

Dental Council office relocation

As a consequence of the ten health regulatory authorities (RAs) working collectively on the business case to develop a consolidated secretariat and to achieve consequential costs savings, seven of the ten RAs, at this point, have agreed to co-locate premises.

Six of the RAs (Dental Council, Physiotherapy Board, Psychotherapist Board, Osteopathic Council, Occupational Therapy Board and Podiatrists Board) will move into a shared office space in August 2012, with the seventh, the Pharmacy Council, joining in 2013.

The co-locating RAs will remain separate legal entities and function independently, the primary change being the sharing of office space and some related services. The immediate benefit for these RAs is a reduction of rental costs and, for some, an improved building earthquake rating, compared with their existing offices. The Dental Council, as a result of the co-location, will decrease its lease cost by \$60/m².

In addition, there are also intangible benefits achieved through closer interaction with the other RAs, for example, facilitating sharing of knowledge and gaining fresh perspectives on best practices.

The Dental Council move is scheduled for 3 August 2012 and planning is underway to minimise disruption to services. Further details on the move will be published on Council's website. The new Dental Council physical address will be:
*Level 10
101–103 The Terrace
Wellington*

The rest of Council's contact details remain unchanged, including telephone numbers, fax number and postal address.



From the Chair – Practising without a current Annual Practising Certificate

Mark Goodhew, Dental Council Chair

I draw your attention to a notice in this newsletter of a recent decision by the Health Practitioners Disciplinary Tribunal. This decision concerns a dentist who was found to be practising without an Annual Practising Certificate (APC) – in this case, for a period of seven months – after failing to return a completed APC. There have been several other

referrals by Council recently – of hygienists, technicians and therapists – to a professional conduct committee to investigate similar issues.

Council is concerned that practitioners may regard an APC declaration as a form-filling exercise that has little relevance to daily practice, and that practising without an APC is therefore a minor technicality.

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However, Council believes that practising without an APC is unacceptable. An APC is a fundamental part of being able to assure members of the public that the holder is a fit and competent practitioner, because certain standards have been met, mandatory codes of practice are being followed and the practitioner is physically and mentally fit to practise. As the Health Practitioners Disciplinary Tribunal decision stated "...the APC regime is therefore an important cornerstone..." of regulating oral health professionals. This is part of the reason the Tribunal imposed a significant penalty and costs in this recent decision.

In addition to the possibility of an expensive and stressful Tribunal hearing, practising without an APC exposes

the practitioner to a number of other consequences on a day-to-day level. Self-employed practitioners who have a lapsed APC are unable to claim funding through Accident Compensation Corporation, Ministry of Health or Work and Income contracts, while employed or contracted practitioners will almost certainly be in breach of their contracts. Income protection insurance and professional indemnity policies will not cover periods of practising without an APC.

If you have difficulty completing an APC form before the due date, for whatever reason, I urge you, as a colleague, to contact Dental Council staff for advice. Obtaining an APC is an important professional obligation.

If you do not have a current APC, do not practise!

Restricted activities for dental technology practice

Background

The Minister of Health has the power to declare certain activities to be restricted activities under the Health Practitioners Competence Assurance Act 2003 (HPCA Act). He may do this where he considers there is a risk of serious or permanent harm to members of the public if those activities are performed by other than registered health practitioners who are permitted by their scope of practice to perform them.¹

In 2005, the Minister declared a number of activities to be restricted activities, one of which was the performance of "Clinical procedures involved in the insertion and maintenance of fixed and removable orthodontic or oral and maxillofacial prosthetic appliances"², which was not an activity in the dental technician scope of practice. Because dental technicians were not undertaking restricted activities this, in time, led to the relevance of registration being questioned by some practitioners.

In response to this concern, in 2009, Council advised registered dental technicians:

"In contrast to the Dental Act 1998, which licensed the carrying out of particular activities, the HPCA Act does not protect those activities that Dental Technicians perform. Apart from the limited number of restricted activities gazetted by the Ministry of Health, the Act does not prohibit unregistered people from performing activities that registered health practitioners perform.

As Dental Technology is not a restricted activity, anyone can perform the activities of a Dental Technician so long as they do not call or describe themselves as a Dental

Technician; or otherwise hold themselves out to be such – that is, in anyway lead or allow anyone to believe they are a Dental Technician."

Recent dental technology scope of practice changes

With significant amendments to the dental technology scope of practice as a result of recent consultations, Council considered whether the activities of the revised dental technician scope of practice still fell outside the ambit of the defined restricted activities.

