

# Responsible Authority Core Performance Standards Review Report

<b>Authority Name</b>	<b>Dental Council   Te Kaunihera Tiaki Niho</b>
<b>Date of Review Report</b>	<b>2 February 2022</b>
<b>Name of reviewing Designated Auditing Agency</b>	<b>BSI Group New Zealand Limited</b>

## Executive Summary

The Dental Council is the responsible authority under the Health Practitioners Competence Assurance Act (the Act), for the regulation of approximately 4,200 registered oral health practitioners and about 800 who are non-practising. The Council regulates six professions, 12 dental specialities and 21 scopes of practice. The professions are Dentistry (including dental specialists), Dental therapy, Dental hygiene (including orthodontic auxiliaries), Clinical dental technology, Dental technology, and Oral health therapy.

The Dental Council has a core team (14.8 FTEs) who are based in a joint office with the Pharmacy Council team in Wellington. The Council have commissioned a Māori Strategic Advisor to support their ongoing cultural journey.

The Council membership (governance) comprises ten members appointed by the Minister of Health, consisting of members of the oral health professions and three lay members. The Council is currently supported by five advisory committees, with the continuing professional development advisory committee being disestablished in December 2022. The remaining committees are the Audit and Risk Committee, Accreditation Committee, Transmissible Viral Infections Panel (TVIP) and from October this year, Te Hā | The Essence, a committee newly established to ensure equitable Māori participation and leadership in setting priorities, resourcing, implementing, and evaluating policy with the Council.

The Council accredits and monitors 21 New Zealand prescribed qualifications. Until August 2020 the Council had a joint accreditation committee and accreditation standards with the Australian Dental Council. In September 2020, the Council established its own New Zealand accreditation committee for a more robust and agile approach to its accreditation function.

Processes and systems are well-established to register applicants, issue practising certificates, review and improve competence, and respond to complaints, and conduct and health notifications.

There is a public website that contains key information for the public and practitioners on its role, functions, and core regulatory processes. This includes the Register, policies, standards, newsletters, strategic plan, consultations, annual reports, resources, fees, publications, and updates. An update of the website is planned.

The Council demonstrates the principles of right-touch regulation through its policies, processes, systems, accreditation, consultations, plans, strategic direction and how it works with the profession and stakeholders.

Recent major developments include the new registration and case management system, the new recertification programme (which started to go live in October 2021), and the new scopes and competencies for the profession's other dental specialists, including new cultural safety competencies. The Council also has a new strategic plan that builds on previous

achievements and strives to better protect public safety through strengthened regulatory practice, compliance, collaboration, and cultural safety. This includes new strategic initiatives: establishment of E Tipu e Rea (strategic cultural safety project) to improve cultural safety and Māori health equity, to improve and update the compliance framework, developing a data strategy, a new operating model that improves regulatory practice by increasing their focus on prevention, safety, and protection opportunities across the prescribed functions.

Key initiatives underway include continuing the planned phases to support the new recertification programme, an upgrade to their registration and case management system, digitalisation of files, reviewing cultural safety practice standard, end to end review of competence process for quality improvement, review of dental technology and clinical dental technology prescribed qualifications, developing a case to merge OHP professions (dental hygiene, dental therapy and oral health therapy), and working with the Ministry of Health on the COVID-19 requirements to allow for ongoing delivery of oral health services, safely during the pandemic.

Recommendations for improvement identified from this performance review include building on the current initiatives:

- continuing to complete and implement the review of the cultural competence practice standards and the plan for the accreditation standards to be updated to reflect the new cultural safety domain defined in the scope of practice competencies, and
- the ongoing journey with Te Hā for equitable Māori participation and leadership in setting priorities, resourcing, implementing, and evaluating policy within the Council.

## Recommendations

The below table summarises the areas for improvement identified from this review with associated timeframes. Refer to the next section of the report for the full reviewer's comments associated with the recommendation.

Ref #	Related core performance standards	Rating	Risk Level	Recommendation	Timeframe (months / date)
6.3	Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	PA	L	To continue to complete and implement the review of the cultural competence practice standards and the plan for the accreditation standards to be updated to reflect the new cultural safety domain defined in the scope of practice competencies.	6 – 12 months (up to 31 December 2022) and ongoing
10.1	The RA: <ul style="list-style-type: none"> <li>Ensures that the principles of equity and of Te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) are followed in the implementation of all its functions</li> </ul>	PA	L	To continue the journey with Te Hā for equitable Māori participation and leadership in setting priorities, resourcing, implementing, and evaluating policy within the Council.	6 – 12 months (up to 31 December 2022) and ongoing

## Functions under section 118 HPCA Act 2003 and their related core performance standards

### Purpose and requirements

Responsible Authorities are designated under the Health Practitioners Competence Assurance Act 2003 (the Act) to fulfil certain functions. An amendment in 2019 to the Act adding section 122A, required a performance review of all Responsible Authorities be conducted within three years of enactment. The Ministry of Health (the Ministry) is responsible for the facilitation of these reviews.

Performance reviews provide assurance to the Crown and the public that responsible authorities are performing their functions efficiently and effectively. This includes the assurance that: the responsible authorities are carrying out their required functions in the interests of public safety, their activities focus on protecting the public without being compromised by professional self-interest, and their overall performance supports high public confidence in the regulatory system.

This initial performance reviews will assess a responsible authority's performance against the full set of Core Performance Standards. These standards are aligned with the functions under section 118 of the HCPA Act.

### Risk management

Identify the degree of risk to patient safety and/or public confidence that is associated with the level of attainment the responsible authority achieves for each criterion. Review the 'risk' in relation to its possible impact based on the consequence and likelihood of harm occurring if the responsible authority does not fully attain the criterion. Use the risk management matrix when the audit result for any criterion is partially attained or unattained.

To use the risk management matrix, you need to:

1. consider what consequences for consumer safety might follow from the responsible authority achieving partially attained or unattained for a criterion, within a range from extreme/actual harm to negligible risk of harm occurring
2. consider how likely it is that this adverse event will occur due to the provider achieving partially attained or unattained for a criterion, within a range from being almost certain to occur to rare
3. plot the findings on the risk assessment matrix to identify the level of risk, and prioritise risks in relation to severity
4. approve the appropriate action the provider must take to eliminate or minimise risk within the timeframe. Note that timeframes are set based on full resolution of the requirement, which may include a systems change or staff training programme. Anything requiring urgent attention is identified in the report, along with any longer timeframe needed to make sustainable change.

