

Page 2: Information about the person or organisation completing this submission

Q1 This submission was completed by:

Name

Angus Campbell

Q2 Are you making this submission

as a registered practitioner

Q3 Please tell us which part of the sector your submission represents

a registered dentist or dental specialist

Other (please specify):

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Page 3: Area one: new core recertification programme

Q4 What, if anything, do you like about our proposed core recertification programme?

Our profession agrees that we have to show competence and good conduct. Nothing in the proposal proves competence nor good conduct. Having an eye test over 40 every two years for those over 40 is prudent (anyway). Tightening up on non compliant practitioners is expected.

Q5 Is there anything about our proposed core recertification programme you would change?

Yes,

Please explain.:

I think it is a big mistake by the DCNZ to go down this avenue... there is so much at fault with the concept I would change most of it. If the process goes ahead regardless of this consultation process, then at very least keep the current CPD requirements. The proposed changes to recertification will be a backward step for our profession in New Zealand and will undo a lot of the collegiality and framework of interactions we have with our wider peer network, undo the framework verified education we have in place and even lead to the possibility of more isolation for some. It will add extra layers of compliance, which in itself adds more stress to an already stressful career (especially for the young dentists), and will increase the workload of

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the DCNZ (with the number of special exemptions that will be requested every year, as this is a yearly cycle). The Attestations and reviews will not be seen by the DCNZ (but must be kept for 8 years) until a complaint or audit is carried out, which means the DCNZ mostly will not know at all if dentists are currently competent or having good conduct (apart from the complaints etc). The DCNZ is wanting to go away from a CPD point system saying (at the forum) “even if you have 800 points, it doesn’t mean a dentist is competent”. Having 100 or 800 verified contact CPD points does show the dentist is not isolated which appears to be a significant continual point raised at the recertification forum. When requirements for CPD points were increased, it greatly increased the numbers of dentists attending branch meetings and day courses and conferences. Isolated dentists were basically forced to engage with their peers (many peers). The DCNZ want us to forget about a focus on CPD points and select a peer that includes the action of; “Setting out the details of guidance and assistance they have to provide to their practitioner” “Stating whether their practitioner achieved their learning objectives to a satisfactory standard and/or providing an explanation if these objectives were not achieved” At the forum it was noted that dentists may have many peers to review them (“as many as you like”) • Many dentists will feel very uncomfortable and stressed in making such statements about a peer(s). This stress is negative for our profession (and individual’s wellbeing). Dentist do not readily have the skills to provide such guidance and assessment which include qualifying statements of achievement. • Assessing if a learning standard has been achieved (by a reviewing dentist) is fraught with different philosophy’s and ideologies and subjectivity. • Once a dentist declares an attestation to be true, the attestation becomes a legal document. Providing false, misleading, incorrect or inconsistent information, and then declaring it to be true is considered misconduct by the DCNZ. Declaring a dentist has reached a “standard” in any part of their professional life is an “influencing statement” and thus legal statement. • This declaration, if seen in an unreasonable light by the reviewed dentist, may indeed lead to conflict between dentists, mistrust, and even potentially legal action between dentists. • If a patient is taking legal redress against a dentist, and the peer reviewing dentist has “declared” the dentist to have had an acceptable standard of learning in that discipline, that potentially opens up legal redress against the reviewing dentist also. • Dentists will be resistant to opening up to peers about their “inadequacies” because their reviewing peer(s) basically has a comment pathway to the DCNZ, which will mean dentists will be more reluctant to openly discuss their inadequacies in their wider network also. This potential “closedown” of open communication is exactly the opposite of what the DCNZ is trying to achieve. Enabling peer contact through the variety of CPD events (branch

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peer contact through the variety of CPD events (branch meetings, conferences) and encouraging dentists to get to know each other professionally and socially is significantly important for open honest professional talk amongst our peers, and is far more valuable than just having one peer supposedly assessing you and writing a declaration. • Having dentists forced (CPD) to “engage” with peers, many peers; (not just a reviewing peer and a couple of sessions watching another practitioner work with a PDP course thrown in) and gain strong bonds of collegiality is very healthy for the profession. It helps dentists feel they “belong” to something greater than just themselves (and their review peer), increases enthusiasm (enthusiasm is contagious) prevents isolation and increases wellness (which leads to happier, more content, more energetic, less isolated, more competent dentists). The proposed changes will not help dentists “engage” as the DCNZ promotes less value on CPD. • At the Forum, it was mentioned that instead of CPD numbers, a Professional development plan has to be written. It was mentioned that in order to satisfy the plan, dentists could go to a course on the subject in the plan or perhaps go to a local dentist or specialist and watch for a day (a surgeon or periodontist or another dentist). As long as the reviewing dentist is satisfied, it can be declared that the standard was met. The focus will unfortunately be on fewer courses; only courses on the professional development plan are required, this will reduce the need to go to branch meetings and conferences (to get CPD points) and will degrade the systems in place for learning in our profession. It will be sad to see fewer dentists meeting at branch meetings and conferences (as they don't need to due to their individual plan). This will have the opposite effect of what the DCNZ is seeking with the proposed changes. • Dentists will be able to meet the requirements (as seen by their reviewing peer) of their professional development plan by attending workshops or other dental surgeries with absolutely no control over the verification of the material being scientifically or evidence based. This does not help determine if a practitioner is competent. It may even have the opposite effect and lead to practitioners practicing more marketable, but non evidence based practice. (remembering that the reviewing peer has no trained skills in peer review!)

