



Overseas Dentists  
of Indian Origin in New Zealand

October 25, 2018

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](mailto:recertification@dcnz.org.nz)

Dear Ms Warner,

Further to the Council's invitation to provide feedback on the Recertification Review consultation Phase 2, please find below the collective feedback from members of ODION NZ.

Best regards

Team ODION

## **ODION response to the Dental Council of New Zealand's Recertification Consultation Phase Two**

The members of ODION collectively reviewed the second phase of the recertification document recently circulated by the Dental Council of New Zealand. Most of ODION's members also participated in live, webinar and recorded session presentations across the country. The following constitutes ODION's collective opinion and feedback to the Dental Council.

### **In retrospect**

The Dental Council released Phase 1 of its consultation last year. ODION was formed partly in response to that consultation and provided extensive feedback that is now on record. The Council's Chair and CEO subsequently met with ODION's representatives in Auckland and discussed some of the issues at hand. Subsequent to this meeting, ODION sought clarification on some issues of continued concern in an email dated April 29, 2018. Sadly, a response has not been forthcoming from the Dental Council and some of these issues continue to remain concerns for ODION. Notwithstanding that, ODION is glad to see a move away from some of the issues that were the focus of Phase One.

### **Phase two of the consultation process**

Dental Council released a Phase Two consultation document on August 13, 2018. ODION's feedback was sought by the Dental Council in response to this document. We would like to present our feedback to this Phase 2 recertification consultation document as a whole and then focus on various individual areas of change proposed by the Dental Council.

### **General concerns**

ODION welcomes the Dental Council's willingness to engage with the profession and seek feedback on this important policy that affects the profession considerably. We cannot help feeling however that the Dental Council's policy on recertification continues to be based on extremely limited data. This issue was raised by ODION and several other organisations and individuals during Phase One, but it has not seemed to matter. This extensive exercise continues to be supported by a very limited complaint base that does not justify the need for so much change, expense and introspection. The Dental Council constantly justifies this on the basis of ensuring public safety but there is little evidence to suggest that the public are unsafe and there is no clarity with regard to scientific evidence that is directly relevant to this policy either. There is also very limited data about the specific direction that the Dental Council intends to move forward in; for instance, there is lack of clarity about peers, examples of similar regulation from overseas that have anything to do with the New Zealand context, lack of evidence to show that this new approach will be any better than what is currently in place or any clear understanding of what the cost to the profession for this bureaucratic approach is going to be.

Nevertheless, ODION's members deliberated extensively on individual areas that the Dental Council has chosen to focus on in their new consultation document and the feedback below is categorised accordingly.

#### **Area One :**

This area focusses primarily on continued professional development and seeks to move away from the current point based system. The new system intends to be based on an individual dentist's assessment of his development needs and evolution of a professional development plan (PDP), identification of professional development activities in line with the plan (PDAs) and interaction with a peer who attests to the development of a plan and its execution to ensure achievement of intended objectives within a timeframe. ODION has several issues with Council's current suggestion and strongly feels that the existing system, although not perfect, is a much better one.

Every dentist already undertakes continuing professional development to meet CPD requirements. Most dentists also engage in consistent peer contact in the process of meeting these requirements. Monthly branch meetings, conferences, courses/workshops, webinars and in/out of practice interactive meetings have commonly been the mainstay of professional peer contact, review and development. The NZDA also plays a very effective role in screening the quality and content of various activities for verifiable CPD and further verifies attendance and maintains a record. This in itself constitutes a robust system that has worked effectively and efficiently for years. There are admittedly shortfalls in this system, but Council's suggested pathway may not result in a more effective, verifiable mechanism for professional development.

There is certainly merit in the development of a professional development plan (PDP) and a focus on annual achievement of such a plan or part thereof. There is also merit in moving away from a 4 yearly to a shorter cycle that ensures more consistent professional development and peer interaction. But to suggest that the NZDA is replaced by individual peer attestation may actually amount to a dilution of the mechanism and more isolation. The NZDA could instead appoint a recertification officer who receives member PDPs and keeps a record of an individual professional's pathway to achievement of his/her PDP. This would continue to foster a larger level of peer interaction and achieve objectives far more effectively.

It is also important to consider that continuing education activities (or what the Dental Council calls PDAs) are rarely announced more than 6-8 months in advance. This is only reasonable considering the timeframe that various entities need to market any activity. Is it practical to develop a long term PDP when a practitioner has little or no idea what is going to be available in the future?