**The Risk management matrix uses a probability versus impact quadrant with the following risk categories: low, low-med, medium and high.**

**Function 1: Section 118a) 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, or programmes**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
1.1	the RA has defined clear and coherent competencies for each scope of practice	<p>The Council regulates six professions as follows:</p> <ul style="list-style-type: none"> <li>• Dentistry (including dental specialists)</li> <li>• Dental therapy</li> <li>• Dental hygiene (including orthodontic auxiliaries)</li> <li>• Clinical dental technology</li> <li>• Dental technology</li> <li>• Oral health therapy</li> </ul> <p>For each profession, the Council has defined clear and coherent competencies for its scopes of practice. These are published on the Council's website with links to the gazette notice.</p> <p>During 2021/22 the Council is reviewing all the competencies and associated scopes of practice. This is staged due to the volume of scopes and is planned as follows: general scopes of practice in 2021 and specialist scopes of practice in 2022. The first stage has now been delivered.</p> <p>The review process includes the detailed mapping of the undergraduate curriculums from New Zealand accredited programmes, and comparable international competencies, alignment with the Council's Standard Framework, educational institutions input to ensure a contemporary</p>	FA			

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		<p>educational approach in setting competencies is followed, input from Māori in the development phase including the Council's Māori cultural advisor, Māori members on NZ accreditation committee and the Council (governance) to embed Te Tiriti and define cultural safety expectations.</p> <p>The key proposed changes consulted on included: expanded competencies related to cultural safety with a proposed transition from cultural competence to cultural safety to ensure educational and upskilling opportunities across the profession, and removal of detailed scope activities to be supported by gazetted competencies. The competencies will contain the detail of what the scope entails rather than having different source references (scopes and competencies) for greater transparency. The 2021 consultation was completed in November on the general scopes of practice competencies.</p> <p>The competencies for the 12 dental specialist scopes of practice were jointly developed with the Dental Board of Australia and came into effect July 2016. The current dental specialist scope of practice competencies is clearly defined, coherent, and comprehensive.</p>				

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		<p>The Council planned review of the dental specialists' competencies for scopes of practice is in 2022. This review will aim to align with common competency domains from the general competencies including cultural safety.</p>				
1.2	<p>the RA has prescribed qualifications aligned to those competencies for each scope of practice</p>	<p>The Dental Council has prescribed qualifications that are actively maintained and gazetted for each scope of practice. Information about the Council's prescribed qualifications (that lead to registration) are available on Council's website for each of the scopes of practice.</p> <p>The range of prescribed qualifications across each profession's scopes of practice comprise various combinations of:</p> <ul style="list-style-type: none"> <li>• New Zealand accredited educational programmes,</li> <li>• accredited programmes from an overseas jurisdiction through recognition of the national dental accrediting body in that jurisdiction considered comparable to the New Zealand dental regulatory environment (e.g., Australia, USA, Canada)</li> <li>• accredited programmes from an overseas jurisdiction through recognition of the national regulator,</li> </ul>	FA			

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		<p>which has the function to accredit educational programmes (e.g., UK),</p> <ul style="list-style-type: none"> <li>New Zealand and other overseas registration/licensing examinations (e.g., Australia, USA, or Canada); or registration in a defined scope of practice in a specific jurisdiction (e.g., Board certification in oral and maxillofacial surgery in a United States of America or Canadian state).</li> </ul> <p>Two dental specialist scopes (oral and maxillofacial surgery, and oral medicine) also require a medical degree from a medical school listed in the World Directory of Medical Schools and dental degree.</p> <p>The prescribed qualifications are aligned to the competencies for each scope of practice through the accreditation criteria set out in the Council's accreditation standards. The accreditation criteria specifically focus on the linkage of the educational programme and its delivery, to the Council's competencies.</p> <p>With the establishment of the cultural safety domain in the 2021 updated competencies, the accreditation standards are to be updated to reflect the new domain. This work is planned for 2022 as part of the E Tipu E Rea project.</p>				



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1.3	<p>the RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the education providers and programmes it accredits deliver graduates who are competent to practise the relevant profession</p>	<p>The Council has a comprehensive accreditation process in place to accredit and monitor all New Zealand (including relevant Australasian dental specialist programmes offering education in New Zealand training centres).</p> <p>This includes an Accreditation policy, Accreditation standards, Accreditation guidelines, Accreditation review of new programmes, Ongoing monitoring of accredited programmes and Managing compliance.</p> <p>The accreditation standards, available on Council's website, describe the minimum education standards that programmes must meet to ensure that only suitably trained and qualified oral health practitioners can register to practise in New Zealand. The accreditation standards comprise six domains. The domains are: Public Safety, Academic governance and quality assurance, Programme of study, The student experience, Assessment and Cultural competence.</p> <p>The Council accredits and monitors 21 New Zealand prescribed qualifications. A summary of the accredited programmes and their current accreditation status is published on their website.</p>	FA			

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		<p>Until August 2020 the Council had a joint accreditation committee and accreditation standards with the Australian Dental Council. In September 2020, the Council established its own New Zealand accreditation committee to provide for a more robust and agile approach to its accreditation function. The accreditation committee's skillset comprises of Australian senior dental academics (due to only 2 New Zealand providers), NZ practising clinicians across the professions, a lay member providing the public/patient perspective, and independent standard-setting expertise. Based on current membership, two committee members identify as Māori.</p> <p>Each accreditation review is conducted by a site evaluation team (SET). The accreditation committee is a sub-committee of Council and is governed by a terms of reference. The accreditation committee considers the accreditation matters, including accreditation reports from SET reviews, and make recommendations to the Council. The Council makes all accreditation decisions.</p> <p>A new programme is reviewed against the standards and when all accreditation standards are met a 5-year accreditation period is granted. Alternatively, it could be accredited with condition/s, or accredited</p>				

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		<p>for a shorter period or declined. An accredited programme is then monitored via annual reporting or condition reporting where relevant. Other monitoring measures include additional reports when a programme has conditions on their accreditation, and monitoring visits/videoconferencing when direct intervention is required.</p> <p>To provide further assurance that the providers and programmes continue to deliver competent graduates additional quality improvement processes apply: monitoring during the period international external observers, international benchmarking, consultation with stakeholders on changes to accreditation standards, and governance review of the accreditation framework.</p> <p>Overseas prescribed qualifications are monitored via the "comparable regulator" model.</p> <p>The Council is in the process of reviewing the annual monitoring requirement to support proactive identification of risks.</p>				
1.4	the RA takes appropriate actions where concerns are identified	Concerns can be identified during an accreditation review, ongoing monitoring, or because of a complaint or information made available to the Council.	FA			