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Q6 Do you support our proposal to change the recertification cycle to 12 months?

No,

Please explain.:

Having the recertification every year will take a significant effort for dentists and managing to keep continuity will be difficult for many. There are many aspects of life that may impact on any particular year, such as sickness, injury, pregnancy, changing locations, changing practices, and caregiving. I expect the DCNZ will have a work load dealing with exemptions and granting them.

Q7 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?

No,

Please explain.:

This topic regarding technical assessment is not in the recertification document and wasn't discussed at the forum I attended in Hamilton. I think it is more in-line with the DCNZ to have an open book assessment of codes of compliance rather than subjective technical examinations. Having the DCNZ offer examinations on technical dentistry will open up a world of controversy and challenge of the answers expected. There are many different philosophies of treatment, many differing techniques and to have a lucky dip of questions or topics in any one year will not increase the ability of the DCNZ to determine if a practitioner is competent. I feel this would be a huge time and resource waster for the DCNZ, and it's resources could be utilized more effectively elsewhere.

Q8 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?

Every three years ,

Please explain.:

I don't agree with the technical assessment.

Q9 Do you have other proposals about our proposed core recertification programme you would like us to consider? Please explain.

I would keep the CPD system to help reduce isolation, but I would suggest dentists could belong to organised "registered (with the DCNZ or via NZDA...on the website) study groups.... small groups where every member has to give a presentation to the other members once a year. So if the group got together 5 times a year, it would have five members. Minutes and activities would be documented for each meeting. This could be done by FaceTime or Skype for more rural areas.

Page 4: Area two: support for new registrants

Q10 What, if anything, do you like about our draft proposals for supporting new registrants?

The concept of mentoring is of course sensible

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Q11 Is there anything about the draft proposals for supporting new registrants you would change?

Yes,

Please explain.:

Mandatory two year mentoring is going to be very difficult. Mentoring is important as we know and it has been emphasised by the NZDA. Just saying that this is agreed and will be challenging at the forum doesn't address the process. It is already difficult to get mentors and there will need to be significant numbers each and every year. "Mandatory" is a highly enforceable word to use when the DCNZ will give no input nor resources offered. This will put a significant amount of stress on a practitioner that has difficulty getting a mentor. This needs to be lightened to "Recommended" and definitely needs to be reduced to one year. Any further mentoring is up to the practitioners involved.

Q12 Do you think the proposed two year minimum period for the mentoring relationship is:

**too ,
long**

Please explain.:

Explained in previous question

Q13 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?

No,

Please explain.:

There are some highly skilled dentists (and specialists) migrating to NZ that, upon passing entrance examinations, do not need mentors.

Q14 Do you have other proposals about supporting new registrants you would like us to consider? Please explain.

Respondent skipped this question

Page 5: Area three: addressing health-related competence decline concerns

Q15 What, if anything, do you like about our draft proposals for addressing health-related competence decline concerns?

The eye test is acceptable as being normal, but I would lower that age to 25.

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Q16 Is there anything about the draft proposals for addressing health-related competence decline concerns you would change?

Yes,

Please explain.:

Some of the most clever, talented, enthusiastic, ethical, and experienced dentists I know are over 60 years old. I find this tantamount to ageism. Older dentists know their limits far better than any age group, due to their experience. It's interesting that the DCNZ want and trust experienced dentists to provide peer review, and experienced dentists to provide mentoring, but the DCNZ has to promote this recertification in order to assess if these very dentists are competent to perform dentistry, and now points the finger at older dentists as a major problem.

Q17 Do you have other proposals for addressing health-related competence decline concerns you would like us to consider? Please explain.

Health related performance issues should not be age related, but across all age groups.

Page 6: Area four: addressing recurring non-compliant practitioner behaviours

Q18 What, if anything, do you like about our draft proposals for addressing recurring non-compliant practitioner behaviours?

That is the role of the DCNZ.

Q19 Is there anything about the draft proposals for addressing recurring non-compliant practitioner behaviours you would change?

No

Q20 Do you have other proposals for addressing recurring non-compliant practitioner behaviours you would like us to consider? Please explain.

Respondent skipped this question

Page 7: Final thoughts and comments

Q21 Do you have any other comments, suggestions or information you want to share with us about the draft proposals for improving our approach to recertification?

There seemed to be absolutely no connection, or "thread" from the first draft to the second draft. It is very hard to see a growth of concept.

There certainly wasn't enough time from the release of this document to the closing of submissions... our Waikato Bay of Plenty Branch NZDA had only one chance to discuss this at a general meeting. I know the DCNZ got behind and had to rush for this part of the consultation.... but this has led to a consultation process that isn't sufficient.

Many dentists (including those migrated from less politically secure regions... as I have discussed this with!) will not put in a submission because their name is going public. This hinders the true "freedom" of the process. It would be easy for this survey to be able to keep the submissions anonymous (even if the DCNZ does have the name of the practitioner.)

This format for submissions I found to be leading in regard to how to give answers. It also didn't allow a open complete forum to say intricacies of deeper philosophical aspects of topics. That is why most of my comments were in one question. I have had other comments from dentists saying it's hard to categorize answers into the questions in this survey.