

**DENTAL THERAPY, DENTAL HYGIENE, ORTHODONTIC
AUXILIARY, DENTAL TECHNOLOGY, CLINICAL DENTAL TECHNOLOGY**

(01 April 2015 – 31 March 2016)

Name

Registration No:

Address

Qualifications:

Scope(s) of Practice:

Conditions on Practice:

This APC application form only relates to the scope of practice you are already registered in, as recorded above. Practitioners registered in more than one scope of practice e.g. a combination of the dental hygiene and dental therapy scopes of practice, or in the dental therapy and orthodontic auxiliary scopes of practice need to complete and submit an APC form for each scope of practice.

Please complete all questions and refer to the guidance notes when completing this form.

You are required to return your completed APC application form and Workforce Survey Questionnaire to reach the Dental Council office by **31 March 2015**. It is recommended that you submit your form by **23 March 2015** to allow processing of your application before the expiry date of **31 March 2015**. All incomplete or incorrect forms will be returned and will **NOT** be processed by the Dental Council.

Note that the Health Practitioners Competence Assurance Act 2003 requires every health practitioner practising in New Zealand to hold a current Annual Practising Certificate.

1. Intentions for 2015/2016 Please tick the appropriate box

- I intend to practise in New Zealand during the period commencing 01 April 2015 and ending 31 March 2016 and wish to apply for an APC
- I do **NOT** intend to practise in New Zealand during the period commencing 01 April 2015 and ending 31 March 2016 but wish to be retained on the Register as a non-practising registrant. Do not complete this application form
[Go to **www.dcnz.org.nz/i-practise-in-new-zealand/retain-your-registration/** and download, complete and return the retention application form](http://www.dcnz.org.nz/i-practise-in-new-zealand/retain-your-registration/)
- I do **NOT** intend to practise in New Zealand and wish to have my name removed from the Register
[Answer question 5\(d\) and complete the Declaration at section 11](#)

Telephone
+64 4 499 4820

Fax
+64 4 499 1668

Email
inquiries@dcnz.org.nz

Physical Address
Level 10, 101-103 The Terrace
Wellington 6011, New Zealand

Postal Address
PO Box 10-448
Wellington 6143, New Zealand

2. Payment

The total amount payable consists of an APC Fee and a Disciplinary Levy

The fees payable until 31 March 2015

The fees payable from 01 April 2015

	APC fee (GST excl)	Disciplinary levy (GST excl)	Total fee (GST excl)	Total amount payable (GST incl)	Late fee (GST incl)	Total amount payable (GST incl)
Dental Hygienist, Orthodontic Auxiliary	\$585.67	\$31.00	\$616.67	\$709.17	\$45	\$754.17
Dental Therapist	\$538.50	\$24.44	\$562.94	\$647.38	\$45	\$692.38
Dental Technician, Clinical Dental Technician	\$575.89	\$168.82	\$744.71	\$856.42	\$45	\$901.42

Note: Practitioners registered in more than one scope of practice pay only one APC fee, being the higher of the two fees.

If you are renewing¹ your APC and fail to get your completed and correct application form accompanied by the correct amount to the Dental Council by 31 March 2015 you will be charged an Additional Processing APC Fee (Late fee) of \$45.00 (GST inclusive) in addition to your APC fee and the Disciplinary Levy.

Please be aware that if as a result of your application being returned to you, you do not, or cannot get your completed application and the correct fee to the Dental Council by the deadline of 31 March 2015, you will be charged the Additional Processing APC Fee. **There will be no exceptions with respect to the Additional Processing APC Fee.**

The Additional Processing APC Fee will not apply for first time APC applications, or for a practitioner who is on the Register as a non-practising registrant and is applying for an APC.

¹ You are renewing your APC if you hold an APC for the period ending 31 March 2015, and you are now applying for an APC for the practising period commencing 01 April 2015 and ending 31 March 2016.

- My employer / DHB is paying for me. Name of employer / DHB:
- I enclose a cheque payable to the Dental Council (*please attach your cheque to this section*)
- I wish to pay by credit card (*Visa or MasterCard only*)

Credit Card Authorisation

Registration No:

"I authorise the Dental Council to charge the credit card account below with the sum of \$ (GST incl.); or, in the event that my complete and correct application is not received by the Dental Council until after 31 March 2015; **and** I held an APC for the annual practising cycle ending 31 March 2015, the sum of \$ (GST incl.)"

Credit Card Payment: Visa MasterCard

Card number	Expiry Date	Total Amount Due until 31 March 2015	Total Amount Due from 01 April 2015
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cardholder's Signature	Date	Cardholder's name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

3. Contact details

A) Below are your current listed contact details on the Dental Council Register, please review these and make any necessary changes in section B p3. Note that section 140 of the Health Practitioners Competence Assurance Act 2003 requires that all registered practitioners keep the Dental Council informed of their current postal, residential and, if applicable, practice addresses.

Postal Address: (Can be a street address or PO Box)	Practice Address: (MUST be a street address, and NOT a PO Box)	Residential Address: (if different from postal address)
Phone: Mobile: Fax: Email:	Phone: Mobile: Fax: Email:	Phone: Mobile: Fax: Email:

B) If any of the contact details in section A are incorrect, please provide your new contact details below.

