

# DENTAL COUNCIL OF NEW ZEALAND

*Te Kaunihera Tiaki Niho o Aotearoa*

• DENTISTRY • DENTAL HYGIENE • CLINICAL DENTAL TECHNOLOGY • DENTAL TECHNOLOGY • DENTAL THERAPY •

Minister of Health  
Parliament Buildings  
WELLINGTON

Dear Minister

In accordance with section 134 of the Health Practitioners Competence Assurance Act 2003, I am pleased to present the Annual Report of the Dental Council for the 2007/08 year.

The report contains the audited financial accounts of the Dental Council for the year ended 31 March 2008.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Mary Livingston', written in a cursive style.

Mary Livingston  
Chair



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# The Dental Council of New Zealand Mission and Functions

The Dental Council of New Zealand (the Council) is the self-regulatory body for the oral health professions and is constituted under the Health Practitioners Competence Assurance Act 2003. The professions identified by the Act are dentistry, dental hygiene, clinical dental technology, dental technology, and dental therapy (s. 114(2)). This includes dental specialists, dental auxiliaries and orthodontic auxiliaries.

## Mission

The mission of the Council is to protect the health and safety of the public by ensuring oral health practitioners are competent and fit to practice.

## Vision

The Dental Council of New Zealand contributes positively to New Zealanders' oral health by exercising its regulatory functions fairly and effectively.

## Goals

The Council has identified four core goals:

1. Implement the functions of the Health Practitioners Competence Assurance Act (HPCAA) 2003 efficiently and effectively.
2. Increase understanding of the Council's role and secure a reputation that is well respected.
3. Maintain an organisation that is sustainable and responsive.
4. Advocate for changes to the HPCAA to ensure best practice regulation.

## Functions

The Council is an independent statutory body established under section 110(2) of the Health Practitioners Competence Assurance Act 2003. As an independent statutory body, the Council has an obligation to conduct its activities in an open and ethical manner. In addition, the Council has a duty to operate effectively in a manner consistent with its functions as set out in section 118 of the Act.

In general, it is the function of the Council to provide a framework for the regulation of oral health practitioners in order to protect the public where there is a risk of harm from the practice of the profession. The specific functions of the Council are set out in section 118 of the Act. The Council is to:

- prescribe the qualifications required for scopes of practice within the profession, and for that purpose, to accredit and monitor educational institutions and degrees, courses of studies and programmes
- authorise the registration of oral health practitioners under this Act, and to maintain registers
- consider applications for annual practising certificates
- review and promote the competence of oral health practitioners
- recognise, accredit and set programmes to ensure the ongoing competence of oral health practitioners
- receive and act on information from oral health practitioners, employers and the Health and Disability Commissioner about the competence of oral health practitioners
- notify employers, the Accident Compensation Corporation, the Director-General of Health and the Health and Disability Commissioner when the practice of an oral health practitioner may pose a risk of harm to the public
- consider the cases of oral health practitioners who may be unable to perform the functions required for the practice of the profession
- set standards of clinical competence and ethical conduct to be observed by oral health practitioners of the profession
- liaise with other authorities under the Act about matters of common interest
- promote education and training in the profession
- promote public awareness of the role and responsibilities of the Council
- exercise and perform any other functions, powers and duties that are conferred or imposed on it by or under the Act or any other enactment.

## Members of the Dental Council as at 31 March 2008



**Ed Alcock**

**Dentist**

*DCNZ Committees:* Dentist Board (until 17/3/08), Business Assurance Committee (Chair), CEO Remuneration and Performance Management Committee

Ed Alcock graduated from Otago in 1967 and worked as a house surgeon at Dunedin Public Hospital, followed by five years in private general practice in London. Returning to New Zealand in 1974 he established a group practice in Auckland City with an emphasis on cosmetic and restorative dentistry. He has an extensive track record of active participation in the profession and holds various New Zealand and international society affiliations. He has served as Chair of the Economic and Practice Management committee of the New Zealand Dental Association (NZDA) (1992), President of the Auckland Branch of the NZDA (1994), as Inaugural President of the Auckland Dental Association (1995) and is co-founder and current President of the New Zealand Academy of Cosmetic Dentistry. Ed also sits on the Advisory Board of the University of Auckland Business School.



**Helen Colebrook**

**Layperson**

Helen Colebrook was admitted as a Barrister and Solicitor of the High Court of New Zealand in 1997 having completed her LLM (1<sup>st</sup> Class Honours) at Victoria University, Wellington. Since then Helen has worked in a number of legal research roles including a period as an investigator for the Office of the Health and Disability Commissioner. In 2001 Helen was an International Fellow at Chapin Hall at the University of Chicago researching approaches to dealing with high conflict custody cases. She works as a legal policy consultant and is the current Chair of the Central Regional Ethics Committee.



**Erin Collins**

**Dentist**

*DCNZ Committees:* Dentist Board

Erin Collins graduated with a BDS from Otago in 1982 and commenced private general dental practice in Auckland. He began working at the Newmarket Dental Group in 1983 and joined the partnership in 1987. Prior to his appointment to the Dental Council in 2003 he had extensive involvement in Dental Association activities. Erin joined the executive of the Auckland Dental Association in 1994, was President in 1999 and was recently made an honorary life member. He has been a representative to the NZDA Executive and Board and chaired the NZDA Practice Management Committee and NZDA 2003 Biennial Conference Committee. Currently Erin is a director of the Dental Insurance Society and a trustee of the NZDA Research Foundation Trust.



**Riria Handscomb**

**Layperson**

Riria Handscomb is of Te Whanau a Apanui and Tainui descent and is currently working as the manager of two community centres in the eastern suburbs of Wellington. She has an extensive track record of local community and voluntary service. Riria is a Justice of the Peace and has served as a marriage celebrant. Riria is currently a Komiti member of Te Ao Marama (New Zealand Maori Dental Association).



## Vicki Kershaw

### Dental Therapist

*DCNZ Committees:* Dental Therapist Board

Vicki Kershaw gained her Dental Therapist Certificate in 1978. Since graduating she has spent most of her career working as a Taranaki based dental therapist. She was National President of the New Zealand Dental Therapists' Association from 2002 to 2005, and has represented the Association on Ministry of Health Technical Advisory Groups. Affiliated to Ngati Mutunga / Ngati Tama iwi, Vicki is currently the president of Te Ao Marama (New Zealand Maori Dental Association).



## Albert Kewene

### Dental Specialist

*DCNZ Committees:* Dentist Board

Albert Kewene, of Tainui and Ngati Kahunungu / Rangitane descent, was the first Maori to obtain a postgraduate degree in dentistry and to register as a dental specialist. He gained an MDS in Periodontics at the University of Otago in 1974 and registered as a specialist in 1980. Albert is currently working in specialist periodontal practice in Hamilton and Tokoroa. He is a visiting practitioner to Maori health clinics on low-income contracts and is the immediate past President of Te Ao Marama (New Zealand Maori Dental Association).



## Mary Livingston (Chair)

### Dental Specialist

*DCNZ Committees:* Dentist Board (Deputy Chair) (until 31/12/07), Joint Australian Dental Council/DCNZ Accreditation Committee, CEO Remuneration and Performance Management Committee

Mary Livingston worked both in private practice in Christchurch and as a dental specialist contracted to the Hospital Dental Service of the Canterbury District Health Board until August 2006. After 25 years in the public sector she now practices only in general practice. Mary graduated with a BDS from Otago in 1980 and gained an MDS in Community Dentistry in 1989. She began her career as a dental surgeon for the North Canterbury Hospital Board, where she progressed to Dental Registrar and Dental Officer. From 1991 to 2001 she was the

Clinical Director of the Hospital Dental Service, Canterbury Health Ltd. During the 1980s and 1990s Mary was active in the Canterbury Branch of the New Zealand Dental Association during which time she held various positions on the executive and committees.



## Robert Love (Deputy Chair)

### Academic member

*DCNZ Committees:* Dentist Board (Chair), Joint Australian Dental Council/DCNZ Accreditation Committee, CEO Remuneration and Performance Management Committee

Robert Love is Professor at the Faculty of Dentistry, University of Otago, where he heads the Department of Oral Diagnostic and Surgical Sciences, and is Deputy Dean (Acting). After graduating with a BDS from Otago he spent two years as a dental house surgeon and seven years in general private practice before gaining an MDS in Endodontics, a PhD in Molecular Oral Microbiology and a FRACDS. Robert practises clinical endodontics and has held positions such as President NZ Society of Endodontics, President NZ Section ANZ Division IADR, and Board member NZDA. Robert is Scientific Editor of the *NZ Dental Journal* and is

on the editorial boards of the *International Endodontic Journal*, *Journal of Endodontics*, and *Dental Traumatology*. He has lectured widely both nationally and internationally and has an extensive publications and research record.



## John Robertson

### Layperson

*DCNZ Committees:* Dentist Board, Dental Therapist Board, Business Assurance Committee (Deputy Chair)

John Robertson has a background in both the public and private sectors. He has an MBA from the University of Washington and an Honours degree in Business from Massey University. He is a Chartered Accountant and a member of the Institute of Directors. John is the Dean of the Faculty of Business at the Manukau Institute of Technology. He chairs the Board of Fishpond.co.nz and the Council of the Electricity and Gas Complaints Commission.



## Neil Waddell

### Dental Technician

*DCNZ Committees:* Dental Technicians Board (Chair and Academic Member)

Neil Waddell is a Senior Lecturer in the Department of Oral Rehabilitation, Faculty of Dentistry, University of Otago where the main focus of his teaching is in the final year of the Bachelor of Dental Technology programme. Neil has been involved in the teaching of dental technology since 1984 both in South Africa and New Zealand. He has a Higher Diploma in Education, University of Natal (1986), a Masters Diploma in Dental Technology, Technikon Natal (1993) and a Postgraduate Diploma in Clinical Dental Technology, University of Otago (2004). Neil has represented the Board and the Faculty of Dentistry on the Council of Regulating Authorities (CORA) and was a member of the executive committee of the

New Zealand Institute of Dental Technologists from 2001 to 2004. He has lectured widely both nationally and internationally.



## Robyn Watson

### Dental Hygienist

*DCNZ Committees:* Dental Hygienist Board

Robyn Watson's qualifications include a Certificate in Oral Hygiene from the University of Pennsylvania, a degree in Dental Hygiene Education from the University of North Carolina, and a Masters in Public Administration in Health Services Management from the University of San Francisco. Robyn has had a wide-ranging career in the US and New Zealand, which has included dental hygiene practice and teaching in the US and teaching at the Otago Polytechnic and University of Otago. She is presently an Educational Consultant with Hu-Friedy Mfg Ltd of Chicago and as such presents dental hygiene educational programmes internationally and is also a Senior Lecturer at the Auckland University of Technology. Robyn

has held the positions of President and Vice President of the New Zealand Dental Hygienists' Association. She has served on the Oral Health Advisory Committee for the Ministry of Health and is currently the dental hygiene representative on the Dental Health Foundation Board. Robyn is currently a NZ Director and has served as the Chair of the Education Committee for the International Federation of Dental Hygiene.

## Report from the Chair

As I reflect on another year I realise that the Council has continued to be faced with and overcome several challenges of meeting the complexities and obligations of the Health Practitioners Competence Assurance Act (HPCAA). Our principal purpose is to promote and protect the health and safety of members of the public by ensuring oral health practitioners are competent and fit to practice their professions. To do this we have continued to develop and refine our processes and policies to ensure standards are set at the appropriate level and met by practitioners.

