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## IMPORTANT

The Ministry of Health has announced that a list of activities restricted to registered practitioners will come into force on 1 August. This has important implications for the work of dental and orthodontic auxiliaries (see p. 3 and 6).

## CONVICTION FOR UNLAWFUL PRACTICE OF DENTISTRY

*In what has been described as the most serious case of its kind for many years, a woman was convicted in the Auckland District Court for unlawful practice of dentistry.*

What marked this case out from previous ones was the extent of the public health risk, given the large numbers of 'patients' who had received treatment.

The investigation of Rong Fang Zhang was a two-year process that ended on 17 February 2005 with her pleading guilty to two charges – unlawful practice of dentistry and holding out to be a dentist.

Zhang was found to have carried out a considerable amount of invasive dentistry including root canal therapy, extractions, fillings and treatment of oral infections but had no autoclave or effective means of sterilisation. As a result of the investigation around 1,190 'patients' were identified as having been put at risk of blood-borne infection over the last four or five years.

On entry into her house in May 2004, the police and Ministry enforcement officer found a room set

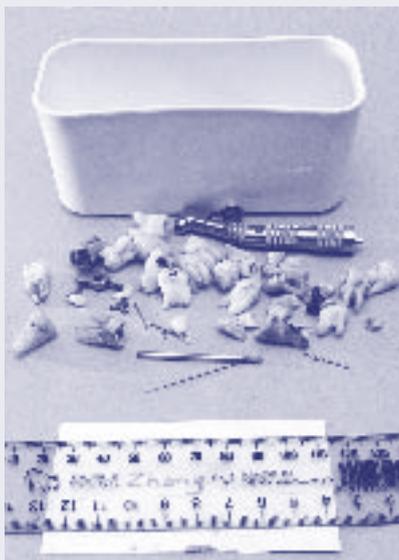


up with a dental drill, dental tools, equipment and material used in the practice of dentistry. A kidney dish containing dental implements, pieces of filling, and swabs stained with fresh blood were also found in the surgery along with a freshly opened vial of lignocaine and a syringe, suggesting she had given an injection. A glass plate with a white powder and a drop of liquid - as if ready for mixing - and a mixing tool were also on hand.

No evidence of adequate sterilising equipment was found and the premises were not of an acceptable standard for dental surgery. The equipment was not wrapped or protected from contamination and was stored in unclean boxes, drawers and containers. Old extracted teeth were lying around on the bench, and more were found in the drawers of implements and medicines. A number of prescription medicines were found on the premises including antibiotics and analgesics in tablet and injectable form. The type, age and condition of these medicines gave serious cause for concern.

Five notebooks were seized recording in detail Zhang's activities over a number of years. They contained a comprehensive list of client details along with fastidious work notes written in Mandarin.





Extracts of the work notes were translated and provided evidence that Rong Fang Zhang was routinely practising invasive dentistry.

Working from Zhang’s notes, a total of 1,198 clients were called, of which 555 were successfully contacted. Letters were subsequently sent to consenting clients advising them of the risks of infection and recommending that they contact their family doctor for testing/treatment of blood-borne infection.

It is estimated that the public health response probably cost Auckland District Health Board around \$30,000. Ministry costs, in terms of solicitors fees and investigation costs, travel and accommodation are likely to have at least equalled that.

Zhang was prosecuted under the Dental Act 1988. She was convicted and fined \$2,000 plus \$750 in costs. The new HPCA Act has significantly increased the financial penalties for practising without registration.

## REGISTERING IN AN ADDITIONAL SCOPE OF PRACTICE

*Registration in an additional or ‘add-on’ scope of practice is available to oral health practitioners registered in a general dental therapy scope of practice, a general dental hygiene scope of practice or a dental auxiliary or orthodontic auxiliary scope of practice. If you obtain registration in an additional scope of practice you can legally extend your practice to those areas within that scope.*

### Add-on scopes of practice

Dental Hygiene	Dental Therapy
Administering Local Anaesthetic <sup>1</sup>	Pulpotomies
Undertaking Orthodontic Procedures <sup>1</sup>	Radiography
Intra-Oral Radiography <sup>2</sup>	Diagnostic Radiography
Extra-Oral Radiography <sup>2</sup>	Stainless Steel Crowns

<sup>1</sup> Available to those registered in the general dental hygiene scope of practice

<sup>2</sup> Available to those registered in the general dental hygiene, dental auxiliary or orthodontic auxiliary scopes of practice

You can view a detailed description of these scopes of practice on our website, [www.dcnz.org.nz](http://www.dcnz.org.nz). Click on Registration followed by Detailed Scopes of Practice or contact the DCNZ office.

