

DENTISTS AND DENTAL SPECIALISTS

(01 October 2018 – 30 September 2019)

Name

Registration No:

Address

Qualifications:

Scope(s) of Practice:

Conditions on Practice:

This APC application form only relates to the scope(s) of practice you are already registered in, as recorded above.

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 by 30 September 2018. It is highly recommended that you submit your form by 20 September 2018 to allow for delivery to us and processing time before the expiry of your current certificate. All incomplete or incorrect forms will be returned and will not be processed. Forms can also be submitted electronically via email or fax if payment is made by credit card—contact details as below.

The Health Practitioners Competence Assurance Act 2003 requires every health practitioner practising in New Zealand to hold a current APC.

1. Intentions for 2018/19 Please tick the appropriate box

- I intend to practise in New Zealand during the period commencing 01 October 2018 and ending 30 September 2019 and wish to apply for an APC
- I do **NOT** intend to practise in New Zealand during the period commencing 01 October 2018 and ending 30 September 2019 but wish to be retained on the register as a non-practising registrant. Do not complete this application form
[Go to **www.dcnz.org.nz/i-practise-in-new-zealand/retain-your-registration** and download, complete and return the retention application form](http://www.dcnz.org.nz/i-practise-in-new-zealand/retain-your-registration)
- I do **NOT** intend to practise in New Zealand and wish to have my name removed from the register
[Answer question 6\(a\), 6\(d\) and complete the Declaration \(section 11\)](#)

Telephone
+64 4 499 4820

Fax
+64 4 499 1668

Email
inquiries@dcnz.org.nz

Courier address
Level 11, Kordia House
109 Willis Street
Wellington 6011, New Zealand

Postal address
PO Box 10-448
Wellington 6143, New Zealand

2. Competence

The Dental Council sets continuing professional development (CPD) requirements for each profession. More information about CPD requirements are available on our website – <http://dcnz.org.nz/i-practise-in-new-zealand/continuing-professional-development/>

Please ensure you

- are familiar with the CPD requirements for your scope/s of practice
- meet the CPD requirements at the end of the cycle by monitoring and reviewing your CPD hours regularly.

Please confirm whether you have maintained competence in the scope/s of practice in which you are applying for an APC:

Scope –

- Yes**, I confirm that I am currently practising and have maintained competence in this scope of practice
- No**, I have not maintained competence in this scope

Please provide details on why competence may not have been maintained:

Have you held an APC in this scope of practice in New Zealand in the last three years?

- Yes**
- No**. I have not practised in this scope of practice within the past years.

Scope –

- Yes**, I confirm that I am currently practising and have maintained competence in this scope of practice
- No**, I have not maintained competence in this scope

Please provide details on why competence may not have been maintained:

Have you held an APC in this scope of practice in New Zealand in the last three years?

- Yes**
- No**. I have not practised in this scope of practice within the past years.

If you have been on the register as non-practising for more than three years, or have never practised in your scope/s of practice, please contact the Dental Council before you complete and return this application.

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.

If you have changed your name, or your name is incorrectly reflected on the front page of the application form – please refer to the APC guidance notes on page 12 on how to update or correct this.

The Council has made a decision to move to electronic communication. To ensure that you are kept up to date with the relevant information, please ensure that your email details are correct. If you have not provided us with an email address before, please do so. If you do not have an email, the information will also be available on our website – www.dcnz.org.nz.

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

Practice address:
(MUST be a street address, and NOT a PO Box)

Residential address:
(if different from postal address)

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Default phone:

Phone:

Phone:

Mobile:

Mobile:

Mobile:

Fax:

Fax:

Fax:

Default email:

Email:

Email:

6. Fitness to practise

Since you last held an APC in New Zealand, or while you have been on retention, have you been involved in any of the following in New Zealand or overseas?

a) An investigation or proceedings about any matter that may be the subject of professional disciplinary proceedings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) A formal enquiry or review of your clinical performance or competence, whether or not it affected your ability to practise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) A disciplinary action or enquiry about your conduct that resulted in an adverse finding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) A police investigation, a court case, or a conviction in any criminal proceedings, punishable by at least three months in prison, including traffic offences whether or not involving alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) An addictive condition such as a drug, alcohol or gambling addiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) A mental health condition such as depression or bipolar disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) A physical condition such as transmissible major viral infections, injuries as a result of an accident, memory loss or any degenerative condition such as Multiple Sclerosis or Motor Neurone Disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) Any other personal issue that could affect your ability to practise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered 'Yes' to any question, please attach relevant documents with additional information e.g. employer performance investigation outcome, court notice, medical report.

If you are unsure about any of these questions or your answers, please contact us by email at inquiries@dcnz.org.nz or by telephone at (04) 499 4820.

7. Overseas practice

Since you last held an APC in New Zealand, or while you have been on retention, have you practised overseas?

