

Re-certification submission

1. What, if anything, do you like about our proposed core recertification programme?

I support practitioner reflection and self-assessment. I hope that these measures will produce a greater understanding of the DCNZ codes of compliance. I also support for the concept of online annual or biannual review. I acknowledge the importance of peer relationships to support professional development. I support the proposed measures which encourage peer contact to counteract professional isolation.

2. Is there anything about our proposed core recertification programme you would change? Please explain.

*The DCNZ proposal on recertification mentions that review of other recertification of other professional bodies including the Medical Board of Australia and the **Occupational Therapy** Board of New Zealand. From the proposal documents it seems that **few dental professional organisations** were reviewed so I am concerned that the proposals are not be aligned with the recertification processes of international **dental** professional regulatory bodies.*

I believe that most practitioners already actively engage with peer support and appropriate continuing professional development (CPD) activities and these same practitioners are likely to comply with the new proposals. However I am concerned that at-risk practitioners may continue not to comply with DCNZ requirements. Therefore I am concerned that the proposed changes will increase the paperwork compliance for practitioners who already are performing well, but will have no impact on identifying questionable practitioners. The DCNZ records suggest that poor practitioners currently make up approximately 5% of all dental practitioners and these practitioners are unlikely to be capable of self- reflection of their own abilities. Therefore, I feel it is unlikely the proposed re-certification changes will improve their behaviour or their compliance with DCNZ standards.

Concerns have also been raised about the way practitioners would select appropriate professional peers. It has been suggested the dentists who practice 'fringe' dentistry will select peers who also practice 'fringe' dentistry which may be of little benefit to the general public. We wish to know whether the DCNZ will have guidelines on who may be an appropriate 'professional peer'? Will a history of having upheld DCNZ complaints or restraint of practice be reasons for exclusion from becoming a professional peer?

Professional peer support alone is not enough to change practitioner behaviour and improve outcomes for patients. It is unclear from the proposal to what extent the peer practitioner will be responsible for their peer if they fail to comply with DCNZ regulations. Concern has been expressed that responsibility must remain with each practitioner to comply with DCNZ regulations and the onus should not shift to professional peers to ensure practitioners are in fact competent. I believe that true competence can only be assessed by assessing the quality of a practitioner's work. Therefore the role of the DCNZ in acting on practitioner competency issues remains key to improving patient outcomes. To this end is it essential that DCNZ is able to

investigate and act upon complaints from patients and fellow practitioners into poor practitioner performance. Information on the ways in which the DCNZ will improve their investigative processes or increase their powers to act to protect patients from poor practitioner performance has not been included as part of the re-certification information

Therefore, I have fears that the proposed changes will not bring about the desired changes of earlier identification of poor practitioner performance to enable action to help those at-risk practitioners improve patient outcomes.

I feel strongly that any changes in the recertification process for dental practitioners should be accompanied by changes within the HPC Act which will enable the DCNZ to act in a timely manner to investigate poor practitioner performance and act to encourage improved compliance with DCNZ standards. If this does not occur the proposed changes are likely to result in significant extra work for the majority of the practitioners who perform well, are actively engage with continuing education and peer contact.

3. Do you support our proposal to change the recertification cycle to 12 months? Please explain.

I support for a 24 month than annual cycle for completion of the recertification exercises. This enables more time to complete the proposed recertification exercises.

4. Do you think our proposed core recertification programme should include a requirement for practitioners to complete an online open-book assessment of their technical and clinical knowledge and skills? Please explain.

I support online assessment of knowledge of the DCNZ Standards and Codes. However I would like further information as to the manner in which this could be implemented before full support can be given for this option. It is unclear from the supplied information how onerous the suggested online assessment would be to complete.

5. If a proposal about an online open-book assessment of a practitioner's technical and clinical skills and knowledge is supported, how often should practitioners be required to complete an assessment (i.e. annually, every two, three, four, or five years)? Please explain.

As per the answer to question 5 further information is required about the format of the proposed online assessment. However a biannual assessment is unlikely to be seen as too onerous for practitioners.

6. Do you have other proposals about our proposed core recertification programme you would like us to consider? Please explain.

As stated previously we would like to see concurrent changes to the Act to enable the DCNZ to act in an appropriate and timely manner to protect the public from poor practitioner performance.

7. What, if anything, do you like about our draft proposals for supporting new registrants?

The NZDA Mentoring programme for new graduates has been shown to have real benefits to new graduates and I support this programme. I would support a similar programme to provide mentorship and support new graduates as part of the DCNZ APC recertification process.

8. Is there anything about the draft proposals for supporting new registrants you would change? Please explain.

I am concerned about whether adequate numbers of appropriate mentors will be found for all new graduates including newly registered overseas graduates. Also, mentorship is associated with significant costs. Currently the NZDA new graduate mentorship programme is subsidised by the NZDA, however there are limits to the costs which the NZDA is able to absorb. Therefore I am concerned about how a mentorship programme would be funded.

9. Do you think the proposed two year minimum period for the mentoring relationship is too short, too long, or just right? Please explain.

The current NZDA new graduate mentorship programme is for two years and appears to work very well. Therefore I support a two-year new graduate mentorship programme.

10. Do you think all new registrants should participate in a mentoring programme, or are there some new registrants who should not be required to participate in a mentoring programme?

11. Do you have other proposals about supporting new registrants you would like us to consider? Please explain.

I need to be confident that the Dental graduates coming through the Otago School of Dentistry have actually achieved the competence required before being allowed to graduate and treat the general public. The pressure of high student numbers combined with students paying high fees does raise the question about how much pressure the university is placed under to pass students? Is the DCNZ completely confident that standards have been retained? Does the DCNZ have any ability to discuss with the Dental School those recent graduates who have been found to be non-compliant or subject to complaints? It is important that the Dental School are made aware of students whom they have graduated who then fail to deliver adequate care to the public within a few years of graduation.

12. What, if anything, do you like about our draft proposals for addressing health-related competence decline concerns?

In general, I accept that health issues and age-related health issues may impact on practitioners' competence and fitness to practise. Many practitioners take measures

to address them. I support the concept of exploring how health generally and age-related health issue affects practitioner competence and appropriate ways of addressing these within the recertification process. However, currently we have not been supplied with enough information to discuss further how these issues could or should be addressed within the recertification framework. Therefore I have not made any specific recommendations in this section.

15. What, if anything, do you like about our draft proposals for addressing recurring noncompliant practitioner behaviours?

I am very supportive of the draft proposals for addressing non-compliant practitioner behaviour.

16. Is there anything about the draft proposals for addressing recurring non-compliant practitioner behaviours you would change? Please explain.

It is unclear how these proposals will differ from the DCNZ current practice. I fear that unless the DCNZ actually has powers to act on complaints and does act in a timely manner then these proposed changes will not change outcomes for patients and will not prevent incompetent practitioners from continuing to work. Therefore I suggest that alongside these proposed changes that the NZDC has some improved power to act on complaints from the public, fellow practitioners and specialists to address recurring non-compliant behaviours.

17. Do you have other proposals for addressing recurring non-compliant practitioner behaviours you would like us to consider? Please explain.

As discussed previously, progress in dealing with non-compliant practitioner may only be made when the DCNZ has the ability to adequately investigate non-complaint practitioners and address in a timely manner non-compliant behaviours. Therefore it is suggested that any effective proposals are likely to require changes to the rules around how the DCNZ can act and are likely to be beyond the recertification of dental practitioners as discussed within the consultation documents.