Postal Address: (Can be a street address or PO Box)	Practice Address: (MUST be a street address, and NOT a PO Box)	Residential Address: (if different from postal address)
Street	Street	Street
Suburb	Suburb	Suburb
City	City	City
Country	Country	Country
Postcode	Postcode	Postcode
Phone:	Phone:	Phone:
Mobile:	Mobile:	Mobile:
Fax:	Fax:	Fax:
Email:	Email:	Email:

4. Dental Register Information

Your address, phone, fax and email details can only be included in the published public Register if you agree.

Which **address** details would you like published on the public Register? (select only one)

- None
 Postal *or*
 Practice *or*
 Residential

Which **contact** details, pertaining to the address chosen above, would you like published on the public Register?

- None
 All
 Email *and/or*
 Phone *and/or*
 Fax

5. Fitness to Practise

Answer ALL of these questions by ticking either "Yes" or "No". If you answer "Yes" please attach details, or if you are unsure of any aspect of this question, please contact the Dental Council via email at inquiries@dcnz.org.nz or by telephone at (04) 499 4820.

Since you were last issued an APC in New Zealand, or whilst you have been on retention, have you been subject to any of the following (whether in New Zealand or overseas):

a) Any investigations or proceedings relating to any matter that may be the subject of professional disciplinary proceedings? If yes, please provide evidence relating to the investigations or proceedings.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) A formal competence inquiry or a restriction or withdrawal of your credentials based on your clinical performance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) An adverse finding in any disciplinary action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) A police investigation, pending court proceedings, and/or a conviction in any criminal proceedings, punishable by imprisonment for a term of 3 months or longer by any court (including traffic offences involving alcohol and/or drugs)? If yes, please provide evidence relating to the investigations, proceedings or convictions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Any personal condition with the potential to affect your fitness to practise in the scopes of practice in which you are registered, such as:		
i) Any addictive condition including, but not limited to, a drug and/or alcohol dependency and/or a gambling addiction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii) Any mental health condition including, but not limited to, depression, anorexia and/or bipolar disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii) Any physical condition including, but not limited to, Transmissible Major Viral Infections, injuries as a result of an accident, memory loss and/or any degenerative condition such as Multiple Sclerosis or Motor Neurone Disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iv) Any other personal condition that might affect your fitness to practise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered yes to any of the above, please enclose a report from your doctor or specialist updating the Dental Council on your condition.

6. Recency of Practice

Have you held an APC in New Zealand at anytime within the last three years?

- a) **Yes**
- b) **No**, I have been retained on the Register as a non-practising registrant for years
If you have been retained on the Register for more than 3 years please contact the Dental Council before you complete and return this application
- c) **No** *(If none of the above apply please contact the Dental Council before you complete and return this application form)*

7. Competence – Scopes of Practice

I confirm that I have maintained my competence in all the scopes of practice in which I am currently registered (as listed on the front of this form) and in which I am now applying for an APC.

- Yes**
- OR
- No** *(If no, please list the scope(s) in which you do **not** want to apply for an APC)*

8. Overseas Practise

Have you practised overseas since you were last issued with an APC, or whilst you have been on retention?

- No**
- Yes** Please list below all countries you have practised in since you were last issued with a Dental Council APC, or whilst you have been on retention, and;
Please arrange for an **original** certificate of good standing (COGS) from **each** jurisdiction in which you practised since you were last issued with a Dental Council APC (or if you have never held an APC since the date of registration with the Dental Council), to be sent **directly** to the Dental Council. The certificates must be no more than 3 months old at the time they are received.

Please be aware that without a COGS your application will be treated as **incomplete and an APC will not be issued.**

- Where you are renewing a current APC and you are required by the Dental Council to provide a COGS from the overseas jurisdiction(s) in which you have worked, such certificate(s) must be received by Council by 31 March 2015, or your application will be deemed to be incomplete and you will be required to stop practising from and including 01 April 2015 until such time as the required certificate(s) are provided to Council and an APC issued to you.
- If you do not hold a current APC at the time of your application and you are required by the Dental Council to provide a COGS from the overseas jurisdiction(s) in which you have worked, your application will be deemed to be incomplete and an APC will not be issued to you until such time as Council receives the required certificate(s). You are reminded that the Health Practitioners Competence Assurance Act 2003 requires every health practitioner practising in New Zealand to hold a current APC, and it is accordingly unlawful to practise without one.

11. Declaration

You are cautioned to take significant care when completing this form. It is an offence under section 172 of the Health Practitioners Competence Assurance Act 2003 to knowingly make a false or misleading declaration or representation and the penalty for committing such an offence is a fine of up to \$10,000.

I hereby declare that:

- The information I have given in this application is true and correct.
- I will promptly provide the Dental Council with any further information it may require.
- I am aware of, and will act in accordance with, my legal obligation to notify the Dental Council of any name and/or address changes.
- I understand that extracts of the Public Register, in accordance with what I have agreed to, may be provided by the Dental Council to appropriate organisations from time to time.

In signing this declaration, I also consent to the Dental Council seeking information from the Health and Disability Commissioner (HDC) pertaining to any investigations that the HDC may have about me.

Signed:
[Signature of applicant] [Full name of applicant]

Date:
Day Month Year

12. Checklist

All incomplete or incorrect forms will be returned to practitioners and will not be processed by the Dental Council until completed and/or corrected.

Please check that you have enclosed all relevant documentation to ensure efficient and timely processing of your APC.