No

Yes If you answered 'Yes', please list below all the overseas countries where you have practised since you last held an APC, or while you have been on retention:

At this stage, **a certificate of good standing is not required**. The Council will advise you if it requires you to provide such a certificate from the countries where you have worked.

8. Health Provider Index

The Council provides practitioner details to the Ministry of Health for the Health Provider Index.

<https://www.health.govt.nz/our-work/health-identity/health-provider-index>

We will only supply your date of birth and/or gender details if you agree.

I agree that the Dental Council may inform the Ministry of Health of my date of birth and/or gender if this is required to verify my identity for the purposes of the Health Provider Index.

Yes

No

9. Compliance with ethical principles and professional standards

The Standards Framework contains ethical principles, professional standards and practice standards. In this section, you are required to confirm that you meet the ethical principles and professional standards in your work. You can find these using the interactive wheel available on the Dental Council website at <http://dcnz.org.nz/i-practise-in-new-zealand/standards-framework/>

Please answer all the questions:

Yes - I comply with this ethical principle/professional standard.

No - I am not complying with this ethical principle/professional standard

Do you understand and apply the following ethical principles and comply with the professional standards as required by Council:

Do you put your patients' interests first, by

a) Ensuring the health needs and safe care of your patients are your primary concern?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Putting the interests of your patients ahead of your personal, financial or other gain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Treating your patients with dignity and respect at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Treating your patients fairly and without discrimination, respecting their cultural values, personal disabilities and individual differences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Respecting the autonomy and freedom of choice of your patients?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Respecting your patients' right to complain and enabling them to seek redress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Protecting the confidentiality of your patients' information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you ensure safe practice, by

a) Practising within your professional knowledge, skills and competence, or referring to another health practitioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Identifying and managing health and safety risks within your practice environment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Maintaining accurate, time-bound and up-to-date patient records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Keeping your professional knowledge and skills up-to-date through ongoing learning and professional interaction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Having arrangements in place to manage medical emergencies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Communicating honestly, factually and without exaggeration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g) Listening to your patients and considering their preferences and concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h) Giving your patients the information they need or request, in a way they can understand, so they can make informed decisions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i) Ensuring informed consent remains valid at all times?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j) Communicating openly in inter-and intra-professional healthcare teams for the enhancement of patient care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
k) Behaving respectfully in communication to and about colleagues or other health professionals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you provide good care, by

a) Taking a holistic approach to care appropriate to the individual patient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Providing care that is clinically justified and based on the best available evidence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Collaborating with colleagues and other health practitioners, and contributing to teamwork for enhanced patient outcomes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Protecting and promoting the health of patients and the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you maintain public trust and confidence, by

a) Ensuring your professional and personal conduct justifies trust in you and your profession?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Being familiar, and complying, with your legal and professional obligations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Acting with honesty and integrity at all times with your patients, colleagues, and the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Maintaining appropriate boundaries in your interactions with your patients, colleagues, and the public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Protecting the interests of your patients and colleagues from any risk posed by your personal issues or health, or those of a colleague?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Protecting the interests of patients and colleagues from any risk posed by your competence or conduct, or that of a colleague or an employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If your answer is "No" for any of these questions, please attach an explanation and provide details of the steps being taken to ensure compliance, including timeframes.

10. Compliance with practice standards

In this section, you are required to confirm that you meet the practice standards in your work. You can find the practice standards on the Dental Council website at <http://dncz.org.nz/i-practise-in-new-zealand/standards-framework/>

Before answering the questions below, please refer to the APC guidance notes on page 13.

Please answer all the questions:

Yes - I comply with this practice standard

No - I am not complying with this practice standard

N/A - This practice standard is not applicable to my practice

Do you understand and comply with the following Dental Council practice standards?

a) Informed consent	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b) Patient records and privacy of health information	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c) Infection prevention and control	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d) Sedation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
e) Working relationships with other oral health practitioners	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
f) Transmissible major viral infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
g) Advertising	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
h) Professional boundaries	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
i) Medical emergencies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

j) I confirm that I hold a valid resuscitation training certificate, completed within the past two years:

Yes Date course completed
Day Month Year

No Please **attach** confirmation of your enrolment into a new course

Note that an APC will not be issued without evidence of your confirmation of enrolment into a resuscitation training course.

If your answer is "No" for any of these questions, please attach an explanation and provide details of the steps being taken to ensure compliance, including timeframes.

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 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 organisations from time to time.
- I comply with my obligations under the Standards Framework for Oral Health Practitioners

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:
Day Month Year

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 application.

