



DCNZ *news*

The Dental Council of New Zealand • Te Kaunihera Tiaki Niho o Aotearoa

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AUSTRALASIAN DENTAL BOARDS MEETING

Dental Council Chair, Brent Stanley and Registrar, Janet Eden, attended the Australasian Board Presidents and Registrars meeting in Brisbane on 23 August. The meeting took place amidst perceptions across the Tasman of New Zealand being a “backdoor” for overseas dentists seeking registration in Australia. However, the New Zealand delegation was able to make good progress in establishing for their Australian colleagues that registration standards in both countries are at an equivalent level and that the phenomenon of “backdoor” entry is more a reflection of immigration policies.

Dentists who are registered in New Zealand are also entitled to gain registration in Australia under the Trans Tasman Mutual Recognition Act 1997. In recent years, the numbers of dentists seeking registration in Australia has increased. This in turn has generated a perception across the Tasman of New Zealand being a convenient “backdoor” for overseas dentists wishing to move to Australia without the need to sit and pass registration exams.

However, after having listened to the submissions on the DCNZ registration policies, there was unanimous agreement that the New Zealand standards were equivalent to Australian standards. The discussion on the issue was followed by a submission from Dr David Thomson, Federal President of the Australian Dental Association, whose main issue was perceived lower standards in New Zealand and backdoor entry to Australia. However, the presidents and registrars of the Australian Boards reinforced their faith in the New Zealand processes.

New Zealand Council Chair, Brent Stanley was delighted with the outcome: “The Australian Boards now all accept that standards in New Zealand are no lower than in Australia and that any issue of New Zealand being a ‘backdoor’ to Australia is mainly an immigration rather than a standards issue.”

Our Australian colleagues were highly impressed by the quality of our workforce data. Dentists in New Zealand receive a workforce questionnaire with their yearly APC forms but there is no equivalent process in Australia. The meeting resolved to review the New Zealand workforce questionnaire with a view to adopting similar data collection and analysis.

In terms of workforce issues, it is interesting to note that recruitment and retention of dentists for rural and remote Australian regions is a major concern just as it is here.

The Dental Council representatives also briefed the meeting on the Health Practitioners Competency Assurance Bill, and outlined its main concerns. The meeting unanimously agreed to advise the New Zealand Ministry of Health that in its view, any legislation regulating dental practitioners should ensure that all dental practices, which carry a risk of harm to consumers, are restricted to registered dental practitioners.

TRIBUNAL REPORTS

The following high profile case was the subject of extensive media reports nationwide including national television coverage on the programme, 20/20.

A dentist appeared before the Dentists Disciplinary Tribunal in July 2002 on charges relating to his treatment of two elderly patients.

The complaint was carried on by the patients' daughter as they had both died before the Tribunal hearing.

In its decision dated 30 July 2002, the Tribunal stated it found the dentist's "standard of care for the two elderly patients was grossly inadequate and totally inexcusable". The Tribunal further stated that "his management of these two patients demonstrated a gross lack of judgment in the planning and execution of the treatment".

The Tribunal noted that the practitioner had appeared before it on four previous occasions. **The Tribunal ordered that his name be removed from the dental register and that he be able to apply for re-registration in three years.** It further ordered that he pay 30% of the costs of the Tribunal hearing.

The practitioner appealed the decision to the High Court which granted him an interim stay of the removal from the register pending hearing of the appeal.

On 8 October 2002 the High Court ordered that the following lesser penalty be substituted for that imposed by the Tribunal:

- (a) Censure
- (b) The dentist be suspended from practice for a period of four months commencing on 1 December 2002.
- (c) The dentist be restricted from undertaking any dental treatment involving bridge work or crown work for three years from 8 October 2002.
- (d) The dentist to be prohibited from recommencing bridge work or crown work without the written consent of the Dental Council.
- (e) The dentist not to engage in sole practice without the written consent of the Dental Council.
- (f) The dentist to pay 30% of the costs of the Tribunal hearing.

In April 2002 the Dentists Disciplinary Tribunal issued an order that the registration of a dentist be suspended for a period of six months commencing one month after the receipt by his counsel of the Tribunal decision.

The order followed an appearance before the Tribunal on 28 March 2002 by the dentist resulting from the referral to the Tribunal of convictions entered against him in the District Court at Nelson on 10 August 2001.