The Dental Council has prescribed (approved) the qualifications for registration in an additional scope of practice. You can view these on our website by clicking the above-mentioned links. Currently, only New Zealand qualifications are prescribed for registration in an ‘add-on’ scope of practice<sup>1</sup>. If you do not have a prescribed qualification, but consider that your qualification is equivalent to a prescribed qualification, for example an overseas qualification, this will need to be individually assessed for equivalence by the Hygienist Board or Therapist Board.

If you wish to apply for registration in an additional scope of practice you can download an application form (DH003

for dental hygiene or DT003 for dental therapy) from our website. Alternatively, you can contact the office of the Dental Council if you wish to be sent a form. The current application fee is \$70.00.

The amount of time it takes for an application to be processed will depend on whether you hold a prescribed qualification for registration in an additional scope of practice. If you have a prescribed qualification and have submitted all the required documentation and the correct fee, your application will normally be approved by the Registrar within five working days. If you do not have a prescribed qualification, your application will have to be considered by a registration meeting of the Therapist Board or Hygienist Board, in which case you will need to allow up to two months for your application to be processed.

<sup>1</sup> Note, however, that an undergraduate dental hygiene degree or diploma from an accredited Australian dental school is included in the prescribed qualifications for registration in Intra-Oral Radiography

## FROM THE CHAIR

### BRENT STANLEY



*The Dental Council welcomes the announcement from the Ministry of Health that a restricted activities list will finally come into force on 1 August.*

Council had lobbied long and hard for the declaration of such a list, given the risks to public safety when non-registered practitioners

perform invasive dental procedures.

That these risks are all too real was highlighted earlier this year by the case of an unregistered practitioner convicted for illegal practice of dentistry (see article on p 1). While similar cases had been heard in the past, this one was particularly disturbing in view of the number of 'patients' treated by the individual. In a hugely expensive operation the Ministry of Health had to follow up nearly 1,200 persons who had been placed at risk of blood-borne infections.

Ironically, the case against this practitioner was being heard in court on the very day that a delegation from the Dental Council met with the Minister of Health, Hon. Annette King, to highlight the urgent need for a restricted activities list. Council's major concern was that a list in the form proposed by the Ministry earlier this year would effectively deregulate scaling, thus placing the public at serious risk, especially those whose medical status indicated antibiotic prophylaxis.

In response, Council had provided evidence-based submissions to the Ministry and urged that at the very least the restricted activities list include surgical or operative procedures below the gingival margin or the surface of the skin, mucous membranes or teeth. At the meeting, the Minister signalled that her officials had found the Council's arguments to be 'persuasive', and indeed the following day the Ministry confirmed it would be recommending our proposal.

That said, the final list does not go as far as Council would have liked. We had consistently advocated that a restricted activities list should include all invasive procedures with the potential to cause bleeding, including surgical or operative procedures on, in or below the surface of the skin, mucous membranes or teeth. However, in a further round of consultation Council will be impressing on the Ministry of the need to add further oral health activities to the list, including bleaching procedures.

**Brent Stanley, Chair, Dental Council of New Zealand**

## RESTRICTED ACTIVITIES LIST ANNOUNCED

Section 9 of the HPCA Act allows for specified activities to be restricted to registered health practitioners, in order to protect members of the public from serious or permanent harm. The Ministry of Health has confirmed that a list of restricted activities will come into force as of 1 August.