Have you:

- Read, understood and signed the Declaration section (refer to section 11)
- Attached details of medical conditions, if applicable (refer to section 6)
- Attached details of investigations, convictions or proceedings, if applicable (refer to section 6)
- Attached any other information relevant to your fitness to practise, if applicable (refer to section 6)
- Attached confirmation of your enrolment in a resuscitation training course, if applicable (refer to section 10)
- Attached your explanation and details of non-compliance with the ethical principles and professional standards, if applicable (refer to section 9)
- Attached your explanation and details of non-compliance with the practice standards, if applicable (refer to section 10)
- Included payment for APC or renewals (cheque attached, 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 are renewing a current APC and we receive your completed and correct application together with the correct fee before 30 September 2018 you are deemed to hold an APC for the 2018/19 practising year, 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

Please note that:

- to produce statistically meaningful data, we need to get back as many survey forms as possible
- the Dental Council will only use the information collected to monitor workforce trends, and will not publish information in a form that could identify individuals
- the data collected may be shared with the Ministry of Health (MOH) for the purpose of workforce planning. Similarly, MOH will not publish the information in a form that could identify individuals

Please return the Workforce Survey, along with the renewal application form - do not detach this section from the application form

Name: _____ Registration number: _____

I give my permission to the Dental Council to provide the data collected from my workforce survey to the Ministry of Health for the purpose of workforce planning.

Yes

No

Section A

1. How would you describe your practising status during the period 01 October 2017 to 30 September 2018?

- Practising in New Zealand
- Practising overseas
- In New Zealand but not practising
- Overseas but not practising

2. What has been your primary area of practice over the past year?

- Dentist
- Dental specialist or specialist trainee?

3. Which ethnic group(s) do you identify with? See workforce survey guidance notes for further information.

You may choose up to three options.

- New Zealand European
- Maori
- Samoan
- Cook Island Maori
- Chinese
- Indian
- British
- South African
- South Korean
- Iraqi
- Egyptian
- Fijian
- Tokelauan
- Tongan
- Niuean
- Other European (*please specify*) _____
- Other Pacific peoples (*please specify*) _____
- Other East Asian (*please specify*) _____
- Other Asian (*please specify*) _____
- Other (*please specify*) _____

OR I do not wish to answer this question

4. Do you intend to practise in New Zealand over the next five years?

- Yes
 No

5. During the period 01 October 2017 to 30 September 2018 did you undertake any postgraduate training that could lead to registration in a scope of practice with the Dental Council?

Yes

(a) Name of qualification

(b) Date of completion, or anticipated completion:

No

Section B

Only complete Section B if you have been practising during the period 01 October 2017 to 30 September 2018

6. Please enter the address where you **mostly** practised in the period 01 October 2017 to 30 September 2018. See Workforce Survey guidance notes for further information.

Street/Road name

Suburb or rural locality

City, town or district

Postal code

Country (if **not** New Zealand)

7. On average, how many hours **per week** did you work during the period 01 October 2017 to 30 September 2018?

hrs/week

8. If you were practising in New Zealand, how would you break down the average number of hours worked **per week**, as listed in question 7, across your scope of practice and type of employment? If you have more than two jobs, show the two in which you have worked most hours (see workforce survey guidance notes for further information).

Answer only A or B

- Dentists answer A only
- Dental specialist registered with the Dental Council, or a specialist trainee, answer B only.

A – DENTISTS

Hours of work per week

Scope of practice activities	Main type of employment (Employment type in which you work the greatest number of hours)	Second type of employment – if applicable (Employment type in which you work the next greatest number of hours)
General dentistry	Hrs	Hrs
Teaching (use only if you were employed to teach)	Hrs	Hrs
Administration / management (use only if you were employed in administration/management)	Hrs	Hrs
Research	Hrs	Hrs
Other	Hrs	Hrs
TOTAL	Hrs/week	Hrs/week

GRAND TOTAL*

*Grand total hrs/week should align with your response to question 7

B – DENTAL SPECIALISTS OR SPECIALIST TRAINEES		Hours of work per week	
Scope of practice activities	Main type of employment (Employment type in which you work the greatest number of hours)	Second type of employment – if applicable (Employment type in which you work the next greatest number of hours)	
Endodontic	Hrs		Hrs
Special needs (<i>hospital dentistry</i>)	Hrs		Hrs
Oral medicine & oral pathology	Hrs		Hrs
Oral surgery	Hrs		Hrs
Oral & maxillofacial surgery	Hrs		Hrs
Orthodontic	Hrs		Hrs
Paediatric dentistry	Hrs		Hrs
Periodontic	Hrs		Hrs
Public health dentistry (<i>community dentistry</i>)	Hrs		Hrs
Research	Hrs		Hrs
Restorative dentistry	Hrs		Hrs
Prosthodontic	Hrs		Hrs
Teaching (use <u>only</u> if you were employed to teach)	Hrs		Hrs
Administration / management (use <u>only</u> if you were employed in administration / management)	Hrs		Hrs
General dentistry	Hrs		Hrs
Other (<i>Please specify</i>)	Hrs		Hrs
TOTAL	Hrs/week		Hrs/week

