technicians &amp; Clinical Dental Technicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informed Consent</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Patient Information &amp; Records</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Control of Cross Infection</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Transmissible Major Viral Infections (TMVI)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Working Relationships Between Dental Hygienists and Dentists</td>
<td>If you work with a dental hygienist</td>
<td>N/A</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Working Relationships Between Orthodontic Auxiliaries and Dentists</td>
<td>If you work with an orthodontic auxiliary</td>
<td>N/A</td>
<td>Yes</td>
<td>N/A</td>
</tr>
<tr>
<td>Professional Relationships Associated with the Practice of Dental Therapy</td>
<td>If you work with a dental therapist</td>
<td>Yes</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Working Relationships Associated with the Practice of Dental Technology or Clinical Dental Technology</td>
<td>If you source work from a dental technician or clinical dental technician</td>
<td>N/A</td>
<td>N/A</td>
<td>Yes</td>
</tr>
<tr>
<td>Medical Emergencies in Dental Practice</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Advertising</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Sedation for Dental Procedures</td>
<td>If you use sedation</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Sexual Boundaries in the Dentist/Patient Relationship</td>
<td>Yes</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

To assist you in determining whether you are complying with the relevant codes of practice, the questions from the annual codes of practice compliance questionnaire are included as a checklist.

The codes of practice compliance questionnaires are sent to a random sample of 10 percent of practitioners after each APC renewal cycle. Accordingly, a number of practitioners will not be aware of the content of the compliance questionnaire. By including these questions in the APC guidance notes, all practitioners will have easy access to a checklist to assist their self-review of compliance with the codes of practice. These questions do not replace the content of the codes of practice. Practitioners should refer to the codes of practice for any clarification or detailed information at the link provided above.

Please note you are not required to submit your answers to these questions; they are included for your guidance only.

Section A - Questions applicable to dental hygienists, dental therapists, orthodontic auxiliaries and clinical dental technicians. (Please note that the dental technicians section follows as Section B)

Question 9(a): Informed consent
Do you comply with, or have the following in place in relation to informed consent?
1. Do you have systems in place for oral and written consent, as required?
2. Do you have systems in place for language /communication difficulties?
3. Do you understand and are you conversant with patient rights under the Health and Disability Commissioner Act 1994?
4. Do you inform patients about, and record appropriate details in patient records regarding:
   - explanation of their existing condition?
   - results of tests or procedures?
   - treatment options available, including possible consequences/side effects?
   - estimated costs of the options available?
   - research or teaching that will be involved?
   - any treatment refused by the patient, and the potential consequences of their decision?
   - options for referral, if appropriate?

5. Do you obtain consent:
   - in writing, where appropriate?
   - from a representative, where appropriate, including the details of the patient’s age and their comprehension?

Question 9(b): Patient information and records

Do you comply with, or have the following in place in relation to patient information and records?

1. Do you have legible, indelible, understandable and time-bound notes for all patients?
2. Do you have accurate, complete, relevant and up-to-date records for all patients?
3. Do you have privacy and confidentiality provisions?
4. Do you have adequate storage and retention of records?
5. Do you have adequate protection of computerised records?
6. Do you have provisions for patient’s access to records?
7. Are the following essential patient information up-to-date:
   - name, date of birth, gender?
   - address?
   - for patients under 16, the contact details of their parent or guardian?
   - medical history signed by the patient or guardian?
8. Are all treatment and services provided within an oral health practice, whether it has been provided by an oral health professional or any other health practitioner or employee of the practice, recorded?
9. Do the patient records contain appropriate details, including, but not limited to:
   - all visits, failures and cancellations?
   - presenting complaint?
   - history?
   - clinical findings?
   - diagnosis (dental therapists and clinical dental technicians only)?
   - assessment and preliminary diagnosis (dental hygienists and orthodontic auxiliaries only)?
   - options and treatment plan with the appropriate explanations?
   - treatment carried out?
   - treatment patient declined?
   - consent obtained?
   - medication recommended, prescribed or dispensed?
   - details of professional advice given/sought?
   - estimate of costs?

The following questions are only applicable to clinical dental technicians:

10. Do the patient records include:
    - the oral health certificate received, prior to fitting partial dentures?
    - the prescription from the dentist/dental specialist, where required?
    - materials used?

Question 9(c): Control of cross infection

Do you comply with, or have the following in place in relation to cross infection control?