Have you:

- Read, understood and signed the Declaration section (refer section 11)
- Attached details of medical conditions, if applicable (refer section 5)
- Attached details of investigations, convictions or proceedings, if applicable (refer section 5)
- Attached any other information relevant to your fitness to practise, if applicable (refer section 5)
- Arranged for an original certificate of good standing, if applicable, to be forwarded to the Dental Council (refer Section 8)
- Attached confirmation of your enrolment in a Resuscitation training course, if applicable (refer section 9)
- Included payment (cheque attached, employer details provided, if applicable, or credit card details completed and authorisation signed).

That completes the APC application form. Please complete the Workforce Survey on the next page.

NB: If you require the hard copy of your APC on 01 April 2015, you will need to ensure your application is received by the Dental Council no later than 23 March 2015. If you are renewing an APC which is still valid on the date your completed and correct application is received accompanied by the correct fee, you are deemed to hold an APC unless you have been notified otherwise.

The Public Register on the Dental Council website is updated daily, and practitioners (or members of the public) can view their APC status at the following link: www.dcnz.org.nz/patients-the-public-and-employers/

Please note that:

- to produce statistically meaningful data, we need to get back as many survey forms as possible
- the Dental Council will only use the information collected to monitor workforce trends, and will not publish information in a form that could identify individuals
- the data collected may be shared with the Ministry of Health (MOH) for the purpose of workforce planning. Similarly, MOH will not publish the information in a form that could identify individuals
- the analysis of previous workforce surveys may be made available on the Dental Council website at <http://dcnz.org.nz/resources-and-publications/publications/workforce-analysis/>

Please return the Workforce Survey, along with the APC application form – do not detach this section from the application form

Name: _____ Registration number: _____

I give my permission to the Dental Council to provide the data collected from my workforce survey to the Ministry of Health for the purpose of workforce planning.

Yes

No

Section A

1. How would you describe your practising status during the period 01 April 2014 to 31 March 2015?

- Practising in New Zealand
- Practising overseas
- Overseas but not practising
- In New Zealand but not practising

2. Which ethnic group(s) do you identify with? See workforce survey guidance notes for further information.

You may choose up to three options.

- New Zealand European
- Maori
- Samoan
- Cook Island Maori
- Chinese
- Indian
- British
- South African
- South Korean
- Iraqi
- Egyptian
- Fijian
- Tokelauan
- Tongan
- Niuean
- Other European (*please specify*)
- Other Pacific Peoples (*please specify*)
- Other East Asian (*please specify*)
- Other Asian (*please specify*)
- Other (*please specify*)
- I do not wish to answer this question

3. Do you intend to practise in New Zealand over the next five years?

- Yes
- No

4. During the period 01 April 2014 to 31 March 2015 did you undertake any postgraduate training that could lead to registration in a scope of practice with the Dental Council?

Yes

(a) Name of qualification

(b) Date of completion, or anticipated completion:

No

Section B

Only complete Section B if you have been **practising** during the period 01 April 2014 to 31 March 2015

5. Please enter the address where you **mostly** practised in the period 01 April 2014 to 31 March 2015. See workforce survey guidance notes for further information.

Street/Road name

Suburb or rural locality

City, town or district

Postal code

Country (if not New Zealand)

6. On average, how many hours **per week** have you worked during the period 01 April 2014 to 31 March 2015?

hrs/week

7. If you were **practising in New Zealand**, how would you break down the average number of hours worked **per week**, as listed in question 6, across your scope of practice and type of employment. If you have more than two jobs, show the two in which you have worked most hours (see workforce survey guidance notes for further information).

Hours of work per week

Scope of practice activities	Main type of employment (Employment type in which you work the greatest number of hours)	Second type of employment – if applicable (Employment type in which you work the next greatest number of hours)
Dental Therapy work	Hrs	Hrs
Dental Hygiene work	Hrs	Hrs
Orthodontic Auxiliary work	Hrs	Hrs
Dental Technician work	Hrs	Hrs
Clinical Dental Technician work	Hrs	Hrs
Teaching (use only if you were employed to teach)	Hrs	Hrs
Administration / Management (use only if you were employed in administration/management)	Hrs	Hrs
TOTAL	Hrs/week	Hrs/week

GRAND TOTAL*

*Grand Total Hrs/week should align with your response to question 6

8. If you were practising in New Zealand, please tick to show your type(s) of employment.

Type of Employment	Main type of employment	Second type of employment
Self-employed:-		
In sole practice		
In a group practice		
Employee:-		
Of a Private practice <i>Please specify type of practice (e.g. orthodontic specialist)</i>		
Of a DHB <i>Please specify name of DHB</i>		
Of a University		
Of a Government Department or Ministry <i>(not Ministry of Health)</i>		
Of the Ministry of Health		
Of an iwi organisation		
Other <i>(Please specify)</i>		

9. If you were practising less than a total of 35 hours per week, what was the main reason for doing so? Please choose ONE (see workforce survey guidance notes for further information).

- Studying
- Health issues
- Doing non-dental work
- Not enough dental work available
- Seeking dental employment
- Semi-retired from practice
- Parental responsibilities, including maternity and paternity leave
- Personal choice
- Other *(please specify)* _____

Section C

Only complete Section C if you have **not** been practising during the period 01 April 2014 to 31 March 2015

10. While not practising, which of these best describes your employment status during this period?

- Working in another health profession
- Working in a non-health profession
- Full-time student
- Parental duties
- Other unpaid work
- Seeking work
- Retired

Thank you for your time and co-operation. Please return this form with your APC application.