GRAND TOTAL*

*Grand total hrs/week should align with your response to question 7

9. If you were practising in New Zealand, please tick to show your type(s) of employment.

Type of employment	Main type of employment	Second type of employment
Self-employed:-		
In sole practice		
In a group practice		
Employee:-		
Of a private practice <i>Please specify type of practice (e.g. orthodontic specialist)</i>		
Of a DHB <i>Please specify name of DHB</i>		
Of a university		
Of a government department or ministry (<i>not Ministry of Health</i>)		
Of the Ministry of Health		
Of an iwi organisation		
Other (<i>Please specify</i>)		

10. If you were practising less than a total of 35 hours per week, what was the main reason for doing so? Please choose ONE (see workforce survey guidance notes for further information).

- Studying
- Health issues
- Doing non-dental work
- Not enough dental work available
- Seeking dental employment
- Semi-retired from practice
- Parental responsibilities, including maternity and paternity leave
- Personal choice
- Other (*please specify*)

Section C

Only complete Section C if you have **not** been practising during the period 01 October 2017 to 30 September 2018

11. While not practising, which of these best describes 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

Thank you for your time and co-operation. Please return this form with your APC application.

01 October 2018 to 30 September 2019

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 unlawful to practise without an APC. By doing so practitioners risk prosecution, removal from the register and non-payment of Accident Compensation Corporation 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 (the Council) is satisfied that you:

- are fit to practise;
- have maintained the standard of competence required for your scope of practice;
- have held an APC 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 Council may have directed you to undertake; and
- the application was accompanied by the correct fee (including the disciplinary levy) set by the Council.

If you are the holder of a 2017/18 APC and your completed and correct application for a 2018/19 APC accompanied by the correct fee is received by the Council by 30 September 2018 you will be deemed to hold a new APC from the date your application is received by the Council, unless you are notified otherwise.

If the Council proposes to place a 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. The Council also has the right to decline your application if satisfied that it contains false or misleading information.

Completing your APC application

Your name

What do I do if I have changed my name?

Submit a *Change of name* form with the necessary certified documentary evidence of your change of name (e.g. marriage certificate, deed poll). Officers of the Court, a Notary Public or a Justice of the Peace are authorised to certify photocopies of original documents. The form is available on our website at www.dcnz.org.nz/i-practise-in-new-zealand/change-your-details/

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 register. Any changes in the designated family name made to the register following initial registration are cross-referenced to both names on 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 2018/19

If you are not intending to practise in New Zealand during the year 01 October 2018 to 30 September 2019, 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 2018/19 available on the Council website: www.dcnz.org.nz/i-practise-in-new-zealand/retain-your-registration and pay the required fee.

If you are not practising you can elect to have your name removed from the register. If this is your intention you are required to notify the Council in writing. You can do this by completing Questions 1, 6(a), 6(d) and 11 of the application.

Question 6: 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 the Council.

Question 9 and 10: Compliance with ethical principles, professional and practice standards

The Standards Framework describes the minimum standards of ethical conduct, and clinical and cultural competence that patients and the wider public can expect from oral health practitioners. These standards are defined in ethical principles, professional standards and practice standards.

All registered oral health practitioners are required to meet the Council's professional standards and practice standards, and adhere to the ethical principles. The recertification framework requires an annual declaration of compliance with these standards.

The Standards Framework for Oral Health Practitioners can be found on the Council website: www.dcnz.org.nz/i-practise-in-new-zealand/standards-framework/.

Ethical principles and professional standards

Only select "No" when responding to these questions if you do not comply with the relevant principle or standard. If you are not complying with one or more of these principles/standards you must submit a written explanation outlining the reason(s) for non-compliance and estimated timeframes to reach compliance.

Practice standards

Some practice standards might not be relevant to your scope(s) of practice. However, you must answer all questions. Select the "Not applicable" option only for any statements that do not apply to your practice. Do not select the "No" option unless you are not complying with the relevant standard. If you are not complying with one or more of the practice standards relevant to your 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.