The following oral health procedures have been designated as restricted activities:

- Surgical or operative procedures below the gingival margin or the surface of the skin, mucous membranes or teeth
- Clinical procedures involved in the insertion and maintenance of fixed and removable orthodontic or oral and maxillofacial prosthetic appliances

From 1 August 2005 it will be illegal for anyone other than a health practitioner registered under the HPCA Act to perform these or any other restricted activity, regardless of whether they are working under supervision. The only exception to this is if the activity is performed in an emergency situation.

The list has important implications for the work of dental auxiliaries and orthodontic auxiliaries. The Council has issued advice as to which dental auxiliary and orthodontic auxiliary procedures will be restricted to registered practitioners (see article on p 6)

### IMPORTANT INFORMATION FOR DENTISTS ON EMERGENCY CARE TRAINING REQUIREMENTS

At its meeting in March 2005 the Council endorsed the NZDA Code of Practice on Medical Emergencies in Dental Practice.

Dentists have a responsibility under the HPCA to adhere to the standards articulated in this and the other joint DCNZ/NZDA codes of Practice (Infection Control, Record Keeping, Informed Consent and Sedation).

Copies of the codes are available for practitioners from the NZDA, and also from the Dental Council on request.

As part of the practising certificate renewal process in early 2006 dentists will be asked to declare their practice conforms with the codes of practice and there will be random compliance monitoring. The NZDA is currently preparing Code of Practice checklists to assist dentists in conducting a self-audit of compliance.

**Dental practitioners need to be aware that the Code of Practice on Emergencies requires them to have completed training to a level equivalent to the NZ Resuscitation Council Certificate of Resuscitation and Emergency Care (CORE) Level 4 with this training being revalidated every four years.**

Dentists should contact the NZDA for details on available training.

# RECERTIFICATION FOR DENTISTS

*As most of you will be aware the process of recertification for practising dentists began on 1 May 2005. This means that for the issue of an APC next year and thereafter the Council's Dentist Board will have to be satisfied that you have maintained your competence to practise by participating in and meeting the requirements of a recertification programme.*

The Dentist Board has given provisional approval to the NZDA recertification programme, and NZDA members are strongly advised to subscribe to this. Also likely to be approved is the proposed NZAO programme for orthodontists, and the Board is considering applications from other prospective providers. If you comply with the requirements of an approved programme the Board will consider that you have met your CPD requirements.

If you are not affiliated to an approved programme you will be required to satisfy the Board's minimum CPD requirements, which will consist of 80 hours verifiable and 80 hours non-verifiable CPD over a four-year period. As part of the verifiable hours component you will also be required to provide evidence of participation in interactive peer contact activities – a minimum of 12 interactions or 30 interactive peer contact/joint learning hours over four years.

## When do I have to do this?

The process of recertification will proceed over successive four-year cycles as follows:

- The CPD requirements will operate on a four-year cycle which commenced on 1 May 2005
- Every four years when applying for an APC you will be asked to declare that you have met the requirements of the CPD cycle either through an approved provider or on an individual basis
- Every year you will be required to declare the amount of CPD

including peer contact you have undertaken and may be contacted for an explanation in the event of any concerns with this declaration

If you belong to an approved programme the Board will be looking to check your annual and four-yearly declarations on CPD against information from the programme provider. If you do not belong to an approved programme or the programme provider is not able to supply this information, the Dentist Board may from 2009 require you to provide full details of CPD and peer contact activities undertaken.

In addition to engaging in CPD, every year from 2006 you will be required to declare compliance with the following codes of practice:

- a) Informed Consent
- b) Patient Records
- c) Cross Infection Control
- d) Emergencies in Dental Practice
- e) Sedation for Dental Procedures (if you are providing sedation to patients)

All approved recertification providers must ensure that you have access to these codes. You can also view them on the DCNZ website.

## What happens if I start practising after the CPD cycle has started?

There will of course be situations where dentists do not start or resume practising until the CPD cycle is already well underway. In these situations the CPD requirements will be pro-rated. For example, if you do not start practising until a year after the cycle has started, you will be required to undertake 60 (rather than 80) hours verifiable and 60 hours non-verifiable CPD over the next three years.

