



Overseas Dentists
of Indian Origin in New Zealand

September 30, 2017-09-30

Marie Warner
The Chief Executive Officer
Dental Council of New Zealand
Level 11, Kordia House
109-125 Willis Street
Wellington New Zealand

By email : recertification@dcnz.org.nz

Dear Ms Warner,

Further to the Council's invitation to provide feedback on the Recertification Review consultation, please find attached the feedback received from members of ODION NZ.

Electronically signed and sighted by :

The following members of ODION

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Recertification Review Feedback from ODION (Overseas Trained Dentists of Indian Origin)

Introduction and Background

This document is meant to represent the submission and feedback of a large group of dentists who met in Auckland on the 17th of September 2017 as a group of like minded individuals who were stakeholders in the Recertification Review currently being undertaken by the Dental Council of New Zealand. All participants at the meeting were dentists registered by the Dental Council of New Zealand who had graduated with a primary dental degree conferred by a university in India. All participants had additionally successfully passed relevant New Zealand Dental Registration Examinations conducted by the Dental Council of New Zealand and eventually registered as a General and/or a Specialist Dental Practitioner. For the purpose of ease of communication, this document hereinafter refers to this group of dentists as 'ODION' (Overseas Dentists of Indian Origin in New Zealand) and the Dental Council of New Zealand as the 'Council'.

The Council initially notified stakeholders of its intention to redraft the current Recertification standard on the 27th of June 2017 and invited stakeholders to participate in a Consultation process. Council also conducted several forums in multiple locations in New Zealand and also ran webinars to allow stakeholders to receive some information on the proposed Recertification redraft. More information with regard to Council's activities leading up to the current consultation process were posted on the Council's website. ODION has considered all available information and has arrived at a structured feedback response that is outlined in this document.

Why not use Council's feedback method?

ODION believes that Council's online survey is extremely limited as a means of providing feedback from groups. Several parts of the feedback form ask questions that restrict the quality of response that can be provided. While ODION will be making an attempt to provide feedback through the form as well, this document will be addressed to the Chair of the Council in the hope that it will be regarded as feedback. ODION also does not regard this document as confidential and is very happy to have this document available in the public domain as well.

Why not represent ourselves through the NZDA (New Zealand Dental Association)?

ODION believes that the opinion of the NZDA has already been implied through the presentation made by the CEO of the NZDA at a Recertification Symposium conducted by Council in March 2017. As a result and also because of time constraints, ODION is not confident of being adequately represented by the NZDA, although there is every intention to attempt to work with the NZDA in the future. It is interesting to note that there was never any interest in the formation of a group of this nature by any of the members of ODION. The impetus for the formation of this group is the result of the current situation that has largely been caused by Council's position on this issue and the conflict of interest it results in, between members of the profession.

Key Concerns of our group

ODION has perused all information available on the Council's website with regard to the Recertification Review and the current consultation process. Members met together and discussed various aspects of the information made available and it is currently our belief that Council's position on Recertification is flawed with regard to a number of aspects. In principle, however, ODION is very supportive of the goals of Council's review of its recertification policies and considers Council's core objectives as very laudable.

The key concerns for us however, include the following:

- The quality of data presented by Council on which the review is based
- The manner in which data is being interpreted
- The approach that the Council is taking based on its interpretation

The issue as stated by Council and as we understand it

Council has drawn upon its data from various cases/complaints in its database extending from 2004 till 2016. These cases involve the competence, conduct and health issues that have been brought before Council with regard to various dental practitioners. Council has data available from 162 cases of these, 123 cases involve dentists or dental specialists (no break up provided), over approximately the last 12 years. It is Council's contention that this data illustrates that dental practice in New Zealand is less than ideally safe. It has therefore embarked on a review of its Recertification standard, as this is Council's most effective tool to ensure the competence of the practitioners it recertifies year after year. Council is also considering employing various tools to evaluate practitioners on the basis on risk profiling, essentially generated by subjecting the data to multiple parameters for analysis.