### Governance

The reduction in the size of the Council and its four Workforce Boards took effect from the beginning of this financial year. This action was complemented by clearly identifying what activities would be delegated by the Council to the Boards and to the Registrar. As a result, the Boards are mainly occupied with matters associated with individual practitioners while the Council concentrates on policy, planning and the more general business of the Council. This has resulted in decisions being taken at the appropriate level, avoiding the need for them to be reconsidered at more than one level of the organisation. Overall there have been fewer meetings with more timely decisions being made.

There have been a number of changes to Board membership:

- Dental Technicians Board – in August 2007 the Board welcomed Mike Williams from the Waikato. In November Neil Waddell was reappointed to the Board and in December 2007 Tracy Burke's twelve-month term ended.
- Dental Therapist Board – in August 2007 the Board welcomed Susan Moffat from Otago.
- Dentist Board – the Board saw the departure of two long-standing members, Ed Alcock and myself. We continue as members of the Council and are both actively involved in other Council Committees. Peter Dysart from Dunedin and John Hale from Auckland were appointed to the Board in February 2008.

### Recertification and registration

The Health Practitioners Competence Assurance Act requires all practising oral health practitioners to be registered. Under the previous legislation (the Dental Act 1988) dental technicians and clinical dental technicians were regulated very lightly – with few of the expectations and regulatory requirements put in place by the HPCA Act. This year the Council offered an amnesty period to enable dental technologists and clinical dental technologists to register. Academic courses were provided by the University of Otago and additional registration examinations were offered.

The Council has considered a number of issues pertaining to the registration and recertification of oral health practitioners. These include the use of laser technology and fitting of mouth guards by dental hygienists, the eligibility of overseas-trained dentists to apply for registration in hygiene, therapy and technology scopes of practice, and clarity for orthodontic auxiliaries regarding the restricted activities list. The Council has also created a pathway for registration of dental auxiliaries into a limited dental hygiene scope of practice.

### Liaison

#### Trans-Tasman

The Dental Council of New Zealand (DCNZ) has continued to work with the Australian Dental Council (ADC) and over the year has strengthened its relationship with the development of a Memorandum of Understanding. This intends to set out a framework to facilitate liaison and collaboration between DCNZ and ADC on areas of mutual interest.

The Joint ADC/DCNZ Accreditation Committee continues to assess the quality and appropriateness of oral health academic programmes in New Zealand and Australia that lead to qualifications approved for registration. A number of joint examinations have been held. This has meant more opportunities for candidates seeking registration in both countries and a sharing of resources and expertise.

Other trans-Tasman meetings include the Presidents and Registrars of Dental Boards of Australia and New Zealand, and the Council of Regulating Authorities (CORA) for dental technicians and clinical dental technicians.

## Professional Associations

The Council and its Workforce Boards have continued to meet with the professional associations and consult with them on significant policy matters. The Council appreciates the work the associations are doing, particularly with regards to the continuing professional development of practitioners. The Council's Professional Advisors, Dexter Bambery (Dental) and Marijke van der Leij Conway (Therapy) have travelled to many local association meetings throughout the country to discuss the CPD and recertification requirements. The response from participants has been positive and the Council thanks you for your commitment and the sharing of your collective wisdom.

## Ministry of Health

The Ministry of Health and the Council have maintained a positive relationship and the Council has contributed to a number of the Ministry's initiatives this year. This includes the dental workforce survey and the review of the Health Practitioners Competence Assurance Act. The Council has provided information to the Ministry on the restricted activities list. It has also communicated to the Ministry its concerns about teeth bleaching by non-health practitioners, which it considers unsafe, and has reported to the Ministry instances of non-registered persons acting as oral health practitioners. The Council met regularly with Hon Pete Hodgson and has also met with Hon David Cunliffe, who was appointed as Minister of Health in October 2007.

## Professional standards

The Council hosted a training day in conducting and participating in competence reviews in October. This was attended by over 45 people with representatives from ten registration authorities as well as a number of oral health practitioners. The training included sessions on risk management, communication, the legal perspective, and the competence review committee from the lay person's perspective.

The Council has continued to update and develop its codes of practice to meet the changing needs of the oral health professions. A new code was developed for transmissible major viral infections (TMVI) and the Council issued a statement on cultural competence. The Council has also endorsed and adopted the NZDA's revised code of practice on cross-infection in dental practice.

## Submission to ERMA on tooth whitening products

With the increased demand for tooth whitening treatments and hydrogen peroxide-based tooth whitening products with a concentration of 6-16% readily available and being used by non-health practitioners, the Council made a joint submission with the New Zealand Dental Association to the Environmental Risk Management Authority to express its concerns. The Council believes that there is a clear risk to the public as these hazardous substances are not covered by the terms of the Cosmetic Product Group Standards Schedule (CPGS).

## Education

The Council approved the Auckland Regional Dental Service (ARDS) dental therapy refresher programme in August 2007. Our thanks to Neil Croucher (Northland DHB), Susan Moffat (University of Otago) and Barbara Dewson (Dental Therapist Board Chair) for their assessment of this programme. The University of Otago informed the Council of changes to the curriculum of its Bachelor of Dental Surgery programme. The changes were assessed and approved by the Joint ADC/DCNZ Accreditation Committee. The Council also approved the transfer of accreditation of the Master of Dental Surgery programmes to a Doctorate of Clinical Dentistry for the University of Otago.

## Secretariat management

This year the Secretariat has experienced a number of changes of personnel. Long-serving Registrar, Janet Eden, left in July. Janet served the Council for over 11 years and is very highly regarded in the oral health sector. David Dunbar joined the Council in September as the Registrar. David had previously worked with the Ministry of Health and was involved in the development and implementation of the HPCA Act. Deputy Registrars Margaret Steel and Jeanette McKeogh also left, along with the Policy Advisor, Elizabeth Shaw. The Council also said farewell to Sue D'Ath who has served for many years as the Tribunals Officer to the Dentists Disciplinary Tribunal and as Executive Officer to the Health Practitioners Disciplinary Tribunal (Dental Professions).

## Personal remarks

The Council has continued to meet its obligations under the HPCAA because of the commitment and dedication of the Council and Board members and through the continued support and cooperation of practising oral health professionals. I would like to thank my colleagues, inside and outside the Council, for your ongoing support and collegiality.

I would also like to thank the Secretariat staff for their efforts over the year. You have continued to implement our decisions and meet our demands in a professional manner.



Mary Livingston  
Chair

## Strategy and Governance

Throughout 2007/2008, work towards the Council's strategic aim of ensuring the requirements of the Health Practitioners Competence Assurance Act 2003 (HPCAA) are always fully met through the establishment and operationalisation of effective, efficient and comprehensive policies, systems and processes continued.

The Secretariat assists the Council to implement its strategic objectives through the provision of policy research and advice, administrative support and operational application of Council policies and guidelines.

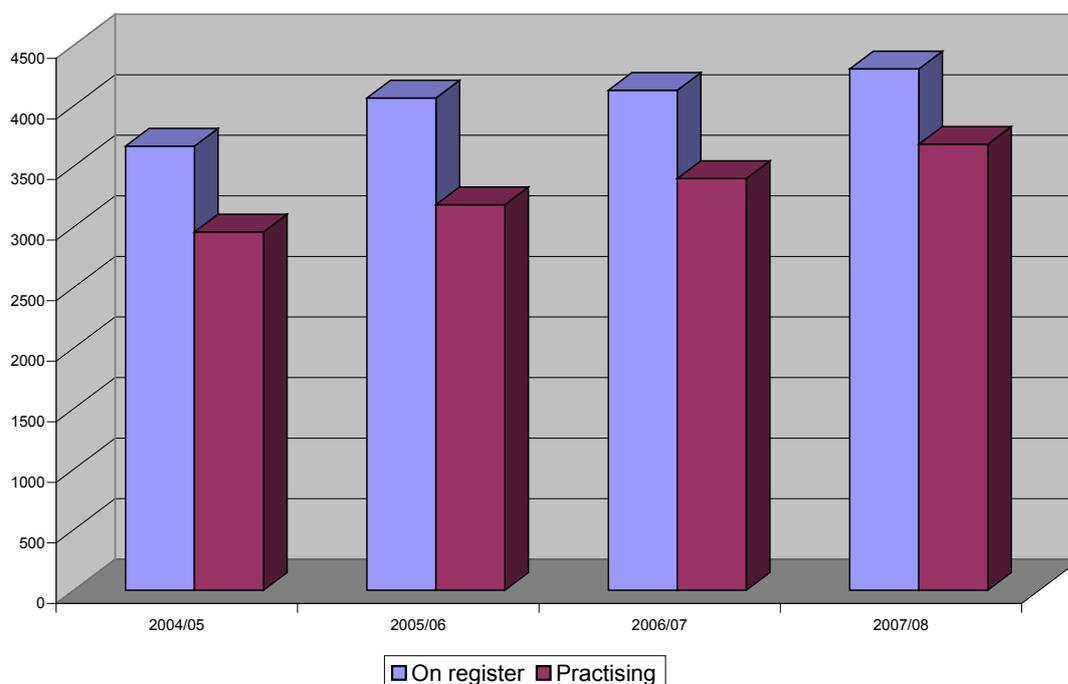
The Secretariat manages the operational application of Council policy regarding the registration of practitioners, their annual recertification through the issue of annual practising certificates and health and competence matters before the Council. Also in line with Council policy, it administers the accreditation and approval processes for education programmes and courses and oversees the examination process for potential overseas oral health practitioners wishing to register, including the processing and management of applicants.

In 2008/2009, the Council will look to review the operational application of its policies for currency and relevance, given the continuing growth of oral health registrants, to ensure there is both capacity and capability to meet future demands.

Since the introduction of the HPCA Act in 2003, Council has had a steady increase in its responsibilities to protect the public by ensuring health practitioners are safe and competent to practice. In this regard, the number of registered oral health practitioners increased by 18% over the period 2004/2005 to 2007/2008 and the numbers practising increased by 25% over the same period.

The following statistical charts present the Secretariat operational workflows since the HPCAA was implemented in 2004 and illustrate areas of growth:

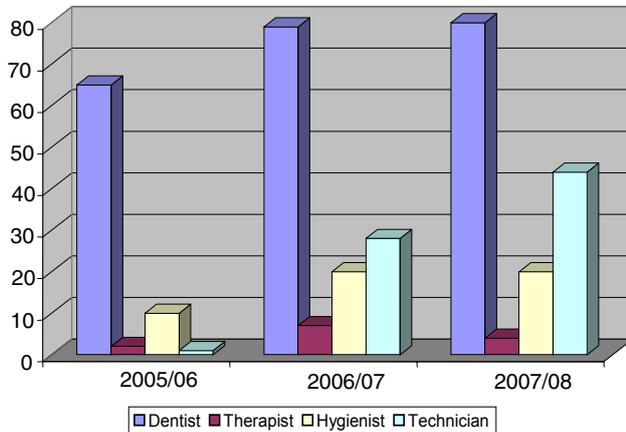
### Total number of registered oral health practitioners



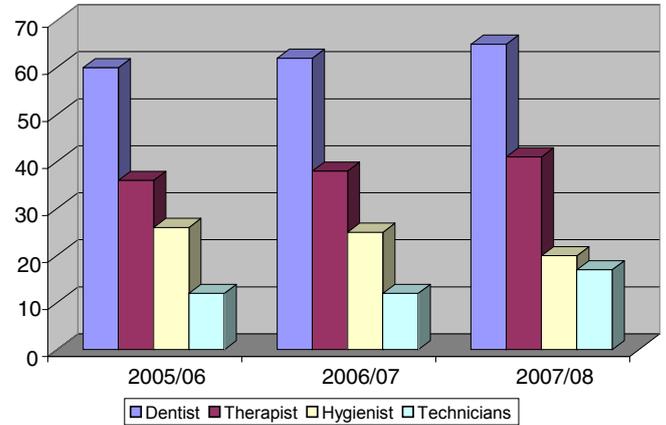
## New registrations of practitioners

New registrations come from two primary sources: New Zealand trained or overseas trained practitioners. The Dental Council recognises a number of international oral health qualifications. Oral health practitioners who do not have these qualifications must go through the Dental Council's registration examination process.