The dentist had been convicted of the following offences punishable by imprisonment of not less than three months

- Using a document for pecuniary advantage. The convictions being on three representative charges brought pursuant to s 229A of the Crimes Act 1961.
- Wilfully attempting to obstruct the course of justice, The conviction being on one representative charge brought pursuant to s 177(d) of the Crimes Act 1961.

Those charges related to the dentist's claiming of General Dental Benefits. He pleaded guilty and the District Court imposed an effective term of six months imprisonment. Leave was granted to apply for home detention and that application was granted.

The dentist admitted the charge before the Tribunal under s 54(1)(a) of the Dental Act 1988.

The Tribunal also ordered that the dentist pay 30% of the costs of and incidental to the hearing and that the dentist be censured.

The Tribunal heard a charge against an Oral Surgeon.

The charge alleged that "On or about 25 February 2000 he issued an invoice to [patient's parents] which contained a description of surgical procedures carried out for [the patient] which he knew to be inaccurate and misleading".

The complaint was brought by a large medical insurance provider, Southern Cross Healthcare. It followed a claim by the patient's mother that the practitioner had told her that he could make out an account saying the child's teeth were infected and that was why he was extracting them and Southern Cross would pay out. The patient's mother did not make such a claim and reported the matter to the insurer.

The Tribunal found it proved that the patient's second pre-molars required extraction for orthodontic purposes only and that there was no significant infection present. The Tribunal did not accept the practitioner's explanation that surgical treatment was required for the patient's gum condition. The Tribunal found that the practitioner's records did not record any infection present.

The Tribunal concluded that the invoice issued by the practitioner falsely described the procedures carried out and that he knew that the description was false and authorised and directed this description.

Notwithstanding that no insurance claim was made and that the practitioner would not have received any direct personal gain through his behaviour, the Tribunal found that the conduct fell below an acceptable standard and reached the threshold of professional misconduct.

The practitioner was censured, fined \$2000.00 and ordered to pay 20% of the costs of and incidental to the hearing. The name of the practitioner was suppressed by the Tribunal. However it considered that the profession would be served by publication of the facts in professional publications.

UPDATE ON HEALTH PRACTITIONERS COMPETENCE ASSURANCE (HPCA) BILL

The HPCA Bill has had its first reading in Parliament, and the Health Select Committee has invited submissions for the end of November. While welcoming the Bill's general approach, in particular its emphasis on maintaining the ongoing competency of practitioners, the Dental Council continues to have reservations over some of its provisions. It has raised these concerns in a series of direct meetings with politicians from across the political spectrum, including Health Minister, Annette King

As its title suggests, competency assurance is the cornerstone of the proposed legislation which provides for mechanisms to ensure dentists remain competent throughout their working lives. Further key features of the Bill are its provisions for dentists, dental therapists, dental hygienists and dental technicians to come under the umbrella of a combined Dental Council, and for the establishment of a new permanent multi-disciplinary Tribunal covering all the health professions.

The Dental Council's main areas of concern with the Bill as it currently stands are as follows:

- a) ***Restricted activities*** Under Council's interpretation, the Bill in its current form would enable anyone to practise a health profession as long as that person did not use the registered title, eg registered dentist. While this is less of an issue for some health professions, dentistry by contrast is almost totally invasive and involves irreversible procedures. Significant dangers to the public including loss of function and many life threatening infections can arise if dentistry is undertaken by untrained people or those lacking adequate knowledge and training.

The HPCA Bill does provide for the designation of a restricted activities list, whereby certain tasks which carry significant risks to the public are to be carried out only by registered health practitioners. Provided the full range of potentially harmful dental procedures are declared to be a restricted activity, there would be sufficient protection for the public. The problem with the Bill in its current form, however, is that the declaration of restricted activities, is almost entirely at the Minister's discretion. The present Minister of Health, the Hon Annette King, is sympathetic to the inclusion of dentistry in a restricted activities list, and the Dental Council is currently working with the Ministry of Health to reach agreement on the wording of such a list. However, if a new Minister were to be appointed, there is no guarantee that the discretionary power to declare restricted activities would be exercised.