The quality of data presented by Council

ODION recognizes that even one complaint is one too many and aiming for ZERO complaints is a target to work towards for any professional regulatory body. As a group of professionals, we are equally committed to achieving a practice environment where the average dental patient in New Zealand feels safe. However, when a professional regulatory body moves forward to assess its database and generate important inferences that it is going to base future policy on, we believe it is important that the quality of data is paramount in order to ensure that it allows for accurate and reasonable inferences. The average number of cases in the Council's database works out to approximately 10.2 (dentist or dental specialist) cases in a year. If the number of cases itself is being used as a benchmark for intervention, ODION feels that the number of cases per year is too low in terms of a sample size, given that thousands of patients are treated everyday by approximately 2800 practising dentists in New Zealand. ODION is therefore of the opinion that the sample size of the data is too small and this makes it difficult to make any reasonable inferences.

The quality of the data itself is also limited by the fact that Council is not the only recipient of all complaints. Cases are received by the Health and Disability Commissioner, the New

Zealand Dental Association, Peer Review Officers of individual NZDA branches, Complaints Officers of organisations like the Auckland Dental Association, independent local health care advocates, the Citizens' Advice Bureau and every local Disputes Tribunal in New Zealand. Several complaints are also resolved at the level of the practitioner itself. Much of this data is not shared with Council and the data that Council is basing its current review on is extremely limited.

Council's data is also a combination of several confounding issues. The cases listed by Council are a combination of competence, conduct and health issues but almost all of the tools that Council is talking about as solutions, are invariably focused on assuming that competence is suspect. No real break up has been provided of the contribution of each of these issues although some understanding has been provided of the ratio of competence issues to conduct issues.

No break up has also been provided either of the number of dental specialist and dentist issues, the nature of cases involving these classes of practitioners is very different and Council has chosen to pool the data together. Providing a break up of these cases and focusing on individual classes of practitioners would have provided better primary data. This is especially true when analysis of data is being used to make decisions with large scale, long term implications.

The manner in which data is being interpreted

Any database can provide reasonable inferences only when the right variables are thrown at the datasets involved. It is interesting to note Council's choice of variables and the conclusions that result. ODION finds it even more interesting that Council has chosen to give certain inferences more visibility than others on its reports. Of particular interest is the very first risk profile variable that Council's Chair chose to present at the Recertification Symposium in March 2017 the results generated from analysis of the data when country of origin of degree was used as a parameter. It is our firm belief that some of these choices have skewed the direction that Council's Recertification review is currently taking and that council had a significant number of alternative parameters to throw at the data set, if reasonable inferences were indeed the objective. ODION's primary concerns with regard to the manner in which the data is being interpreted are outlined below.

- The use of country of origin of degree as a parameter for risk profiling is biased at best. Council has unilaterally decided that origin of dental education is their basis of profiling complaints/cases and this creates a bias that results in a collective guilt mindset that implies that all holders of such qualifications are a risk. Collective guilt is an archaic concept at the very least and is totally unacceptable in modern society. Of interest is the fact that there are certainly examples of, what seem to be, 'positive' experiences in other countries with overseas trained practitioners see for example <http://www.reuters.com/article/us-health-medicalschool-training/us-patients-have-lower-mortality-rates-with-foreign-trained-doctors-idUSKBN1512V0>

In ODION's opinion however, this is still an example of collective thinking and should be equally discouraged. The quality of care in healthcare is ultimately down to the

competence of EACH INDIVIDUAL practitioner and that should be the only benchmark that benefit or risk should be measured against. To risk profile practitioners as groups is fundamentally flawed in terms of presumptive bias as a presumption is already being made about the quality of training from different countries.