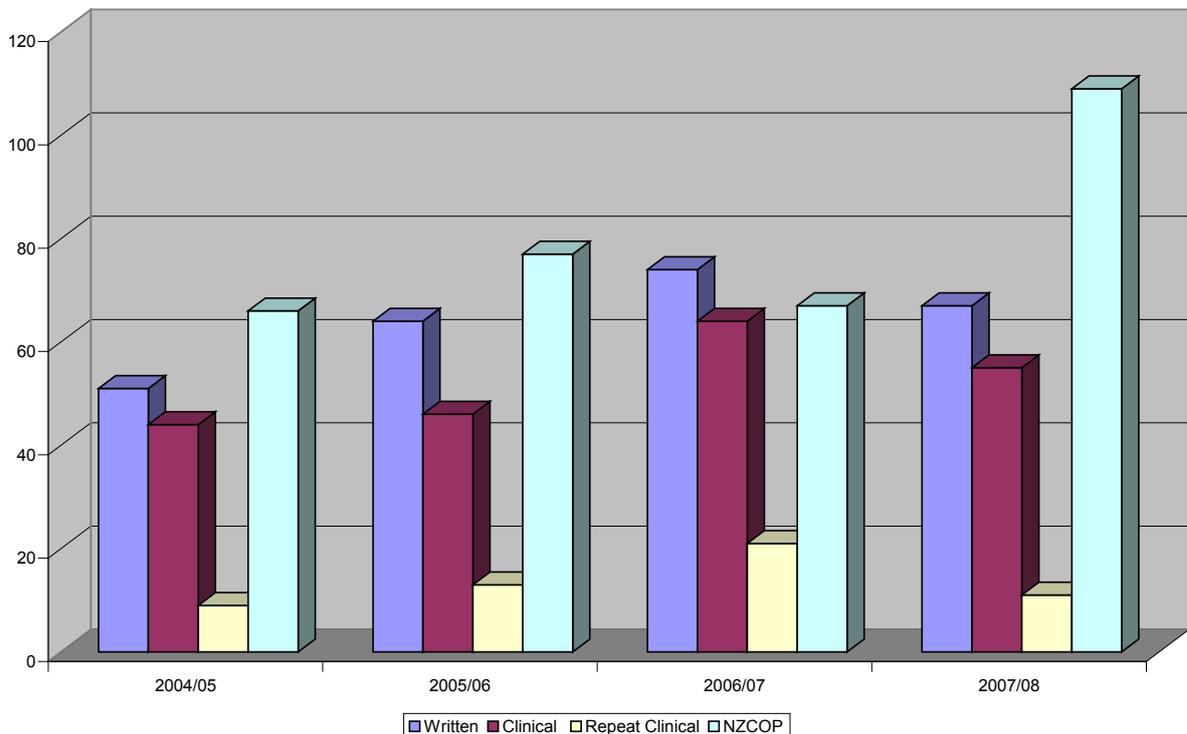
### New Zealand trained practitioners



### Overseas trained practitioners



## Registration examinations for all oral health practitioners

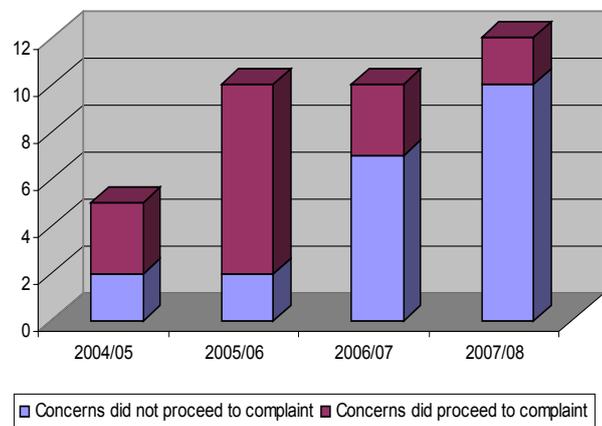


The above graph includes the number of attempts for the written, clinical, repeat clinical and New Zealand Codes of Practice examinations. The total figures include all oral health practitioner groups. Exams were held for dentists each year. Exams were held for dental therapy and dental technicians in 2006/07 and 2007/08. No dental hygienist exams have been held to date.

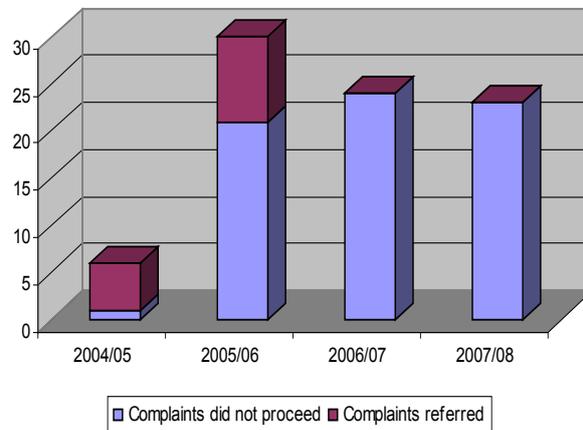
## Complaints and concerns

The volume of concerns, complaints or referrals received by the Dental Council has more than doubled since the implementation of the HPCAA as illustrated by the graphs below. The concerns and complaints can be raised by members of the public or other health professionals. The concerns may lead to formal complaints.

### Telephone concerns

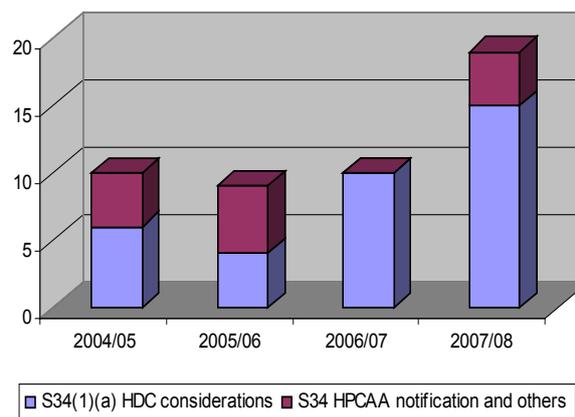


### Complaints

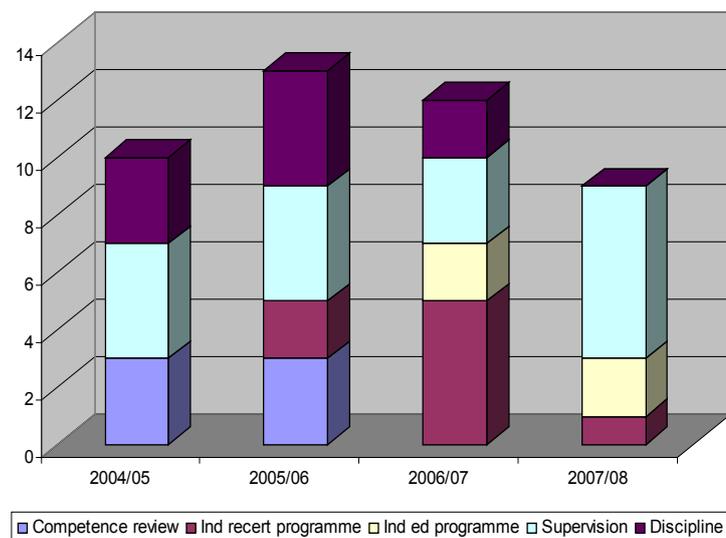


## Referrals and notifications

Section 34(1)(a) of the Health and Disability Commissioner Act provides for the HDC to refer complaints to the Dental Council. Other notifications can be raised by other health practitioners under Section 34 of the Health Practitioners Competence Assurance Act 2003. The number of referrals and notifications has continued to increase since the implementation of the HPCAA.



### Outcomes of referrals



The referrals and notifications received and considered by the Dental Council may result in any one or a combination of the following options:

- a competence review
- an individual recertification programme
- an individual education programme
- a supervision programme
- a discipline process.

The referrals and notifications since the implementation of the HPCAA have involved a total of 34 individual practitioners.

## Health cases

The number of health cases monitored by the Dental Council has also steadily increased. The length of time a practitioner stays in the health portfolio varies according to the health issue. A practitioner may be monitored for several months or over a year(s).

	2004/05	2005/06	2006/07	2007/08
Health considerations (new)	1	1	3	5
Existing practitioners in health portfolio	2	3	3	5
Less practitioners leaving health portfolio	0	1	1	2
Total number of practitioners in health portfolio	3	3	5	8

## Policy decisions for the 2007/08 year

As part of its continuous improvement process, Council, through its annual policy programme, regularly develops, reviews and amends policies and procedures to ensure that the requirements of the HPCAA are met comprehensively and are able to be operationally applied with consistency.

Through the policy programme in 2007/2008, the following policies and procedures were approved by the Council:

- Legislative delegations to the Registrar under the HPCA Act
- New and advanced areas of practice
- Recency of practice for dental technicians and clinical dental technicians
- Recency of practice for dental therapists
- Guidance on fitting of grills
- Moderation of dental therapy refresher programmes
- Management of oral health practitioners with conditions affecting their fitness to practice
- Probity
- Internal fraud
- Procedures for managing board appointments

The 2007/2008 year also saw the review of all financial policies in accordance with the Council's aim of ensuring best practice in financial management. Existing financial policies were reviewed, taking into consideration the Council has now operated under the HPCAA framework for three years. Those results enabled policy assumptions to be revalidated to ensure any fees set were in accordance with Cabinet guidelines and on a full cost recovery basis.

## Communications & Relationships

The Council and the Secretariat met with professional associations during 2007/2008 to exchange information, ideas and comments and to continue the valued and productive working relationships with these bodies. Council representatives also met with academic staff at the University of Otago and Dentist graduates in Christchurch and attended the Te Ao Marama and NZDTA conferences during the year.

The publication of the *DCNZ News*, a newsletter for all oral health practitioners, continued in 2007/2008 and is receiving a positive response. The Council has also contributed to the NZDTA newsletter on a regular basis. Further publications in 2007/2008 included a revised version of the Conditions of Practice Handbook, published in July 2007, and a number of helpful resources for Professional Conduct Committee participants.

## HRANZ

The Health Regulatory Authorities of New Zealand (HRANZ) is an informal group of representatives from the 15 health registering authorities operating under the HPCAA. HRANZ facilitates matters of common interest for and between authorities and provides a forum for sharing information, ideas and practices. This year saw the development

of a Memorandum of Understanding between the group and the Health Practitioners Disciplinary Tribunal to ensure the smooth running of disciplinary proceedings under the HPCAA 2003.

The CEO and Registrar are actively involved in HRANZ and have gained some helpful insights into the overall implementation of the HPCAA in other authorities.

## CPD audits

The 2008/09 year will see the first audit of continuing professional development undertaken by practitioners. This year the Secretariat developed the process for Council's consideration and approval. The first recertification cycle for dental therapist and dental hygienists ends on 31 March 2008. Ten percent of these practitioner groups will be randomly selected to complete a questionnaire and submit their CPD records for the two-year cycle.