- b) ***Multi-disciplinary tribunal*** The Dental Council has reservations about the way the proposed multi-disciplinary tribunal is to be administered. Costs are also a major concern. Current running costs of the present Dentists Disciplinary Tribunal (DDT) are around \$10,000 a day. These, however, are expected to double with the establishment of the new Tribunal. Moreover, the composition of the proposed multi-disciplinary tribunal would no longer have a majority of peers from the dental profession as exists under the present DDT - which would effectively mean the end of self-regulation in the area of dental discipline. The Dental Council considers this undesirable insofar as the practical workings of a Tribunal requires a detailed knowledge of dentistry and an understanding of appropriate standards.
- c) ***Combined Dental Council*** The Bill as it stands creates the perception that the "Dentists' Council" is "taking over" the regulation of the therapists, hygienists and technicians, when the focus should be on the collective development of a new "Combined Council" structure which will draw strengths from all the groups involved. Dental technicians and some dentists are concerned about liability in the event that one of the workforce boards forming part of the combined Council was to get into financial difficulties. Both the dentists and the technicians have built up reserves and wish to retain these to offset some of the increased costs of the legislation.
- d) ***Costs*** The Council estimates that under the HPCA Bill the APC fee for dentists will need to rise from \$475 to more than \$850 per annum. Much of the increase will be attributable to the costs of running the new multi-disciplinary tribunal.

The Dental Council has been raising its concerns in a series of meetings with politicians sitting on the Health Select Committee. This has included briefing meetings between the Chair of Council, Dr Brent Stanley, the Registrar, Ms Janet Eden and The Minister of Health the Hon Annette King, Dr Lynda Scott (National), Pita Paraone (NZ First), Heather Roy (Act), Sue Kedgley (Greens), Judy Turner (United Future), Dave Hereora and Nanaia Mahuta (Labour). The Chair has also met with Associate Health Ministers Jim Anderton and Ruth Dyson. Moreover, the Dental Council has provided written submissions to the Committee, and has helped develop a coordinated response to the Bill by working closely with the boards representing other health professions, such as the doctors, nurses and physiotherapists. The Council will make an oral submission to the Select Committee in the New Year.

ORAL SURGERY DECISION

The recommendations of the Specialist Registration Working Group were a key item on the agenda when Council last met on 4 September. However, the Working Group recommendation that the specialty of Oral Surgery should remain closed was not supported by Council, which voted unanimously to reopen Oral Surgery as a specialist branch of dentistry distinct from the current specialty of Oral and Maxillofacial Surgery. In the meantime, some OMFS specialists and trainees have expressed concerns to Council on specific effects arising from the decision, and they have been invited to make submissions on these issues at the Council's meeting in Auckland on 20 and 21 February.

In making this decision to reopen Oral Surgery, Council was motivated primarily by a desire to promote the broadest possible access to the New Zealand public of surgical dental services. This is in keeping with its strategic objective of ensuring a dental workforce which meets the needs of all New Zealanders.

The current requirements for registration as an Oral and Maxillofacial specialist are: an intercalated Masters of Oral and Maxillofacial Surgery (ie completion of a concurrent medical degree) from the University of Otago or its equivalent, and: five years' full time training in the specialty, made up of three years' full time equivalent MDS plus two years' advanced training.

The Dental Council had concerns that this long and expensive training pathway has inhibited cost-effective access to surgical dental services. By reopening the category of Oral Surgery, the aim of Council is to facilitate registration of specialist Oral Surgeons to provide diagnostic and surgical management of prevalent oral and dento-alveolar conditions and treatment of common oral medical conditions. The significance of this decision to reopen Oral Surgery was appreciated by Council Members who gave full consideration to the background material and submissions considered by the working group. Amongst the things that DCNZ took into account in reaching its decision were:

- The Ministry of Health submission which stated that if OMFS specialists were considered to require the current lengthy training programme then in addition there was a need for a shorter training pathway for a specialist qualified in oral surgery to facilitate public access to this type of treatment.
- The NZ Society of Hospital and Community Dental Officers submission which raised concerns about access to surgical services in rural and provincial New Zealand and its view that there is a need for additional clinical services in oral surgery.
- The recommendation of the August 2000 meeting of Australasian Dental Boards comprising all Australian and New Zealand Dental Registration Authorities. This meeting stated that in addition to OMFS there should be an additional specialty of Oral Surgery with a three-year masters degree.
- The current United Kingdom situation with specialist branches of Oral Surgery and Surgical Dentistry in addition to Oral and Maxillofacial Surgery.
- The proposed provisions of the Health Practitioners Competency Assurance Act which will allow the Council to delineate in scopes of practice the parameters of the two specialties.
- The fact that the current entry requirements for registration in OMFS have excluded several well-qualified applicants from gaining specialist registration.

