Summary report from the symposium on

Recertifying our oral health practitioners

Thinking about the future

June 2017

Dental Council
Te Kaunihera Tiaki Niho

Foreword

On 17 March 2017, we invited some of our key stakeholders to participate in a symposium about our current and future approach to recertification.

The symposium marked the first step in a conversation we want to have about recertification. However, we have already undertaken work to inform our thinking on this issue. We concluded that some aspects of our framework were not functioning as effectively as they should. We also concluded we can do better—for the public and our practitioners.

Our main objective for the symposium was to put forward our case for change and to seek feedback on whether we were on the right track. We also wanted to build stakeholder awareness and understanding of our primary role—to protect the public's health and safety.

On the day, we listened to and participated in some wide-ranging discussions about recertification. We think it is significant that an overwhelming majority of attendees agreed that change is needed. We also noted attendees expressed mixed views on the degree of change required and what needs to be changed to improve the effectiveness of our future approach to recertification.

We are confident the national conversation we are about to embark on with our practitioners and stakeholders will provide some clarity around these (and other) questions. It will also inform and guide future decisions we make about our framework.

We want to thank every attendee for participating in our symposium.

Some of you had to travel from outside of Wellington (including from Australia) to attend. We are grateful for your commitment and willingness to fully engage in the discussions we shared at the symposium.

Your experiences and insights were invaluable and we are looking forward to taking the next steps in the conversation about our future approach to recertification.

Dr Robin Whyman

Chair

Marie Warner

Chief Executive

Purpose and structure of this report

Introduction

This report serves as a record of the symposium. It identifies the themes and provides a summary of the main discussion points, which emerged from the conversations held throughout the day.

Information from the opening and keynote speakers[1] and table and plenary[2] discussions has been incorporated into this report.[3]

Each table's notes were collated and reviewed to identify the themes and main discussion points included in this document.

The discussion points are organised under the six potential areas for change, set out in the preliminary discussion document provided to attendees. These six areas are:

Our case for change

In the opening address Dental Council Chair Dr Robin Whyman established there are two main legislative drivers underpinning recertification. Firstly, we must assure the public our approach to

1 See appendix one for Dr Robin Whyman, Chair of the Dental Council (New Zealand) opening address. See attachments for keynote presentations (and/or speaking notes) from Professor Ron Paterson - former New Zealand Health and Disability Commissioner; and Paul Shinkfield - National Director of Strategy and Policy at the Australian Health Practitioner Regulation Agency.

2 See attachments for speaking notes from Dr David Crum – Chief Executive Officer of the New Zealand Dental Association; and Arish Naresh – Chair of the New Zealand Dental and Oral Health Therapists' Association.

3 The symposium also included an interactive panel discussion. The questions and requests for clarification of points speakers had made in their presentations came from the first table discussion. It should be noted not all questions submitted for the panellists' consideration were addressed on the day. A separate document responding to the list of questions and points of clarification is being prepared and will be available on the Dental Council website shortly.

recertification will protect their health and safety. Secondly, we must ensure our practitioners are continuously maintaining their competence to practise.

In addition to the legislative drivers, our decision to be a right-touch risk-based regulator is also a significant factor in this review. We will use this opportunity to help us explore new and/or alternate ways of ensuring consistency between our decisions and responses and the risks identified through our recertification framework.

In his address, Dr Whyman also stated the Dental Council's work on recertification began in late 2014. This work revealed the current policy is flawed and some of the underlying assumptions in our approach are not supported by evidence. For example:

- The recertification framework has multiple components, yet is currently skewed towards an almost singular focus on education and learning opportunities.
- Patients are still vulnerable to harm even when our recertification system deems a practitioner to be competent.
- The issuing of an annual practising certificate relies heavily on self-declaration, even though practitioners are not always best placed to identify and/or self-correct their competence or fitness to practise issues.

This review is about exploring ways to improve our approach to recertification—for the public and our practitioners. This is the first step in a conversation which aims to examine our current system from all sides and through multiple perspectives.