## On-line recertification

As with a number of other regulatory authorities, the Council has undertaken an initial scoping exercise to investigate an online recertification system. Part of the scoping process included canvassing practitioners through the annual recertification process to determine whether they would use an online system. The response was very positive.

The initial scoping investigation confirms that the concept has merit to proceed and Council will move to develop a more detailed request for proposal to put to the market in 2008/09.

## Examinations

This year saw the introduction of joint ADC/DCNZ overseas trained dentist preliminary written examinations. This gives candidates more opportunities to sit the exam and provides a more consistent approach from the two countries. Later in the year the New Zealand and Australian clinical exams underwent a calibration exercise to ensure standards are consistent.

Over the last few years the concept has developed of a single dental technology examination being recognised by all members of the Council of Regulating Authorities (CORA), which comprises dental technicians boards of Australia and the Dental Council of New Zealand. This was realised in February 2008 with the Council's Dental Technician examinations being recognised by all CORA members as a qualifying pre-registration examination for dental technology in both New Zealand and Australia. The first examination under the CORA banner was held in February 2007.

## Registration

Registration of oral health practitioners is the principal function of the Dental Council. By ensuring that all oral health practitioners who are registered meet the standard required for safe and competent practice, the Council is meeting its primary role of protecting the public.

Every oral health practitioner who wishes to practise in New Zealand must be registered with the Dental Council and hold a valid Annual Practising Certificate.

The benchmark standards for registration are accredited diploma/degree programmes in the relevant oral health profession. The Council conducts accreditation reviews of these programmes to ensure that they continue to meet the standards and competencies for registration.

## Requirements for registration

Any oral health practitioner applying for registration in a scope of practice must meet the following requirements:

- demonstrate competence in the scopes applied for
- hold a 'prescribed' qualification – for each scope of practice the Council has prescribed (approved) the qualifications required for registration in that scope
- meet fitness for registration requirements including competence in English and the absence of any health conditions or disciplinary proceedings by, for example, employers, regulatory bodies or educational institutions that affect adversely on fitness to practise.

The term 'qualifications' as used in the HPCAA has a broader definition than its commonly understood meaning of degrees or diplomas. Under the Act, qualifications can include a pass in examinations or other assessments set by the Council, registration with an overseas organisation comparable to the Council, and various kinds of experience.

## Scopes of practice

A scope of practice describes what a registered practitioner is entitled to do. Registered practitioners are not permitted to practise outside their scope of practice. The Council is required, through the issue of an annual practising certificate to a practitioner, to certify that the practitioner is competent to practise in their scope of practice.

The following general gazetted scopes of practice are in force:

- general dental practice
- specialist dental practice
- general dental therapy practice
- general dental hygiene practice
- dental technology practice
- clinical dental technology practice

Subsets of the general dental hygiene scope are the Orthodontic Auxiliary and the Dental Auxiliary scopes of practice.

The scopes for specialist practice are based on the previous definitions of the specialist registration categories. Under the HPCAA dentists do not have to register in a general scope before registering in a specialist scope. However, dentists wishing to undertake both general and specialist practice are required to register in both a general and specialist scope of practice.

For dental therapy, dental hygiene and clinical dental technology the Council also defined additional or 'add-on' scopes of practice. In dental hygiene there are additional scopes of practice in:

- administering local anaesthetic
- undertaking orthodontic procedures
- intra-oral radiography
- extra-oral radiography

Registration in the additional scopes for local anaesthetic and orthodontic procedures is available to those registered in general dental hygiene practice, while registration in the scope for intra-oral radiography and extra-oral radiography is available to those registered in general dental hygiene, dental auxiliary or orthodontic auxiliary practice.

In dental therapy, practitioners registered in the general scope may apply to register in additional scopes of practice in:

- pulpotomies
- radiography
- diagnostic radiography
- stainless steel crowns
- adult care

The grandparenting provisions for registration in the adult care scope of practice ceased on 18 September 2004. In clinical dental technology, practitioners may apply to register in the additional scope of implant overdentures.

## Dental Technicians Amnesty

Last year the Council defined an amnesty period to allow unregistered practitioners, who had been practising under the exemption provisions of the old Dental Act, to apply for registration under the Health Practitioners Competence Assurance Act (HPCAA) 2003 while continuing to practise.

During the year the Council held a registration amnesty for dental technicians with non-prescribed qualifications. The exemption provisions of the Dental Act, which allowed unregistered people to work as dental technicians under supervision, disappeared with the commencement in September 2004 of the Health Practitioners Competence Assurance Act 2003. However this was not widely published to members of the dental technology sector.

The sector was advised that:

- those who were practising dental technology as a dental technician needed to be registered and hold a current annual practising certificate
- an amnesty period expiring 30 June 2007 would be provided to allow unregistered persons who had been practising under the exemption provisions of the old Dental Act, to apply for registration under the HPCAA while continuing to practise.

## Applications for Individual Assessment

Applicants with non-prescribed qualifications who consider their qualifications as equivalent to, or as satisfactory as a prescribed qualification, can apply to the Council for individual consideration and registration.

### Number of applications for individual assessment received

Individual Assessment Applications	2006/07	2007/08	
		Applied	Approved
Dentistry (including specialist)	6	15	1
Dental Hygiene	9	10	3
Dental Technology	43	38	22
Dental Therapy	9	13	0
<b>TOTAL</b>	<b>67</b>	<b>76</b>	<b>26</b>

## Numbers of New Zealand and Overseas Dentist Graduates Registering by year

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Argentina							1	1		2
Australia	3	2	1	1	4	2	8	9	8	8
Bangladesh			1							1
Brazil					1		1	2	2	1
Bulgaria	1						1			
Burma			1							
Canada		1	1	1		1	3	1		2
Chile										1
China			1	2	1	1				1
Columbia				1			1		1	
Czechoslovakia			1		1					
Egypt		1	1	2			1	1	3	1
Fiji						1				1
France		1							1	
Germany				2	1			1	1	2
Hong Kong			1						1	1
India	6	8	12	8	5	7	7	12	17	18
Indonesia										1
Iran		2								
Iraq	6	10	10	3	5	7	1	5	4	4
Ireland	1	1				2	1	1	1	
Israel						1		1		
Jordan										1
Korea		1	1							
Macedonia					2					1
Malaysia							1			1
Netherlands		1							1	1
Pakistan									1	
Philippines				1	1	2		1	3	1
Poland				1			1		1	
Romania		2	1			1	1	4	1	2
Russia							2		2	1
Serbia							2		1	
Singapore		1	1	1			1	1		1
South Africa	9	1	3	3	7	11	10	8	4	7
South America		1								
Sri Lanka	2	1	1	1	1	2	1		2	1
Sweden		1								1
Syria				1					1	
Taiwan		1	1		1					
Thailand	1					1				1
Turkey			1							
Ukraine					1					1
United Kingdom	12	8	6	8	10	15	21	23	19	13
USA	1		5	1	1	4	3	7	4	2
USSR			1	2	2					
Yugoslavia	2	1	1	5	1					1
Total O/seas	44	45	53	45	45	58	68	78	79	80
New Zealand	53	60	176	238	380	66	454	564	62	65

Footnote - These are financial years, from 1 April to 31 March.

## Numbers of New Zealand and Overseas Dental Hygienist Graduates registering by year

	2005	2006	2007	2008
Argentina	1			
Australia	4	1	1	
Brazil	5			
Canada	13	5	2	3
Egypt				1
Fiji	1			1
Germany	2			
Hong Kong	3			
India	3	1		
Indonesia	1			
Iraq	4			
Ireland	1	1		
Israel	4		1	
Netherlands	1		2	
New Zealand	276	34	20	20
Philippines	11	2		2
Romania	4		1	
Russia	3			
South Africa	13		3	3
Sri Lanka	1			
Sweden	1	1		
United Kingdom	27	5	5	7
USA	7	3	4	
Total O/seas	110	19	20	30
New Zealand	276	34	20	20

## Numbers of New Zealand and Overseas Dental Therapist Graduates registering by year

	2005	2006	2007	2008
Australia	4			
Botswana	1			
Canada	1		1	
Egypt	1			
Fiji			1	1
Hong Kong	1			
India	1	1	2	1
Malaysia				1
New Zealand	635	39	38	41
Philippines	1		1	1
Syria			1	
United Kingdom		1	1	
Zimbabwe	1			
Total O/seas	11	2	7	4
New Zealand	635	39	38	41

## Numbers of New Zealand and Overseas Dental Technician Graduates registering by year

	2005	2006	2007	2008
Australia			4	1
China				2
Fiji				1
Germany			10	11
Hungary		1		1
Iran				1
Iraq			1	
Italy				1
Japan			4	9
Khazakhstan				1
Korea			2	1
New Zealand		9	12	17
Peru				1
Romania				5
Serbia				1
Singapore			3	3
Ukraine			2	
United Kingdom			1	4
USA			1	
Total O/seas		1	28	43
New Zealand		9	12	17

## Registration through Trans-Tasman Mutual Recognition (TTMR)

The Trans-Tasman Mutual Recognition Act became effective on 1 May 1998 for practitioners registered in New Zealand and those Australian states with similar legislation. Under TTMR a practitioner registered in New Zealand is automatically entitled to registration to practise in an Australian state – and vice versa – where the registered professions are equivalent. The registration process under TTMR is much easier and quicker than the normal registration process.

Some Australian state dental boards and associations have expressed concern that, under TTMR, overseas dentists are using New Zealand as a ‘backdoor’ to gain registration without examination in Australia. This concern is supported anecdotally by the annual New Zealand dental workforce survey, which indicates that, while remainder rates are relatively high for dentists registering after sitting and passing the registration examinations (approximately three-quarters of those who pass NZDREX remain in New Zealand), remainder rates are lowest for overseas dentists who register in New Zealand without having to sit the NZDREX.

## The Register

The names of all oral health practitioners registered to practise in one or more of the gazetted scopes of practice must appear in the Register, which is a public document. Through the Register, the public can be assured that a practitioner has met the standards required for safe practice in New Zealand. The Register also details any conditions that may have been placed on a practitioner’s practice.

Members of the public can inspect the register on line on the Council’s website, [www.dcnz.org.nz](http://www.dcnz.org.nz).

## Retention on the Register

Each year, as part of the Annual Practising Certificate renewal round, practitioners are given the option of remaining on the Register in a non-practising capacity for the coming year for an annual fee of \$50.

The circumstances as at 31 March 2008 of all oral health practitioners with full registration in the Register are summarised below.

	<b>Dentists</b>	<b>Hygienists</b>	<b>Therapists</b>	<b>Technicians</b>
Full registration	2482	462	724	636
Full registration, non-practising	465	61	39	46
Full registration, over 65, non-practising	56	0	1	2
<b>TOTAL</b>	<b>3003</b>	<b>523</b>	<b>764</b>	<b>684</b>

Despite the increase in registration numbers the last year has seen a fairly substantial number of removals from the Register. These are frequently at the request of a practitioner (who is ceasing practice or going overseas, for example), but can also result from the Council not having any contact from the practitioner for a number of years. The table below highlights the removals from 1 April 2007 to 31 March 2008.