Council does not consider the decision devalues the position of current OMFS practitioners and trainees, indeed quite the reverse. It totally supports the need for an adequate supply of highly skilled OMFS specialists with medical and advanced surgical qualifications and training. Council has, however, agreed to hear additional submissions from concerned OMFS specialists and trainees at its meeting in Auckland on 20 and 21 February.

A summary of the Council's decisions on the recommendations of the Specialist Registration Working Group is set out in the adjacent column.

DCNZ DECISIONS ON SPECIALIST REGISTRATION ISSUES

Having considered the recommendations of the Working Group on specialist registration issues, Council made the following decisions when it met on 4 September 2002:

1. That all newly qualified specialists should be required to fulfil specialty specific CPD requirements, which should be developed in conjunction with the specialty.
2. For accreditation by the Council, all Masters courses should normally be a minimum of three years, however some courses may meet all Council objectives in a lesser or greater timeframe. A normal year will be 46 weeks.
3. To keep in line with international trends and for accreditation by the Council the Endodontic training programme should move to 3 years by 2006.
4. To keep in line with international trends and for accreditation by the Council the OMFS training programme should include the completion of a concurrent medical degree.
5. To keep in line with international trends and for accreditation by the Council the Oral Medicine training programme should include the completion of a concurrent medical degree.
6. Non-University-based programmes of specialist training should be subject to accreditation by the Dental Council.
7. Council will establish, with external input as appropriate, the accreditation parameters for the two-year advanced surgical training programme for OMFS. The parameters will include detail on the required degree of co-ordination with the Faculty of Dentistry programme.
8. The title of the specialist branch "Community Dentistry" is to be changed to "Dental Public Health". Existing specialists may retain the previous title if they wish.
9. The definition of Dental Public Health is to be: Dental Public Health is the science and art of preventing oral disease, promoting oral health and improving the quality of life through the organised efforts of society.
10. The definition of Endodontics is to be changed to the following:
Endodontics is the branch of dentistry that is concerned with the morphology and pathology of the pulpo-dentine complex and periradicular tissues. Its study and practice encompasses the basic clinical sciences including the biology of the normal pulp, and the aetiology, diagnosis, prevention, and treatment of diseases and injuries to the pulp and associated periradicular conditions.
11. The title of the specialist branch "Hospital Dentistry" is to be changed to "Special Needs Dentistry". Council noted the views of some respondents that hospital dentistry and special

needs are not the same branch of dentistry. Council considered however that the branch of special needs dentistry encompasses the sub branch of hospital dentistry. It therefore agreed that special needs specialists who wish to identify their particular expertise in hospital dentistry could apply to the Council to use the specialist title “Special Needs Dentistry (Hospital)”.

12. The definition of Special Needs Dentistry is to be: Special Needs Dentistry is concerned with the oral health care of people adversely affected by intellectual disability, medical, physical or psychiatric issues.

13. The definition of Oral Medicine is to be changed to the following:

Oral Medicine is the speciality of dentistry concerned with the oral health care of patients with chronic and medically related disorders of the oral

and maxillofacial region, and with their diagnosis and non-surgical management.

14. The definition of Paediatric Dentistry is to be changed to the following:

Paediatric Dentistry is primarily concerned with oral health care for children from birth through adolescence. It includes management of orofacial problems related to medical, behavioural, physical and developmental disabilities.

15. The definition of Periodontics is to be changed to the following:

Periodontics is that speciality of dentistry which encompasses the prevention, diagnosis and treatment of diseases or abnormalities of the supporting tissues of the teeth or their substitutes.

16. The definition of Prosthodontics is to be changed to the following:

Prosthodontics is the dental specialty responsible for diagnosis, treatment planning, rehabilitation and maintenance of patients with a range of clinical conditions involving missing or deficient teeth and/or craniofacial tissues, using biocompatible substitutes.

17. Council agreed to no longer accept applications for specialist registration in Restorative Dentistry. Current specialists in Restorative Dentistry will be given the opportunity to apply for specialist registration in Prosthodontics, and such applications will be considered on an individual basis in line with Council’s current specialist registration policy guidelines. Existing specialists may retain the previous title if they wish.

18. Council agreed to henceforth accept applications from appropriately qualified dentists in the branches of Oral Surgery and Oral and Maxillofacial Surgery.