01 April 2015 to 31 March 2016

If you are a registered oral health practitioner, and you want to practise in New Zealand, you must hold a current Annual Practising Certificate (APC). It is illegal to practise without an APC. By doing so practitioners risk prosecution, removal from the Register and non-payment of ACC and dental benefit claims. We ask all practitioners to complete the APC application form carefully and honestly. **It is an offence to make a false declaration or misleading statements. This could lead to a fine not exceeding \$10,000, disciplinary action and being removed from the Dental Register.** All sensitive information disclosed will be dealt with very carefully, observing confidentiality and privacy principles.

In accordance with sections 16, 26, 27 and 131 of the Health Practitioners Competence Assurance Act 2003 (the 'Act') you will be granted an APC if the Dental Council is satisfied that you:

- are fit to practise;
- have maintained the standard of competence required for your scope of practice;
- have held an annual practising certificate within the three years immediately preceding your application;
- have lawfully practised your profession within the three years immediately preceding the date of application;
- have complied with any condition included on your scope of practice;

- have completed the requirements of any competence or recertification programme that the Dental Council may have directed you to undertake; and,
- the application was accompanied by the correct fee (including the disciplinary levy) set by the Dental Council.

If you are the holder of a 2014/15 APC and your completed and correct application for a 2015/16 APC accompanied by the correct fee is received by the Dental Council on or before 31 March 2015 you will be deemed to hold a new APC from the date your application is received by Council unless you are notified otherwise.

Please note: if you have practised overseas since you were last issued with an APC, or have practised overseas whilst on retention, your application for an APC will not be considered complete until such time as Council has received a Certificate of Good Standing from each jurisdiction in which you were registered during the prior seven (7) years.

If the Council is proposing to place a condition(s) on your APC or decline your application you will be notified by letter. Your application may be declined until any outstanding fines, fees, expenses, or costs (arising from any Dental Council or Disciplinary Tribunal orders) are paid. Council also has the right to decline your application if satisfied that it contains false and misleading information.

Completing your APC application

Your name

What do I do if I have changed my name?

Please forward **certified** documentary evidence of your change of name (e.g. marriage certificate, deed poll) together with a completed Change of Name form available on the Dental Council website: www.dcnz.org.nz/resources-and-publications/resources/forms. Officers of the Court, Notaries Public or a Justice of the Peace are authorised to certify photocopies of original documents.

Having your correct name registered

If you have settled in New Zealand from overseas, please take care with the order in which you place your names as confusion arises if a practitioner practises under a family name (surname) which is not the same as the name published in the Dental Register. Any changes in the designated family name made to the Register following initial registration are cross-referenced to both names in the Register.

Other names

If you practise under a common use name, instead of your legal name, this name can be included in your name details on the Register as an "other name". Having common use names listed on the Register helps to avoid confusion when members of the public attempt to verify a practitioner's registration status using the public Register. If you would like a common use name added to the Register please forward a written request to our office.

Question 1: Intentions for 2015/16

If you are not intending to practise in New Zealand during the year 01 April 2015 to 31 March 2016 but would like your name to be retained on the Register you are required to complete the *Application to be retained on the Register as a non-practising registrant 2015/16* available on the Dental Council website: www.dcnz.org.nz/i-practise-in-new-zealand/retain-your-registration and pay the required fee.

If you are not practising you can elect to have your name removed from the Dental Register. If this is your intention you are required to notify the Dental Council in writing. You can do this by completing Questions 1, 5 (d) and 11 of the application.

Question 5: Fitness to practise

You are required to disclose any investigations which could lead to disciplinary action, or any disciplinary actions taken by an employer, licensing body or professional body in New Zealand or overseas. If you answer yes to any of these questions you must provide a written explanation of the situation.

Any correspondence with you concerning responses to the fitness to practise section will be sent to your postal address in envelopes marked "Private and Confidential – for addressee only". If you wish to nominate an alternative address for correspondence on any fitness to practise issues please clearly note this on any correspondence you enter into with the Dental Council.

Question 9: Compliance with professional standards

As a registered practitioner, the Act requires you to conform to the professional standards which are set out in the Codes of Practice and Council Statements. These can be found on the Dental Council website: www.dcnz.org.nz/i-practise-in-new-zealand. The recertification framework requires an annual declaration of compliance with these standards.

Some questions in this section will not be relevant to your scope(s) of practice. You must however answer all questions. Select the "Not applicable" option only for any statements that do not apply to your scope(s) of practice. Do not select the "No" option unless you are **not** complying with the relevant code(s). If you are not complying with one or more of the codes of practice relevant to your scope(s) of practice you must submit a written explanation outlining the reason(s) for non-compliance and estimated timeframes to reach compliance.

The Council will take action under the Act, when practitioners do not satisfy recertification requirements. This may result in the practitioner's registration being suspended.

The following table highlights the applicability of the Codes of Practice to **all** oral health professions:

To assist you in determining whether you are complying with the relevant codes of practice, the questions from the annual codes of practice compliance questionnaire are included as a checklist.

Please note you are not required to submit your answers to these questions at this stage; they are included for your guidance only.