<b>Dentists</b>	<b>Hygienists</b>	<b>Therapists</b>	<b>Technicians</b>
143	26	27	22

## Summary of Registration At 31 March 2008

	On Register	Practising
Total practitioners	4304	3681
Total dentists <sup>1</sup>	2482	2017
Total dental hygienists <sup>2</sup>	462	401
Total dental technicians	458	412
Total clinical dental technicians	178	166
Total dental therapists	724	685

## Registration Activities

### Dentists and Dental Specialists Year Ended 31 March 2008

	2006/07	2007/08
<b>Full registrations granted</b>	141	145
NZ graduates	62	65
Overseas graduates	79	80

<b>Registrations in specialist scopes</b>		
Endodontics	0	5
Oral and Maxillofacial Surgery	1	3
Oral Medicine	0	0
Oral Surgery	1	0
Orthodontics	4	4
Paediatric Dentistry	1	2
Periodontics	2	2
Prosthodontics	2	1
Public Health (Community Dentistry)	1	2
Restorative Dentistry	0	0
Special Needs Dentistry	0	1

### Dental Therapists Year Ended 31 March 2008

	2006/07	2007/08
<b>Full registrations granted</b>	45	45
NZ graduates	38	41
Overseas graduates	7	4

<b>Registration in additional scopes</b>		
Radiography	6	6
Diagnostic Radiography	47	104
Pulpotomies	34	54
Stainless Steel Crowns	30	59
Adult Care	1	1

**Dental Hygienists  
Year Ended 31 March 2008**

**2006/07**

**2007/08**

<b>Full registrations granted</b>	45	40
NZ graduates	25	20
Overseas graduates	20	20

<b>Registration in scopes</b>		
Dental Hygiene Practice	35	52
Dental Auxiliary Practice	0	0
Orthodontic Auxiliary Practice	7	6

<b>Registration in additional scopes</b>		
Administering Local Anaesthetic	39	23
Undertaking Orthodontic Procedures	20	23
Intra-Oral Radiography	29	30
Extra-Oral Radiography	6	8

**Dental Technicians and Clinical Dental  
Technicians Year Ended 31 March 2008**

**2006/07**

**2007/08**

<b>Full registrations granted</b>	40	61
NZ graduates	12	17
Overseas graduates	28	44

<b>Registration in scopes</b>		
Clinical Dental Technology Practice	10	8
Dental Technology Practice	40	61

<b>Registration in additional scopes</b>		
Implant Overdentures in CDT	11	6

**Total Removals During Year Ended 31 March 2008**

	<b>Dentists</b>	<b>Hygienists</b>	<b>Therapists</b>	<b>Technicians</b>
<b>Total Removals</b>	<b>143</b>	<b>26</b>	<b>27</b>	<b>21</b>
- Deaths	3	1	1	3
- Discipline	0	0	0	0
- Failure to notify address	94	9	5	13
- At own request	46	16	21	5

**Total Requests for Certificates of Good Standing  
During Year Ended 31 March 2008**

	<b>Dentists</b>	<b>Hygienists</b>	<b>Therapists</b>	<b>Technicians</b>
<b>Certificates of good standing</b>	<b>136</b>	<b>17</b>	<b>13</b>	<b>3</b>

(Footnotes)

1 Includes dental specialists

2 Includes the scopes of dental auxiliary and orthodontic auxiliary

## Examinations

Registration examinations are conducted to enable overseas-trained oral health practitioners to demonstrate that they are competent to practice. The standard of knowledge and experience required to be shown by candidates in order to satisfy the examiners in the relevant New Zealand Registration Examination is equivalent to that of the New Zealand qualifying graduate.

The Dental Council takes the view, that candidates will often have completed their formal studies some time ago. It has therefore set the standard at the final year graduating level, where the scope of basic sciences and theoretical knowledge is focussed on areas directly relevant to appropriate patient care and treatment. For example, the New Zealand Dental Registration Examination (NZDREX) is set on the 5th year of the Bachelor of Dental Surgery (BDS) programme. The emphasis is on the standard of knowledge and skills required for the safe and competent practice of oral health in New Zealand.

During the year the registration examinations for Dentists (NZDREX), Dental Therapy (NZDTREX) and Dental Technology (NZDTechREX) were staged.

The registration examination in Dental Hygiene (NZDHREX) was not staged due to insufficient candidate numbers. The lack of candidates in this discipline was primarily due to the extension to the prescribed qualifications for dental hygienists.

Work commenced on the development of a registration examination for applicants with non-prescribed postgraduate qualifications wishing to register in the dental specialist scope of Endodontic practice. An examination will be staged in the 2007/08 year.

All examinations are run on a cost recovery basis.

To gain New Zealand registration, an overseas-trained oral health practitioner may be required to sit and pass some or all of the following:

- a Council-approved English language test
- a written examination on the scientific basis of the scope of practice they are seeking registration in (eg dentistry or dental therapy) and its application to clinical practice
- a three or four-day clinical examination, which includes a communication skills component
- a two-hour open book NZ Conditions of Practice examination (NZCOP) on the cultural, social and legislative framework for the delivery of dental care in New Zealand.

## Dental examinations

This year, the Council continued with the joint Overseas Trained Dentists Preliminary Examination (OTDP) with the Australian Dental Council (ADC). The OTDP examination is staged twice-yearly, in March and September and has replaced the former NZDREX Written examination.

The OTDP examination is also staged globally and offers a significant advantage to overseas-trained dentists, who no longer need to travel to New Zealand to sit this examination. An Auckland venue is provided as part of the joint arrangement with the ADC. The ADC administers the examination on the Council's behalf and costs are recovered from the examination application fees.

A review of the OTDP examination process between the two Dental Councils will commence in the 2008/09 year.

Demand for the dentist registration examinations remained high in 2007/08, with 51 overseas candidates sitting the OTDP examination and 46 sitting the Clinical examination. Three supplementary examinations for partial-pass Clinical examination candidates were also staged at Greenlane Hospital in Auckland.

## Dental Refresher Programmes

The University of Otago has continued to run the general dental practice clinical update course this year. The course is provided by staff and post-graduate students of the University of Otago, School of Dentistry. It is designed for dentists and for those overseas-trained dentists preparing for the New Zealand Dental Council Clinical examination. The course aims to provide a broad-based review of clinical aspects of general dentistry at an undergraduate level through seminars, demonstrations, and hands-on practical experience using simulation.

Many candidates, however, require significantly more training than the one week refresher course provides. The School of Dentistry provides a six-month bridging programme for overseas-trained dentists. The course offers comprehensive theoretical and clinical study and aims to assist candidates to develop their skills and experience and to gain an understanding of dental practice in New Zealand. Given its successful record of overseas dentists sitting and passing the dental registration examinations in the past couple of years, the School of Dentistry has continued to offer this programme this year.

## Dental Therapy Examinations

During the year the second round of Dental Therapy registration examination (NZDTREX) was staged. There were seven candidates (ex dental therapists) in total. Three were from the Canterbury District Health Board and had completed the CDHB therapy refresher programme. Four were from the Auckland Regional Dental Service, of which three had completed the ARDS refresher programme. The candidate who did not attend the ARDS refresher programme was an overseas-trained dental therapist. All seven candidates passed the examination. The six who attended and successfully completed the dental therapy refresher programme were not required to sit the Therapy Clinical examination as they had met the registration requirements.

## Dental Technology Examinations

February 2008 saw the second staging of Dental Technicians registration examination (NZDTechREX). The examination was staged to accommodate the cessation of the registration amnesty for unregistered dental technicians. The February examination was also the first recognised Council of Regulating Authorities (CORA) registration examination. CORA, is the administering body for Dental Technicians and Dental Prosthetists Incorporated in Australia and New Zealand.

The CORA examinations are staged jointly with registration boards from Australia and New Zealand. New Zealand approved candidates are eligible to sit the CORA examination either in New Zealand or Australia. A pass in the CORA examination is recognised for registration in the country where the candidate originally enrolled to enter the examination process.

The Dental Technology registration examination runs for one week and includes a written examination to test the candidates' scientific knowledge and three days of practical examination to test their technical abilities.

## NZCOP

In February 2006 the Council agreed to extend the requirement for overseas-trained dentists to sit and pass the New Zealand Conditions of Practice (NZCOP) examination to all oral health practitioner groups. As a result, the exam book that was originally published and aimed at overseas dentists and NZDREX exam candidates as part of their registration requirement was revised to include all oral health practitioners. The new edition has been condensed to include all original matter as well as information pertaining to all work force groups. Candidates were provided with the new book for NZCOP exam held in January 2008.

A pass in the NZCOP examination satisfies the Council that an overseas-trained practitioner has demonstrated knowledge of the cultural, social and legislative framework for the delivery of oral health care in New Zealand. The NZCOP was initially held approximately every six weeks until December 2007. Since January 2008 this exam has been scheduled to be held every four weeks.

During the year 76 dentists, 21 dental hygienists, 2 dental therapists and 10 dental technicians sat and passed the NZCOP examination.

## Dentist Registration Examination Result Summary (NZDREX)

### 2004/05

Candidate attempts  
Number of passes  
Pass rate overall

Written	Clinical	Repeat Clinical	TOTAL
51	44	9	104
36	10	5	51
71%	23%	55%	

### 2005/06

Candidate attempts  
Number of passes  
Pass rate overall

Written	Clinical	Repeat Clinical	TOTAL
64	46	13	123
42	29	5	76
66%	63%	38%	100%

### 2006/07<sup>1</sup>

Candidate attempts  
Number of passes  
Pass rate overall

Written	Clinical	Repeat Clinical	TOTAL
62	51	21	134
36	18	14	68
58%	35%	67%	

### 2007/08

Candidate attempts  
Number of passes  
Pass rate overall

Written	Clinical	Repeat Clinical	TOTAL
51	46	11	108
18	25	6	49
27%	54%	54%	

**Note:** Partial pass grades have been counted as 'fail'

## Dental Therapy Registration Examination Result Summary (NZDTREX)

### 2006/07

Candidate attempts  
Number of passes  
Pass rate overall

Written	Clinical	TOTAL
4	5	9
4	4	8
100%	80%	

### 2007/08

Candidate attempts  
Number of passes  
Pass rate overall

Written	Clinical	TOTAL
7	Not staged	
7		
100%		

## Dental Technician Registration Examination Result Summary (NZDTechREX)

### 2006/07

Candidate attempts  
Number of passes  
Pass rate overall

Written	Clinical	TOTAL
8	8	16
2	1	3
25%	12%	

**2007/08**

Candidate attempts  
Number of passes  
Pass rate overall

	<b>Written</b>	<b>Clinical</b>	<b>TOTAL</b>
Candidate attempts	9	9	18
Number of passes	6	3	12
Pass rate overall	66%	33%	

## Dental Hygiene Registration Examination (NZDHREX)

The Dental Hygiene Registration Examination was not held in 2006/07 or 2007/08.

*(Footnotes)*

1 2006/07 saw the introduction of the Overseas Trained Preliminary Examination (OTDP) replacing NZDREX written.

## Annual Workforce Survey

The Dental Council maintains an accurate, accessible and comprehensive database on the oral health practitioner workforces. This is an invaluable information tool, particularly for policy development, resource allocation and workforce planning purposes.

All oral health practitioners were asked to complete a dental workforce questionnaire in conjunction with the collection of the Annual Practising Certificate fee and compliance declarations. This information is analysed to provide a profile of the oral health workforce.

Specific statistical information from the survey is provided each year to the Ministry of Health, which makes a contribution to the costs of the Dental Council's work in collecting and supplying these statistics. Information identifying individuals is not released.

The provision of accurate statistics relies on practitioners' willingness to complete the workforce survey and the Council appreciates their continued cooperation. The NZHIS contract requires a minimum of 80%. The response rate for this year has well and truly exceeded this.