## What happens if I have not practised for an extended period and want to return to work?

If you have not practised for a period of three years or more the Council may impose conditions on your practising certificate when you return to work. The type of conditions will depend in part on the length of time for which you have not practised (for example more than five or seven years). However, the Board is likely to apply less stringent conditions if you have undertaken CPD while not practising.

The Board therefore recommends that if you are not practising you continue to participate in the programme of an approved recertification provider or undertake a level of CPD which is equivalent to the Board's minimum requirements. This is particularly important if you are not likely to practise for a period of three years or more.

## What do I do if am registered in New Zealand but am practising overseas?

The Board recognises that it may not be practical for you to participate in a New Zealand-based recertification programme while practising overseas. The Board will therefore give individual consideration to the amount and type of CPD undertaken while practising overseas and apply some flexibility in terms of compliance with CPD targets. However, you should note that if you have not engaged in a satisfactory level of CPD while practising overseas, conditions may be placed upon your return to practise in New Zealand.

If you intend to return to practise in New Zealand the Board recommends that while practising overseas you should engage in an annual average of

- 20 hours verifiable and 20 hours non-verifiable CPD
- 3 interactions or 7.5 interactive peer contact hours

# S – THE CLOCK STARTS NOW!

## What is the difference between verifiable and non-verifiable CPD?

CPD may be classed as verifiable if the participant is able to provide some form of external documentary verification of attendance or participation and the activity or provider has been approved for verifiable CPD purposes. Courses run by the University of Otago or accredited by the NZDA as verifiable CPD will be acceptable to the Dentist Board.

Types of activities that may count as verifiable CPD include:

- Scientific lectures, seminars and other educational programmes including the educational components of the NZDA and specialist society meetings, together with conferences and events which are approved or provided by such bodies as NZDA, specialist societies and accredited providers
- Learning using audio, video, CD ROM, Internet and other similar material with verifiable outcomes
- Preparation and publication of a scientific paper in a refereed publication

Non-verifiable activities are learning opportunities that are professionally beneficial and relevant but do not generally have specific outcomes or lend themselves to ready assessment. Examples include:

- In-practice training and instruction from colleagues
- Reading of books, journals, websites and similar written material without verifiable outcomes
- Informal discussion and debate of clinical and professional issues with colleagues

For further information on the types of activity classed as verifiable and non-verifiable CPD contact NZDA, visit our website [www.dcnz.org.nz](http://www.dcnz.org.nz) or contact our office.

## How do I document my CPD activities?

If you are affiliated to an approved programme, your programme provider will offer you advice on recording and documenting your CPD activities. If you are a member of the NZDA programme you will be able to document CPD activities on their website.

The Dentist Board is in the process of preparing advice for non-affiliated practitioners on documenting CPD activities. In the case of verifiable CPD however, you should log the name, date and venue of the activity, the name of the CPD provider (if appropriate), its category, and the number of hours attended. Note that it is equally important to document your non-verifiable activities. If, for example, you have read some journal articles you will need to record the time, date and amount of time you spent reading them, provide full reference details and write one or two paragraphs summarising the articles.

## What exactly is peer contact and why do I have to do this?

Peer contact means regular interactive contact with peers with the specific objective of professional development. A peer is someone who is registered as an oral health practitioner. Peer groups should consist of those in the same scope of practice but may include those from different scopes such as dental therapists, dental hygienists and dental technicians as well as others affiliated to dentistry such as practice managers and dental assistants.

Research has shown that practising in isolation is a significant risk factor in poor performance. Peer group learning activity by contrast enhances competence and facilitates beneficial changes and developments in an individual's practice.

If you are a member of a recertification programme your provider will be able to offer you guidance and support to participate in peer group activity. The Dentist Board has



issued guidelines on setting up peer groups, running meetings, recommended activities and documentation. You can view these on our website or request a copy from our office.

## Recertification for dental hygienists, dental therapists and dental technicians

Recertification requirements for these groups are still in the process of being determined. In the case of dental therapists, dental hygienists, dental auxiliaries and orthodontic auxiliaries the consultation process has now been completed.