REVIEW OF PERFORMANCE SURVEY

For the first time in four years, the Dental Council has undertaken a “stakeholder analysis” of key people and organisations with an interest in the work of the Council. The results are useful insofar as they provide the Council with some indication of areas in which it is perceived to be performing satisfactorily as well as those where it may need to devote greater attention.

Stakeholders asked to participate in the review of performance survey came from across the entire spectrum of organisations and individuals who have dealings with the Council. They include the Minister of Health, the various Australian dental boards, NZDA, the Faculty of Dentistry, the RACDS, the Health and Disability Commissioner, the Dentists Disciplinary Tribunal and the associations of dental specialists.

Survey forms were sent out to a total of 78 stakeholders, and a response rate of 41% was achieved. The forms contained 16 statements describing the performance of the Council. For example, “Our organisation has a good working relationship with DCNZ”. Respondents were asked to indicate the extent to which they agreed or disagreed with these statements, using a 1-5 grading system. Of these 16 statements, 13 had a rating of four or above and seven scored a rating of 4.5 or above, while three had a rating of less than four.

Higher individual ratings were scored for statements which include the following:

- DCNZ maintains high standards of governance and management (4.8)
- DCNZ consults and liaises with our organisation on relevant issues (4.7)

- DCNZ publications and other written communications are of a high professional standard” (4.6)
- DCNZ has been effective in leading and sharing information about legislative and other changes (4.6)
- DCNZ responds quickly and effectively to requests made by our organisation (4.5)
- DCNZ has a good working relationship with the profession (4.4)
- DCNZ members are honest and make effective decisions (4.1)

Lower ratings were achieved for the following statements:

- DCNZ operates a fair and equitable regulatory environment which is understood and trusted by the profession, the public and politicians (3.9)
- DCNZ effectively implements and administers its statutory obligations in a transparent manner (3.8) and
- DCNZ registration policies are appropriate and ensure a safe dental workforce (3.8).

As well as providing ratings, stakeholders were also invited to provide their own comments about the performance of the Council in response to some open-ended questions. Asked “What do you think



the Council has done well over the past 12 months?”, the overwhelming emphasis of the responses was on the provision of information - particularly in relation to the HPCA Bill. Responses to the question “What could have been done better” were wide ranging with no discernible themes or patterns. Answers ranged from “more newsletters” to “registration of overseas dentists” and “more thought to dental services in rural areas”.

The survey form also asked respondents to identify the main issues the Council needed to focus on over the next 12 months and 3-5 years respectively. Registrations and standards were the key issues identified over both the shorter and longer terms. The HPCA Bill also rated very highly over the next 12 months, while labour shortages and retention of dental graduates scored highly over the next 3-5 years.

The responses to this survey will be used by Council to help review its own performance and as a basis for its ongoing development. DCNZ would like to thank all those organisations and individuals who took part in the survey.

ANNUAL PLAN 2003/04

Introduction

The Dental Council of New Zealand is the dental profession's self-regulatory body. We protect the public interest in the practice of dentistry by carrying out our statutory responsibilities for registration, conduct, health and education.

We are pleased to present for stakeholder comments our draft annual plan for the year beginning 1 April 2003. It is part of the Council's determination to be transparent in its dealings with all stakeholders. Your views are sought on the proposed plan and your submission on the attached form, or by separate letter, will be carefully considered before the annual plan and budget are fully adopted in late February 2003. This is an opportunity to influence the work of the Dental Council before it happens!

The plan takes into account the Council's statutory functions together with measures to advance our strategic plan outcomes of:

- A transparent regulatory environment which is fair, understood and trusted
- A dental workforce which provides safe, high quality care
- Effective working relationships with and between the New Zealand public, educators, regulators, dental practitioners and others
- High standards of corporate governance and management in the conduct of our business.

Your views are very welcome. Please send any submissions to the Registrar by 27 January 2003.