In previous years, only dentists were asked to complete the workforce survey questionnaire. This is the second year that data from other oral health practitioner groups has been included. Consequently, the commentary on these groups is limited to observations from a much shorter period of time. At this stage it is not therefore, possible to identify potential trends or changes over time. Details of the analysis of the oral health groups are provided within their respective sections of this report. The full report is available on the Council's website [www.dcnz.org.nz](http://www.dcnz.org.nz).

The Council acknowledges the work of Mr Jonathan Broadbent who has provided the annual analysis of the statistical information for the first time this year.

## Results of Workforce Survey 2007

### The Dentist and Dental Specialist Workforce

The active dentist workforce comprised 2,127 practitioners. The proportion of female dentists continues to rise with just over 30% of the workforce being female. The representation of ethnic minority groups also continues to rise. New Zealand Europeans remain the largest ethnic group within the workforce, followed by dentists of Chinese origin. The rise in the proportion of overseas graduates observed in recent years continues with one in four dentists having completed their primary training overseas.

In 2007, 83 dentists were engaged in post-graduate study. Of these, 23 were undertaking MDS study. There was a small increase in the proportion of dentists participating in at least 20 hours of CPD during the previous year (from 87.5% in 2006 to 89.7% in 2007).

The proportion of dentists by practice type showed a continued move away from solo practice. In 2001, 41% were in solo practice, and this has fallen every year since, to 31% in 2007. There has been a continued increase in the number of dentists working in the DHB sector.

### The Dental Therapist Workforce

The active dental therapy workforce comprised 689 practitioners. This workforce group is predominantly female with only 1.4% male. There has been a slight shift in the median age with an increasing number of dental therapists aged less than 50 years in the workforce this year. New Zealand Europeans remain the largest ethnic group within the workforce at about 85%. Almost three-quarters work full-time, with over 90% working for district health boards or the Ministry of Health.

Over 88% had completed at least 15 hours of CPD during the previous year. There are 29 dental therapists participating in post-graduate study.

## The Dental Hygienist Workforce

The active hygiene workforce comprised 414 practitioners. This includes three main occupations of dental hygienists, dental auxiliaries and orthodontic auxiliaries. It is a younger group (median age 38) than dental therapists (median age 47). Females are predominant with just on 4% of the workforce being male. As with the dental therapy group, New Zealand Europeans are by far the dominant ethnic group.

The majority of each of the three occupational categories were employees in private practice. Just under half worked full-time. Over 86% had completed at least 15 hours of CPD during the previous year and eight are participating in post-graduate study.

## The Dental Technician Workforce

The active dental technician workforce comprised 408 practitioners. This includes the two occupational groups of dental technicians and clinical dental technicians. The median age is 44 years with a higher representation of males at 89%. Again the dominant ethnic group is New Zealand European at 55% followed by 'other European' at 20%.

Over 75% of all technicians had completed at least 15 hours of CPD during the previous year. However, less than 20% of clinical dental technicians achieved the required number of CPD hours. Seventeen are involved in post-graduate study.

## Professional Standards

The Dental Council has two key objectives in this area. The first is to promote the continuing competence of oral health practitioners by ensuring they maintain and enhance their practice by engaging in continuing professional development activities, meet defined professional standards and do not practise in isolation. The second is to manage the cases of practitioners whose competence has been called into question in a way that assists them to up-skill while ensuring public safety.

### Recertification requirements for the issue of an Annual Practising Certificate

April 2007 saw practitioner groups continue with the recertification requirements that had been introduced in 2005 for dentists and dental specialists and 2006 for the other professional groups. The requirements operate over a two-year recertification cycle for dental hygienists and dental therapists and a four-year recertification cycle for dentists, dental specialists, dental technicians and clinical dental technicians. Each recertification cycle involves:

- continuing professional development (CPD) including regular peer contact with the specific objective of professional development
- annual declaration of compliance with professional standards
- annual declaration of fitness to practice.

With the issue of the 2007/08 APC application form, 10% of all practitioner groups were randomly selected to complete a checklist questionnaire based on the Council's codes of practice and professional standards. From this selection, five New Zealand-based practitioners from each group were randomly selected for a practice visit to audit their compliance with the Council's codes of practice.

All practitioners selected worked in a variety of settings from solo city practice to smaller group dental practices. All the practitioners were cooperative, friendly and appreciative of the Council's educational approach to the process and the requirements to undertake practice visits.

### Competence assessment and educational programmes

The new HPCAA competence provisions allow for practitioners to have their competence reviewed where it has been called into question.

In considering whether to institute a competence review the Council considers that the following factors increase the probability of underlying incompetence and are likely, in combination or on their own, to lead to a competence review:

- a pattern of poor standards of care or competence – several instances, or one instance over a sustained period
- the magnitude of the mistakes, including the size of the suspected deficit, and the possible degree of serious departure from normal safe and accepted standards of practice.

A competence review is undertaken to determine if the practitioner concerned is practising to the required standard. Competence review is not a disciplinary process. It is undertaken by peers and is designed to be supportive and educative.

There were no reviews undertaken in the 2007/08 year.

During the year the Health and Disability Commissioner referred 13 matters to the Council for consideration of competence, pursuant to s34(1)(a) of the Health and Disability Commissioner Act 1994. The 13 matters related to nine dentists, one dental therapist and three clinical dental technicians. The Council also received two s34 notifications; one from a District Health Board and the other by professional peers. The DCNZ threshold for instigating a competence review was not met in any of the cases. However, in each case the relevant Board considered appropriate resolutions, including an individual recertification programme, specific continuing professional development activities and compliance with codes of practice.

Communication issues and lack of informed consent remain common themes in the issues dealt with by the Council's Professional Standards team.

## Codes of practice

Section 118(i) of the HPCAA charges the Council with responsibility for setting the standards of clinical competence, cultural competence and ethical conduct to be observed by health practitioners of the profession.

The Council and the New Zealand Dental Association (NZDA) have continued to work together on the development and review of joint codes of practice for dentists and dental specialists. This year, with the NZDA's agreement, the Council has developed a code of practice for other oral health practitioners based on the NZDA/DCNZ joint code on transmissible major viral infections (TMVI). The Council also issued statements on cultural competence and best practices when providing care to Maori patients and their whanau.

## Health

The Dental Council works to ensure that the public is protected by managing oral health practitioners whose fitness to practise has been called into question because of some mental or physical condition.

The Council has delegated the powers to address such issues to the individual workforce boards. The boards monitor health impairment amongst practitioners, implement measures to protect the public, and involve oral health practitioners in rehabilitation programmes following consultation in each case, with a medical practitioner who acts in an advisory capacity.

Practitioners come to the Council's notice either by those with a statutory duty to report (all registered health practitioners) or the public. Practitioners suffering some impairment also voluntarily inform the Council. Substance abuse is the prime factor leading to such reporting.

Cases are handled in a compassionate and non-judgemental way with the emphasis being on a speedy return to safe practice. The Council has developed very sound programmes with good rehabilitation rates.

A typical programme for an impaired practitioner may include limiting the practitioner's practice to certain procedures, requiring the practitioner to work under supervision, carrying out random urine and occasional blood testing to check for the presence of drugs, participating in support groups and working with a mentor.

During the year a further six practitioners came to the attention of the Council, making a total of eight practitioners under the Health portfolio. These practitioners were involved in a variety of health programmes, including mentoring, health monitoring and supervision programmes.

## Self-care publication

The Council recognises the importance of early intervention and wishes to promote education and support processes to assist practitioners in identifying and managing stress. To further this aim, the Council distributes the 'Self-care Book' to all new registrants. This helps practitioners identify stress factors and at risk behaviours and contains advice on time management skills, ways to minimise stress and when and where to seek help.

## Complaints and Discipline

In conjunction with the Health and Disability Commissioner and the Health Practitioners Disciplinary Tribunal, the Dental Council seeks to ensure that the public and oral health practitioners have access to a fair and responsive complaints and discipline system and are well informed of procedures.

In accordance with the HPCAA, all complaints alleging that the practice or conduct of an oral health practitioner has affected a health consumer must first be considered by the Health and Disability Commissioner. This means that any complaints received by the Council must be referred to the Health and Disability Commissioner.

During the year the Council received a number of enquiries that led to consumers making 23 formal complaints.

The Commissioner may refer complaints back to the Council in circumstances that do not involve standard of care

issues. When this happens the Council assesses the complaint and considers what action should be taken, which may include referral to a Professional Conduct Committee (PCC).

PCCs (formerly known as Complaints Assessment Committees) comprise two practitioners from the relevant discipline, and one lay member. They investigate the complaint and decide what action should be taken. This includes submitting the complaint to conciliation, laying a charge before the Health Practitioners Disciplinary Tribunal, taking no further action or making recommendations to the Council for follow-up action in relation to the competence or fitness to practise of the practitioner concerned.

The Health Practitioners Disciplinary Tribunal (HPDT), established under the HPCAA, hears and determines disciplinary proceedings in relation to all registered health practitioners. In dentistry, the HPDT replaced the Dentist Disciplinary Tribunal (DDT) and Dental and Clinical Dental Technician Disciplinary Tribunals, though the DDT continues to hear charges brought against dentists prior to 18 September 2004.

In the same way as the former Tribunals were independent from the Council and the Dental Technicians Board, the HPDT is a completely separate entity. Charges may be referred to the HPDT by the Director of Proceedings (HDC office) or a Professional Conduct Committee. The health professions, through their respective regulatory bodies, are responsible for funding the Tribunal and providing executive support.

During the year no new charges were laid with either the DDT or the HPDT.

## Supervision

The Council continues to develop protocols and guidelines for supervision.

This year two practitioners had their practice reviewed and monitored by electronic means. The protocol involved transmitting digital images of records (including notes, radiographs and clinical photos) by email to a supervisor who can review and offer support and guidance where necessary. The amount of detail able to be communicated makes supervision or mentoring at a distance a viable option. Further development may provide a system of assuring patient safety where there are areas of concern.

Practitioners returning to the workforce after a period of time have found employment in practices where the principal(s) have been able to offer supervision and support. The result in each case has been a successful return to practice.

Other supervision protocols include:

- all treatment on patients being checked and reviewed
- practising only under the prescription of a supervisor
- support and mentoring where there are health issues.

Further work is scheduled to provide further guidelines for peer contact and offering suggested protocols to ensure positive outcomes from peer contact activities.

## Trends over the last year

<b>Complaints</b>	
Formal complaints referred to HDC	31
Other concerns logged	21
<b>Competence concerns</b>	
Section 34(1)(a) HDC	10
Others	2
<b>Professional Conduct Committees (PCC) established</b>	<b>0</b>
<b>Competence Review Committees (CRC) established</b>	<b>0</b>
<b>Discipline cases</b>	
Health Practitioners Disciplinary Tribunal	0
Dentists Disciplinary Tribunal	1
Other (in progress)	1
<b>Health concerns</b>	<b>19</b>

## Accreditation

Under the HPCAA the Dental Council must prescribe the qualifications for registration in each scope of practice and for that purpose accredit and monitor educational institutions and degrees, courses of studies or programmes.

In 2004 the Australian Dental Council and Dental Council of New Zealand formed a joint Accreditation Committee to monitor and assess oral health programmes in both New Zealand and Australia. The Committee is responsible for assessing both new and existing programmes. If successful, “new programme” accreditation is awarded to the end of the final year of the first cohort of students. Full accreditation is determined in the final year of the new programme. Existing programmes are reviewed at the end of the accreditation period to ensure that the programmes continue to meet the standards determined by the Committee.