Rationale for targeted participation in the symposium

The symposium is directly linked to the development of the discussion document which will form the basis for engagement with stakeholders and the wider sector. As such, the presentations and activities were designed to elicit attendee feedback on the logic, analysis, content and messaging in the preliminary discussion document.

We invited key decision-makers and strategic thinkers (predominantly from New Zealand, but also Australia) from professional associations, district health boards (DHBs), and tertiary educational institutions. People from government departments and other regulatory authorities, with expertise and policy experience regarding regulatory frameworks, were also targeted for participation in the symposium.[4]

[4] Approximately 80 people attended the symposium comprising invited stakeholders, all Council members and some Council staff members.

Discussion points from the symposium

Overview of the main discussion points

A wide range of perspectives and comments were expressed throughout the day. These diverse opinions reflected the skills, experiences and roles attendees have within their organisations and our oral health sector.

The majority of the discussion points can be grouped under the six areas for change we identified in our preliminary discussion document. These six areas are discussed below.

In addition to these six areas, many participants emphasised the importance of engaging openly with stakeholders and providing good information.

Engagement

Three main discussion points relating to engagement emerged on the day. These were:

Working with stakeholders	• engagement from the earliest opportunity is required, especially with practitioners • stakeholders (especially practitioners and the public) need to be included—this means they also have ownership and investment in the review process.
Working with professional associations	• need to understand and acknowledge different roles and responsibilities—the regulator's primary role is to protect the public and the professional associations role is to advocate and support their members • there is a need for greater collaboration and cohesion.
Improving awareness and understanding about recertification	• providing good information will improve understanding about the current approach to recertification • need more communication about why the review is happening and what it means for everyone, especially practitioners and the public.

On the day, one attendee said:

> *It is critically important for us to get stakeholders in the room because it allows for the convergence of the same and differing perspectives.*

Another attendee stated:

> *There's an inherent tension in the fact the regulator is there to help the practitioner but they are also the police … there is a gap between the intent and what the regulated practitioner actually sees.*

Most of the discussion focused on our current and future approach to recertification. For the purpose of this report, these comments have been organised under the six potential areas for change.

Many of these comments could be included in more than one potential area for change. This should be expected because of the interdependent relationship between all the components of our current recertification framework.

While we received feedback on all areas, the majority of discussion points related to:

- having better risk identification systems
- ongoing education and learning opportunities.

The area which received the least discussion points was integrating our right-touch risk-based approach to regulation.

Area for change one: public assurance

The Health Practitioners Competence Assurance Act 2003 requires regulators to have mechanisms that prioritise and protect the health and safety of the public.

Two main discussion points relating to assuring public safety emerged on the day. These were:

On the day, one attendee said:

> *The purpose of recertification is not just a measure of competence, but to deliver safe care to patients. Evidence presented today indicates it is not meeting that purpose. Therefore, real change is needed.*

Area for change two: early interventions for practitioners

Research confirms the earlier practitioners can be directed to interventions and support, the more likely it is that at-risk behaviours and practices can be addressed.

It would seem sensible to focus our resources on interventions that prevent the escalation of more serious issues (for the practitioner) and more serious responses (from us). This approach will also allow more proactive responses to the needs of practitioners.

Two main discussion points about providing earlier interventions emerged on the day. These were:

Addressing issues early

- identifying root causes to prevent mistakes
- raising practitioner awareness about risk factors and where to seek help
- identifying at-risk students and assessing the role of tertiary institutions in preparing students to practise competently.

Having good support

- providing practitioners with constructive and supportive interventions
- support (including for tertiary students) could mean pastoral care, or mentoring placement in an appropriate practice or with an appropriate practitioner
- considering the use of social media tools as support mechanisms for practitioners.