1. Do you ensure the safety of your patients, colleagues and support staff?
2. Do you have a protocol for infection control available to staff and are all appropriate staff trained in the protocol?
3. Do you have thorough, relevant, and up-to-date medical histories?
4. Do you have and use the following personal protective equipment as appropriate:
   – single use gloves?
   – face mask, worn and changed?
   – protective clothing/equipment worn in the clinical area only?
   – suitable protective eyewear available for the patient?
5. Do you use appropriate hand/forearm washing techniques?
6. Has a primary clinical area been established?
7. Are effective sterilisation and disinfection being carried out?
8. Are protective barriers used for non-sterilised equipment?
9. Are items that come in contact with blood, saliva, and mucous membranes either being disposed of or sterilised between patients?
10. Are new needles and anaesthetic cartridges being used for each patient with the appropriate recapping techniques, if relevant to your scope of practice?
11. Is an appropriate and validated autoclave being used in a designated area separate from the clinical areas?
12. Do you have a protocol for the validation of the autoclave and the sterilising process?
13. Is appropriate decontamination being undertaken prior to the disinfection or sterilisation procedures?
14. Is the disposal of sharps and waste being appropriately handled?
15. Are the instruments being appropriately stored?
16. Do you have appropriate procedures for cleaning and disinfection of environmental surfaces between patients, and are relevant materials appropriately labelled?
17. Are items for dispatch to, or received from, a laboratory labelled and handled appropriately?
18. Is the consumption of food and drink disallowed in the clinical and sterilising areas?

Question 9(d): Working relationships with other oral health practitioners within your practice, where relevant

**Dental Therapist (Applicable to dental therapists only)**

**Do you comply with, or have the following in place for your working relationship with a dentist/dental specialist?**
1. Do you have a signed professional agreement with the dentist/dental specialist in relation to the provision of clinical guidance, advice, radiography, access to prescription medicines, and referrals, as required by the scope of practice for a therapist?
2. Does the dentist/dental specialist ensure that you practise within the appropriate scope(s) of practice and are they aware of the requirements of your scope(s) of practice, and any possible exclusions?
3. Does the dentist/dental specialist provide you with advice on the same working day as it is sought?
4. Does the dentist/dental specialist ensure access to timely advice in the event of his/her unavailability?
5. Do you keep accurate records of advice received?

**Dental Hygienist (Applicable to dental hygienists only)**

**Do you comply with, or have the following in place for your working relationship with a dentist/dental specialist?**
1. Do you have a signed professional agreement with the dentist/dental specialist in relation to the provision of clinical guidance, direct supervision, radiography, and access to prescription medicines, as required by the scope of practice for a hygienist?
2. Does the dentist/dental specialist ensure that you practise within your appropriate scope of practice and are they aware of the requirements of the scope, and any possible limitations or exclusions on your scope of practice?
3. Does the dentist/dental specialist examine all new patients, assess their medical history, and develop their oral health care plan?
4. Does the dentist/dental specialist provide you with timely advice and ensure that you have access to advice and guidance when off-site?
5. Does the dentist/dental specialist assess the medical history of patients who self-refer to you, and make recommendations for their oral health care plan?
6. Does the dentist/dental specialist prepare a treatment plan prior to you commencing orthodontic procedures?
7. Do you and the dentist/dental specialist have protocols for off-site treatment (e.g. nursing homes)?
8. Is the dentist/dental specialist onsite when dental hygiene services are provided to patients who self-refer to you, or for patients who have been referred by other dentists?
9. If allowed to provide local anaesthesia according to your scope of practice, do you do so only under direct supervision of a dentist/dental specialist?
10. Do you only treat patients under sedation in accordance with the Code of Practise on Conscious Sedation?
11. For hygienists with a limited scope of practice:
   (a) Is your practising certificate displayed?
   (b) Are all activities performed under the dentist/dental specialist’s direct clinical supervision and onsite?
Orthodontic Auxiliaries (Applicable to orthodontic auxiliaries only)

Do you comply with, or have the following in place for your working relationship with a dentist/dental specialist?

1. Do you have a signed professional agreement with the dentist/dental specialist in relation to the provision of direct clinical supervision and radiography?

2. Does the dentist/dental specialist examine all new patients, assess their medical history, and develop their oral health care plan?

Clinical Dental Technician (Applicable to clinical dental technicians only)

Do you comply with, or have the following in place for your working relationship with the dentists/dental specialists that you work with?

1. Are removable complete dentures only fitted where there are no natural teeth remaining and there is no diseased or unhealed tissue?