Practice standards	Dentists & dental specialists
Patient records and privacy of health information	Yes
Infection prevention and control	Yes
Transmissible major viral infections	Yes
Informed consent	Yes
Medical emergencies	Yes
Advertising	Yes
Professional Boundaries	Yes
Sedation	If you perform sedation
Working relationships between dental hygienists and dentists	If you work with a dental hygienist
Guidance for the consultative professional relationship between an oral health therapist and dentists/ dental specialist	If you work with an oral health therapist
Working relationships associated with the practice of dental technology or clinical dental technology	If you source work from a dental technician or clinical dental technician
Working relationships between orthodontic auxiliaries and dentists	If you work with an orthodontic auxiliary

Question 10(a): Informed consent practice standard

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

- Do you provide an environment that enables open, honest and effective communication?
- Do you give your patients information in a way they can understand, and confirm their understanding, so they can make informed choices about their oral health?
- Do you ensure your patients are fully informed during the informed consent process; and give honest and accurate answers to questions relating to their care?
- Do you obtain the informed consent of your patient before providing care, unless there is some other clear authority to treat?
- Do you ensure informed consent remains valid throughout the period of care?
- Do you assess your patient's competence to give informed consent where there are grounds for believing their capacity may be impaired?
- When a patient is not competent or competence is diminished, do you, wherever possible, involve someone in the informed consent process who is legally entitled to consent on the patient's behalf and obtain their consent?
- Where there is no legally entitled person to provide consent on behalf of the patient, or no such person is available, do you provide care only if you can do so lawfully (in accordance with the HDC Code of Rights or under the doctrine of necessity)?
- Do you have the informed consent of your patient in writing:
 - When your patient is to participate in any research?

- When the procedure is experimental?
 - When your patient will be sedated or under a general anaesthetic?
 - When there is a significant risk of adverse effects on your patient?
10. Do you respect your patient's right to refuse care and to withdraw their consent at any time; and accept their decisions without prejudice?

Question 10(b): Patient records and privacy of health information practice standard

Do you have the following in place in relation to patient and records and the privacy of health information?

1. Do you create and maintain patient records that are comprehensive, time-bound and up-to-date; and that represent an accurate and complete record of the care you have provided?
2. Do you ensure information entered in a patient's record at an earlier date is not deleted?
3. Do you ensure your name and the date of entry is alongside any correction or other amendment you make?
4. Do you collect health information directly from the patient where possible?
5. Do you take reasonable steps to ensure that the patient or their representative is aware that: health information is being collected, the purpose of collection, and the potential impact of not providing all of the requested information?
6. Do you collect health information in a manner which is lawful and fair, and which does not intrude on the patient's personal affairs unnecessarily?
7. Do you ensure security safeguards are in place to protect patient health information?
8. Do you give patients access to their personal health information on request, and in the form the patient prefers when possible—except when withholding grounds contained in the Privacy Act 1993 apply?
9. Do you take reasonable steps to correct the patient's health information, on their request?
10. Do you check that health information that is collected and recorded by someone else is accurate, up-to date and complete before using it?
11. Do you ensure that patients' records are retained for a minimum of 10 years from the day following the last date on which care was provided, or the records are properly transferred?
12. Do you only use health information for the purpose for which it was collected, unless the patient gives their permission for it to be used for another purpose, or another exception of the Health Information Privacy Code (HIPC) applies?
13. Do you disclose health information only to the patient concerned, or their representative - unless the patient or their representative authorises the disclosure, or another exception of the HIPC applies?
14. Do you use unique identifiers only for the purpose of enhancing practice efficiency; and not use the same identifier given by another body - with the exception of the patient's NHI number?

Question 10(c): Infection prevention and control practice standard

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

1. Are you aware of the correct techniques for use of alcohol based hand rub and hand washing, and apply them at the correct times?
2. Do you routinely practise other hand hygiene protective measures?
3. Do you use personal protective equipment properly during all procedures and activities when contact with blood or saliva is possible, and/or when aerosols, splashes or sprays are generated?
4. Do you follow safe practices for the handling and disposal of sharps?
5. Do you ensure the safe handling and disposal of hazardous and controlled waste?
6. Do you employ measures to minimise the degree and extent of contamination within a contaminated zone, and the spread of contamination to a clean zone?
7. Do you ensure all surfaces, equipment and instruments are cleaned and disinfected, as defined within the practice standard?
8. Are you assured that the water in your practice environment, including your waterlines, is safe to drink?
9. Are you aware of when transmission-based precautions are required in addition to standard precautions, and either follow them, or refer appropriately?
10. Do you ensure contaminated items for dispatch are decontaminated, packaged and labelled appropriately before dispatch?
11. Do you ensure equipment and materials used in the repair or modification of dental appliances, which have been in contact with the patient's mouth, are handled appropriately?
12. Do you discard single-use items after use on the patient?
13. Do you ensure that reusable items are reprocessed properly, as appropriate for their intended use?
14. Do you ensure an appropriate reprocessing area is designated with distinct areas for reprocessing procedures, which facilitates reprocessing flow from contaminated to clean?
15. Do you ensure all contaminated reusable items are properly cleaned and dried?
16. Do you ensure all critical items are packaged and labelled with batch control identification information before sterilisation?
17. Do you ensure all reusable critical and semi-critical items are sterilised using a steam steriliser with an appropriate cycle type?
18. Are all packaged items processed in a steam steriliser with drying capability?
19. Do you ensure each sterilisation cycle is appropriately monitored, and the steriliser used properly to ensure sterilisation is achieved?
20. Do you ensure appropriate storage and handling of: critical items to maintain their sterility until point of use, and semi-critical and non-critical items to protect from contamination before re-use?