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		<p>The Accreditation Guidelines sets out the different outcomes that Council might pursue. Any shortcomings identified/confirmed are managed through:</p> <ul style="list-style-type: none"> <li>• conditions – if the accreditation standard/s are substantially met, and the shortcoming can be addressed within a defined timeframe,</li> <li>• withdrawal or decline of accreditation – if a substantial deficiency is identified resulting in a concern about a programme's inability to deliver competent graduates,</li> <li>• ad-hoc monitoring – when concerns are identified through routine monitoring, significant changes occur in the programme, or a complaint received and considered reliable – then additional monitoring can be put in place.</li> </ul> <p>A complaint was received about a programme, and following a review the outcome was ongoing monitoring and bringing the accreditation review forward. Responses are proportionate to the risks posed and severity of deficiency/concern.</p>				

**Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers**  
**Section 118c) To consider applications for annual practicing certificates**

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2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	<p>The Council maintains and publishes its register on its website. It is accessed through the home page under information for the public. There is a search function on the website to find a practitioner. Patients, the public and employers can search a registered practitioner by scope of practice, name, address, or person ID.</p> <p>Where the Council orders conditions be placed on a practitioner's scope of practice, the register is updated at: the time of making the final order, the time of registration if a condition is placed e.g., where a practitioner's scope is restricted in some way such as supervision or an oversight condition for an overseas new registrant; or when managing cases, at the time Council makes an order to manage competence, conduct or health issues, and at time of issuing an annual practising certificate, where a condition is imposed.</p>	FA			
2.2	<p>The RA has clear, transparent, and timely mechanisms to consider applications and to:</p> <ul style="list-style-type: none"> <li>Register applicants who meet all statutory requirements for registration</li> </ul>	<p>Since 2019, all applications for registration are managed through an online services process.</p> <p>The Council has clear, transparent, and timely mechanisms to consider applications for registration. Applications are made online via the Dental Council website. There are six types of application for</p>	FA			

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	<ul style="list-style-type: none"> <li>Issue practicing certificates to applicants in a timely manner</li> <li>Manage any requests for reviews of decisions made under delegation</li> </ul>	<p>registration utilised across the six professions.</p> <p>Council provides three pathways to registration: Prescribed qualifications, Overseas non-prescribed qualifications section 15(2) – referred to as individual assessment), and Examination (the Dental Council examinations provide a prescribed qualification).</p> <p>In addition, Council receives registration applications from Australia under Trans-Tasman Mutual Recognition (TTMR).</p> <p>The process is as timely as the Council can make it, while ensuring competent and safe to practise decisions are made. Applications are assigned for initial review by the registration team at the point of receiving a complete application and payment – the initial review is done within one week of receipt. Reminders are scheduled within the registration team to undertake follow up checks and progress the application.</p> <p><u>Register applicants who meet all statutory requirements for registration</u></p> <p>Section 15 of the HPCA Act enables the Council to register an applicant as an oral health practitioner if the applicant meets all the following criteria: a) is fit for registration (includes health and criminal conviction</p>				

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		<p>check) b) has a prescribed qualification - or a qualification that has been assessed by the Council as equivalent to, or as satisfactory as, a prescribed qualification for their scope of practice c) is competent to practise within that scope of practice. There is an English language requirement to satisfy.</p> <p>Under section 15(2) of the Act the Council may "treat any overseas qualification as a prescribed qualification, if in the opinion of the authority, that qualification is equivalent to, or as satisfactory as, a prescribed qualification."</p> <p>For applicants through s15(1) that hold a New Zealand prescribed qualifications or an overseas prescribed qualifications the process is relatively simple and upon receipt of all required documents registration is immediate.</p> <p>Council reviewed and amended the individual assessment process for overseas non-prescribed qualifications (s15(2)) on 1 April 2021. The updated process provides a far more transparent and robust assessment of whether the applicant meets all statutory requirements for registration.</p> <p><u>Issue practising certificates to applicants in a timely manner</u></p>				

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		<p>Annual practising certifications (APC) applications are made in a timely manner during each annual renewal cycle. Practitioners are sent reminders to complete an APC application form. During the renewal cycle, practitioners complete the form online. 80% of applications are issued immediately without staff handling, and that percentage is increasing with each renewal cycle. The timeliness of processing will depend on the issue that has arisen. All decisions to decline an APC are made by Council, practitioners are advised of their rights to a review or appeal. The Council has not had any formal appeals to an APC decline.</p> <p>On approval of registration, new registrants that indicated an intention to practise will automatically receive an invoice for an APC. The APC is issued automatically upon payment as fitness to practice was determined through the registration process.</p> <p><u>Manage any requests for reviews of decisions made under delegation</u></p> <p>Applications for registration and authorisation of scopes of practice can be considered and determined under a delegation given to the Registrar.</p>				



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		<p>Restrictions on the issue of APCs and scopes of practice can also be made under a delegation given to the Registrar. If the Registrar is not able to consider the case, then the Registrar must submit the application to the Council for its consideration.</p> <p>The Council has clear and transparent processes to manage reviews of decisions made under delegation. Most decisions that are outside the usual circumstances are considered by Council.</p>				

**Function 3: Section 118d) To review and promote the competence of health practitioners**  
**Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners**  
**Section 118k) To promote education and training in the profession**

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3.1	<p>The RA has proportionate, appropriate, transparent and standards-based mechanisms to:</p> <ul style="list-style-type: none"> <li>Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard</li> <li>Review a health practitioner's competence and practice against the required standard of competence</li> <li>Improve and remediate the competence of practitioners found to be below the required standard</li> <li>Promote the competence of health practitioners</li> </ul>	<p>The Standards framework describes the minimum standards of ethical conduct, and clinical and cultural competence that patients and the public can expect from oral health practitioners. All registered practitioners are required to meet these standards.</p> <p>New Zealand graduate applicants and those with an overseas prescribed qualification are considered competent because of the connections between the Standards Framework, competencies for each scope of practice, prescribed qualifications, and the accreditation process.</p> <p>Where there is a delay of more than 1 year between qualification and registration, Council will generally impose conditions, such as a period of supervision.</p> <p>Assessment of overseas non-prescribed qualifications includes an assessment of applicant competence, including case presentations and an interview. An applicant registered through this pathway is subject to a condition on their scope of practise that they must practice with professional oversight for six months (by another registered practitioner approved by Council). The oversight condition helps</p>	FA			