In particular, it considered whether the activity *removal of a pre-loosened temporary crown and try-in of the permanent crown, without removal or placement of an abutment* fell within the restricted activity *clinical procedures involved in the insertion and maintenance of fixed and removable orthodontic or oral and maxillofacial prosthetic appliances*.

Council concluded that those activities associated with the removal of a pre-loosened temporary crown and the try-in of a permanent crown **do fall within the definition of a restricted activity**, being clinical procedures involved in the insertion and maintenance of fixed and removable orthodontic or oral and maxillofacial prosthetic appliances.

Therefore, practitioners performing activities associated with the removal of a pre-loosened temporary crown and try-in of a permanent crown must be registered with the Dental Council.

¹ Section 9, Health Practitioners Competence Assurance Act 2003.

² Health Practitioners Competence Assurance (Restricted Activities) Order 2005 – SR2005/182.

Health sector reforms come to regulatory authorities

Since the March 2012 Newsletter, the G5 group has been joined by five other Regulatory Authorities (RAs) and formed the Shared Secretariat Group (SSG), which consists of:

- Dental Council
- Pharmacy Council of New Zealand
- Physiotherapy Board of New Zealand
- Medical Council of New Zealand
- New Zealand Podiatry Board
- Osteopathic Council New Zealand
- Occupational Therapy Board of New Zealand
- The Psychotherapist Board of Aotearoa New Zealand
- Medical Sciences Council of New Zealand
- New Zealand Medical Radiation Technologist Board.

The SSG modelled the indicative business case for 10 RAs forming a single consolidated secretariat to determine the impact of more RAs joining the group. The results indicated there was a significant increase in potential savings.

A separate group of regulatory authorities, the 'Partners RA' group consisting of the Nursing Council, Midwifery Council, Psychologist Board,

Chiropractic Board and the Dietitians Board have contracted KPMG to work on an alternative model to the SSG indicative business case. KPMG produced a high-level model where only the back office functions of human resources, finance, information technology and communications support would be shared and not regulatory functions. This high-level model also reflected potential cost savings.

Health Workforce New Zealand (HWNZ) has since met with the Chairs of all the RAs through the Health Regulatory Authorities of New Zealand (HRANZ) forum, where HWNZ indicated that the Minister of Health does not wish to see two shared secretariat models implemented.

The 16 RA Chairs have now agreed to develop a detailed business case for a single secretariat that would encompass all 16 RAs as a single shared secretariat. This has been further progressed during various RA Chairs' interactions and meetings during July.

In the interim, the SSG group has continued to carry out work on the IT system requirements for finance, payroll and all regulatory functions and sourcing new premises for co-location.

Other Dental Council activities

Consultations

Outcome of recent consultations

Follow-up consultation on proposed changes to the dental technology and clinical dental technology scopes of practice and code of practice.

Council issued a follow-up consultation document in April 2012, with additional proposed changes to the scopes and code of practice, as a result of comments received in response to the first consultation. The majority of proposed changes in the follow-up consultation dealt with clarifying definitions, updating terminology and alignment between the scopes and code of practice.

The consultation document also advised stakeholders that Council had received a request to further investigate the possibility of registered clinical dental technicians in New Zealand, if qualified at the appropriate emergency training level to manage an airway emergency, to be

allowed to take impressions of maxillofacial defects in direct communication with the naso-oropharyngeal or the oropharyngeal airway, independently. Council sought and considered expert clinical opinions and resolved that clinical dental technicians should not be allowed to perform these activities without direct clinical supervision.

Council, at its meeting on 2 July 2012, considered the submissions received and approved the proposed changes to the dental technology and clinical dental technology scopes of practice and code of practice.

The approved changes to the dental technology and clinical dental technology scopes of practice include:

- clarifying the definitions of 'final fit' for both scopes of practice;
- updating terminology to reflect contemporary practice; and
- aligning the clinical dental technology scope of practice activities related to the taking of extra-oral maxillofacial prostheses and construction of anti-snoring devices with existing provisions in the code of practice.

The approved changes to the code of practice *The Practice of Dental Technology and Clinical Dental Technology and the working relationship within the Practice of Dentistry* include:

- aligning the code with the proposed changes to the dental technology and clinical dental technology scopes of practice, such as terminology, final fit definitions and so on.

Council has, by notice published in the *New Zealand Gazette* on 12 July 2012, described the revised dental technology and clinical dental technology scopes of practice. The updated code of practice *The Practice of Dental Technology and Clinical Dental Technology and the working relationship within the Practice of Dentistry* is also issued to all relevant stakeholders.

