Dental Council Consultation on Recertification

Response to (selected) consultation questions

The 'survey' format for feedback is not well suited to a submission from NZDA – it is focussed on the individual. We have answered some of the feedback questionnaire below but, in the interests of more fully and productively providing feedback, opinion and constructive ideas we have also provided a written submission and encourage Council members to give that their consideration.

Do you think the Dental Council needs to make changes to its current recertification framework?

1. There is a clear lack of a unified or proven singular direction regarding what form (if any) of recertification produces demonstrable beneficial outcomes for patients.
2. A pragmatic cautious approach and incremental change, based on evidence, is required.
3. The comprehensive and detailed material presented by the Council, contained conclusions (actual and implied) that are not supported by robust data or evidence. We can discuss this further if Council believes that is useful.
4. 'Wholesale' or significant immediate change in the current system of recertification is not required, desirable or indicated by the material presented or discussion to date.

Do you think the Dental Council should develop a risk pyramid/matrix to explain the types and levels of risk and corresponding regulatory responses

1. Dental Council is considering development of a risk pyramid / matrix model but has not demonstrated sufficient detailed data to allow the development of a robust, reliable model.
2. Natural justice requires that robust evidence supports any system that profiles and targets practitioners.
3. We believe Council is deficient in data collection and that is a significant problem. We agree within recertification risk targeting and adding more support to at-risk groups, (again it is the Associations view that effective recertification outcomes are not just about measuring compliance but about strongly encouraging activities that support the positive value set). We cannot think of a legitimate way to build a risk pyramid / matrix, at this time, without compelling evidence.
4. The philosophy of being a 'right-touch risk-based regulator' is a good one if the Council follows through on the philosophy of 'response proportionate to the risk or problem' and having a 'transparent and user-friendly system, which is fairly and consistently implemented'. We would add, this needs to be 'fiscally responsible' and as such there are significant limitations as to the depth and breadth of process achievable with any programme. There is a clear need to be pragmatic regarding limitations and significant focus on utilising limited resource where most needed and productive. That is the reality.

Do you think the Dental Council needs to equip patients and the public to recognise poor practise?

1. The Dental Council has a part to play in educating and informing the public. The focus should be on what constitutes good practice rather than the negative approach.

2. Dental Council should, in any engagement with the public, also focus on the social contract practitioners have with patients and the positive value set that dentists bring to this.

Do you think the Dental Council needs to make any other changes or improvements to the ongoing education and learning process?

1. Yes, It would be useful if the policy on Council policy on CDP was reviewed to ensure it reflects the sorts of activities that facilitate the practitioner remaining up-to-date, stimulated and engaged with the profession. The professional development (CPD) requirements of practitioners include a mix of clinical, administrative and management elements not simply a focus on 'scope of practice'.
2. The Council needs to be cognisant of the importance of the education / professional development context. Activities that involve personal interaction provide enhanced opportunities through more focused and personal engagement.

Do you think the Dental Council should change its current amount of prescribed hours and peer activities?

1. The Association strongly supports CPD as an integral part of recertification because the:
    - CPD and the collegiality derived from it are, in our view, a significant contributor to practitioner wellness and part of the foundation of protecting the public.
    - environment and emphasis the Association has placed on providing CPD has assisted in creating a dozen years of newly graduated dentists who have entered an environment of CPD that is entirely different to previous generations.
    - CPD interaction
        a. through and then after these initial 'transition to practice' programmes (mentorship and recent graduate programmes) that exposes individuals constantly to the value sets of others (especially other cohorts).
        b. maintains not just learning – but collegiality.
        c. assists assimilating the large numbers of overseas-trained registrants entering our workforce.
2. Ongoing education, professional development (in the widest sense), collegial and peer interactions are essential for practitioners. Such activities are important in safeguarding patients and practitioners by ensuring the practitioner has the opportunity to keep up-to-date, stimulated and engaged with the profession ultimately having an impact on practitioner health and wellbeing. The evidence provided by Council does not support the need to change the current hours and peer activities.
3. A wider view needs to be taken of CPD, professional development and education with consideration of the needs of practitioners new to practice and new to the NZ practicing environment (graduates and newly registered overseas trained practitioners).