- Cases are also being assessed by Council only in numerical terms. Very limited detail is available with regard to the 'degree of offending' or outcomes of cases. The data, in other words, is only being interpreted quantitatively, and not qualitatively. There is virtually no attempt to understand details in individual cases and evaluate the nature of the case to any degree of depth and it almost seems as if the data is only being used to substantiate a premeditated course of action.
- Any given case or complaint is also multifactorial involving cultural incompatibilities, communication issues, quality of care, and the patient's perceptions. Each case can and should be judged and processed on its own merit, and generalization typically results in a position that is similar to Council's current position. It is not correct for an organization of Council's importance to take the approach it is taking and exploit the data they have on file, to generically support a position. It is even more disappointing that Council was unwilling to make the effort to look into more specific issues that affect each case in the database and generate more practical parameters to use for analysis.
- Are these cases on record representative of individual practitioners or multiple cases involving a small number of practitioners? If the dataset is being influenced by a relatively small group of practitioners who are repeat offenders, has any effort been made to analyse whether the influence on interpretation is justified? Again, in the absence of such detail, the use of the data to substantiate a course of action becomes questionable.
- Is there a degree of bias in the manner in which the data is being interpreted? Is there no role at all for the consumer who has brought these cases to the notice of regulatory authorities? Is it possible that the average New Zealand consumer/patient is more likely to complain against an Overseas Trained Dentist as a result of a biased perception of the quality of care and that the data is therefore reflective of this bias? Council should evaluate the dataset on the basis of the complainant as well, if any understanding of this bias is regarded as necessary.
- Council's Chair has repeatedly acknowledged in multiple forums and webinars that similar data (higher percentage of complaints v/s locally trained dentists) is available about New Zealand trained dentists working in other countries. Is the New Zealand data really then a quality of training or competence issue that results in the profiling of an Overseas Trained Dentist as a risk, when training at the University of Otago that Council regards as resulting in a competent practitioner, is being called into question in other countries? Is it possible that this is really a cultural or mindset gap issue that affects any Overseas Trained Dentist in any cross cultural situation and not a quality of training issue at all?
- Council's Chair has also repeatedly acknowledged in various roadshow forums that all new graduates from the University of Otago are at higher risk of being involved in a complaint during their first 5 years of practice. At some roadshows, this was also clarified as being the result of their entry into poor practice environments after graduation. Why has there never been any acknowledgement of a similar situation with Overseas Trained Dentists? Many Overseas Trained Dentists enter employment situations in their early years that are far from ideal as well, compelled by the same market forces that affect Otago trained graduates. There is no interpretation of the data providing any degree of detail on whether cases with regard to Overseas Trained Dentists are related to earlier years of

practice or certain practice environments that are identical to the ones that affect Otago trained dentists.

The data that Council has in its possession needs to be assessed with far more reliable, non judgmental, useful and sensible parameters, if any useful inferences can be drawn.

The approach that Council is taking

Given questions about the quality and interpretation of available data, the approach that Council is taking with regard to a Recertification Review is highly questionable according to ODION. The current approach has several undesirable consequences.

- To start with, Council is segregating dentists based on origin of degree. This comes very close to direct or indirect discrimination that is laying 'collective guilt' upon a group of practitioners. It is ODION's belief that this approach is extremely unfair and unjustified. All Overseas Trained Dentists in New Zealand have already met standards laid out by Council. Having met those standards, it is their right to be recognized as being at par with locally trained dentists. It is up to the Council to have laid down the correct standards to have been met when each of these dentists was assessed by examination or eligibility in the first place, but it is certainly unjustified to summon those standards into review today or in any way make them the basis for a different recertification approach.
- Council has also perhaps not considered the effect of making its interpretation of data available in the public domain even before any further progress has been made. A patient who views the data is only likely to view Overseas Trained Dentists in a poor light as extremely limited data has been presented to support Council's position. There is also an increased likelihood that the average patient will choose to progress a complaint against an Overseas Trained Dentist, something that ODION already believes is the case.
- Council's position on Overseas Trained Dentists has also already resulted in a substantial professional divide in a profession that at least enjoyed a delicate camaraderie. At several meetings where the Recertification review was presented at roadshows around the country, there were signs of this professional divide with at least a few local practitioners agreeing with Council's populist position, as can only be expected. It is also true however that several local practitioners see this approach for what it is, a divisive and miscalculated position.
- At some point, it would also not be surprising to see the media become involved and run a story as Council's position makes for good media fodder. The financial and psychological implications of a fallout against Overseas Trained Dentists could well be major, especially if the media viewed this from a biased position as well. Council's 'name and shame' approach could have a serious impact in such a situation.
- It is also very disheartening to see that Council is taking a punitive rather than supportive approach. There has been much attention drawn to Council's options with Section 41 of the HPCA Act 2003 and the interpretation of this part of the Act that deals with Recertification. There is certainly implied interpretation of 'class or classes' of practitioners to start to mean various risk profile groups that Council is now starting to identify and there is also some implication of the use of punitive techniques such as examinations. While there is no clarity on Council's final approach once they profile risk