The Dental Council also needs to consider that there may be life changes in a professional's calendar year that affect the undertaking of sufficient PDAs to achieve their PDP. There must be some allowance made to carry over any such activities into the next annual cycle, if necessary. Having a point based system does help in quantification in such situations as well. It is also essential to maintain a system of points because these were always intended as a

minimum benchmark. The removal of a benchmark would only result in ambiguity that is called to question only when a review of a practitioner is undertaken.

There is also no clarity with regard to what constitutes a good PDP. There are no defined criteria for the evolution of a PDP nor are there any criteria for 'reflection' on whether a given PDP has benefitted a practitioner. A structured NZDA based PDP questionnaire that helps development of a plan and a structured NZDA based reflection document would further enhance documentation of individual professional development that would become a matter of record.

It is certainly impractical as well to have a single peer judge a practitioner's PDP or PDAs. Peers vary widely in terms of philosophy of care, familiarity with current concepts, conflicts of interest and peer evaluation skills. Is it realistic to assume that every practitioner is the product of one peer's involvement when in reality every practitioner actually has several peers who have influenced his own professional attitude and ethic? Dentistry in New Zealand is essentially a small business operation that already places a substantial stress on the dental professional in the absence of governmental funding and very limited dental insurance. To place the onus of peer attestation on the profession would place additional stress on the dental professional and only promote a 'buddy' culture that would result in professional isolation. The NZDA is far better placed to play this role and ensure that any shortfalls in the current system are addressed. Individual practitioners also do not necessarily have peer review skills. There would also be a chaotic loss of consistency across the country in the quality of peer review if it were to be individual based. Several other issues such as conflict of interest, competition, differences in philosophies of care and fear of becoming legally responsible for another professional's PDP/PDAs attestation are also issues that the Dental Council needs to take into account.

ODION's suggestion therefore is to incorporate the idea of a PDP and PDAs but with the NZDA as the peer certification body rather than individual peers. It would be unwise to undermine the role of the country's professional dental association especially when it is also the largest continuing education provider.

## **Area Two :**

ODION is supportive of Council's proposal to institute a mandatory 2 year mentoring program for new graduates/overseas dentists with a focus on core subjects, to assist transition into mainstream dental practice. We are however skeptical about the plethora of problems that would crop up in finding a mentor for so many graduates and overseas dentists for such a timeframe. There is lack of clarity with regard to criteria for a mentor and the professional compensation of his/her time for such an onerous task. It is perhaps more effective to incorporate such a suggestion into the curriculum at university level and possibly mandate the undertaking of a transition program at university or health board level for an overseas dentist. This would result in a more consistent standard being met rather than the variation that individual mentorship would result in.

**Area Three :**

ODION is not supportive of Council's approach towards this aspect of the recertification consultation that involves an eye check up every two years. Dental practitioners are fully cognizant of changes in their visual acuity as they age and many practitioners use visual aids such as glasses, loupes, microscopes and illumination. To ask the profession to subject itself to a check up that has no known parallel in any other profession in New Zealand amounts to a mistrust of the professions' own desire to render the best quality of care.

**Area Four :**

ODION has no objection to the Dental Council's path of suggested management for recurring non compliant practitioner behavior. It is in fact ODION's collective opinion that the Dental Council's efforts are best focused in this area as this would genuinely contribute to public safety.

**Conclusion**

This entire recertification policy consultation has been a major point of distress for the dental profession in New Zealand. ODION represents a small percentage of such practitioners. There however seems to be enough common ground with other members of other organisations and the common opinion is fairly similar.

This consultation seems to be no more than a bureaucratic exercise to justify a path of regulatory embellishment that can only further stress an already stressed profession. To justify it with a constant appeal to public safety based on very limited complaint data in the first place, is a disservice to the dental profession that cares as much about the public it treats. At some point, the Dental Council needs to accept the fact that it is in the interest of public safety, to foster a fair environment for the dental profession. The interests of the profession and the public are not necessarily in conflict, indeed both need the other. But a bureaucratic approach to recertification is only going to add to the cost of dental practice and this is going to end up being transferred to the public. There is unfortunately very little in the present Phase 2 recertification consultation document that suggests that public safety is in any way going to be enhanced in the hands of a dental professional in New Zealand.