### New programmes

In the 2007/08 year the Committee has continued to assess two new oral health programmes:

#### Auckland University of Technology

The Bachelor of Health Science (Oral Health) is a conjoint dental therapy and dental hygiene programme offered by the Auckland University of Technology. This year all three years of the degree programme have successfully achieved “new programme” accreditation through to 31 December 2008. Full accreditation of the programme will be considered in the 2008/09 year.

#### University of Otago

The Bachelor of Oral Health programme is a conjoint dental therapy and dental hygiene programme offered by the University of Otago. This programme has also successfully achieved “new programme” accreditation through to 31 December 2008 and full accreditation of the programme will be considered in the 2008/09 year.

### Existing programmes

The University of Otago informed the Council of its proposed changes to the Bachelor of Dental Surgery programme. The revised programme was reviewed by the Accreditation Committee. In October 2007 the Council approved the transfer of the accreditation for the existing BDS programme to the revised programme.

The Council has also approved the transfer of the accreditation of individual specialist disciplines of the Master of Dental Surgery programme to the Doctor of Clinical Dentistry programme for the University of Otago.

## Finance and Annual Accounts

The following financial statements are for the year ended 31 March 2008 and should be read in conjunction with the accompanying notes.

The Dental Council received an unqualified audit report this year following a smooth audit process.

Note that instead of a budgeted deficit of \$230,609 for the year ended March 2008, a surplus of \$208,702 occurred. This is mainly due to:

- very low disciplinary activities (excluding appeals and judicial reviews)
- budgeted exams not occurring and dentist written examination being hosted overseas
- high interest rates.

Copies of the operating budget approved by the Council for 2008/09 are available from the Council Secretariat on request.

### Practising Fees 2007/08

Annual Practising Certificate (APC) fees for the 2007/08 practising year were:

- maintained at \$700 for dentists
- maintained at \$450 for dental technicians and \$750 for clinical dental technicians
- maintained at \$610 for dental hygienists and \$375 for Dental Auxiliaries and Orthodontic Auxiliaries
- maintained at \$632 for dental therapists.

The APC is set to fund planned and budgeted operations, including implementation of the HPCA Act, forthcoming competency and disciplinary cases, and to maintain adequate reserve levels.



MARKHAMS

MILLER DEAN

AUDIT

## AUDIT REPORT

**To : The Readers of Dental Council of New Zealand  
Financial Statements for the year ended 31 March 2008**

The Auditor-General is the auditor of the Dental Council of New Zealand. The Auditor-General has appointed me, John Little, using the staff and resources of Markhams Miller Dean Audit to carry out the audit of the financial statements of the Dental Council of New Zealand, on his behalf, for the year ended 31 March 2008.

### Unqualified Opinion

In our opinion

- The financial statements of the Dental Council of New Zealand on pages i to viii
  - comply with generally accepted accounting practice in New Zealand; and
  - fairly reflect;
    - the Dental Council of New Zealand's financial position as at 31 March 2008; and
    - the results of its operations for the year ended on that date.

The audit was completed on 25 June 2008, and is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Council and the Auditor, and explain our independence.

### Basis of Audit Opinion

We carried out the audit in accordance with the Auditor-General's Auditing Standards, which incorporate the New Zealand Auditing Standards.

We planned and performed the audit to obtain all the information and explanations which we considered necessary in order to obtain reasonable assurance that the financial statements did not have material misstatements, whether caused by fraud or error.

Material misstatements are differences or omissions of amounts and disclosures that would affect a reader's overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

The audit involved performing procedures to test the information presented in the financial statements. We assessed the results of those procedures in forming our opinion.

Audit procedures generally include:

- determining whether significant financial and management controls are working and can be relied on to produce complete and accurate data;
- verifying samples of transactions and account balances;
- performing analyses to identify anomalies in the reported data;
- reviewing significant estimates and judgements made by the Council;
- confirming year-end balances;
- determining whether accounting policies are appropriate and consistently applied; and
- determining whether all financial statement disclosures are adequate.

#### MARKHAMS MILLER DEAN AUDIT

P O Box 24324, Manners Street, Wellington 6142, New Zealand  
Telephone: +64 (0)4 910 1093 Email: audit@mmda.co.nz

*Markhams Miller Dean Audit is a partnership of P F Smith, J W Little, B W Stamer and I T Burgess, all of whom are members of a New Zealand-wide group of independent accounting firms.*

We did not examine every transaction nor do we guarantee complete accuracy of the financial statements.

We evaluated the overall adequacy of the presentation of information in the financial statements. We obtained all the information and explanations we required to support our opinion above.

### **Responsibilities of the Council and the Auditor**

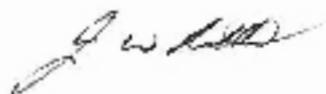
The Council is responsible for preparing financial statements in accordance with generally accepted accounting practice in New Zealand. Those financial statements must fairly reflect the financial position of the Dental Council of New Zealand as at 31 March 2008. They must also fairly reflect the results of its operations for the year ended on that date. The Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you. This responsibility arises from section 15 of the Public Audit Act 2001.

### **Independence**

When carrying out our audit we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the New Zealand Institute of Chartered Accountants.

Other than the audit, we have no relationship with or interests in the Dental Council of New Zealand.



John Little

Markhams Miller Dean Audit  
On behalf of the Auditor-General  
Wellington, New Zealand

## DENTAL COUNCIL OF NEW ZEALAND

### Statement of Financial Performance

for the year ended 31 March 2008

	Year Ended 31 March 2008 \$	Year Ended 31 March 2007 \$
<b>Income From Fees</b>		
Annual Practising Certificate (Note 3)	1,919,491	1,856,186
Certificate of Good Standing	3,837	4,680
Registration Certificate and Fees	81,269	55,415
Retention Fees	16,616	15,649
Restoration	1,200	880
New Zealand Dental Registration Examination	183,073	279,363
<b>INCOME FROM FEES</b>	<b><u>2,205,486</u></b>	<b><u>2,212,173</u></b>
<b>Other Income</b>		
Interest	182,496	134,116
Sale of Registers and Information Pack	391	1,396
Discipline Fines/Costs Recovered	-	22,260
Course Accreditation Fees	1,250	2,500
Sundry Income	12,639	53,961
<b>OTHER INCOME</b>	<b><u>196,776</u></b>	<b><u>214,233</u></b>
<b>Total Income for Period</b>	<b>2,402,262</b>	<b>2,426,406</b>
Less expenditure as per schedule	2,193,560	2,255,188
<b>NET SURPLUS (DEFICIT) FOR PERIOD</b>	<b><u>208,702</u></b>	<b><u>171,218</u></b>

### Statement of Movements in Equity

for the year ended 31 March 2008

Balance beginning of the year	1,175,305	1,004,087
Total Recognised Income and Expenses	208,702	171,218
<b>BALANCE AT END OF YEAR</b>	<b><u>1,384,007</u></b>	<b><u>1,175,305</u></b>

DENTAL COUNCIL OF NEW ZEALAND

## Schedule of Expenses

for the year ended 31 March 2008

	Year Ended 31 March 2008	Year Ended 31 March 2007
<b>Administration Expenses</b>	<b>\$</b>	<b>\$</b>
Audit Fee	14,000	9,000
Depreciation (Note 6)	51,399	46,133
Loss on disposal of assets	3,023	2,051
Insurance	10,248	10,210
Rent and Building Maintenance Fee	91,191	94,743
Salaries	822,450	761,695
Advertising	234	1,024
Telephone and Tolls	14,614	15,949
IT Support	15,507	9,179
Legal	2,677	8,367
Publications	3,520	4,664
Staff Expenses	63,383	23,018
Office Expenses	67,645	81,872
Photocopying, Postage/Courier and Printing	31,081	29,693
Bank Charges	24,252	22,941
<b>Total Administration Expenses</b>	<b><u>1,215,224</u></b>	<b><u>1,120,539</u></b>
<b>Project Expenses</b>		
Finance and Management	57,959	55,114
Data Collection General	17,823	8,693
Health Advisory	3,834	7,597
Education		
-GPDP	-	21,233
-Accreditation/Course Approval	1,898	21,902
-Professional development	413	-
Examination (Note 7)	133,571	230,189
Competence	108,042	99,764
Recertification	56,819	77,401
Registration	52,528	13,822
Discipline Expenses		
-PCC	1,080	24,158
-Disciplinary Tribunal	4,526	66,339
-Appeals	118,613	109,508
-Administration Fee (Note 8)	-	30,000
-General and Workshop	23,739	8,233
Strategic Planning	17,850	18,533
Corp Services Communications	43,978	33,171
Corp Services Liaison	62,148	69,312
Boards	171,111	124,331
Council	102,404	115,349
<b>Total Project Expenses</b>	<b><u>978,336</u></b>	<b><u>1,134,649</u></b>
<b>Total Expenditure</b>	<b><u>2,193,560</u></b>	<b><u>2,255,188</u></b>

DENTAL COUNCIL OF NEW ZEALAND  
**Statement of Financial Position**  
as at 31 March 2008

	As at 31 March 2008 \$	As at 31 March 2007 \$
<b>Accumulated Capital (Note 9)</b>	<b>1,384,007</b>	<b>1,175,305</b>
Current Assets		
Petty Cash	100	100
ANZ Bank Account	367,609	46,584
Short Term Bank Deposits	2,680,524	2,758,409
Sundry Debtors	24,464	56,115
Interest Accrued	24,461	25,198
GST	-	-
<b>Total Current Assets</b>	<b>3,097,158</b>	<b>2,886,406</b>
Fixed Assets (Note 10)	112,365	119,940
<b>TOTAL ASSETS</b>	<b><u>3,209,523</u></b>	<b><u>3,006,346</u></b>
<b>Current Liabilities</b>		
Income in Advance (Note 13)	1,350,214	1,454,988
Sundry Creditors	319,550	202,896
Oral Health Advisory Group (Note 15)	11,212	11,212
GST Payable	144,540	161,945
<b>Total Liabilities</b>	<b>1,825,516</b>	<b>1,831,041</b>
<b>NET ASSETS</b>	<b><u>1,384,007</u></b>	<b><u>1,175,305</u></b>

Approved by



25 June 2008

Chair:

Date:

# Notes to and Forming Part of the Financial Statement

For the year ended 31 March 2008

## 1. Statement of Accounting Policies

### Reporting Entity

The Dental Council of New Zealand is a body corporate constituted under the Health Practitioners Competence Assurance Act 2003. The Act established the Dental Council of New Zealand with effect from 18 September 2004.

### General Accounting Policies

These financial statements are a General Purpose Financial Report as defined in the Statement of Concepts of the New Zealand Institute of Chartered Accountants and have been prepared in accordance with generally accepted accounting practice in New Zealand as defined in that Statement.

### Measurement Base

The accounting principles recognised as appropriate for the measurement and reporting of financial performance and financial position on an historical cost basis are followed by the Council.

### Specific Accounting Policies

The following specific accounting policies that materially affect the measurement and reporting of financial performance and financial position have been applied:

#### a) Differential Reporting

The Council qualifies for differential reporting as provided for in the Framework for Differential Reporting of the New Zealand Institute of Chartered Accountants as it is not publicly accountable (as defined) and it is not large (as defined).

Under the framework for Differential Reporting an entity is publicly accountable if, during the current or preceding financial year it was an issuer (of financial securities) as defined in the Financial Reporting Act 1993 or if it has the coercive power to tax, rate or levy to obtain public funds.

The Council has applied all differential reporting exemptions.

#### b) Goods and Services Tax

The financial statements have been prepared on a GST exclusive basis, where applicable.