The codes of practice compliance questionnaires are sent to a random sample of 10 percent of practitioners after each APC renewal cycle. Accordingly, a number of practitioners will not be aware of the content of the compliance questionnaire. By including these questions in the APC guidance notes, all practitioners will have easy access to a checklist to assist their self-review of compliance with the codes of practice. These questions do not replace the content of the codes of practice. Practitioners should refer to the codes of practice for any clarification or detailed information at the link provided above.

Codes	Dentists & Dental Specialists	Dental Therapists	Dental Hygienists & Orthodontic Auxiliaries	Dental Technicians & Clinical Dental Technicians
Informed Consent	Yes	Yes	Yes	Yes
Patient Information & Records	Yes	Yes	Yes	Yes
Control of Cross Infection	Yes	Yes	Yes	Yes
Transmissible Major Viral Infections (TMVI)	Yes	Yes	Yes	Yes
Working Relationships Between Dental Hygienists and Dentists	If you work with a dental hygienist	N/A	Yes	N/A
Working Relationships Between Orthodontic Auxiliaries and Dentists	If you work with an orthodontic auxiliary	N/A	Yes	N/A
Professional Relationships Associated with the Practice of Dental Therapy	If you work with a dental therapist	Yes	N/A	N/A
Working Relationships Associated with the Practice of Dental Technology or Clinical Dental Technology	If you source work from a dental technician or clinical dental technician	N/A	N/A	Yes
Medical Emergencies in Dental Practice	Yes	Yes	Yes	Yes
Advertising	Yes	Yes	Yes	Yes
Sedation for Dental Procedures	If you use sedation	N/A	N/A	N/A
Sexual Boundaries in the Dentist/Patient Relationship	Yes	N/A	N/A	N/A

Section A - Questions applicable to dental hygienists, dental therapists, orthodontic auxiliaries and clinical dental technicians.

(Please note that the dental technicians section follows as Section B)

Question 9(a): Informed consent

Do you comply with, or have the following in place in relation to informed consent?

1. Do you have systems in place for oral and written consent, as required?
2. Do you have systems in place for language / communication difficulties?
3. Do you understand and are you conversant with patient rights under the Health and Disability Commissioner Act 1994?
4. Do you inform patients about, and record appropriate details in patient records regarding:
 - explanation of their existing condition?
 - results of tests or procedures?
 - treatment options available, including possible consequences/side effects?
 - estimated costs of the options available?
 - research or teaching that will be involved?
 - any treatment refused by the patient, and the potential consequences of their decision?
 - options for referral, if appropriate?
5. Do you obtain consent:
 - in writing, where appropriate?
 - from a representative, where appropriate, including the details of the patient's age and their comprehension?

Question 9(b): Patient information and records

Do you comply with, or have the following in place in relation to patient information and records?

1. Do you have legible, indelible, understandable and time-bound notes for all patients?
2. Do you have accurate, complete, relevant and up-to-date records for all patients?
3. Do you have privacy and confidentiality provisions?
4. Do you have adequate storage and retention of records?
5. Do you have adequate protection of computerised records?
6. Do you have provisions for patient's access to records?
7. Are the following essential patient information up-to-date:
 - name, date of birth, gender?
 - address?
 - for patients under 16, the contact details of their parent or guardian?
 - medical history signed by the patient or guardian?
8. Are all treatment and services provided within an oral health practice, whether it has been provided by an oral health professional or any other health practitioner or employee of the practice, recorded?

9. Do the patient records contain appropriate details, including, but not limited to:
 - all visits, failures and cancellations?
 - presenting a complaint?
 - history?
 - clinical findings?
 - diagnosis (*dental therapists and clinical dental technicians only*)?
 - assessment and preliminary diagnosis (*dental hygienists and orthodontic auxiliaries only*)?
 - options and treatment plan with the appropriate explanations?
 - treatment carried out?
 - treatment patient declined?
 - consent obtained?
 - medication recommended, prescribed or dispensed?
 - details of professional advice given/sought?
 - estimate of costs?

The following questions are only applicable to clinical dental technicians:

10. Do the patient records include:
 - the oral health certificate received, prior to fitting partial dentures?
 - the prescription from the dentist/dental specialist, where required?
 - materials used?

Question 9(c): Control of cross infection

Do you comply with, or have the following in place in relation to cross infection control?

1. Do you ensure the safety of your patients, colleagues and support staff?
2. Do you have a protocol for infection control available to staff and are all appropriate staff trained in the protocol?
3. Do you have thorough, relevant, and up-to-date medical histories?
4. Do you have **and use** the following personal protective equipment as appropriate:
 - single use gloves?
 - face mask, worn and changed?
 - protective clothing/equipment worn in the clinical area only?
 - suitable protective eyewear available for the patient?
5. Do you use appropriate hand/forearm washing techniques?
6. Has a primary clinical area been established?
7. Are effective sterilisation and disinfection being carried out?
8. Are protective barriers used for non-sterilised equipment?
9. Are items that come in contact with blood, saliva, and mucous membranes either being disposed of or sterilised between patients?
10. Are new needles and anaesthetic cartridges being used for each patient with the appropriate recapping techniques, if relevant to your scope of practice?
11. Is an appropriate and validated autoclave being used in a designated area separate from the clinical areas?

