



## HPCA NEARS ENACTMENT

*The long-awaited Health Practitioners Competence Assurance Bill is almost at Select Committee stage.*

*The Dental Council of New Zealand has had meetings with the Minister of Health and officials to ensure that the Council's views are represented on areas such as ensuring unregistered people cannot practise dentistry. Here, Dental Council Chairman Brent Stanley addresses some of the questions which dentists may have about the Bill.*



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**Q** *When is the Act likely to be passed?*

**A** The proposed timetable is for enactment a year after passing.

**Q** *How will the early elections affect the timing?*

**A** With the early election the introduction of the Bill in the House will be delayed. It is likely however, that in the event of Labour being re-elected, the Bill will have a high legislative priority. The Dental Council urges all dentists and professional associations to obtain a copy of the Bill (which is now available from Government Bookshops) and to make submissions to the Select Committee.

**Q** *Has there been sufficient consultation?*

**A** There has been considerable consultation with major input from the Dental Council over 18 months, into drafts prior to and including the current draft Bill.

**Q** *How will the new Act change the environment relating to Oral Health Services?*

**A** The Act as it is currently drafted will introduce new registration, competency, consumer protection and disciplinary provisions. Registration procedures will be more flexible permitting Council to define scopes of practice for specific groups and individual registrants. Most of these changes have been previously signalled and subject to wide consultation.

**Q** *How are all the various provider groups within dentistry to be regulated?*

**A** The practice of dentistry is to be regulated by a combined Dental Council of New Zealand comprising dentists, therapists, hygienists, dental educators and laypersons. There is also provision for the combined Council to include dental technicians and clinical dental technicians should they decide to join. This combined Council covers the previous activities of the Dental Council of New Zealand relating to dentists and newly registered therapists and hygienists.

**Q** *How will the Act affect dental therapists and hygienists?*

A Dental therapists will be registered under the Act. They will be free to work outside the school dental service situation, but will be restricted to treating public or community-funded patients. Supervision will be revised to clinical guidance by a nominated dentist. Hygienists also become registered for the first time with the current supervisory arrangements to be reviewed.

**Q** *The Act is termed a Competence Assurance Act. What does this mean?*

A The Act provides for mechanisms to ensure dentists remain competent throughout their practising lives. The Dental Council plans to introduce Continuing Professional Development and other re-certification requirements which dentists must meet prior to the issuing of an Annual Practising Certificate.

**Q** *Is there adequate protection for the public?*

A Unqualified persons are prevented from holding themselves out as being qualified to practise and registered persons will be subject to continuing competency requirements. Each registered group will be restricted to practising within their designated scope of practice. An additional safeguard, included as a result of Dental Council pressure, will prevent unqualified persons from providing any services which could result in serious or permanent harm to the public. These are termed restricted activities. They have at this stage not been defined.

**Q** *Will dentists in practice be subject to review, for example, with practice audits?*

A There will be a random audit procedure to verify that dentists have complied with annual re-certification requirements for example to check compliance with joint Dental Council/ NZDA Codes of Practice relating to infection control, record keeping, informed consent and emergencies. There will also be a provision for competence reviews of practitioners when issues of public safety arise. This could in some cases result in compulsory remedial training requirements.

**Q** *What about the complaints and disciplinary procedures?*

A The entry point for all complaints will continue to be the Health and Disability Commissioner but he may pass complaints involving professional behaviour onto the Dental Council. Complaints Investigation Committees will have additional options not currently available - for example, mediation.

**Q** *Will the Dentists Disciplinary Tribunal remain?*

A No. There will be a new permanent multi disciplinary Tribunal covering all health professions comprising five members - (a legal chair, two lay persons and two peers). There will be only one disciplinary "charge" professional misconduct covering all grades of offences.

**Q** *What are the Cost Implications of the Legislation?*

A There are a number cost implications associated with the introduction of the HPCA. DCNZ is currently undertaking a scoping exercise to analyse the implications of the legislation, assess the implications on DCNZ services and assess the resourcing implications of implementing the legislation under a range of scenarios. The final results of the preliminary exercise are not yet available but it is very clear that the additional costs of implementing the legislation will be considerable. Based on a very broad brush analysis the current costs of running DCNZ and the additional costs of the legislation could result in an increase of up to \$500,000 which would mean a doubling of the current APC fee. The Council will be alerting the Select Committee to the very considerable compliance costs the implementation of the legislation will involve.

With the early election the introduction of the Bill into the House will be delayed. It is likely however, that in the event of Labour being re-elected, the bill will have a high legislative priority. The Dental Council urges all dentists and professional associations to obtain a copy of the Bill when it becomes available and to make submissions to the Select Committee. For further information please check the following website: [www.gp.co.nz/wooc/npaper/select-committee-bills](http://www.gp.co.nz/wooc/npaper/select-committee-bills)

# ADVANCED AREAS OF DENTISTRY

Under current legislation, dentists can practise in all areas of dentistry. Dentists however must not hold themselves out, either directly or by implication, as a specialist in any area of dentistry unless they have been granted specialist registration by the Dental Council in this area of dentistry.