FINANCIAL SITUATION

General Fund

The Council is proposing a \$ 943,102 budget in 2003/04 with the following revenue sources:

Opening Balance (Reserve Level)	\$355,518
Income	
Annual Practising Certificate fees	627,239
Registration fees	87,585
Dental Registration Exam fees	174,500
Admin fee - discipline	30,000
Interest on investments	16,000
Sundry income	7,778
Total Income	943,102

Proposed expenditure in 2003/04 is within the following areas:

Expenditure	\$
Administration	440,023
Council - governance and strategy	131,500
Data collection and workforce	5,000
Health functions	11,300
Education - including accreditation of Otago BDS programme and funding of Graduate Professional Development Programme	40,855
Standards - including HPCA implementation	108,750
Registration	47,655
Examinations*	151,676
Communications and Liaison	52,000
Total Expenditure	988,759
Balance at end of year is	309,861 (reserve level)

* The registration examinations are run on a cost recovery basis. Overheads have not been included in this figure.

Discipline Fund

The Council is proposing a \$ 342,620 budget in 2003/04 with the following revenue sources:

	\$
Opening Balance (Reserve level)	-28,843
Income	
Annual Practising Certificate fees	313,620
Interest on investments	4,000
Fines and costs recovered	25,000
Total	342,620

Anticipated expenditure in 2003/04 is within the following areas:

Expenditure	\$
Complaints Assessment Committees	35,000
Dentists Disciplinary Tribunal	150,000
Appeals	10,000
General (incl. contract support)	25,000
Admin overhead	30,000
Total	250,000
Balance at end of year is	63,777 (reserve level)

Overall Financial Situation

Opening Balance 1/4/03 (Reserve level)	326,675
Income	1,255,722
Expenditure	(1,208,759)
Closing Balance 31/3/04 (Reserve level)	373,638

Since 1997, the Council’s revenue generated from APC fees has not covered operational costs. The Council has intentionally operated at a deficit to reduce the reserves to a more appropriate level. By the end of this year the Council’s reserves will have been lowered to below the minimum threshold level that is considered prudent to allow for unexpected costs, in particular discipline costs ie \$326,675.

The Health Practitioners Competency Assurance legislation will introduce considerable additional regulatory requirements. Although it is anticipated that the legislation will not come into effect until July 2004, significant preparatory work is required to ensure compliance. Consequently the 2003/04 budget includes provision for an additional Secretariat staff member, the appointment of a Competency Co-ordinator and additional provision to cover the costs of the development work to be undertaken in consultation with the profession and Faculty of Dentistry.

There is also additional provision of \$15,000 in 2003/04 for the accreditation of the undergraduate programme at the Faculty of Dentistry. This will not recur for another seven years.

The budget includes continued sponsorship of the New Graduate Professional Development programme of \$25,000. This programme and the Council’s continued sponsorship will be reviewed during the year.

The discipline fund in 2002/03 is anticipated to be in deficit, which requires a significant increase in the levy required. There have been several major discipline cases in 2002/03 along with appeals to the High Court. In addition Complaints Assessment Committee costs have increased significantly over the last two years with the Health and Disability Commissioner referring an increased number of cases to the Dental Council for investigation.

The income figures set out above have therefore been determined on the basis of the following APC and disciplinary levy fees in 2003/04:

Disciplinary levy	\$217
Operational levy	\$433
	\$650 (GST incl)

The 2003/04 annual plan takes into account the Council’s statutory functions together with measures to advance our strategic plan outcomes.

The majority of the work programmes undertaken by the Council are ongoing and are outlined under the activity headings in the financial tables, above.

The most significant impact on the Council’s work this year will continue to come from the proposed legislative changes set out in the Health Practitioners Competency Assurance Bill. The Bill is now with the Health Select Committee and is expected to be come into force in July 2004. The Council in 2003/04 will therefore continue to lobby politicians and other stakeholders to promote the Council’s views on the proposed changes.

In addition development work will be undertaken, in consultation with the profession, specialist groups and the Faculty of Dentistry in the following areas:

- definition of scopes of practice and advanced areas of dentistry
- development of the policy and procedures for the operation of the new registration system
- the introduction of the new competency framework including recertification provisions
- development of protocols for competency review and retraining programmes
- definition of the policy and procedures for the operation of Complaints Investigation Committees
- establishment of policy and procedures for the operation of any new disciplinary system
- registration of dental therapists and hygienists
- establishment of the combined Dental Council

Other projects include:

- Evaluating the revised NZ Dental Registration examination for overseas dentists.
- Implementing decisions arising from the specialist registration policy review.
- Reviewing the Graduate Professional Development programme in consultation with the NZDA.
- Accrediting the Faculty of Dentistry BDS programme.
- Implementing an advanced refresher course for overseas dentists (dependent on government funding).