12. Do you have a protocol for the validation of the autoclave and the sterilising process?
 13. Is appropriate decontamination being undertaken prior to the disinfection or sterilisation procedures?
 14. Is the disposal of sharps and waste being appropriately handled?
 15. Are the instruments being appropriately stored?
 16. Do you have appropriate procedures for cleaning and disinfection of environmental surfaces between patients, and are relevant materials appropriately labelled?
 17. Are items for dispatch to, or received from, a laboratory labelled and handled appropriately?
 18. Is the consumption of food and drink disallowed in the clinical and sterilising areas?
7. Do you and the dentist/dental specialist have protocols for off-site treatment (e.g. nursing homes)?
 8. Is the dentist/dental specialist onsite when dental hygiene services are provided to patients who self-refer to you, or for patients who have been referred by other dentists?
 9. If allowed to provide local anaesthesia according to your scope of practice, do you do so only under direct supervision of a dentist/dental specialist?
 10. Do you only treat patients under sedation in accordance with the Code of Practice on Conscious Sedation?
 11. For hygienists with a limited scope of practice:
 - (a) Is your practising certificate displayed?
 - (b) Are all activities performed under the dentist/dental specialist's direct clinical supervision and onsite?

**Question 9(d):
Working relationships with other oral health practitioners within your practice, where relevant**

**Dental Therapist
(Applicable to dental therapists only)**

Do you comply with, or have the following in place for your working relationship with a dentist/dental specialist?

1. Do you have a signed professional agreement with the dentist/dental specialist in relation to the provision of clinical guidance, advice, radiography, access to prescription medicines, and referrals, as required by the scope of practice for a therapist?
2. Does the dentist/dental specialist ensure that you practise within the appropriate scope(s) of practice and are they aware of the requirements of your scope(s) of practice, and any possible exclusions?
3. Does the dentist/dental specialist provide you with advice on the same working day as it is sought?
4. Does the dentist/dental specialist ensure access to timely advice in the event of his/her unavailability?
5. Do you keep accurate records of advice received?

**Dental Hygienist
(Applicable to dental hygienists only)**

Do you comply with, or have the following in place for your working relationship with a dentist/dental specialist?

1. Do you have a signed professional agreement with the dentist/dental specialist in relation to the provision of clinical guidance, direct supervision, radiography, and access to prescription medicines, as required by the scope of practise for a hygienist?
2. Does the dentist/dental specialist ensure that you practise within your appropriate scope of practice and are they aware of the requirements of the scope, and any possible limitations or exclusions on your scope of practice?
3. Does the dentist/dental specialist examine all new patients, assess their medical history, and develop their oral health care plan?
4. Does the dentist/dental specialist provide you with timely advice and ensure that you have access to advice and guidance when off-site?
5. Does the dentist/dental specialist assess the medical history of patients who self-refer to you, and make recommendations for their oral health care plan?
6. Does the dentist/dental specialist prepare a treatment plan prior to you commencing orthodontic procedures?

**Orthodontic Auxiliaries
(Applicable to orthodontic auxiliaries only)**

Do you comply with, or have the following in place for your working relationship with a dentist/dental specialist?

1. Do you have a signed professional agreement with the dentist/dental specialist in relation to the provision of direct clinical supervision and radiography?
2. Does the dentist/dental specialist examine all new patients, assess their medical history, and develop their oral health care plan?

**Clinical Dental Technician
(Applicable to clinical dental technicians only)**

Do you comply with, or have the following in place for your working relationship with the dentists/dental specialists that you work with?

1. Are removable complete dentures only fitted where there are no natural teeth remaining and there is no diseased or unhealed tissue?
2. Do you obtain an oral health certificate, and is this recorded before fitting partial dentures?
3. Are removable complete and partial immediate dentures designed, repaired and supplied on prescription?
4. Does the prescribing dentist fit the immediate denture?
5. Are removable complete and partial root/tooth overdentures designed, repaired and supplied on prescription?
6. Is the patient referred back to the prescribing dentist for final fit of the root / tooth over denture?
7. Are clinical procedures associated with implant overdentures only undertaken if you are registered in the additional scope for implant overdentures?
8. Is the patient referred back to the prescribing dentist for final fit of the implant over denture?

**Question 9(e):
Transmissible Major Viral Infections**

Do you comply with, or have the following in place in relation to Transmissible Major Viral Infections (TMVI)?

1. Are patients with a TMVI not refused treatment unless appropriate referral arrangements have been made?
2. Are patients exposed to blood or other body fluids of another individual promptly notified and the appropriate follow-up established?
3. Are you aware of your TMVI status and are you immunised as appropriate, and encourage staff to follow this protocol?

- If you suspect or know that a colleague is HBV, HCV or HIV infected, do you then seek the appropriate medical advice and act accordingly?
- Do you encourage other staff to follow this protocol?
- Do you have written protocol for prompt management of potential exposure to TMVI?

Question 9(f): Advertising

Do you comply with, or have the following in place in relation to advertising?