In a recent report referring to orthodontics the Health and Disability Commissioner noted:

“dentists ... should be careful to ensure they present a range of options to their patients that covers not only the methods they have been trained in, but also other options

available to the patient, such as treatment from a specialist .... Otherwise the patient may be unaware of other treatment options a specialist ... might consider appropriate in the circumstances.”

While this case related specifically to orthodontics, the Dental Council considers that the principle can be applied to all specialist or advanced areas of dentistry. The Dental Council has therefore developed the following policy guideline for dentists in this area:

You should operate within the range of dental services for which you are legally qualified and which match your current level of knowledge, ability, training and skills.

If you are offering services in an advanced area of dentistry you should be able to demonstrate that you have appropriate knowledge and training to undertake such practice. This will mean having documented evidence of any formal qualifications, courses, CPD, supervised or self-directed training you have had and evidence of logged experience in the advanced area of practice.

You should also ensure that you are competent to provide the appropriate level of expertise in the area of dentistry you are undertaking in each specific case. You should do this by appropriate case selection, full diagnostic information and treatment planning, and prior clinical and theoretical preparation.

Where diagnosis and treatment-planning indicates that the patient requires a level of skill greater than you are able to demonstrate, then you should refer the patient to more highly qualified colleagues for advice or treatment.

When deciding whether to treat or refer, your patient's informed consent is of paramount importance. The decision to refer for specialist treatment may be influenced by access or economic considerations as well as clinical factors. This decision should be made in consultation with the patient. You should give your patient full information on the complexity of the case, the likely outcomes of treatment by either provider, along with the relative costs.



Dental Council members are (from left) Peter Innes, Ed Alcock, Mary Livingston, Christine Rimene, Sheila Brown, Jeff Annan (Deputy Chair), Brent Stanley (Chair), Janet Eden (Registrar), Bill Sparks.

# SPECIALIST REGISTRATION - RECOMMENDATIONS FOR CHANGE?

*The Dental Council will be making decisions on recommendations from the Specialist Registration working group in September 2002. These recommendations include: specific recertification requirements for new specialist registrants; a new (concurrent) requirement for an MBChB for specialist registration in Oral Medicine; closure of the specialist branch of Restorative Dentistry and continued closure of the specialist branch Oral Surgery.*

*A summary of the recommendations the Specialist Registration Working Group has recommended to the Dental Council follows. The Dental Council would appreciate receiving dentists' views and comments on these recommendations by 31 July 2002. The full document, including background information, submissions received and the working groups' considerations can be obtained from the Secretariat or alternatively is available on the Dental Council's website - [www.dcnz.org.nz](http://www.dcnz.org.nz)*

In 2001, Council established a working party to research and develop, in consultation with stakeholders, recommendations for Council consideration on a number of specialist registration issues. These issues arose out of the accreditation review of the post graduate degree courses at the School of Dentistry, Trans Tasman Recognition and individual approaches to Council.

A consultation document was sent to all specialist groups, the New Zealand Dental Association and other interested organisations. Each registered and practising specialist was also sent a copy. The consultation document sought the views of stakeholders on the following issues:

- The need for further training and experience post MDS.
- The length post graduate courses should be to satisfy Council's specialist registration requirements.
- The appropriateness of requiring specialist registration applicants in OMFS and Oral Medicine to have completed a concurrent MBChB.
- How the current advanced surgical training program for OMFS should be recognised and reviewed by Council and co-ordinated with the Faculty of Dentistry programme.
- How non-university based training programmes should be reviewed and approved by the Council as appropriate for specialist registration.
- The appropriateness of the current DCNZ specialist titles and definitions.

A total of 40 submissions were received. More than a third of submissions were received from individual specialist dental

practitioners (40%), 30% were from groups of specialist dental practitioners, 12.5% from Professional Societies or Organisations, 12.5% from other Australian Registration Boards or Councils, and 5% from other health bodies.

The working group agreed to recommend to Council that:

1. All new specialist registrants should be required to fulfil specialty specific CPD requirements, which should be developed in conjunction with the specialty.
2. 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 the Endodontic training programme should move to 3 years by 2006.
4. Alignment with overseas programmes in OMFS has necessitated the recognition of the requirement for the concurrent medical degree.
5. Oral Medicine applicants for specialist registration should be required to have completed a concurrent medical degree.
6. Council should establish the parameters for the two year advanced surgical training programme for OMFS and accredit training programmes as meeting those parameters (on a paper basis).
7. A working group comprising:
  - Specialist Registration Committee
  - Appropriate staff from the Faculty
  - Training providers