21. Do you ensure the appropriate performance tests for each piece of reprocessing equipment are carried out at the correct times?
22. Do you ensure reprocessing equipment is appropriately cleaned, daily maintenance checks performed, and preventative maintenance carried out at least annually?
23. Do you ensure validation and annual performance re-qualification are properly performed for each steriliser and instrument washer-disinfector at the correct times, and by the appropriate personnel?
24. Are you aware of the procedures you must follow in the event of a sharps injury?
25. Do you comply with the documentation requirements of the practice standard?
26. Do you maintain and refresh your knowledge on infection prevention and control measures at least annually?
12. If you are the practitioner who performs the dental treatment, do you ensure:
 - The person monitoring the patient throughout the recovery period has, at minimum, NZRC CORE Immediate rescuer training or equivalent?
 - A practitioner with formal education and training in providing sedation remains on the premises throughout the recovery period?
 - The practitioner who sedated the patient assesses the patient's suitability for discharge?
13. Are you able to identify and manage sedation-related complications, fitting for your role in the sedation team?
14. Do you have written procedures for managing sedation-related complications?
15. Do you know your role in the event of a sedation-related complication?
16. Do you rehearse the management of sedation-related complications with the sedation team at 6 monthly intervals, at minimum?
17. Do you keep accurate and contemporaneous sedation records as part of the patient record when sedation is provided or considered?

Question 10(d): Sedation practice standard

Are you aware of your requirements in relation to sedation as specified in the sedation practice standard, and do you comply with the following, as relevant to your role in the sedation team?

1. Do you perform a thorough patient assessment that enables you to determine whether you can provide safe sedation for patients that is the most suitable for them; and refer appropriately if you cannot?
2. Before providing sedation, do you provide patients with the information they need or request, in a way they can understand, to enable their informed consent for sedation and the planned dental treatment?
3. Do you provide patients with comprehensive and understandable pre-operative instructions, both verbal and written, before the sedation appointment?
4. Do you meet the current requirements for education and training to provide sedation, as stated in the Conscious Sedation for Dental Practice practice standard?
5. Do you use only sedation techniques in which you have been formally trained and are competent?
6. Do you administer only drugs for which you have gained an understanding of their pharmacokinetics and pharmacodynamics through formal education?
7. Do you use drugs for patient sedation in a manner that is unlikely to cause loss of consciousness, and/or impair ventilatory or cardiovascular function?
8. Before providing sedation, do you make sure that the treatment and recovery areas are appropriately sized, configured and equipped for the sedation technique you use, to facilitate safe sedation and recovery, including the management of sedation-related complications?
9. Do you meet the requirements specified in the practice standard for sedation team members, as applicable to the intended level of sedation?
10. Do you monitor the patient throughout the sedation and recovery periods, appropriately for the technique, drugs and level of sedation, or ensure that monitoring is performed by a member of the sedation team who is sufficiently trained in monitoring of sedated patients?
Note: the formal education and training requirements to monitor-only sedated patients do not come into effect until 1 October 2019.
11. Do you use oxygen appropriately for patients during the sedation and recovery periods?

Question 10(e): Working relationship practice standards with other oral health practitioners within your practice, where relevant

Dental therapist

Do you comply with, or have the following in place for your working relationship with your dental therapist, if relevant?

1. A signed professional agreement with the therapist 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 therapist practise within the appropriate scope(s) of practice and are you aware of the requirements of the scope, and any possible exclusions on their scope(s) of practice?
3. Does the therapist refer to you, where appropriate, with the correct documentation?
4. Do you provide advice on the same working day as it is sought?
5. Do you ensure access to timely advice in the event of your unavailability?
6. Do you keep accurate records of advice given?

Oral health therapist

1. Do you have a consultative professional relationship in place with your oral health therapist, if relevant?

Dental hygienist

Do you comply with, or have the following in place for your working relationship with your dental hygienist, if relevant?

1. A signed professional agreement with the hygienist 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 hygienist practise within their appropriate scope of practice and are you aware of the requirements of the scope, and any possible limitations or exclusions on the scope?