On the day, one attendee said:

> *The focus should not be just about extinguishing fires.*

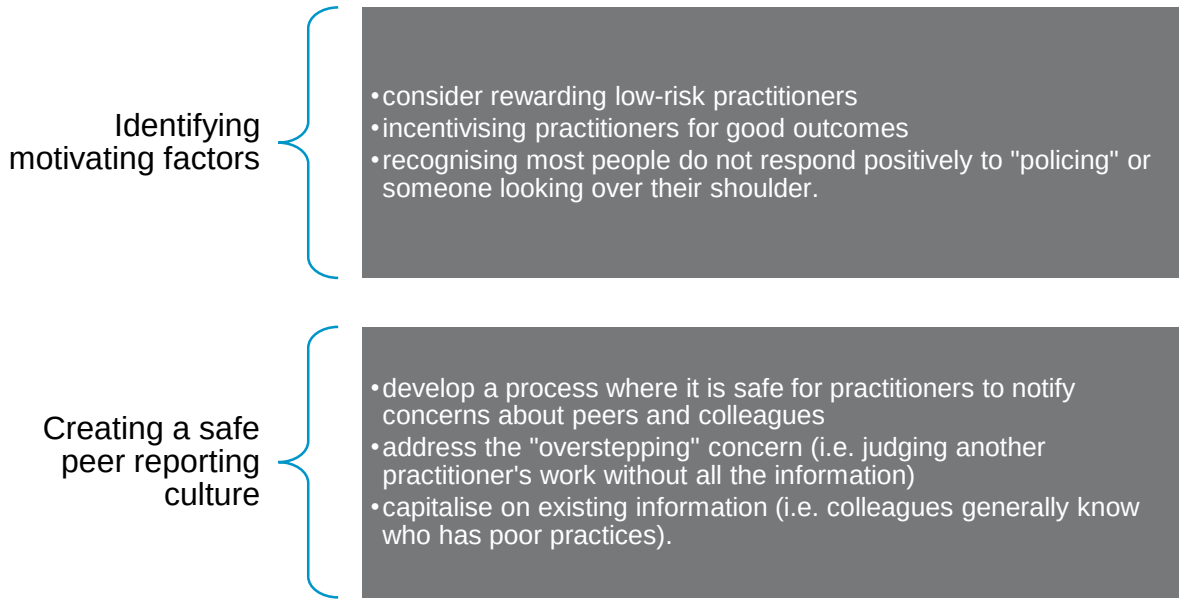
Area for change three: practitioner compliance

Most practitioners comply with our recertification requirements—including the minimum standards set for them. We would like to explore ways to encourage compliance and/or reward practitioners who consistently meet our requirements and standards.

Three main discussion points about practitioner compliance emerged on the day. These were:

Having proportionate responses

- having a robust process which is fair for everyone
- recognising a warning is sometimes more effective than an intervention
- having clear responses and/or sanctions and consistently applying them in non-compliance cases.



On the day, one attendee said:

> *Professionalism as an intrinsic motivation should be encouraged.*

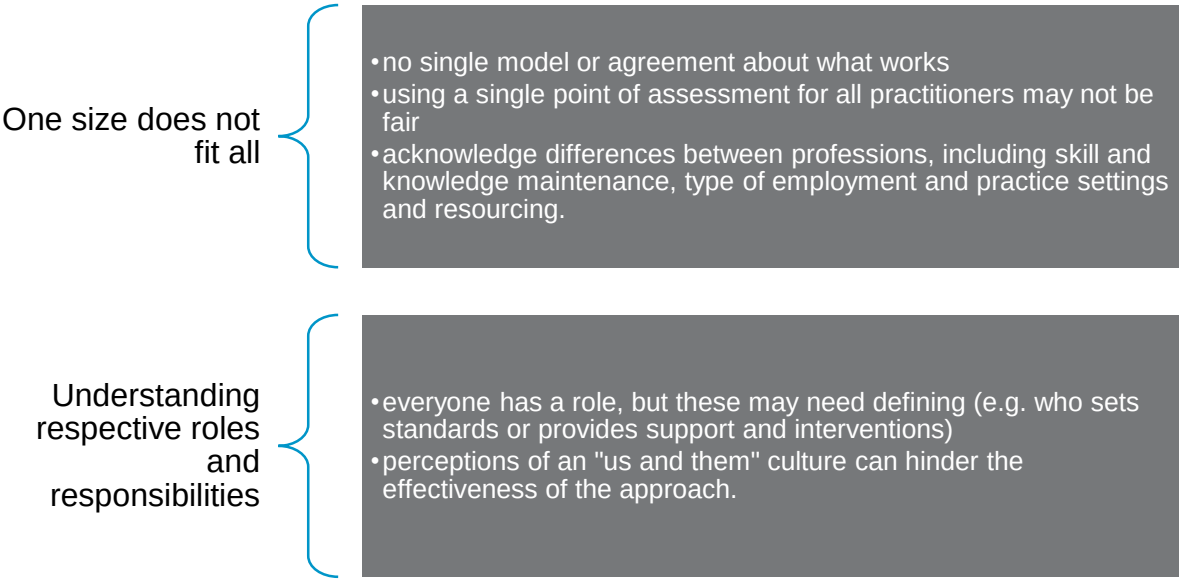
Another attendee also noted:

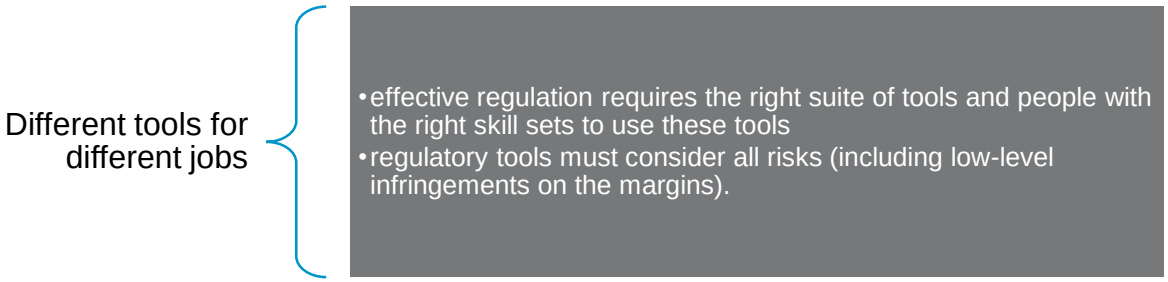
> *Compliance takes time and effort.*

Area for change four: right-touch risk-based approach to regulation

Being a right-touch risk-based regulator means making decisions and having responses proportionate to the risk or problem. It means earlier identification and development of solutions to correct, manage or mitigate risks or problems. Being a right-touch risk-based regulator also means having a transparent and user-friendly system, which is consistently and fairly implemented.

Three main discussion points about our regulatory approach emerged on the day. These were:





As the Chair noted in his opening address, the primary aim of right-touch risk-based regulation is to create a fence or safety net "at the top of the cliff"—to create a system that enables the regulator to intervene before harm is caused.

On the day, one attendee said:

> *For some practitioners, Council is perceived as being punitive, "audity", reactive and having adopted a bottom-of-the-cliff approach.*

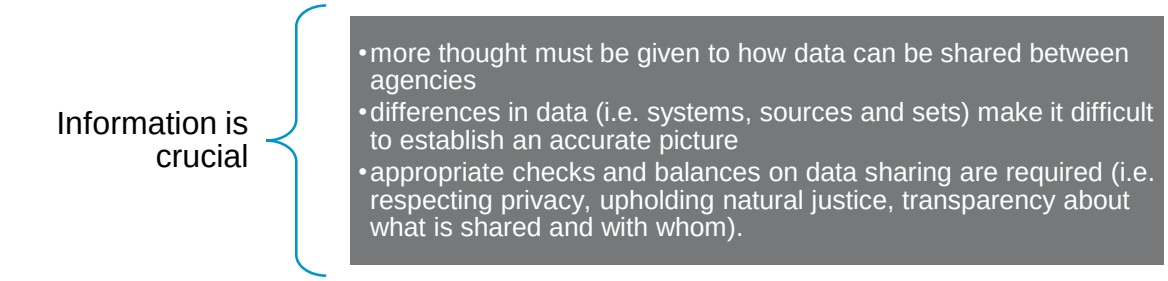
Area for change five: risk identification systems