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		<p>ensure the practitioner understands New Zealand practice conditions (culture and systems) and to support their competent practise as they transition to working in the New Zealand context.</p> <p>Examination pathway – for those holders of an overseas non-prescribed qualification who are unable, or do not wish to have their qualifications and competence individually assessed, the NZ dental registration examinations are available. A pass in the examinations provides the applicant with a prescribed qualification.</p> <p>Applicants are required to read the Working in Aotearoa New Zealand handbook and provide a statutory declaration that they have done so.</p> <p><u>Assure itself that applicants seeking registration or the issuing of a practising certificate meet, and are actively maintaining the required standard</u></p> <p>The APC application requires a self-declaration of competence and of compliance to and understanding of Council's ethical principles, professional standards, and practice standards. Following each APC cycle – 10% of each profession are selected to complete practice standard questionnaires (self-</p>				

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		<p>declarations of compliance). Then, a small number are selected for practice audits whereby the Professional Advisors visit the practitioner at their practice to confirm compliance (five dentists/dental specialists are selected annually and two from each of the other professions).</p> <p>Recertification Programmes are to ensure practitioners are competent to practise within their scope of practice. Actively maintaining the required standard is set out as Council's expectations in the standards framework, ethical principle that practitioners must ensure safe practice and professional standard 11 to keep professional knowledge and skills up to date through ongoing learning and professional interaction.</p> <p>Following a period of development and consultation, in 2019, Council confirmed the new recertification programme for oral health practitioners to commence in 2020 however implementation was delayed a year due to COVID-19. The current recertification programme requires practitioners to complete a quota of continuing professional development (CPD) hours and peer contact activities. This is declared as part of their APC application. This current programme ends</p>				

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		<p>on 31 December 2021. Stage one of the new recertification programme starts on 1 October 2021 for dentists &amp; dental specialists, and 1 April 2022 for all other oral health practitioners.</p> <p>The key features of the new programme are: Each practitioner can tailor their ongoing learning requirements to their scope of practice, their practice setting and experience, and their patients and community, which provides greater flexibility. Standards based for each of the components in the recertification programme sets transparent expectations to encourage practitioners to think about their professional needs, scope of practice, practice setting, patients and the Standards Framework for oral health practitioners when choosing professional development activities. Ensure safe practice through increased focus on professional peer relationships including a new requirement for professional peers to confirm that programme requirements have been met.</p> <p>Improved assurance to the Council of practitioner competence through: declaration that the practitioner has met each of the requirements of their recertification programme as part of the renewal cycle for their APC and</p>				

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		<p>practitioners may be required to produce evidence if: they are audited, the Council receives a complaint, notification or expression of concern, the practitioner or professional peer declares that they have not met all requirements of the recertification programme.</p> <p>Stage two of the recertification programme is planned for delivery after Council's compliance framework is in place (2022/23 that includes Assessments, New registrants programme, and Non-compliance.</p> <p><u>Review a health practitioners' competence to practise against the required standard of competence</u></p> <p>The HPCA Act provides that practitioners may have their competence reviewed at any time or in response to concerns about their practice. The objective of a competence review is to assess a practitioner's competence and, if a deficiency is found, to put in place the appropriate training, education, and safeguards to assist the practitioner to meet the required standards, while ensuring the practitioner is safe to practise. It is designed to be an educative process. Notifications and competence related</p>				

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		<p>complaints are, following triage, referred by the Registrar to the appropriate professional advisor to undertake inquiries which may be conducted 'on the papers' or via a practice visit. The professional advisor generally includes an audit of practice standards as a step in the inquiries process.</p> <p>The professional advisor's report is considered by Council together with all other relevant material and a decision made in next steps which include whether a competence review should be undertaken.</p> <p>The required standard of competence is standards-based and is set out in the Council's standards framework. Compliance to the Council's practice standards by practitioners is mandatory. The practice standards describe what practitioners must do to competently practise in specific practice areas such as, infection prevention and control, informed consent, patient records and privacy of health information, medical emergencies, sedation.</p> <p>A competence review committee (CRC) assesses the competence of a practitioner against Council's competencies for the</p>				

<b>Function 3: Section 118d) To review and promote the competence of health practitioners</b> <b>Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners</b> <b>Section 118k) To promote education and training in the profession</b>						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>relevant scope of practice using a range of Council provided tools. A recommendation is made by the CRC to Council.</p> <p>Council is currently doing a quality improvement review of the end-to-end competence processes which includes both the competence review and a resulting competence programmes. Included in this is a requirement to consider variable approaches suitable from a cultural safety perspective.</p> <p><u>Improve and remediate the competence of practitioner found to be below the required standard</u></p> <p>Section 38 of the HPCA Act requires that the Council must make one or more of the following orders when a practitioner fails to meet the required standard of competence: undertake a competence programme, include one of conditions in the practitioner's scope of practice, sit an examination or undertake an assessment, be counselled, or assisted by nominated persons.</p> <p>The objective of a competence programme and the other orders that may be made by Council is to produce the best possible outcome for the practitioner, while keeping the public safe. The competence</p>				



<b>Function 3: Section 118d) To review and promote the competence of health practitioners</b> <b>Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners</b> <b>Section 118k) To promote education and training in the profession</b>						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>programme is an individualised educational programme that may require the practitioner to do any one or more of the following, within a specified period or at specified intervals: pass any examinations or assessments, or both, complete a period of practical training, complete a period of practical experience, undertake a course of instruction, permit another practitioner specified by Council to examine his or her clinical records, undertake a period of supervised practice.</p> <p>It can take time for competence programmes to be completed. The duration of the programme is dependent on the breadth or level of competence decline.</p> <p>Conditions in a practitioner's scope of practice can be an outcome of the competence review (section38(1)(b) of the HPCA Act) to place the necessary safeguards around practice until such time as the practitioner competence is fully remediated.</p> <p><u>Promote the competence of health practitioners</u></p> <p>The Council promotes ongoing learning primarily through its: recertification programmes, Standards framework, practitioner updates via website, and also</p>				

<b>Function 3: Section 118d) To review and promote the competence of health practitioners</b> <b>Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners</b> <b>Section 118k) To promote education and training in the profession</b>						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>developing guidance for practitioners on developing areas of concern (e.g., advanced and new areas of practice; remote orthodontic services; tongue-ties; informed consent, etc.).</p> <p>The Council analyses complaints and notifications for indicators of risk. This type of analysis helped inform the development of the new recertification programme that addresses one of the key risks identified, that of professional isolation. This led to the introduction of a peer as part of the programme which enables a professional conversation.</p> <p>The Council's IT data strategy project looks to enhance the data capture associated with clinical and non-clinical risk factors to better inform educational updates to the profession in time.</p>				

**Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information**

**Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
4.1	<p>The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for:</p> <ul style="list-style-type: none"> <li>• Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner</li> </ul>	<p>There is a dedicated webpage for patients, public and employers. This includes a comprehensive page of information regarding concerns and complaints. If someone wants to raise concerns or provide information about an oral health practitioner, then there is a 'Contact Us' form to complete. The Council will acknowledge receipt of the information provided, and will respond with advice on the next steps that would be followed.</p> <p>As a result of a recent change in policy, the Council will receive information about an oral health practitioner in any form that the person providing the information chooses, including oral information and anonymous information.</p> <p>In the year ending April 2020, the Council received 156 complaints from patients.</p> <p>The website is scheduled for an update in 2022 and the plan is to phase in increased web accessibility for people with disabilities, introduce an online form for providing Council with information about an oral health practitioner, set up some new web pages and change the emphasis in others so that it is easier for practitioners,</p>	FA			

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		patients, and employers to find information specific to them about when things go wrong.				
4.2	<ul style="list-style-type: none"> <li>Identifying and responding in a timely way to any complaint or notification about a health practitioner</li> <li>Considering information related to a health practitioner's conduct or the safety of the practitioner's practice</li> <li>Ensuring all parties to a complaint are supported to fully inform the authority's consideration process</li> </ul>	<p>The Council has established policies and procedures regarding complaints and notifications, and these are available on their website. When information is received about an oral health practitioner the Council's response depends on the nature of the information. It will respond to the person who provided the information or refer them (or the information) to the appropriate agency or process if appropriate. A notification can be received from employers, ACC, HDC or other practitioners.</p> <p>The information received is put into an issues log, and then it is triaged by the team to decide the best response. Where there is identified harm or risk information there is a faster triage and response time.</p> <p>Act on information in one of four ways:</p> <ul style="list-style-type: none"> <li>Information – retaining the information in case it identifies a pattern with the individual practitioner or across the profession</li> </ul>	FA			

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		<ul style="list-style-type: none"> <li>• Competence – is the practitioner competent to practise?</li> <li>• Conduct – is the practitioner's conduct appropriate?</li> <li>• Health – is the practitioner with a physical or mental health issue fit to practise?</li> </ul> <p>The need to meet the rules of natural justice may mean that timeliness sometimes depends on how long the practitioner takes to engage in the process. Timeliness is discussed further below in the relevant bullets.</p> <p>Case management is reported on monthly to the Council.</p> <p>In the 2019/20 Annual Report the Council received a total of 214 complaints, 22 competence notifications, which resulted in 6 new competence reviews and 6 new competence programmes, 2 conduct cases were referred to a PCC and 1 to the HPDT, and 19 new health notifications were receive with 3 new health programmes established.</p>				

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		<p><u>Considering information related to a health practitioner's conduct or the safety of the practitioners' practise</u></p> <p>The information received is considered and the response to the person will depend on the circumstances and the nature of the information provide. The registrar (and the Council depending on delegations) will determine next steps: taking the information to Council such as initiating the competence reviews, or for conduct or safety, HDC interactions and referrals, or no further action necessary.</p> <p><u>Ensuring all parties to a complaint are supported to fully inform the authority's consideration process</u></p> <p>All parties to a complaint are informed of the consideration process and advised of processes and the information that is needed to inform decision making.</p> <p>The Council recognises the significance for people who provide information about the practice, conduct, fitness, or competence of oral health practitioners. The Council will take steps to ensure that all parties are properly informed about what they need to do to provide the Council with the relevant</p>				

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		<p>information to inform the Council's decision making.</p> <p>Council provides options available to the patient for support, complaint investigation and resolution, and financial compensation. Including: Nationwide Health and Disability Advocacy Service (Free), Professional Associations, Health and Disability Commissioner, Disputes Tribunal, and Accident Compensation Corporation.</p> <p>Council considers matters on a case-by-case basis. The Professional Conduct Committee (PCC) Guidance provides some support to the PCC around how and when to engage with the complainant so that all the information can be considered. The HPCA Act and the Naming policy sets out the parameters for when Council will name a practitioner.</p> <p>With the 2019 amendments to the Act the Council adopted practice following the legislation but noted policy updates were to come. The Council recognises the significance for people who provide information about the practice, conduct, fitness, or competence of oral health practitioners. Over the next 6-8 months, the Council is to review processes to ensure all</p>				

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		<p>parties are properly informed about what they need to do to provide the Council with the relevant information and to ensure the Council is well positioned to inform and update parties about the information provided.</p> <p>A complaints / issues log is maintained and there is a current dashboard for a history of complaints and notifications.</p>				
4.3	Enabling action, such as informing appropriate parties (including those specified in section 118(g)) that a practitioner may pose a risk of harm to the public	<p>Appropriate, timely, transparent, fair, and proportionate mechanisms for enabling action include:</p> <ul style="list-style-type: none"> <li>Interim orders: Where there are reasonable grounds for believing that the health practitioner poses a risk of serious harm to the public by practising below the required standard of competence, the Council can make Interim orders (s39 suspensions or inclusion of conditions pending review or assessments).</li> <li>Where the Council considers that the health practitioner may be unable to perform the functions required for the practice of their profession because of some mental or physical condition, the</li> </ul>	FA			



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**Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>Council can suspend a practitioner's practising certificate or include condition(s) in their scope of practice.</p> <ul style="list-style-type: none"> <li>• Where Council considers the practice of a practitioner meets the threshold for notification of risk of harm to another organisation (i.e., the practice may pose a risk of harm to the public), then notice is given under section 35 to the appropriate parties and revoked when appropriate.</li> <li>• Dually registered practitioner: In the case of a dually registered practitioner (Dental Council and another RA), if there is an investigation or proceeding about that practitioner's fitness to practise, competence or conduct of a dually registered health practitioner, then the Dental Council will formally notify other relevant RAs and take steps to obtain information from the RAs.</li> <li>• Naming policy decision for when the Council will name practitioners, including to employers, HDC, and ACC.</li> </ul>				