The revised dental technology and clinical dental technology scopes of practice and the updated code of practice will be available on Council's website at the following links:

Scope of practice: www.dcnz.org.nz/Documents/Scopes/ScopesOfPractice_Technicians.pdf

Code of practice: www.dcnz.org.nz/Documents/Codes/Technicians_CodeOfPractice.pdf

Proposed correction to the orthodontic auxiliary scope of practice prescribed qualification – Diploma in Dental Hygiene, University of Otago

All affected stakeholders were issued with a communication to advise them of Council's intention to revise the prescribed qualification for the orthodontic auxiliary scope of practice, by adding to the Diploma in Dental Hygiene, University of Otago, the requirement for a Dental Council-approved course for extra-oral radiography, as this was inadvertently omitted during the September 2011 consultation process. Stakeholders with concerns about the proposed correction were invited to express these to Council. However, no objections were received by the Dental Council within the comment period.

The Council has, by notice published in the *New Zealand Gazette* on 12 July 2012, corrected the prescribed qualification for the orthodontic auxiliary scope of practice to reflect the following:

Diploma in Dental Hygiene, University of Otago conferred from 2002, and registration in the Scope of Dental Hygiene Practice, and Dental Council approved course for Extra-oral Radiography.

The updated prescribed qualifications for the orthodontic auxiliary scope of practice is available on Council's website at www.dcnz.org.nz/Documents/Scopes/ScopesOfPractice_OrthAux.pdf

Current consultations

Annual Practising Certificate fee and disciplinary levy 2012/13 year – dentists and dental specialists

During the December 2011 consultation on the 2012/13 budget, practitioners were advised that the 2012/13 APC fee and disciplinary levy for dentists and dental specialists will be consulted on after the financial year-end on 31 March 2012.

The budgetary figures have now been confirmed and closing reserves determined, and Council issued a consultation on the dentist and dental specialist APC fee and disciplinary levy for 2012/13.

Council is inviting comments on the proposal by **3 August 2012**. Council will consider all submissions at its next scheduled meeting following the closing date for submissions.

The consultation document is available on Council's website at www.dcnz.org.nz/dcWhatsNew.

Future consultations

Competence and recertification programme and health monitoring programme fees

Under sections 38–41 of the HPCA Act, Council has the ability to impose orders concerning competence on a practitioner, including the setting of a competence programme or recertification programme, which can include supervision and oversight. In addition, a practitioner may be required to submit to random medical checks over a period of time under a health monitoring programme.

Council will soon be issuing a consultation document proposing to gazette a new set of standard fees. These fees would ensure the recovery of Council and third party costs and expenses arising from practitioners that require the setting up and monitoring of competence and recertification programmes and the costs of ongoing medical checks under health monitoring programmes.

The gazetting of standard fees relating to the costs of competence, recertification and health monitoring programmes ensures that practitioners can be made aware as early as possible of the potential financial burden they face when ordered by Council to undertake a particular programme.

Council's ability to establish these fees are determined by section 130 of the HPCA Act.

Scope of practice in oral health therapy consultation

Council issued a consultation document in September 2008 on the proposal to create a new scope of practice for the, then newly developed, degree programmes delivered by Auckland University of Technology and the University of Otago for combined dental hygiene and dental therapy training.

The consultation proposal to create a new scope of practice in oral health therapy did not receive support from the majority of stakeholders and Council resolved to reconsider this issue in five years.

During Council's 2012 strategic planning session in April, it was agreed that the development of a consultation document concerning a scope of practice in oral health therapy will commence later in 2012.

Policy review

Recertification working group for dentists and dental specialists

The recertification working group had two meetings where the recertification framework for dentists and dental specialists was discussed. The working group considered information on local and international regulatory policies on recertification models and continuing professional development within the health sector and professions outside of health care. A literature search of international reports and research papers on areas of continuing professional development, life-long learning, continuing medical education and continuing education was also conducted.

The working group is in the process of drafting a report with recommendations on the proposed recertification framework and timeframes for introduction, to be submitted to Council for consideration at its August meeting.

Accreditation

Accreditation standards for New Zealand clinical dental technology programmes

During 2011, the Dental Board of Australia (DBA) funded a project for the Australian Dental Council (ADC) to develop accreditation standards for dental prosthetist programmes, after the inclusion of dental prosthetists in the national registration and accreditation scheme in Australia. The standards were developed using the existing ADC/Dental Council (NZ) accreditation committee standards (for dentistry, dental hygiene and dental therapy programmes) as a basis. The dental prosthetists standards have been approved by the DBA and accepted by the ADC/Dental Council (NZ) accreditation committee for accreditation of dental prosthetist programmes.