2. Do you obtain an oral health certificate, and is this recorded before fitting partial dentures?

3. Are removable complete and partial immediate dentures designed, repaired and supplied on prescription?

4. Does the prescribing dentist fit the immediate denture?

5. Are removable complete and partial root/tooth overdentures designed, repaired and supplied on prescription?

6. Is the patient referred back to the prescribing dentist for final fit of the root/tooth over denture?

7. Are clinical procedures associated with implant overdentures only undertaken if you are registered in the additional scope for implant overdentures?

8. Is the patient referred back to the prescribing dentist for final fit of the implant over denture?

Question 9(e): Transmissible Major Viral Infections

Do you comply with, or have the following in place in relation to Transmissible Major Viral Infections (TMVI)?

1. Are patients with a TMVI not refused treatment unless appropriate referral arrangements have been made?

2. Are patients exposed to blood or other body fluids of another individual promptly notified and the appropriate follow-up established?

3. Are you aware of your TMVI status and are you immunised as appropriate, and encourage staff to follow this protocol?

4. If you suspect or know that a colleague is HBV, HBC or HIV infected, do you then seek the appropriate medical advice and act accordingly?

5. Do you encourage other staff to follow this protocol?

6. Do you have written protocol for prompt management of potential exposure to TMVI?

Question 9(f): Advertising

Do you comply with, or have the following in place in relation to advertising?

1. Are you familiar with the relevant legislation and standards relating to advertising - such as the Health Practitioners Competence Assurance Act 2003, the Fair Trading Act 1986, Consumer Guarantees Act 1993, Code of Health and Disability Services Consumers’ Rights, and the Advertising Standards Authority’s Codes?

2. Do you always consider your professional, ethical and legal obligations when advertising services, and how members of the public will perceive your advertising?

3. Are you mindful of the principles of ethical conduct as set out in the Dental Council’s Statement on Principles of Ethical Conduct for Oral Health Practitioners?

4. Do you advertise in a manner that excludes any attempt to profit from, or take advantage of, limited consumer understanding?

5. Does your advertising of services present information that is reasonably required by consumers to make decisions about the availability of services offered?

6. Are you competent by reason of education, training and/or experience to provide the service advertised; or to act in the manner or professional capacity advertised?

7. Are you certain that any claims made in your advertisement can be supported by best available evidence?

8. Do you advertise in a manner that avoids disparaging in any way other practitioners and the services they offer?

9. Do you maintain responsibility for the form and content, its accuracy and compliance with the code requirements, of the advertising of health-related services and products associated with your practice?

10. If you choose to advertise honorary titles, civic and military honours, honorary qualifications or memberships of professional bodies, do you take care to ensure that there is no possibility that the public will be misled?

Question 9(g): Medical emergencies in dental practice

Do you comply with, or have the following in place in relation to medical emergencies?

1. Have you completed the medical emergency training to the level required (relevant levels listed in table below)?

2. Are the practice staff trained in emergency procedures, including CPR?

3. Do you have a manual for dealing with emergencies immediately available, including essential telephone numbers?

4. Do you have up-to-date patient medical histories?

5. Do you never leave a patient unaccompanied after an emergency?
Medical Emergency Care Training First Aid Certificate

All practitioners are required to hold a valid medical emergency care certificate and to re-validate this every four years. Completion of an emergency care training course can be counted as verifiable CPD. **Practitioners who have not undertaken this training within the last four years may have the issue of their APC delayed (in which case they will not be able to practise) until they provide evidence they have either enrolled or completed the training course.**

<table>
<thead>
<tr>
<th>Emergency Care Training Level</th>
<th>Dental Therapists, Dental Hygienists, Orthodontic Auxiliaries, Clinical Dental Technicians</th>
<th>Equivalent to the New Zealand Resuscitation Council (NZRC) Certificate of Resuscitation and Emergency Care (CORE) Level 3, or higher, modular certification.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Technicians</td>
<td>Equivalent to the New Zealand Resuscitation Council (NZRC) Level 1, or higher, modular certification.</td>
<td></td>
</tr>
</tbody>
</table>

**Section B - Questions applicable to dental technicians only**

**Question 9(b): Patient information and records/Laboratory Prescriptions**

Do you have the following in place in relation to patient information, patient records and laboratory prescriptions?