- Are you familiar with the relevant legislation and standards relating to advertising - such as the Health Practitioners Competence Assurance Act 2003, the Fair Trading Act 1986, Consumer Guarantees Act 1993, Code of Health and Disability Services Consumers' Rights, and the Advertising Standards Authority's Codes?
- Do you always consider your professional, ethical and legal obligations when advertising services, and how members of the public will perceive your advertising?
- Are you mindful of the principles of ethical conduct as set out in the Dental Council's Statement on Principles of Ethical Conduct for Oral Health Practitioners?
- Do you advertise in a manner that excludes any attempt to profit from, or take advantage of, limited consumer understanding?
- Does your advertising of services present information that is reasonably required by consumers to make decisions about the availability of services offered?
- Are you competent by reason of education, training and/or experience to provide the service advertised; or to act in the manner or professional capacity advertised?
- Are you certain that any claims made in your advertisement can be supported by best available evidence?
- Do you advertise in a manner that avoids disparaging in any way other practitioners and the services they offer?
- Do you maintain responsibility for the form and content, its accuracy and compliance with the code requirements, of the advertising of health-related services and products associated with your practice?
- If you choose to advertise honorary titles, civic and military honours, honorary qualifications or memberships of professional bodies, do you take care to ensure that there is no possibility that the public will be misled?

Question 9(g): Medical emergencies in dental practice

The following questions relate to the new Medical Emergencies in Dental Practice Code of Practice, released on 26 September 2014. The updated code is available on the Council's website at dcnz.org.nz/assets/Uploads/Codes-of-practice/Medical-Emergencies-Code-of-Practice-updated.pdf.

The following sections are subject to transitional implementation, as detailed below:

Sections 4.24 – 4.36: Equipment and Drug requirements- full implementation by 30 September 2015

Practitioners are strongly recommended to comply with the requirements as soon as possible, but all oral health practitioners must comply by 30 September 2015.

Sections 4.7 – 4.23: Resuscitation training requirements - full implementation by 30 September 2016

This includes the prescribed level of training and the two-yearly revalidation period. On this date it must be no more than two years since a practitioner has completed resuscitation training at the newly prescribed level.

Please ensure that you familiarise yourself with the upcoming requirements in advance of the final implementation dates to ensure compliance to the required standards.

Do you comply with, or have the following in place in relation to medical emergencies?

- Do you record and regularly update the medical history of all patients?
- Do you have current resuscitation training to the minimum prescribed level, as detailed in the table below?
- Does your practice have written protocols describing the staff members' roles in management of a medical emergency?

Resuscitation Training

All practitioners are required to hold a valid resuscitation training certificate. Practitioners who do not have valid resuscitation training may have the issue of their APC delayed (in which case they will not be able to practise), until they provide evidence they have either enrolled or completed the required training course.

Resuscitation training levels and revalidation periods

If your resuscitation training expires **before 30 September 2016**

- You must renew your training at CORE Level 4 or equivalent*
- The revalidation period onwards will be every two years.

If your resuscitation training expires **after 30 September 2016**

- You must have a current valid resuscitation training certificate equivalent to the New Zealand Resuscitation Council (NZRC) Certificate of Resuscitation and Emergency Care (CORE) Level 3, or higher, modular certification.
- You must renew your training at CORE Level 4 or equivalent* by 30 September 2016
- The revalidation period onwards will be every two years.

*CORE Level 4 or equivalent courses must contain the following modules:

- Airway management
- Adult collapse
- Childhood collapse (not required for clinical dental technicians and dental technicians undertaking restricted activities)

Completion of a resuscitation training course can be counted as verifiable CPD.

Section B – Questions applicable to dental technicians only

Question 9(b): Patient information and records/Laboratory Prescriptions

Do you have the following in place in relation to patient information, patient records and laboratory prescriptions?

1. Do you have legible, indelible, understandable and time-bound notes for all patients?
2. Do you have privacy and confidentiality provisions in place?
3. Do you have adequate storage and retention of records?
4. Do you have adequate protection of computerised records?
5. Do the patient records contain appropriate details, including, but not limited to:
 - date of prescription?
 - prescribing practitioner’s name and address?
 - patient’s name?
 - detailed prescription?
 - date of manufacture?
 - materials used?

Question 9(c): Control of cross infection

Do you comply with, or have the following in place in relation to cross infection control?

1. Do you have a protocol for infection control available to staff and are all appropriate staff trained in the protocol?
2. Do you have **and use** the following personal protective equipment as appropriate,:
 - single use gloves?
 - protective clothing/equipment worn when dealing with incoming impressions and clinical work?
 - suitable protective eyewear worn?
3. Is effective disinfection of impressions/prostheses carried out in the laboratory as required?
4. Are items that come in contact with blood, saliva, and mucous membranes either being disposed of or sterilised before returning to the dental surgery?
5. Do you have appropriate procedures for cleaning and disinfection of environmental surfaces?
6. Is the consumption of food and drink disallowed in the clinical and sterilising areas?

Question 9(d): Working relationships with other oral health practitioners within your practice, where relevant

Dental Technicians

Do you comply with, or have the following in place for your working relationship with your dentist/dental specialist?

1. Do you carry out all dental technology activities under prescription?
2. Is the patient referred to a clinician and a record of this referral included in the patient’s records in situations of simple denture repair?

Question 9(f): Advertising

Do you comply with, or have the following in place in relation to advertising?