After acceptance of these standards by the ADC/Dental Council (NZ) accreditation committee, Council updated the standards to include New Zealand clinical dental technology programmes, and these updates were approved at the May meeting of the ADC/Dental Council (NZ) accreditation committee.

This means that, in future, the accreditation of New Zealand clinical dental technology programmes will be conducted under the auspices of the ADC/Dental Council (NZ) accreditation committee, similar to the dentistry, hygiene and therapy programmes. New Zealand dental technology programmes will still be accredited by the Dental Council (NZ) using similar accreditation standards.

Dental Council Awards 2011

Dental Council Prize for Clinical Excellence – University of Otago



This prize is awarded annually to the top clinical student of the fourth-year class for the Bachelor of Dental Surgery programme at the University of Otago.

The 2011 prize recipient was Laura Atkinson. Laura wrote the following about her experience as a dental student.

I chose to pursue a career in dentistry because of the wide spectrum of opportunity in which it offers. Since I was little I knew I wanted to do something health related, and when I found out more about dentistry I knew it was for me. It is a degree which involves not only scientific knowledge and problem solving, but requires creativity to be utilised on a day to day basis. The flexibility and prospect of future specialisation were appealing, as was the chance to work and interact with people of all cultures, ages and personalities.

My favourite aspects of the training were; being surrounded by like minded individuals who will undoubtedly become life-long friends and colleagues. Building on each year's knowledge to increase both theoretical understanding and clinical skills, and seeing personal growth in myself was highly rewarding. Not to mention being given a taste of all the dental specialities, especially oral surgery, and oral medicine, kept the training interesting and challenging.

What I hope to do next year is practice as a house surgeon in the public system to gain greater experience and skills. This exposure will help [me] to decide if I will go down the path of specialising one day in the future. I would also like to use my skills to do aid work overseas and help provide much needed dental treatment to developing countries around the world.

Dental Council Prize for Top Research Project – University of Otago



This prize is awarded annually to the top research project during the third year of the Bachelor of Dental Technology studies at the University of Otago.

The 2011 prize recipient was Stephanie Cao.

Stephanie wrote the following.

Why you choose to be a dental technician

I choose dental technology because I envisage a career that would enable me to make use of all of my strengths, both my knowledge of science and creativity skills. After doing a lot of research I grew increasingly passionate about dental technology and soon realised that it was the ideal job for me. I appreciate the artistic element of dental creation and how it goes hand in hand with science.

What you like about the training

The best part about this course is the helpful and friendly environment. All the tutors make learning very interesting.

What I hope to do

I see myself as someone with a positive attitude towards life. I am outgoing, I love meeting new people. I took part time jobs and have work experience in Waikato Hospital. It has taught me to deal with customers/patients pleasantly and had helped hone my leadership skills as well as being a member of a team. It also helped me to build my communication and personal skills. Therefore I am hoping that I can study the clinical course at the University of Otago. I believe that my strengths will play an important part with a career in dental technology/clinical technician where interaction with a wide range of people including dentists and patient are crucial.

Dental Council Research Award – Auckland
University of Technology



Jamie Hawken accepting his prize presented by Marie Warner, Dental Council Chief Executive.

This prize is awarded annually to the highest achievement in Methods of Research and Enquiry during the third year of the Bachelor of Health Science (Oral Health) programme at Auckland University of Technology. The 2011 prize recipient was Jamie Hawken.

Professional conduct and disciplinary matters

Recent tribunal decisions

Dentist fined for practising without current practising certificate

A charge of practising without a current APC was made out against an experienced dentist who practised for seven months without an APC. **The Tribunal imposed an order of censure, fined the dentist \$2,000 and ordered the practitioner to pay costs of \$12,000.**

The Tribunal expressed strong disapproval for the circumstances that arose, particularly because the dentist continued to practise without a current APC notwithstanding multiple communications from the Dental Council and a specific warning. The Tribunal accepted that the dentist's personal circumstances were a mitigating factor. The dentist's name, locality and personal circumstances were suppressed by the Tribunal.

Dr S (445/Den11/198P) 198P www.hpdt.org.nz

Suspension for dental hygienist following conviction for assault that occurred outside of work hours

In its previous newsletter, Council published a notice concerning the Tribunal decision dated 22 December 2011. In its decision, the Tribunal found that a dental hygienist's conviction for assault with a weapon, following an incident where she assaulted a man with a bottle and a wine glass, reflected adversely on her fitness to practise. The Tribunal has since released its penalty decision, dated 20 March 2012.