- ANZOAMS representative(s)
  - RACDS representative
- be established and meet to discuss the coordination of the two year advanced surgical training programme for OMFS with the Faculty of Dentistry programme.
8. Non-university-based programmes of specialist training should be accredited in the same way as the Dental Council accredits university-based specialist programmes.
  9. Council change the title of the specialist branch “Community Dentistry” to “Dental Public Health”.
  10. Council change the definition of ‘Community Dentistry’ (Dental Public Health) to: 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.
  11. Council change the definition of Endodontics to: 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.
  12. Council change the title of the specialist branch “Hospital Dentistry” to “Special Needs Dentistry”
  13. Council change the definition of ‘Hospital Dentistry’ (Special Needs Dentistry) to: Special needs dentistry is concerned with the oral health care of people adversely affected by intellectual disability, medical, physical or psychiatric issues.
  14. Council change the definition of Oral Medicine to: 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.
  15. Council change the definition of Paediatric Dentistry to: 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.
  16. Council change the definition of Periodontics to: 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.
  17. Council change the definition of Prosthodontics to: Prosthodontics is the dental speciality 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.
  18. The category of Restorative Dentistry should be closed (ie specialist registration will no longer be granted in this branch of dentistry) and specialists in Restorative Dentistry be given the opportunity to apply for specialist registration in Prosthodontics, noting that Council’s specialist registration policy is that each application for specialist registration will be considered on an individual basis.
  19. There appears to be professional recognition of one speciality of Oral and Maxillofacial Surgery and as such
    - The category of Oral Surgery should remain closed
    - Specialists in Oral Surgery be given the opportunity to apply for specialist registration in Oral and Maxillofacial Surgery
    - Council continues to recognise the importance of the primary care provided in this field by general dental practitioners

## REGISTRATION APPEAL

On two occasions over the last 5 years the Dental Council has defended in the High Court its decision to require an overseas qualified dentist to sit and pass registration examinations. On both occasions the Court referred the matter back to the Dental Council to hear the applicant under section 25 of the Dental Act 1988.

The latest section 25 hearing took place in April 2002. The Council determined that it was not satisfied that the applicant had sufficient knowledge and experience in all areas of dentistry and required that the applicant sit an examination. The Dental Council has recently received notice that its decision is again being appealed in the High Court.



# DENTIST EXODUS CONTINUES

*Increased numbers of dentists are choosing to leave NZ.*

Recent statistics from the Dental Council of New Zealand's 2001 Workforce Analysis report show the numbers of new dental graduates and the numbers of dentists with overseas qualifications leaving New Zealand is continuing to grow.

Retention of New Zealand dental graduates in the workforce has been steadily decreasing in the past 12 years, especially in the first three years after graduation. By 2001, the percentage of New Zealand graduates remaining in the workforce four years after graduation had dropped to 34 percent (compared with 75 percent in 1990).

By the time they have graduated University in New Zealand, most dental students have significant student debt. More than 97 percent of dental graduates from 1998 had debts greater than \$50,000 and many had debts in excess of \$100,000. The ability to repay these loans is far more achievable when working in overseas locations such as the United Kingdom, where recent graduates can expect to earn substantially greater salaries.

The recent High Court decision of Justice Goddard in favour of dental students and the University of Otago over the under-funding of dental education may help in this regard. A large proportion of the dental students who were unfairly penalised by the 1994 decision to cut dental education funding are now working overseas. The judge's decision to compensate these dentists for the \$5.8 million in additional fees paid will help compensate for the sense of inequity and injustice these dentists feel. It is hoped that the Government will not appeal the Judge's decision and so end this stressful and damaging issue for former dental students.

In addition there is a low retention rate of overseas dentists who have registered in New Zealand without need to sit the dental registration examinations. At year two after registration the remainder rate is 40 percent, at year three, 35 percent and year four, 32 percent.

While the standard for registration is comparable, the Council's registration policies are more flexible than those of Australian Dental Boards. Australian boards normally only register United Kingdom and New Zealand graduates without examination. In New Zealand, graduates of United Kingdom, Australian, United States, Canada, and some other recognised schools are generally registered without the need to sit and pass registration examinations.

It appears that many of these newly registered New Zealand dentists are then using Trans Tasman Mutual recognition to gain registration without examination in Australia.

The Council is currently discussing ways to address this situation with the Minister of Health and with the Australian Dental Boards.

## CURRENT LEGAL REQUIREMENTS OF REGISTERED DENTISTS

- HOLD AN ANNUAL PRACTISING CERTIFICATE IN ORDER TO PRACTISE DENTISTRY
- CHECK THAT ALL EMPLOYEE DENTISTS ARE REGISTERED AND HOLD A CURRENT ANNUAL PRACTISING CERTIFICATE
- ENSURE THAT ADVERTISING COMPLIES WITH SECTION 14 OF THE DENTAL ACT 1988 AND DOES NOT DIRECTLY OR BY IMPLICATION IMPLY THAT THE DENTIST IS A SPECIALIST UNLESS THEY ARE REGISTERED AS SUCH
- NOTIFY THE DENTAL COUNCIL OF ANY CHANGE OF ADDRESS