- The Dental Hygienist Board will be recommending to the Council a two-year recertification cycle commencing 1 April 2006 consisting of
  - 30 hours verifiable and 30 hours non-verifiable CPD for dental hygienists
  - 20 hours verifiable and 20 hours non-verifiable CPD for dental auxiliaries and orthodontic auxiliaries
- The Dental Therapist Board has not yet formulated recommendations to Council but is likely to adopt similar recertification requirements to those proposed by the Hygienist Board
- The Dental Technicians Board is still in the process of consulting with its membership on a recertification framework.

# A REMINDER TO DENTAL AUXILIARIES

*If you are registered with the Dental Council in a Dental Auxiliary scope of practice, you should have received a letter in April reminding you of the arrangements which are being put in place to assist you in upgrading to the full scope of practice.*

The Dental Auxiliary scope of practice was established as an interim arrangement to allow those workers without formal hygiene qualifications, who had previously worked under the Section 11 provisions of the old Dental Act, to continue to practise under the new HPCA Act.

You are reminded that your registration as a dental auxiliary will expire on 18 September 2009. You will no longer be able to call yourself a Dental Auxiliary and will have to cease practising any activities, which are restricted under the HPCA Act to registered practitioners. As of 1 August the following oral health activities will be restricted:

- Surgical or operative procedures below the gingival margin or the surface of the skin, mucous membranes or teeth
- Clinical procedures involved in the insertion and maintenance of fixed and removable orthodontic and oral and maxillofacial prosthetic appliances

The Council's interpretation of what this will mean for dental auxiliary and orthodontic auxiliary practice is set out in the adjacent table.

Note that significant penalties may be imposed under the HPCA Act for claiming to be or giving the impression to be a registered dental auxiliary when you are not, and for practising a restricted activity without being registered.

## Registration pathways

One pathway to registration in the full dental hygiene scope of practice will be sitting and passing the Dental Hygiene Registration Examination. The registration examination is currently being developed. The Council expects to be able to offer the first written examination in late 2005 and the first clinical examination in the first quarter of 2006. Please contact our office if you want to know more about the examinations.

We are currently discussing with Otago University and AUT the development of courses to prepare dental auxiliaries for the registration examination.

The other pathway for registration in the dental hygiene scope of practice is to complete a formal hygiene qualification currently offered by the University of Otago. Some recognition of your prior

dental qualification may be available and you should contact the University to find out about this.

An alternative option would be to undertake an orthodontic auxiliary training programme, when this becomes available. This pathway would lead to registration in the orthodontic auxiliary scope of practice.

Restricted Act (registration required)	Unrestricted Act (registration not required)
Scaling involving gingival contact	Removal of supragingival stains and deposits not involving gingival contact or the use of a dental torque handpiece
Applying bands	Oral hygiene instruction and advice on orthodontic appliances
Fissure sealants involving etching	Taking radiographs (under supervision)
Impressions for restricted acts	Developing radiographs
Placing separators	Taking clinical photographs
Etching/bonding brackets and retainers	Impressions for non-restricted acts
Removing O rings, ligatures	Bleaching procedures using OTC and non-OTC chemicals
Removing and placing archwires	Recording medical histories, occlusal relationships
Fitting removable retainers	Tracing cephalometric x-rays
De-bonding/de-banding fixed appliances	Making retainers
Indirect bonding of brackets	
Adjusting removable retainers/appliances	
Please note that:	
<ul style="list-style-type: none"> <li>• All dental workers undertaking scaling involving gingival contact and/or the orthodontic procedures detailed in the left-hand column above must be registered.</li> <li>• There are significant penalties under the HPCA Act for practising a restricted activity or for claiming to be, or giving the impression of being a registered person when you are not.</li> <li>• Council considers that unregistered practitioners should not carry out bleaching procedures using non-OTC chemicals unless the client can provide an oral health certificate from a registered dentist or dental specialist.</li> </ul>	

# MEET THE LAYPEOPLE!

*The Dental Council consists of 14 members, the majority of whom are oral health practitioners. However, in accordance with the provisions of the HPCA Act the Council's membership also includes three laypersons. The Act defines a layperson as "a person who is neither registered nor qualified to be registered as a health practitioner." The presence of laypersons on regulatory authorities is intended to ensure that the interests of the wider public are represented. The laypersons currently on the Council are DCNZ vice-chair Victoria Hinson, who we profiled in a previous issue of DCNZ News, and Riria Handscomb and John Robertson, who we introduce here.*

## JOHN ROBERTSON



John has a background in business management and corporate consultancy. He holds an MBA from the University of Washington and in the 1980s he set up and ran two Seattle-based businesses. He has considerable experience in the work of not-for-profit organisations and currently chairs the Council of the

Electricity Complaints Commission.