1. Do you have legible, indelible, understandable and time-bound notes for all patients?
2. Do you have privacy and confidentiality provisions in place?
3. Do you have adequate storage and retention of records?
4. Do you have adequate protection of computerised records?
5. Do the patient records contain appropriate details, including, but not limited to:
   - date of prescription?
   - prescribing practitioner’s name and address?
   - patient’s name?
   - detailed prescription?
   - date of manufacture?
   - materials used?

**Question 9(c): Control of cross infection**

Do you comply with, or have the following in place in relation to cross infection control?

1. Do you have a protocol for infection control available to staff and are all appropriate staff trained in the protocol?
2. Do you have and use the following personal protective equipment as appropriate:,
   - single use gloves?
   - protective clothing/equipment worn when dealing with incoming impressions and clinical work?
   - suitable protective eyewear worn?
3. Is effective disinfection of impressions/prostheses carried out in the laboratory as required?
4. Are items that come in contact with blood, saliva, and mucous membranes either being disposed of or sterilised before returning to the dental surgery?
5. Do you have appropriate procedures for cleaning and disinfection of environmental surfaces?
6. Is the consumption of food and drink disallowed in the clinical and sterilising areas?

**Question 9(d): Working relationships with other oral health practitioners within your practice, where relevant**

**Dental Technicians**

Do you comply with, or have the following in place for your working relationship with your dentist/dental specialist?

1. Do you carry out all dental technology activities under prescription?
2. Is the patient referred to a clinician and a record of this referral included in the patient’s records in situations of simple denture repair?
Question 9(f): Advertising

Do you comply with, or have the following in place in relation to advertising?

1. Are you familiar with the relevant legislation and standards relating to advertising - such as the Health Practitioners Competence Assurance Act 2003, the Fair Trading Act 1986, Consumer Guarantees Act 1993, Code of Health and Disability Services Consumers’ Rights, and the Advertising Standards Authority’s Codes?

2. Do you always consider your professional, ethical and legal obligations when advertising services, and how members of the public will perceive your advertising?

3. Are you mindful of the principles of ethical conduct as set out in the Dental Council’s Statement on Principles of Ethical Conduct for Oral Health Practitioners?

4. Do you advertise in a manner that excludes any attempt to profit from, or take advantage of, limited consumer understanding?

5. Does your advertising of services present information that is reasonably required by consumers to make decisions about the availability of services offered?

6. Are you competent by reason of education, training and/or experience to provide the service advertised; or to act in the manner or professional capacity advertised?

7. Are you certain that any claims made in your advertisement can be supported by best available evidence?

8. Do you advertise in a manner that avoids disparaging in any way other practitioners and the services they offer?

9. Do you maintain responsibility for the form and content, its accuracy and compliance with the code requirements, of the advertising of health-related services and products associated with your practice?

10. If you choose to advertise honorary titles, civic and military honours, honorary qualifications or memberships of professional bodies, do you take care to ensure that there is no possibility that the public will be misled?

Question 9(g): Medical emergencies in dental practice

Do you comply with, or have the following in place in relation to medical emergencies?

1. Have you completed the medical emergency training to the level required (Equivalent to the New Zealand Resuscitation Council (NZRC) Level 1, or higher, modular certification)?

2. Are the practice staff trained in emergency procedures, including CPR?

3. Do you have a manual for dealing with emergencies immediately available, including essential telephone numbers?

The Workforce Survey Guidance Notes

The Workforce Survey Questionnaire seeks information about your practise in the year 01 April 2013 to 31 March 2014. You are asked to complete the survey as if you were completing it on 31 March 2014.

You should complete the relevant sections of the questionnaire whether or not you were practising in New Zealand during the year ending 31 March 2014.

The workforce survey data is used to monitor workforce trends and plan workforce development, and will not be published in a form that could identify individuals.

Question 2 – Practice address

More than one practice address

If you work in more than one practice, please record the address of the practice in which you worked the most number of hours in a typical week. If you spend your time evenly between two or more practices, please nominate one address as your main practice address and record that address.

Change of employer

If you had more than one practice address because you changed employers during the year, please record the address where you worked for the longest period.

Question 5 – Ethnic group

You may tick up to three ethnic groups. The ethnic groups listed are based on the Statistics New Zealand Standard Classification. These are used to ensure that all workforce data are comparable.

Questions 11 & 12 – Type of employment, and hours worked

Questions 11 and 12 relate to the type and extent of your employment during the period 01 April 2013 to 31 March 2014. If you did not work for the full year please record the start and end dates in the appropriate column in Question 11. If you work a variable number of hours per week, please record the average number of hours you worked in a typical week in Question 12.