groups with their 'guilty until proven innocent' approach, it is ODION's position that 'classes' of practitioners was never originally meant to be used in the current context that Council is choosing to use it in. ODION strongly believes that this word was used to distinguish between general dentists, specialists, hygienists, therapists and other groups of practitioners that Council regulates.

- Council's approach of risk profiling can also significantly erode existing and future dentist practitioner relationships because of pre judgement and poor trust between the patient and their practitioner. Dentistry, like any other healthcare discipline, has its share of unexpected outcomes and all of these are not necessarily reflective of practitioner competence. An erosion of trust and pre judgement is definitely going to result in an avalanche of cases that Council's limited resources will be unable to cope with as well. Eventually, this is bound to translate into greater costs for registration and disciplinary levies.
- Council's current position and the risk profiling of practitioners can also result in pre judged competence reviews or examination/assessment when Council reviews the competence of an individual practitioner and the practitioner could also lose faith in the system. It is extremely important that any recertification framework that incorporates competence review/assessment/examination, view all practitioners on an equal footing and never hold a position that pre judges a practitioner.
- The original examinations that were used to assess the suitability for registration of Overseas Trained Dentists, the NZDREX examinations, were formulated and administered by faculty from the University of Otago. These experienced University educators created a very fair and rigorous system of evaluation that genuinely served to assess the competence of an applicant and did a very credible job. To call these examinations into question today is an interesting position that questions the credibility of these educators, especially given that the same educators essentially certify local practitioners as competent to practice as well. It underscores the position that ODION holds, that competence is less of an issue with cases on Council's database and that there are other issues that are key drivers, such as cross cultural problems and communication issues.
- Finally, it is truly sad to see the current direction that Council is taking because it undermines the very reasons several Overseas Trained Dentists (and indeed other professionals) came to New Zealand for. What are the rights of Overseas Dentists in terms of the fact that they met the standards that were demanded of them when they came to this country, became useful members of society, made large investments in business, offered employment to thousands of New Zealanders in what is essentially a reasonably stable employment sector, contributed millions of dollars to the tax that helps run this country, made contributions to several aspects of dentistry itself in terms of professional associations, contributed to continuing dental education as educators or facilitators and generally conducted themselves as responsible citizens that any modern society country would be proud to receive as immigrants? Council really needs to take on a position that can be viewed by this group of dental professionals as being supportive of why they were allowed to come to New Zealand in the first place to provide much needed professional services to the New Zealand patient. Council's current attitude instead seems to suggest that these practitioners have reached their 'use by date' and that somehow, overseas dental professionals currently in New Zealand, are no longer welcome.