The Tribunal expressed strong disapproval for the dental hygienist's conduct and she was censured. The Tribunal reiterated "that violence will not be tolerated in health professionals" irrespective of the violence not having occurred in the course of a health professional's work.

The dental hygienist was suspended for three months and ordered to pay costs. The suspension will take effect only if she fails to provide the Tribunal with a certificate from the Registrar confirming that no further complaints have been made against her in six months' time.

Gerrie Gertrude Janssen (430/DH11/190P),
(441/DH11/190P) www.hpdt.org.nz

Tribunal's reprimand highlights that practitioners must act appropriately at the workplace and outside of work hours

Practitioners should understand they must conduct themselves, both at work *and outside of work*, in a way that does not bring discredit to the profession, or they could find themselves appearing before the Tribunal.

Practitioners' compliance with codes of practice

Under the HPCA Act, the Dental Council has established minimum standards of practice with which **all practitioners** must comply. They are the fundamental benchmark standards. If a practitioner does not meet the required standards then, because they are **minimum standards**, he or she may be considered under the Act to be a risk to the health and safety of the public. Council must accordingly take action to ensure compliance.

Council's minimum standards are embedded in and form the basis of its codes of practice. Council's codes of practice include:³

- Informed Consent
- Infection Control
- Medical Emergencies in Dental Practice
- Record Keeping
- Sedation for Dental Procedures
- Sexual Boundaries in the Dentist–Patient Relationship
- Transmissible Major Viral Infections
- Professional agreements between practitioners.

Under the HPCA Act, it is the responsibility of every registered practitioner, regardless of their employment status, to ensure that they comply with the codes of practice. Whilst this may be awkward or complicated where a practitioner is employed by or contracted to another practitioner or organisation, the responsibility to ensure compliance with each of the codes of practice remains each and every practitioner's personal responsibility. It is not a defence to say that your employer has not provided you with the wherewithal to comply with the codes.

Recently, Council received a notification from the Health and Disability Commissioner raising competence concerns about an individual practitioner. As required by section 36 of the HPCA Act, Council undertook inquiries. As part of this process, a review of the practitioner's compliance with the codes of practice was carried out. In this case, the practitioner did not comply with the Code of Practice on Medical Emergencies in Dental Practice. Although the mandatory training had been completed, there were no emergency drugs or equipment available on the premises.

The practitioner was given a short timeframe to achieve compliance. When the practitioner failed to do so, their APC was suspended until such time as compliance was achieved. Because the practitioner continued to work during the period of suspension, the matter was later referred to a professional conduct committee.

Unfortunately, other practitioners employed in the practice were also implicated. On reviewing their APC applications, it was found that they had declared that they complied with the Code of Practice on Medical Emergencies in Dental Practice. As there were no emergency drugs or equipment available on the premises, it was apparent that, not only were they in breach of the code of practice, they had also made false declarations in their APC applications. This rendered them liable to both disciplinary proceedings and to summary proceedings in the District Court.

Council takes practitioner compliance with its codes of practice extremely seriously. If you do not comply then, regardless of your employment situation, **you will be liable** to disciplinary proceedings.

Council also takes the honest and accurate completion of your APC application seriously. The completion of this document requires careful consideration of your responses to the questions being asked and the declaration you are required to complete. It is not simply a box-ticking exercise. You should be aware that, in addition to professional disciplinary proceedings, anyone who makes a false declaration to Council is liable, upon summary conviction in the District Court, to a fine not exceeding \$10,000.

³ Council is still in the consultation phase with the proposed Code of Practice on Advertising.

End of continuing professional development cycle approaching for dentists and dental specialists

The four year cycle for Continuing Professional Development (CPD) for dentists and dental specialists ends on 31 December 2012. By the end of the CPD cycle practitioners are required to have completed 80 hours of verifiable CPD and a minimum of 12 peer contact activities, as described in Council's Policy on Continuing Professional Development Activities.

Every registered dentist and dental specialist, whether on retention or holding a current annual practising certificate, must meet these requirements.

With the end of the CPD cycle Council would like to remind you to ensure that you have met your required number of CPD hours and peer contact activities by 31 December 2012; and that you have kept adequate records of these activities.

CPD has been established by Council as a formal recertification programme, pursuant to section 41 of the Health Practitioners Act 2003 (the Act), and accordingly any failure to meet the requirements of the programme will result in adverse statutory implications.

For full details regarding the CPD requirements please refer to the following link on Council's website – www.dcnz.org.nz/dcInfoPractCPD.

If you have any questions regarding your CPD requirements, please do not hesitate to contact the Secretariat directly on (04) 499 4820 or by email at inquiries@dcnz.org.nz.