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
5.1	<p>The RA has clear and transparent mechanisms to:</p> <ul style="list-style-type: none"> <li>Receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for the practice of the profession</li> <li>Take appropriate, timely, and proportionate action to minimise risk</li> </ul>	<p>The Council uses its Regulatory Principles to guide its decision-making and ensure its decisions and actions are appropriate and proportionate. These are available on its website.</p> <p>Professional standard 27 for the practitioner sets out "You must protect the interests of patients and colleagues from any risk posed by your personal issues or health, or those of a colleague." This includes guidance to practitioners to support this standard to seek appropriate medical advice as soon as possible, if you suspect or know that patients or colleagues may be at risk because of your mental or physical health, and to inform the Dental Council, if you have good reason to believe a colleague is suffering from a health condition which could affect their ability to deliver patient care or place colleagues at risk.</p> <p>This includes there is a disclosure on the APC or registration form to receive new fitness or health information directly from the practitioner. The APC provides an annual opportunity for the practitioner to declare these changes or note ongoing issues.</p>	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>Mechanisms are in place to receive and review notifications. Health-related cases are managed by the Case Manager using the management system.</p> <p>To summarise, the Council: assesses the information, including taking advice from an independent practitioner and medical practitioner and act on that advice, may require the practitioner to be assessed by a medical practitioner, and will consider the practitioner's fitness to practise.</p> <p>Actions can include monitoring a health-related voluntary undertaking or having health-related conditions on their scope of practice.</p> <p>There is a Transmissible Viral Infections Panel, which operates as a Council committee to advise on practitioners with Hepatitis A, B or C, or with HIV. The Transmissible Viral Infections Panel is chaired by the Council chair and meets on an as-needed basis.</p> <p><u>Take appropriate, timely, and proportionate action to minimise risk</u></p> <p>Management of health impaired practitioners policy is in place. A typical programme for managing a health impaired practitioner might include some or all of the following: (a) Limit the practitioner's practise to certain procedures and/or</p>				

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>locations; (b) Require the practitioner's practise to be supervised; (c) Require the practitioner to inform work colleagues about the relevant health issues; (d) Require the practitioner to undergo therapy; (e) Carry out random urine and occasional blood testing to check for the presence of drugs or alcohol; (f) Require the practitioner's own general practitioner to provide regular supervision; (g) Impose prescribing restrictions; (h) Require the practitioner to attend peer support groups such as Alcoholics Anonymous and Narcotics Anonymous; (i) Appoint a practitioner as a mentor.</p> <p>The Dental Council will always act in the interests of public safety and will take action, including suspending a practitioner's Annual Practising Certificate where this is necessary. The Council does though its focus on rehabilitation in the first instance because health issues are different from a competence review or a disciplinary process. Wherever possible, the Council will seek a voluntary agreement with the practitioner to confirm to limits or conditions on their practice, or to cease practise entirely.</p> <p>Council identifies that it will be reviewing the approach to all cases (competence, conduct and health) during the cultural</p>				

<b>Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession</b>						
<b>Ref #</b>	<b>Related core performance standards</b>	<b>Reviewer's comments</b>	<b>Rating (FA/PA/UA)</b>	<b>Risk Level if PA /UA (L, L-M, M, H)</b>	<b>Recommendation</b>	<b>Timeframe (months / date)</b>
		safety work and Compliance Framework project.				

**Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
6.1	<p>The RA sets standards of clinical and cultural competence and ethical conduct that are:</p> <ul style="list-style-type: none"> <li>• Informed by relevant evidence</li> <li>• Clearly articulated and accessible</li> </ul>	<p>The standards framework was developed in 2015 to provide clear precise standards so that registered oral health practitioners understood the mandatory requirements placed on them and patients understand what an oral health practitioner must do when treating a patient.</p> <p>The standards framework applies to all oral health practitioners and the key feature is that the framework is patient centric.</p> <p>It describes the minimum standards of ethical conduct, clinical and cultural competence that patients and the public can expect from oral health practitioners.</p> <p>The Standards Framework includes the five ethical principles that registered oral health practitioners must adhere to at all times, the 28 professional standards describe what practitioners must do to ensure they adhere to the ethical principles of oral health practice and the 10 practice standards are the detailed standards related to specific practice areas.</p> <p>Each standard is supported by guidance that describes the actions and behaviour that enable practitioners to meet the minimum standards. The requirement to comply with the standards is reinforced by the New Zealand accredited programme curriculums, all include an introduction to</p>	FA			

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Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>the Council's standards framework and practice standards, and Council leadership engagement with dental students and graduates.</p> <p>The standards framework provides a "one-stop-shop" for practitioners and patients to understand what is expected of them and the standards they must meet. Newly registered practitioners are provided with information about the Standards framework and the Working in Aotearoa NZ Handbook.</p> <p>The Council expects that the Data Strategy, cultural safety, and Compliance Framework may have some impacts on needing to amend the standards framework, but that these impacts are likely to be identified as the work progresses.</p>				
6.2	Developed in consultation with the profession and other stakeholders	<p>Any standards that are set are consulted on. Consultation information includes mailing lists to all relevant stakeholders and engagement also includes multiple meetings with key professional associations and stakeholders' workshops.</p> <p>Working groups are often used when setting standards, and these include:</p> <ul style="list-style-type: none"> <li>lay members representing the interest of the public, and more recently Māori representation</li> </ul>	FA			

**Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<ul style="list-style-type: none"> <li>• local and international subject-matter experts</li> <li>• New Zealand oral health practitioners</li> </ul> <p>The Council lay members also provide valuable input during the Council consideration of draft documents, consultation feedback and final decisions.</p> <p>External stakeholders include the Ministry of Health, other government agencies such as HDC, ACC, district health boards, educational institutions, New Zealand health regulatory bodies, international dental regulatory partners, and other stakeholders targeted specifically for the topic.</p>				
6.3	Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	<p>The Council has a range of regulatory standards related to effective and respectful interaction with Māori. Professional standard 4 of the standards framework specifically relates to cultural competence (You must treat patients fairly and without discrimination, respecting cultural values, personal disabilities, and individual differences) and is underpinned by the following two practice standards: Best practices when providing care to Māori patients and their whanau and Cultural competence Competencies:</p> <p>In 2020, a new cultural competence domain was introduced in the New Zealand</p>	PA	L	To continue to complete and implement the review of the cultural competence practice standards and the plan for the accreditation standards to be updated to reflect the new cultural safety domain.	6 – 12 months (up to 31 December 2022) and ongoing



**Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>accreditation standards for oral health practitioner programmes. This came into effect on 1 January 2021. This new domain ensures students and new graduates can provide culturally competent engagement and appropriate care for Māori and Pacific peoples, to help improve Māori and Pacific oral health outcomes.</p> <p>New cultural domains for general scopes' competencies: The competencies related to Kaiakatanga ahurea - cultural competence (domain 3a) are aligned with the Council's existing practice standards and education provided by the New Zealand accredited programmes.</p> <p>Council has updated its competencies for scope of practice for all professions except dental specialists. One of the updates involves a shift from cultural competence to cultural safety. On 1 January 2023, the new Haumarutanga ahurea - Cultural safety (domain 3(b)) will replace the competencies related to cultural competence and describe the cultural safety competencies expected of oral health practitioners. A staged implementation of the cultural safety domain changes will allow time for:</p> <ul style="list-style-type: none"> <li>practitioners to self-reflect, undertake professional development, and engage with other practitioners, their patients,</li> </ul>				

**Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>hapori/community, whānau, hapū and iwi as required, to understand and attain the cultural safety competencies, and introduce these into their practice.</p> <ul style="list-style-type: none"> <li>the New Zealand accredited programmes to ensure their curriculum and student experiences can provide students the opportunity to attain these competencies</li> <li>the Council, with its Māori partners, to review and update the cultural practice standards, and consult with oral health practitioners and other stakeholders.</li> </ul> <p>The review of the cultural competence practice standards is scheduled for the latter part of 2021. The Council is working with Te Hā, Te Aō Marama - the NZ Māori Dental Association, the Māori Oral Health Quality Improvement Group, and other stakeholders to review these two cultural competence practice standards.</p> <p>Having revised the competencies, the Council expects to see practitioners identify cultural safety in their professional development plan. Practitioners should be undertaking cultural safety professional development activities. The Council is working with programme providers to encourage the provision of health and</p>				

<b>Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession</b>						
<b>Ref #</b>	<b>Related core performance standards</b>	<b>Reviewer's comments</b>	<b>Rating (FA/PA/UA)</b>	<b>Risk Level if PA /UA (L, L-M, M, H)</b>	<b>Recommendation</b>	<b>Timeframe (months / date)</b>
		dental specific programmes and will be monitoring their expectation through the new recertification programme and conversations with education providers.				

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	<p>The Council understands its role as a responsible authority and works collaboratively with the other responsible authorities. This includes attending workshops and meetings for shared learning.</p> <p>Examples of collaboration as advised by the Council include: the Pharmacy Council sought permission to leverage off Dental Council accreditation standards for their development of new standards, Dieticians Board requested use of the accreditation framework, MCNZ/Dental Council – joint COVID-19 vaccination statement, and MCNZ shared with the Dental Council its learnings and framework from their cultural safety project.</p> <p>Health Responsible Authorities together have established a number of collaborative projects including cultural safety, ACC – notifications about competence concerns, validation of practitioner registration status, HDC – complaints, and HPDT – conduct and discipline.</p> <p>In July, the RAs agreed to progress developing a common prescribing standard across RAs, including the Dental Council, where prescribing is part of the scope of practice, and this group is led by Pharmacy Council.</p>	FA			

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
8.1	The RA uses mechanisms within the HPCA Act such as competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	<p>The accreditation standards promote and facilitate inter-disciplinary collaboration and cooperation. These include, for example, Programme of study domain 3.6 students work with and learn from and about relevant dental and health professions to foster interprofessional collaborative practice and 5.2 All required professional competencies are mapped to learning outcomes and are assessed.</p> <p>Competence standards for dental specialities include recognising the personal limitations and scope of the specialty and knowing when to refer or seek advice appropriately, displaying appropriate professional behaviour and communication towards all members of the dental team and referring health practitioner/s.</p> <p>For all other oral health professionals:</p> <ul style="list-style-type: none"> <li>Whakawhiti kōrero Communication: Communicate openly and respectfully with colleagues, other members of the oral health team, other health professionals, other hauora/health providers and social organisations, and</li> <li>Tiaki turoro patient care: Teamwork.</li> </ul> <p>The Professional standards align with the Code of Health and Disability Services</p>	FA			

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>Consumers' Rights, and include ethical principles</p> <p>The new recertification programme requires practitioners to maintain their fundamental clinical knowledge to deliver safe care, including Council's standards framework, applicable to all registered practitioners.</p> <p>Communications processes are well established. When a common, regularly occurring practice concern is identified, updates to practitioners advise them to encourage compliance.</p> <p>As part of the strategic work programme new measures are being developed for outcomes and processes. This includes that the Council engages in regulatory and health system collaboration opportunities with constructive and positive relationships, engages, and includes feedback sought from key stakeholders.</p> <p>The Data Strategy work will intensify through 2023/24. It will provide an increased governance and management focus of information, and, in turn, improved information management will help to better protect the public health and safety. The Data Strategy includes working with other agencies in the health and quality system, including international regulators, ACC, HDC, MOH, and other responsible</p>				

<b>Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services</b>						
<b>Ref #</b>	<b>Related core performance standards</b>	<b>Reviewer's comments</b>	<b>Rating (FA/PA/UA)</b>	<b>Risk Level if PA /UA (L, L-M, M, H)</b>	<b>Recommendation</b>	<b>Timeframe (months / date)</b>
		authorities to build a more complete and informed understanding of harm.				

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
9.1	<p>The RA:</p> <ul style="list-style-type: none"> <li>Demonstrates its understanding of that the principal purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions</li> </ul>	<p>The primary mechanism to promote the purpose, role, functions, and responsibilities is through its website. The Council demonstrates and promotes awareness of their role through standards, policies, and statements that are published on the website. The Council's regulatory principles are used to guide Council's decisions to regulate practitioners and protect the public's health and safety. Competence and fitness to practice policies are also a good example of how to apply the relevant mechanism and make explicit reference to protecting the health and safety of the public.</p> <p>The Council currently monitors and reports on engagements in the Annual Reports.</p> <p>The discussions with the Council representatives, Chief Executive, Registrar, Standards and Accreditation Manager and the Strategic Adviser demonstrated their understanding of the importance to protect public safety and for competent oral health practitioners.</p> <p>Looking ahead, the Council's new strategic plan has a strong focus on protecting the health and safety of members of the public through Council's regulatory functions.</p>	FA			
9.2	<ul style="list-style-type: none"> <li>Provides clear, accurate, and publicly accessible information</li> </ul>	<p>The Council's website provides clear, accurate, and publicly accessible information. It enables public access to</p>	FA			



Function 9: Section 118I) To promote public awareness of the responsibilities of the authority						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
	about its purpose, functions, and core regulatory processes	<p>information on the role, functions, and core regulatory processes.</p> <p>The website includes the Strategic Plan 2015-2021 and Annual reports that include progress on implementing the strategic plan.</p> <p>A website update is scheduled for 2022 to improve the compliance with the Digital Accessibility Standards. The planned work on the website should also improve accessible information about the role and purpose by creating web-pages specific to the interests of patients and employers.</p>				

**Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment**

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
10.1	<p>The RA:</p> <ul style="list-style-type: none"> <li>Ensures that the principles of equity and of Te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in Whakamaua: Māori Health Action Plan 2020-2025) are followed in the implementation of all its functions</li> </ul>	<p>Over the last year the Council have started their cultural safety journey by working towards implementing Te Tiriti into the functions as best they can within the HPCA Act.</p> <p>The new strategic plan amends the values, and these new values should help support the cultural safety journey. The new strategic plan also establishes a strategic cultural safety project called E Tipu e Rea. In addition to the review of the cultural standards for practitioners, this project also focuses on internal cultural safety, as well how the Council might better take collective responsibility (including oral health practitioners) to improve oral health equity.</p> <p>The Council has established Te Hā as a mechanism to ensure equitable Māori participation and leadership in setting priorities, resourcing, implementing, and evaluating policy with the Council. Te Hā is the expression of Tino Rangatiratanga to allow Māori influence within the Council in relation to the cultural standards and cultural safety kaupapa. Specifically, Te Hā will provide a mechanism to ensure equitable participation of Māori and provide participation in setting priorities, resourcing, implementing, and evaluating policy, so Te Hā will have a role across all functions.</p>	PA	L	To continue the journey with Te Hā for equitable Māori participation and leadership in setting priorities, resourcing, implementing, and evaluating policy within the Council.	6 – 12 months (up to 31 December 2022) and ongoing

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		<p>In addition, Council are also focused on working towards tino rangatiratanga with respect to the functions related to setting standards and competencies and have commissioned a Māori Strategic Advisor to support the growth and understanding of the need for Māori to have control over Māori affairs.</p> <p>Also, the Council is working with Te Ao Mārama (Māori Oral Health Practitioners) and Māori Oral Health Quality Improvement Group to provide input and advice on oral health related Māori affairs (workforce, functions, or patient outcomes).</p> <p>As part of E Tipu e Rea (strategic cultural safety project), they intend to form a baseline understanding of oral health practitioner cultural competence, to build an informed understanding of the achievement of cultural safety over time.</p> <p>Collaboration and promotion (s118(i) and (l)): Council is working on improving its information, so that it can understand how best to provide this protection, but also to provide Māori with options and influence over the shape of this protection.</p> <p>The Māori Strategic Advisor has started the Council on this journey to build a closer relationship with Māori so that Māori are</p>				

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		<p>empowered and expect it to continue through Te Hā and E Tipu e Rea.</p> <p>Over time, through E Tipu e Rea, Council should have increased flexibility and improved cultural safety to better enable Māori to participate in the process if they have concerns about their oral health treatment and/or practitioner.</p>				
10.2	<ul style="list-style-type: none"> <li>Ensure the principles of Right-touch regulation are followed in the implementation of all its functions</li> </ul>	<p>The six principles of right-touch regulation are proportionate, consistent, targeted, transparent, accountable, and agile.</p> <p>In all aspects of their work, the Council apply regulatory principles and demonstrates these principles through its policies, processes, systems, accreditation, consultations, plans, strategic direction and how it works with the profession and stakeholders.</p> <p>Many of the changes that have been made to improve their ability will over time enable them to be more effective as a regulator. For example, implementing its online registration system (ODOO) so that applicants and practitioners can work with an online system has improved Council's operational efficiency and their effectiveness as a regulator, while also achieving increased efficiency for users.</p> <p>Looking ahead, the draft for the next Strategic Plan identifies the Data Strategy</p>	FA			

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		and improving the Compliance Framework and reviewing related compliance policies and process in 2022/23. It involves moving to a single principle-based framework rather than nine separate policies.				
10.3	<ul style="list-style-type: none"> <li>Identifies and addresses emerging areas of risk and prioritises any areas of public safety concern</li> </ul>	<p>There is a risk register that uses a visual matrix framework for impact versus likelihood. The risk topics are implemented via action plans that record updates over time. This includes business continuity, IT, COVID-19, Competence programme, HPDT case and relocation. Risk management is reviewed at each Council monthly meeting.</p> <p>The audit and risk management committee advises the Council on its financial management, organisational risk management, internal controls, and quality assurance framework.</p> <p>Operationally the case management team and the team who respond to enquiries undertake a triage approach to prioritise public safety. The team also keep an eye out for repeating trends or themes. They apply the definitions of risk of harm and serious risks of harm to ensure these are well-managed.</p>	FA			
10.4	<ul style="list-style-type: none"> <li>Consults and works effectively with all relevant stakeholders across all its functions to identify and</li> </ul>	Consultation guidelines are applied to the well-established consultation processes, in particular these types of consultation	FA			

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	<p>manage risk to the public in respect of its practitioners</p>	<p>typically apply to the fee-setting and education and standards functions. Consultations are identified on the website.</p> <p>Where appropriate the Council also work with relevant stakeholder groups or subject matter experts when developing practice standards or designing new approaches to its regulatory functions (such as the recertification programme).</p> <p>To manage risk to the public, Council has an active working relationship with the Health and Disability Commissioner and ACC regarding complaints, concerns, notifications, and case management where necessary. Council also works appropriately with employers.</p> <p>Also, they work effectively with stakeholders to identify common risks and collaborate with key stakeholders on strategic priorities.</p> <p>Covid-19 processes are an example of how collaboration occurred with the Ministry of Health to manage the risk to public safety.</p> <p>It is planned to review stakeholder engagement practices and communications as part of its strategic initiative work and develop MOUs with educational institutions around the provision of New Zealand oral health</p>				

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		Registration Examinations, and an MOU with the HDC on potential data sharing.				
10.5	<ul style="list-style-type: none"> <li>Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment</li> </ul>	<p>The Council has governance meetings monthly except for January. One day is set aside each year for strategic planning, with more meetings held when developing a new strategic plan. There is an Audit and Risk Committee that reports at least quarterly to the Council.</p> <p>The annual report is published on the website each year. It describes the roles and functions, and any quality improvement / review projects related to the functions, gives information about core regulatory processes, including the relevant data about registrations, APCs, Register, competence, fitness to practice and recertification improvements.</p> <p>There is a Governance manual and new Council members complete a comprehensive induction that includes a folder index with associated background papers / information.</p> <p>The Council identified that it fulfils its obligations as an employer and as a public, administrative and regulatory body. This includes, for example, financial reporting, keeping updated with changes to legislation and meeting the health and</p>	FA			

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		<p>safety requirements and responsibilities for all individuals.</p> <p>The Council maintains a Master Policy Control Register, noting that some policy updates were delayed due to Covid-19. The policy updates are back on track and Council is also working on improving the policy control register including how to improve consistency between old and new policies. For example, with respect to the Privacy Act 2020, the legal adviser completed a training course followed by an analysis of the new act and assessment of the Corporate and Regulatory standards, policies and business practices for changes that needed to be made, which included seeking external legal advice.</p>				