Not one to shy away from public life, John was elected as Mayor of Papakura last year, and he also served as a Member of Parliament from 1990 to 1996. John likes to relax near Piopio in the King Country, where he and his wife are restoring a 1930s cottage and looking after native bush covenanted to the QEII trust

His impressions of serving on the Council so far are favourable: "I have enjoyed the challenge of helping to find a way for the four groups – dentists, therapists, hygienists and technicians – to come together under the new legislation"

Asked how he was appointed to Council John's response is somewhat surprising. "I allowed my name to go forward" he says "when my dentist, who was working on my mouth at the time, suggested it might be a good idea. I was unable to answer back and he took my silence to be a yes!". In the meantime, the Council using more conventional methods has appointed John as a laymember on its Dentist and Dental Therapist Boards.

## RIRIA HANDSCOMB



With a background steeped in local community service Riria is the ideal person for ensuring that the Council keeps its feet firmly on the ground. Currently working as the manager of two community centres in the eastern suburbs of Wellington, she also has an extensive track record of voluntary

service, having served as Justice of the Peace, marriage celebrant, victim support worker as well as a member of various local school and sporting committees.

Riria has an unambiguous perception of her role as a layperson on the Council: "My job is to articulate and represent public safety issues" she emphasises. "I believe I can make a significant contribution in this area by informing the Council about grassroots community perspectives."

Very much a family-oriented person, Riria has two adult children and a long-standing interest in researching her whakapapa. "I enjoy family reunions and hearing stories about our ancestors" she says and has recently started writing a book about her family history. She is also a keen tennis player and describes herself as "a one-eyed Wellington supporter when it comes to any sport!"

As well as sitting on the full Council Riria also serves as a laymember on the Dental Therapist Board and Dental Technicians Board.

# DENTAL THERAPISTS TAKING OPGS

*The Dental Therapist Board has agreed to consider applications from dental therapists wishing to extend their scope of practice to include the taking of OPG radiographs.*

The Board will approve such applications where the therapist

- is also registered in an additional radiography scope (or can demonstrate s/he has attended an approved radiography course) and has the competence to practise in this area
- can demonstrate s/he has received additional training in taking OPG radiographs and has recent practice in this area

The registration and APC certificates of dental therapists whose applications are approved will note, as a condition, that their scope

of practice also includes the taking of extra-oral radiographs under the supervision and instructions of an x-ray licensee.

The current application fee for dental therapists wishing to have their scope of practice amended to include the taking of OPG radiographs is \$70.00.

Practitioners should note that it is an offence under the HPCA Act to practise outside of the scope of practice in which they are registered. Therapists wishing to practise OPG are therefore urged not to do so until they have submitted an application for an extension in their scope of practice, which has been approved by the Therapist Board.

## HRANZ – STRENGTH IN UNITY!



Dental Council Chair Brent Stanley has been elected as Deputy-Chair of Health Regulatory Authorities of New Zealand (HRANZ) – an informal body comprising the Chairs and Registrars from all 15 health regulatory authorities established under the HPCA Act.

HRANZ has already assumed an important advocacy role on issues of common concern. For example, it has effectively coordinated negotiations with the Ministry of Health on the content of the restricted activities list (see p 3). HRANZ also serves as a forum for the exchange of information and harmonising policy

development. Items currently on the agenda of HRANZ include English language requirements for overseas registrants, transmissible major viral infection guidelines for health care workers and the implications of the Health Practitioner Index.

Brent Stanley is looking forward to his term of office on HRANZ. “Closer collaboration between the various health regulatory authorities clearly makes sense now that we’re all covered by the same regulatory framework under the HPCA Act.”