3. Is the practising certificate of the hygienist displayed, for hygienists with a limited scope of practice?
4. Do you examine all new patients, assess their medical history, and develop their oral health care plan?
5. Do you provide timely advice and ensure the hygienist has access to advice and guidance when off-site?
6. Do you assess the medical history of patients who self-refer to the hygienist, and make recommendations for their oral health care plan?
7. Do you have protocols for off-site treatment (e.g. nursing homes)?
8. Are you onsite when dental hygiene services are provided to patients who self-refer to the hygienist, or for patients who have been referred by other dentists?
9. Does the dental hygienist, if allowed to provide local anaesthesia according to their scope of practice, do so only when you provide direct supervision?
10. Does the dental hygienist only treat patients under sedation in accordance with the Conscious Sedation Practice Standard?
11. Do you prepare a treatment plan prior to orthodontic procedures being commenced by the hygienist?
12. Are all activities by the hygienist with a limited scope of practice, performed under your direct clinical supervision onsite?

Dental technician/clinical dental technician

Do you comply with, or have the following in place for your working relationship with the dental technician/clinical dental technician that you source work from, if relevant?

1. Is the dental technician/clinical dental technician practising within their scope of practice?
2. Are patients informed of all treatment options available and referrals made when appropriate?
3. Timely advice is provided to the technician undertaking, on prescription, your work?
4. Do you ensure that all products purchased and supplied by the laboratory are of an acceptable quality or standard and that a custom made appliance supplied to you or the patient can be traced in the event of a product recall or an adverse reaction or allergy complaint?
5. Oral health certificates are only provided when there are no diseased or unhealed hard or soft tissues or any other contraindicating abnormalities?
6. Accurate patient records are kept on advice given, prescriptions provided, and oral health certificates issued?
7. Are you aware of your responsibilities, in particular for the preparation of teeth and/or soft tissues for partial dentures, immediate dentures and over-dentures; the final fitting of the appliances; and the clinical care outcomes of immediate dentures, root and implant supported over-dentures?

Orthodontic auxiliary

Do you comply with, or have the following in place for your working relationship with your orthodontic auxiliary, if relevant?

1. A signed professional agreement with the orthodontic auxiliary(s) in relation to the provision of direct supervision, radiography, and access to prescription medicines, as required by the scope of practice for a orthodontic auxiliary?
2. Does the orthodontic auxiliary practise within their appropriate scope of practice and are you aware of the requirements of the scope, and any possible limitations or exclusions on their scope?

3. Is the practising certificate displayed where appropriate?
4. Do you examine all new patients, assess their medical history, and develop their oral health care plan?
5. Do you ensure that the specific requirements are met in relation to orthodontic auxiliaries that can perform radiographic activities within their scope of practice?

Question 10(f): Transmissible major viral infections practice standard

Are you aware of your obligations in relation to transmissible major viral infections (TMVI), and do you comply with the following, as relevant?

1. Testing requirements:
 - following exposure to HBV, HCV or HIV¹ (initial and follow-up testing)
 - subsequent to a positive test result for HBV, HCV and/or HIV
 - for ongoing monitoring of viral load levels, if infected?
2. Your requirements in the event of a positive test result:
 - immediately stop performing exposure-prone procedures
 - promptly advise the Registrar of the Council
 - comply with any other Council requirements?
3. Your requirement to seek medical advice:
 - for appropriate post-exposure prophylaxis if exposed to a TMVI
 - if you receive a positive test result
 - for ongoing care if infected?
4. Your notification obligations to the Registrar of the Council, if you:
 - know or suspect you are TMVI infected
 - suspect that a known TMVI infected practitioner is not complying with their Council obligations
 - suspect that a practitioner is TMVI infected?
5. Your notification obligations to a patient if you sustain an injury resulting in exposure of the patient's tissues to your blood, if you are:
 - TMVI infected
 - known to be infected with a TMVI and subsequently you have a positive test result from the test taken at the time of injury?
6. The relevant procedures in the event you sustain an injury resulting in exposure of the patient's tissues to your blood, whether you are TMVI infected or not known to be TMVI infected?

¹ HBV= Hepatitis B, HCV = Hepatitis C, HIV = Human immunodeficiency virus

Question 10(g): Advertising practice standard

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. Do you advertise in a manner that excludes any attempt to profit from, or take advantage of, limited consumer understanding?
 4. Does your advertising of services present information that is reasonably required by consumers to make decisions about the availability of services offered?
 5. 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?
 6. Are you certain that any claims made in your advertisement can be supported by best available evidence?
 7. Do you advertise in a manner that avoids disparaging other practitioners and the services they offer in any way?
 8. 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?
 9. 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?
 10. If someone else is responsible for your advertising, do you maintain responsibility for the form and content, its accuracy and compliance with the practice standard requirements, of the advertising of health-related services and products associated with your practice?
 11. If you do not personally advertise, are you aware that you retain responsibility for the form and content of the advertising of health-related services and products directly associated with your practice?