#### c) Income Tax

Dental Council has been recognised as a charity by the Inland Revenue Department and was therefore exempt income tax. On 7 April 2008, Dental Council was registered as a charitable entity under the Charities Act 2005. Registration is a prerequisite to ensure ongoing exempt income tax status.

#### d) Revenue Recognition

All revenue is recognised in the year it is due. Fees received are recognised as income in the year that registration applies.

#### e) Depreciation

Fixed assets have been taken over from the previous Dental Council of New Zealand at the net carrying value and have been depreciated at the original rates so as to write them off over their useful life using the straight line basis. The original depreciation rates were:

Computer Hardware	30% per annum
Computer Software	30% per annum
Office Equipment	5.5% - 24% per annum
Office Furniture & Fitout	10% per annum

#### f) Fixed Assets

Fixed assets are shown at cost less accumulated depreciation (see Note 10).

## Changes in Accounting Policies

There have been no material changes in accounting policies. All policies have been applied on bases consistent with those used in the previous year.

## 2 Related Parties

There are no related party transactions other than fees paid to members of Council (see Note 11).

## 3 Annual Practising Certificate

The Dental Council of New Zealand is responsible for regulating all the registered oral health practitioner groups. The details of registered oral health practitioners may be found in the Annual Report under Registration. These statistics have not been audited.

## 4 Non Cancellable Operating Lease Commitments

	<b>As at 31 March 2008</b>	<b>As at 31 March 2007</b>
	\$	\$
Current	88,890	88,890
Non – current	<u>9,319</u>	<u>98,209</u>
	<u>98,209</u>	<u>187,099</u>

## 5 Capital Commitments

There are no capital commitments as at 31 March 2008.

## 6 Depreciation

	Year Ended 31 March 2008	Year Ended 31 March 2007
	\$	\$
Computer Software	28,681	29,073
Computer Hardware	12,057	7,588
Office Equipment	3,459	3,112
Office Furniture & Fitout	<u>7,202</u>	<u>6,360</u>
Total Depreciation	<u>51,399</u>	<u>46,133</u>

## 7 Examination

The cost of examinations does not reflect any allocation of overheads, Secretariat or Council expenditure.

## 8 Discipline

Last year, discipline project expenses included an administration fee to cover Council and Secretariat time on disciplinary matters. Due to low disciplinary activity this year, no apportionment has been made.

## 9 Accumulated Capital - Reserves

Under the Health Practitioners Competence Assurance Act 2003, the reserves of the Dental Council of New Zealand and the Dental Technicians Board vested into the new Dental Council of New Zealand at their carrying value effective 18 September 2004. The table below represents the carrying reserves of the Dental Council of New Zealand by the practitioner groups:

	Opening Reserves at 1 April 2007 \$	Surplus/(Deficit) for year ended 31 March 2008 \$	Closing Reserves at 31 March 2008 \$
Dentists	768,647	185,570	954,217
Technicians	103,303	(22,078)	81,225
Dental Hygienists	223,027	12,226	235,253
Dental Therapists	80,328	32,984	113,312
Dental Council of NZ	1,175,305	208,702	1,384,007

For each board, the surplus is the income (mainly from annual practising certificates), less board costs and Council overheads (allocated based on the number of registered practitioners).

## 10 Fixed Assets

	Cost 31/3/08	Accum Deprec 31/3/08	Net Book Value 31/3/08	Cost 31/3/07	Accum Deprec 31/3/07	Net Book Value 31/3/07
Computer Software	129,948	112,521	17,427	99,631	57,123	42,508
Computer Hardware	56,675	26,835	29,840	20,993	8,140	12,853
Office Equipment	17,968	10,524	7,444	10,666	331	10,335
Office Furn & Fitout	87,569	29,915	57,654	64,309	10,065	54,244
Total	292,160	179,795	112,365	195,599	75,659	119,940

## 11 Fees Paid to Members of Council

Council members are paid to attend meetings and to attend to designated Council business.

	Year Ended 31 March 2008 \$	Year Ended 31 March 2007 \$
Total fees paid to members of Council	159,052	173,562

## 12 Contingent Liabilities

There were no contingent liabilities at balance date for the 2007 and 2008 financial years.

## 13 Income in Advance

Income received for future events is stated at cost.

	Dentist	Therapist	Hygienist	Technician	TOTAL
Examination fees received in Advance					
Specialist Dental	2,222				2,222
Written	1,784				1,784
Clinical	9,421				9,421
NZCOP	17,758				17,758
Exams in Advance	<u>31,185</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>31,185</u>
APC and Retention fee received in Advance					
APC	818,378	303,839	92,212	98,822	1,313,251
Retention fee	4,222	622	533	400	5,777
Annual Fees in Advance	<u>822,600</u>	<u>304,461</u>	<u>92,745</u>	<u>99,222</u>	<u>1,319,028</u>
INCOME IN ADVANCE	<u>853,785</u>	<u>304,461</u>	<u>92,745</u>	<u>99,222</u>	<u>1,350,213</u>

## 14 Events Occurring After Balance Date

No adjustable or non-adjustable events (as defined in the applicable financial reporting standard) have occurred between balance date and the date of completion of the financial statements.

## 15 Oral Health Advisory Group

The Dental Council of New Zealand acts as agent for the Oral Health Advisory Group (OHAG) and holds funds on their behalf.

No activity or no transactions have occurred during the 2007/08 financial year.

# DCNZ Directory

## Secretariat Office

Level 5, 138 The Terrace, Wellington

## Postal Address

PO Box 10-448

Wellington 6143

**Telephone** +64-4-499 4820  
**Fax** +64-4-499 1668  
**Email** [inquiries@dcnz.org.nz](mailto:inquiries@dcnz.org.nz)  
**Website** [www.dcnz.org.nz](http://www.dcnz.org.nz)

## Secretariat at 31 March 2008

Chief Executive Officer

William Whittaker, PhD

Registrar

David Dunbar, LLB, BCom

Manager Professional Standards

Sarah Targett, BEd

Manager Registration & Recertification

Liz Gilkison, BA

Manager Education and Administration

Katherine Naylor, BA

Professional Advisor (Dentist)

Dexter Bambery, BDS,

FDSRCS Eng, FRACDS

Professional Advisor (Dental Therapist)

Marijke van der Leij Conway

SDN Cert, Dip Adv, Dent Nurse

Examinations Co-ordinator

Margaret Needham, BA

Registration and APC Co-ordinator

Kelly Etuata

Registration Administrator

Geetha Raghunath, BA

Registration & Professional Standards Coordinator

Margriet Philipsen

Receptionist/Office Administrator

Judy Pearson

Finance/Accounts Officer

Kim Hopkinson, BBS

Policy Analyst

Zhang Wei, MPP

## Boards and Committees of Council at 31 March 2008

Standing committees appointed by the Council to deal with its principal activities. The Chairperson of Council is an ex-officio member of all committees if he or she is not a standing member.

### Dentist Board

Dr Erin Collins	Dentist
Dr Peter Dysart	Dentist
Dr John Hale	Dentist
Dr Albert Kewene	Dentist
Prof Robert Love (Chair)	Dental Educator
Mr John Robertson	Layperson

### Dental Hygienist Board

Ms Tanya Cleland	Orthodontic Auxiliary
Ms Kirsty Jennings	Dental Hygienist
Ms Irirangi Mako	Layperson
Dr Alison Meldrum	Dental Educator
Ms Leslea Stapleton (Chair)	Dental Hygienist
Ms Robyn Watson	Dental Hygienist

### Dental Technicians Board

Mrs Phyllis Huitema	Layperson
Mr Byron Lord	Dental Technician
Dr Karl Lyons	Dentist
Mr Daniel O'Sullivan	Clinical Dental Technician
Mr Neil Waddell (Chair)	Dental Educator
Mr Mike Williams	Clinical Dental Technician

### Dental Therapist Board

Ms Barbara Dewson (Chair)	Dental Therapist
Ms Vicki Kershaw	Dental Therapist
Mr John Robertson	Layperson
Ms Keita Tahana	Dental Educator
Ms Pip Zammit	Dental Therapist

### Business Assurance Committee

Dr Ed Alcock (Chair)	Dentist Board Representative
Mr John Robertson	Dental Therapist Board Representative
Ms Leslea Stapleton	Dental Hygienist Board Representative
Mr Byron Lord	Dental Technicians Board Representative

### CEO Remuneration and Performance Management Committee

Dr Ed Alcock	Chair, Business Assurance Committee
Dr Mary Livingston (Chair)	Chair, Dental Council
Prof Robert Love	Deputy Chair, Dental Council

## Council, Workforce Board and Committee Meetings

Meetings of the Dental Council, its Workforce Boards and Committees were held on the following days.

### Dental Council

8 May 2007	Wellington
28 August 2007	Wellington
26 November 2007	Wellington
25 February 2008	Wellington

### Dentist Board

7 May 2007	Teleconference
16 July 2007	Wellington
25 September 2007	Wellington
14 December 2007	Wellington
17 March 2008	Wellington

### Dental Therapist Board

24 April 2007	Wellington
14 June 2007	Teleconference
15 October 2007	Wellington
16 October 2007	Teleconference
15 November 2007	Teleconference

### Dental Technicians Board

11 April 2007	Teleconference
28 June 2007	Wellington
5 November 2007	Wellington
28 March 2008	Wellington

### Dental Hygienist Board

23 April 2007	Wellington
2 July 2007	Teleconference
16 October 2007	Wellington

### Meeting of other DCNZ Committees

Joint Australian Dental Council/Dental Council of New Zealand Accreditation Committee	27 April 2007 19 October 2007 8 February 2008	Wellington Melbourne Melbourne
Business Assurance Committee	27 July 2007 16 November 2007 1 February 2008	Wellington Wellington Wellington
CEO Remuneration and Performance Management Committee	7 May 2007 16 July 2007 26 November 2007 25 February 2008	Wellington Wellington Wellington Wellington

## Health Practitioners Disciplinary Tribunal Panel

The Ministry of Health maintains a panel of practitioners from which members of the Tribunal are drawn. As at 31 March 2008 membership of the panel, which is appointed by the Minister of Health, was:

### Dentists

Dr John Edwards	4 year term	Oct 2004 – 2008
Dr Warren Hawke	4 year term	Oct 2004 – 2008
Dr Cathrine Lloyd	5 year term	Oct 2004 – 2009
Dr Warwick Ross	5 year term	Oct 2004 – 2009
Dr Hugh Trengrove	5 year term	Oct 2004 – 2009
Dr Philip Coote	5 year term	June 2005 – 2010
Dr Sergio Salis	5 year term	June 2005 – 2010
Dr Robert East	5 year term	June 2005 – 2010

### Dental Hygienists

Ms Kirsty Jennings	4 year term	Oct 2004 – 2008
Ms Els Cochrane	5 year term	Oct 2004 – 2009
Ms Susan Morriss	5 year term	June 2005 – 2010
Ms Mary Mowbray	5 year term	June 2005 – 2010
Ms Kirsten Wade-Egan	5 year term	June 2005 – 2010

### Dental Technicians

Mr Kenneth Lock	4 year term	Oct 2004 – 2008
Mr Neville Brown	5 year term	Oct 2004 – 2009
Mr Kenneth Scott	5 year term	Oct 2004 – 2009

### Dental Therapists

Ms Heather Krutz	4 year term	Oct 2004 – 2008
Ms Claire Caddie	5 year term	Oct 2004 – 2009
Ms Lynette Nicholas	5 year term	Oct 2004 – 2009
Ms Pamela Brennan	5 year term	May 2006 – 2011
Ms Ruth O'Rourke	5 year term	May 2006 – 2011