Solutions and tools that we suggest for Council's consideration

- Firstly, ODION would like to request that Council consider restricting the availability of details of the recertification review in the public domain because of the consequences that have been outlined elsewhere in this document. ODION does recognize that the Council is a public body and represents the New Zealand public at large, but the availability of questionable data with equally questionable interpretations in the public domain, fails to serve any purpose in the interim while the review is being undertaken.
- Very few dentists today actually practice what they learnt in dental schools. A large percentage of dentists who practice today did not work with composites or ceramics in school, use lasers, provide fixed orthodontics, place implants, treat pulpally involved molar teeth, plan full mouth occlusal rehabilitations for worn dentitions, sedate anxious patients or extract teeth surgically. Much of their knowledge has been acquired through good verifiable CPD and they have built on the knowledge and proficiency they have gained in their respective dental schools. This pattern is also true of virtually every industry whether it be engineering, healthcare or the trades. Skill revalidation is however totally unknown because there is a justified reliability on the quality of CPD and the quality of foundational education. To call foundational education into question by using punitive techniques such as an examination however demoralizes the dental profession and places a question mark on individual futures. To justify this on the basis that patient safety is paramount, exposes the profession to a future where investment will be cautious and the practice of dentistry will become defensive, legalistic and even more expensive. Quite likely, many members of the profession would sell out to corporate dentistry in such an environment and cut their own risk in what is already an overregulated profession. Is that really going to result in the 'ideal, safe, patient focused practice environment' we are seeking to create or preserve? Instead, various professional bodies, associations, and CPD providers could be offered the opportunity to administer CPD based assessments that test professional understanding after a CPD event. These assessments could take the form of Multiple Choice Questions or other similar formats that can be delivered with ease. Failure to pass these assessments could result in withholding of CPD points and this would form an incentive to change current practitioner attitudes to CPD.
- Council could also recommend mandatory Mentorship programs for Overseas Trained Dentists and recognize groups such as ODION to facilitate such mentorship. A period of mentorship could also be made mandatory for registration with a period of provisional registration that would eventually result in final registration after an applicant has met all criteria. DHBs could also be involved in this period of provisional registration as they are often multi practitioner environments that can provide a suitable environment to mentor a practitioner.
- ODION also suggests that Council create a supportive environment for an individual practitioner to approach Council when a pattern of poor care is being observed from another individual practitioner. The current environment is far too punitive with many practitioners being fearful of outcomes.
- ODION also suggests that Council create a very supportive forum/portal for a practitioner to self declare issues or seek assistance, especially in a health or competence related situation. Again, the current environment is more fear generating and Council's new approach to recertification is only going to serve to alienate practitioners further.

- Council could also formally recognize the ability/need for groups like ODION to conduct workshops to facilitate transition of Overseas Trained Dentists into the New Zealand environment. Such workshops could help to enhance understanding of systems in New Zealand healthcare and educate Overseas Trained Dentists to overcome cross cultural and/or communication issues.
- Council should also consider encouraging self invited peer audits for practitioner compliance and make these mandatory. Auditors could be held accountable as well to ensure that the system is fair and compliant. Such audits can be made mandatory with regard to a timeframe, possibly every 5 years. An additional advantage would be that such audits would not burden Council's resources.
- Council could also consider inviting a senior long standing Overseas Trained Dentist of reputation to sit on Council. This would actually provide representation for a very large professional group in New Zealand and allow Council to become more familiar with the issues that matter.
- Council could also seriously consider instituting an Advanced Standing study program at the University of Otago for Overseas Trained Dentists who don't pass peer audits despite repeated attempts that give them an opportunity to implement recommendations (rather than resitting an examination). Indeed, it is perhaps time to consider a mandatory Advanced Standing study program for new Overseas Trained Dentists who wish to relocate to New Zealand. This approach is common in countries like the United States and provides an opportunity to provide Overseas Trained Dentists with a credible opportunity to understand healthcare systems in New Zealand.
- Council could also encourage Overseas Trained Dentists to seek additional part time education, such as the PGDipClinDent at the University of Otago, especially with regard to areas of advanced practice that they have experienced competence issues with, such as Endodontics, Implantology, Orthodontics or Cosmetic Dentistry.
- Council should also seek data from at least other government and supportive organisations like the Health and Disability Commissioner and the New Zealand Dental Association and develop the database, to actually be able to draw more realistic inferences. Data sought could be anonymous but could provide details that enable a better understanding of the issues that matter.

Conclusion

Council has often taken the view that its current position is well illustrated by the analogy of fencing the cliff rather than having an ambulance parked at the bottom of the cliff. A detailed understanding of Council's position however seems to suggest that the ambulance is being moved to the top of the cliff. ODION requests Council to reconsider its current position and direction and embrace the possibility that over regulation of the profession can only result in a higher cost of defensive care that ends up being transferred to the very patient that we are all trying to protect. As a group, ODION means well and genuinely wants to work with Council to achieve the right goals for the profession and public. We sincerely believe that divorcing the interests of one from the other is not an approach that benefits either.