Question 10(h): Professional boundaries practice standard

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

1. Do you identify and maintain appropriate professional boundaries in your interactions with your patients and those close to them, including their families and whanau?
2. Do you ensure the integrity of the professional relationship is not compromised when you have a pre-existing relationship with a patient, and refer appropriately if you cannot?
3. Do you ensure that you do not breach sexual boundaries in your interactions with your patients?
4. Do you maintain appropriate professional boundaries when using social media and other forms of electronic communication?
5. Do you act to protect patients if you become aware of boundary breaches by other practitioners, and inform the Council Registrar of any boundary violations or unresolved boundary crossings?

Question 10(i): Medical emergencies practice standard

Section A:

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

1. Do you record and regularly update the medical history of all patients?
2. Does your practice have written protocols describing the staff members' roles in management of a medical emergency, and do you know your specific role in a

medical emergency?

3. Do you have a current resuscitation training certificate to the required level:
 - If not providing sedation (or providing relative analgesia): CORE Immediate or equivalent?
 - If providing sedation (excluding relative analgesia): NZRC CORE Advanced?
4. Did your resuscitation training course (including any overseas courses) cover the following minimum modules:

Airway management

 - Manual airway opening?
 - Airway suction?
 - Oropharyngeal airway insertion?
 - Mouth to mask ventilation?
 - One person bag-mask ventilation?
 - Two person bag-mask ventilation?
 - Oxygen delivery?

Adult collapse

 - Adult collapse management plan?
 - Team scenario practice for adult collapse?
 - Use of Automatic External Defibrillation?

Childhood collapse

 - Childhood collapse management plan?
 - Team scenario practice for childhood collapse?
 - Use of Automatic External Defibrillation?
5. Did you read the Medical Emergencies – Information and Specific responses section of the practice standard (Appendix A) before your resuscitation training?
6. Are you aware that your resuscitation training must be revalidated every two years – i.e your certificate is only valid for two years?
7. Do you have ready access to the following emergency equipment:
 - Oxygen cylinder, regulator and associated equipment suitable for delivering high flow oxygen?
 - Bag mask device with oxygen reservoir?
 - Basic airway adjuncts (oropharyngeal airways)?
 - Syringes and needles for drawing up and administering drugs?
 - Spacer device to deliver Salbutamol?
8. Is this equipment available in different age appropriate sizes, and checked monthly to ensure it is fully operational?
9. Do you have ready access to the following drugs:
 - Oxygen?
 - Glyceryl trinitrate?
 - Aspirin?
 - Adrenaline (1:1000)?
 - Salbutamol?
10. Are the emergency drugs within their expiry date at all times?

Section B:

Only complete section B if you are providing sedation (excluding relative analgesia)

11. Do you have ready access to the following additional emergency equipment:
 - Advanced airway adjuncts - oropharyngeal and supraglottic airway devices?
 - Associated equipment for gaining and securing IV access and administering IV fluids and medication?
 - Automated external defibrillator (AED)?

12. Is this equipment available in different age appropriate sizes, and checked monthly to ensure it is fully operational?
13. Do you have ready access to the following additional drugs:
- Appropriate antagonists for sedative drugs being administered, where required?
 - Dextrose 10%?
 - Glucagon?
 - Normal saline 1000ml?
 - Hydrocortisone injection?
14. Are the emergency drugs within their expiry date at all times?
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The Workforce Survey

GUIDANCE NOTES

The Workforce Survey seeks information about your practise in the year 01 October 2017 to 30 September 2018. You are asked to complete the survey as if you were completing it on 30 September 2018.

Section A: To be completed by all practitioners

Section B: To be completed if you **practised** during the year ending 30 September 2018

Section C: To be completed if you have **not practised** during the year ending 30 September 2018.

You must indicate whether you give the Dental Council permission, or not, to disclose the data collected from your workforce survey to the Ministry of Health, for the purpose of workforce planning.

Question 3 – Ethnic group

You may tick up to three ethnic groups. The ethnic groups listed are a combination of the Statistics New Zealand Standard Classification and the current profile of oral health practitioners on the dental register.

Question 6 – 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.

Questions 7 & 8 – Hours worked

If you work a variable number of hours per week, please record the average number of hours you worked in a typical week in Questions 7 & 8. For example 5 days/week on an average of 8 hours/day, a total of 40 hours/week.

Question 8 is a breakdown of that average number of hours worked per week across your scope of practice activities, by employment type.

Questions 8 & 9 – Type of employment

Questions 8 and 9 relate to the type and extent of your employment during the period 01 October 2017 to 30 September 2018.

The main type of employment relates to the job in which you worked the greatest number of hours, and the second type of employment to the next greatest number of hours worked.

For question 9, if you have more than one type of employment, then allocate the average number of hours by scope of practice across two types of employments.

Question 10 – Reason for part-time work

For the purpose of this survey, part time work is defined as a total of **less than 35 hours worked per week across all employments**. This should not include contract work as part of, or in addition to, your normal weekly employment arrangements.

Dental Council
Te Kaunihera Tiaki Niho