1. Are you familiar with the relevant legislation and standards relating to advertising – such as the Health Practitioners Competence Assurance Act 2003, the Fair Trading Act 1986, Consumer Guarantees Act 1993, Code of Health and Disability Services Consumers’ Rights, and the Advertising Standards Authority’s Codes?
2. Do you always consider your professional, ethical and legal obligations when advertising services, and how members of the public will perceive your advertising?
3. Are you mindful of the principles of ethical conduct as set out in the Dental Council’s Statement on Principles of Ethical Conduct for Oral Health Practitioners?
4. Do you advertise in a manner that excludes any attempt to profit from, or take advantage of, limited consumer understanding?
5. Does your advertising of services present information that is reasonably required by consumers to make decisions about the availability of services offered?
6. Are you competent by reason of education, training and/or experience to provide the service advertised; or to act in the manner or professional capacity advertised?
7. Are you certain that any claims made in your advertisement can be supported by best available evidence?
8. Do you advertise in a manner that avoids disparaging in any way other practitioners and the services they offer?
9. Do you maintain responsibility for the form and content, its accuracy and compliance with the code requirements, of the advertising of health-related services and products associated with your practice?
10. If you choose to advertise honorary titles, civic and military honours, honorary qualifications or memberships of professional bodies, do you take care to ensure that there is no possibility that the public will be misled?

Question 9(g): Medical emergencies in dental practice

The following questions relate to the new Medical Emergencies in Dental Practice Code of Practice, released on 26 September 2014. The updated code is available on the Council’s website at dcnz.org.nz/assets/Uploads/Codes-of-practice/Medical-Emergencies-Code-of-Practice-updated.pdf.

The following sections are subject to transitional implementation, as detailed below:

Sections 4.24 – 4.36: Equipment and Drug requirements- full implementation by 30 September 2015

Practitioners are strongly recommended to comply with the requirements as soon as possible, but all oral health practitioners must comply by 30 September 2015.

Sections 4.7 – 4.23: Resuscitation training requirements - full implementation by 30 September 2016

This includes the prescribed level of training and the two-yearly revalidation period. On this date it must be no more than two years since a practitioner has completed resuscitation training at the newly prescribed level.

Please ensure that you familiarise yourself with the upcoming requirements in advance of the final implementation dates to ensure compliance to the required standards.

Do you comply with, or have the following in place in relation to medical emergencies?

1. Do you record and regularly update the medical history of all patients?
2. Do you have current resuscitation training to the minimum prescribed level, as detailed in the table below?
3. Does your practice have written protocols describing the staff members' roles in management of a medical emergency?

Resuscitation Training

All practitioners are required to hold a valid resuscitation training certificate. Practitioners who do not have valid resuscitation training may have the issue of their APC delayed (in which case they will not be able to practise), until they provide evidence they have either enrolled or completed the required training course.

Resuscitation training levels and revalidation periods

If your resuscitation training expires **before 30 September 2016**

You must renew your training at the following levels:

- Dental technicians **not** undertaking restricted activities: Level 2 - Basic Life Support Skills
- Dental technicians undertaking restricted activities: CORE Level 4 or equivalent*
- The revalidation period onwards will be every two years.

If your resuscitation training expires **after 30 September 2016**

- You must have a current valid resuscitation training certificate equivalent to the New Zealand Resuscitation Council (NZRC) Level 1, or higher, modular certification.
- You must renew your training to the following new levels by 30 September 2016:
 - Dental technicians **not** undertaking restricted activities: Level 2 - Basic Life Support Skills
 - Dental technicians undertaking restricted activities: CORE Level 4 or equivalent*
- The revalidation period onwards will be every two years.

*CORE Level 4 or equivalent courses (for dental technicians undertaking restricted activities) must contain the following modules:

- Airway management
- Adult collapse
- Childhood collapse (not required for clinical dental technicians and dental technicians undertaking restricted activities)

Completion of a resuscitation training course can be counted as verifiable CPD.

The Workforce Survey GUIDANCE NOTES

The Workforce Survey Questionnaire seeks information about your practise in the year 01 April 2014 to 31 March 2015. You are asked to complete the survey as if you were completing it on 31 March 2015.

Section A: To be completed by all practitioners

Section B: To be completed if you **practised** during the year ending 31 March 2015

Section C: To be completed if you have **not practised** during the year ending 31 March 2015.

You must indicate whether you give the Dental Council permission, or not, to disclose the data collected from your workforce survey to the Ministry of Health, for the purpose of workforce planning.

Question 2 - Ethnic group

You may tick up to three ethnic groups. The ethnic groups listed are a combination of the Statistics New Zealand Standard Classification and the current profile of oral health practitioners on the Dental Register.

Question 4 - Practice address

More than one practice address

If you work in more than one practice, please record the address of the practice in which you worked the most number of hours in a typical week. If you spend your time evenly between two or more practices, please nominate one address as your main practice address and record that address.

Change of employer

If you had more than one practice address because you changed employers during the year, please record the address where you worked for the longest period.

Questions 6 & 7 - Hours worked

If you work a variable number of hours per week, please record the average number of hours you worked in a typical week in Questions 6 & 7. For example 5 days/week on an average of 8 hours/day, a total of 40 hours/week.

Question 7 is a breakdown of that average number of hours worked per week across your scope of practice activities, by employment type.

Questions 7 & 8 - Type of employment

Questions 7 and 8 relate to the type and extent of your employment during the period 01 April 2014 to 31 March 2015.

The main type of employment relates to the job in which you worked the greatest number of hours, and the second type of employment to the next greatest number of hours worked.

For question 7, if you have more than one type of employment, then allocate the average number of hours by scope of practice across two types of employments.

Question 8 - Reason for part-time work

For the purpose of this survey, part time work is defined as a total of **less than 35** hours worked per **week across all employments**. This should not include contract work as part of, or in addition to, your normal weekly employment arrangements.