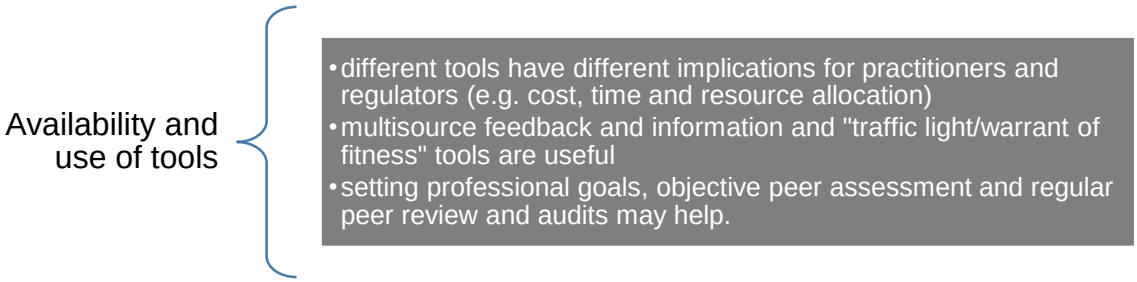
Having better risk identification systems was a topic which garnered substantial interest and comments from attendees. In broad terms these comments can be divided into two categories. Those pertaining to:

- risk identification systems and information
- the issue of risk.

Risk identification systems and information

Three main discussion points about risk identification systems emerged on the day. These were:





On the day, there was some agreement amongst attendees that:

> *The recertification process cannot be about identifying the "bad apples" but more on improving the overall standard.*

Another attendee also stated:

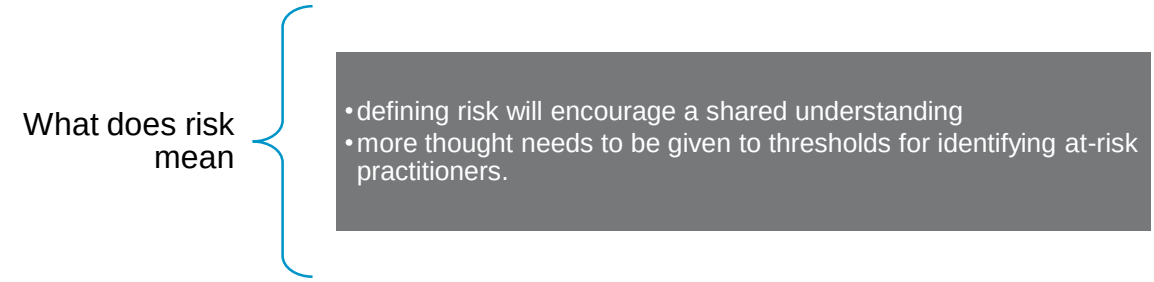
> *Colleagues generally know where and who the problems are.*

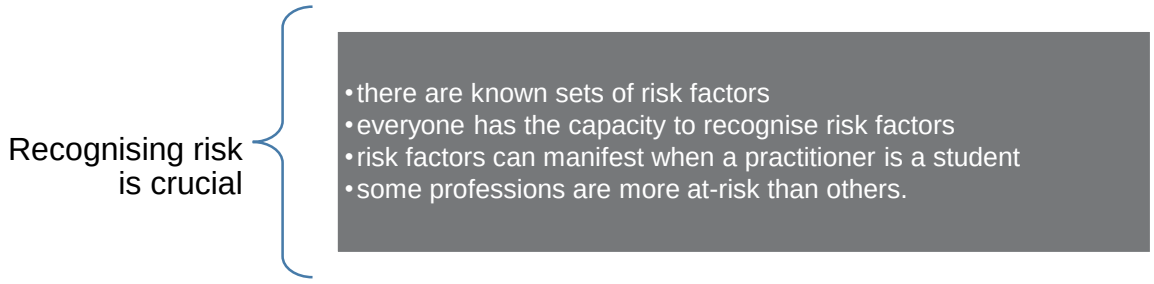
While another attendee noted:

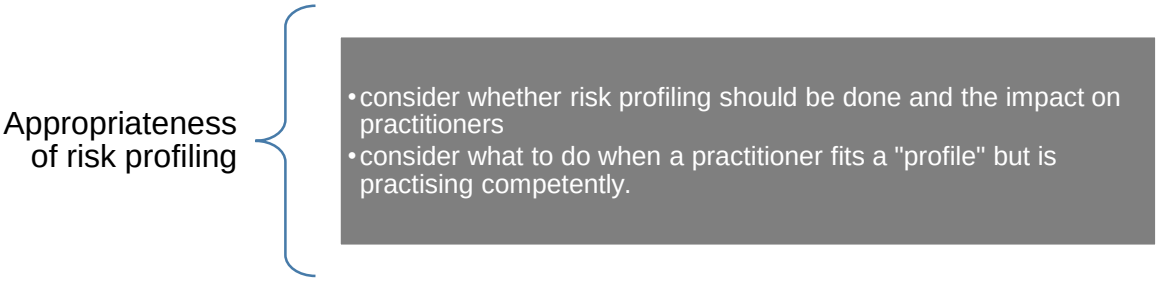
> *Complaints systems are the tip of the iceberg.*

The issue of risk

On the issue of risk—including how it is defined and identification of risk factors for practitioners—four main discussion points emerged on the day. These were:







On the day, one attendee said:

> *Perhaps the focus in addressing issues is to aim for positive outcomes when someone makes a mistake.*

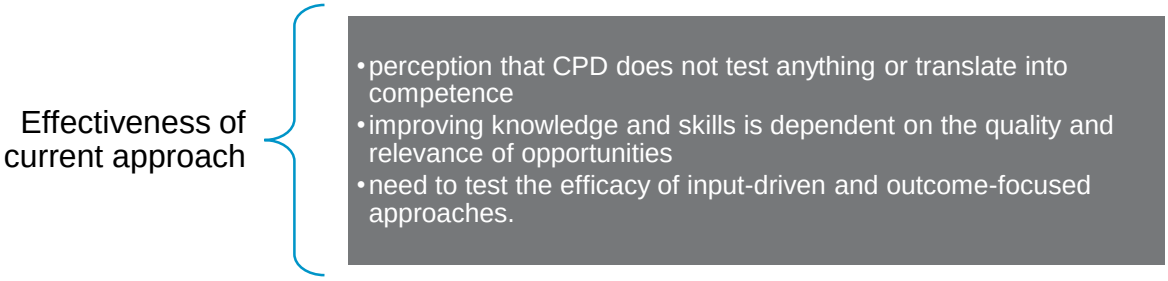
Area of change six: ongoing education and learning opportunities

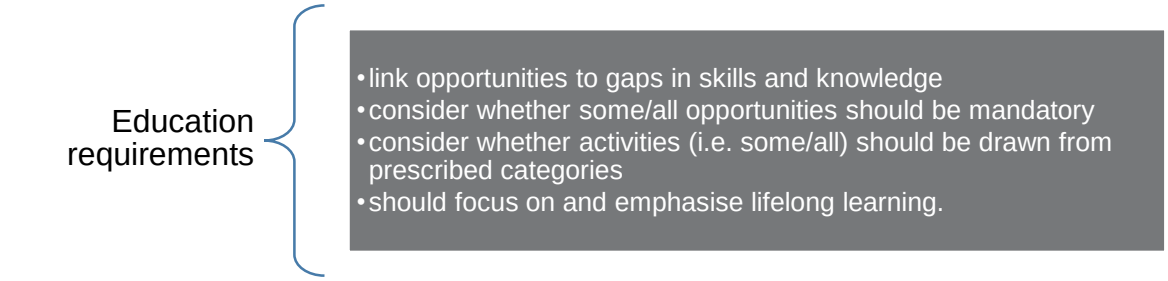
Practitioners acquire their core set of clinical/professional skills and knowledge during the completion of undergraduate and postgraduate studies.

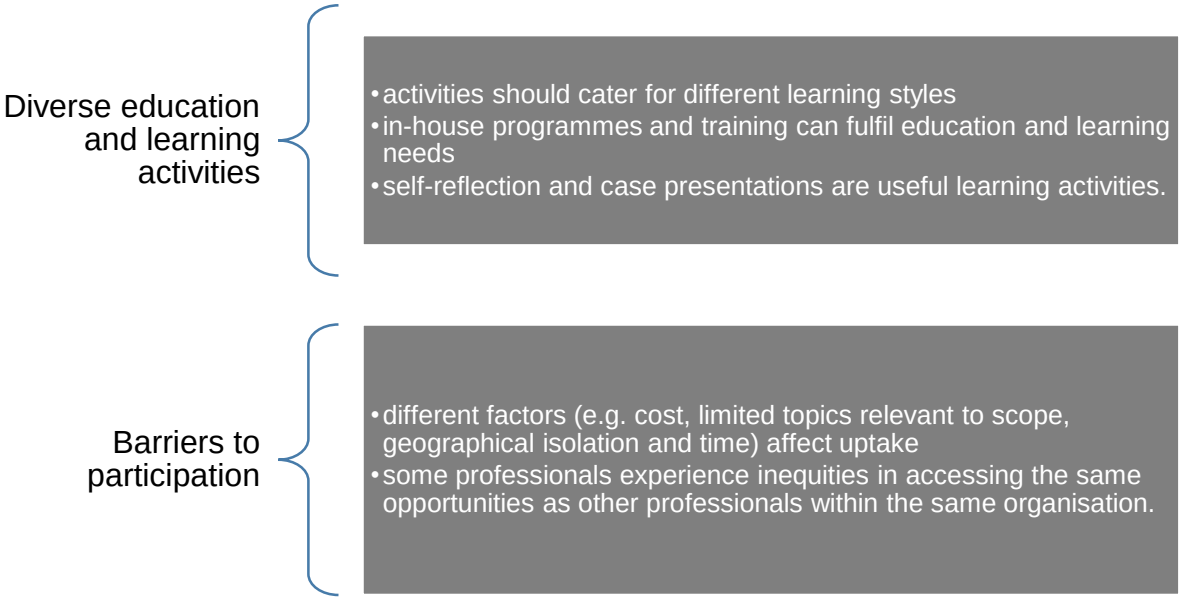
Ensuring knowledge and skills are current and relevant requires a commitment to ongoing education and learning. It also requires the pursuit of behaviours and attitude, which foster and form the basis for professionalism and ongoing competence.

Encouraging ongoing education and learning opportunities was a topic which also garnered substantial interest and comments from attendees.

Four main discussion points about education and learning opportunities emerged on the day. These were:







On the day, one attendee said:

> *Lifelong learning is about learning to know, learning to do, learning to be the best you can be for your patient, getting along and cultural awareness.*

Another attendee stated:

> *Continuing professional development (CPD) is not evidence of learning or what you get out of it.*

Another attendee said:

> *We need to reframe the way we think about education and learning opportunities.*

Where to from here

Reflecting on the main discussion points

The themes and main discussions which emerged from the symposium are diverse. While attendees engaged more intensively on some topics, on most of them, differing perspectives were expressed. An analysis of the main discussion points indicates attendees:

- overwhelmingly agreed that a change to the current approach to recertification is required
- want an approach that meets the diverse needs of practitioners across all professions
- saw value in considering a wide range of tools and mechanisms to measure, build on and improve practitioner competence.

We are only at the beginning of our review of recertification and we expect that many of these main discussion points will be raised and debated in the national conversation we will have with our practitioners, stakeholders and the wider sector.

Next steps

The symposium marked the beginning of our public conversation about recertification. The release of the discussion document will be our first opportunity to talk with all our practitioners and other stakeholders about this important project.

Opportunities for us all to engage in this conversation include:

- consultation on the discussion document
- a series of forums (to be held in main centres and regions) and webinars
- other face-to-face meetings (e.g. public consumer groups).

We expect the entire review process to take 18 months to two years (i.e. from seeking out your initial views of recertification, through to being ready to implement a revised and improved recertification framework).

We hope you (and your peers and colleagues) will continue to involve yourselves in the discussions and influence the decisions that will take place about recertification over the coming months.

Appendix 1

Dr Robin Whyman, Chair Dental Council (NZ) – opening presentation