Thank you for this opportunity to submit my thoughts into a public forum regarding the significant changes proposed in the Dental Council Recertification Proposal Document as received via e mail 13th August 2018 – explanation discussion meeting Christchurch 8th October, submission response required by 26th October 2018.

I submit this as a registered Orthodontic Specialist with 27 years of experience as a specialist in my own private orthodontic practice; before that over two years as a house surgeon in a regional hospital, one year in private general dental practice and three years as a post graduate clinical tutor at the University of Otago, School of Dentistry. I employ or have previously employed orthodontic auxillaries, hygienists and oral health therapists, and I am a director of one of the largest dental laboratories in New Zealand that employs dental technicians and clinical dental technicians.

Within my family there are 8 current members of the Dental Profession - being a member of a Profession is generally seen as an indicator of integrity, ethics, trust and expertise.

By definition, a Profession is a disciplined group of individuals who adhere to ethical standards and are accepted by the public as possessing special knowledge and skills in a widely recognised body of learning derived from research, education and training at a high level, and who are prepared to apply this knowledge in objective counsel and exercise these skills for the interest of others. It is inherent in the definition of a Profession that a code of ethics governs the activities of each Profession and such codes require behaviour and practice beyond the personal moral obligations of an individual. They define and demand high standards of behaviour in respect to the services provided to the public and in dealing with professional colleagues. In New Zealand these codes are enforced by the Profession through DCNZ and are acknowledged, available and accepted by the community.

Whilst I realise that the task of certification by DCNZ as required by the HPCA Act 2003 can be complex , I believe that what exists currently works well for the significant majority of our Dental Profession and I very firmly believe that if more inclusive relationships could be built between DCNZ and NZDA, NZIDT, and the groups that represent orthodontic auxillaries, oral health therapists and hygienists then the very small number of the Profession who may be of competency concern to DCNZ could be helped to ensure that all of the Dental Profession practice professionally at all times.

I refer to the 2016 DCNZ annual report where the intention stated to the stakeholders (definition – person with an interest or concern) was that DCNZ " are now moving to a more proactive form of regulation that will **involve more research and dialogue with those we regulate – with the aim of ensuring the actions we take are evidence-based, proportionate to the identified risk, and truly add value to ensuring public safety through professional practice".**

I have concerns that the changes as produced to date in this 2018 recertification proposal have not been provided with the degree of scientific evidence that the Profession has been trained to practice and adhere to, and that this lack of clarity undermines the goals of the Profession.

As one example, I cite the change in this proposal that all members of the Dental Profession must have two yearly eye examinations after the age of 40. Whilst there is evidence of eye sight changes in individuals with increasing age, it seems that the Dental Profession have to date been more progressive than all other professions in the use of optical aids. Loupes and protective eyewear with or without optical lenses, have been in common place usage in my profession since I began degree in 1980, well before they were used routinely in other professions such medicine; and latterly clinical microscopes are being used by a significant number of our dental profession. What is the evidence that DCNZ have for needing to target our profession for biannual eye sight testing?

At the discussion evening held by DCNZ on the 8th of October there was comment made by the chair when asked about what evidence there was for a direct association between failing eyesight and competency that "some of the cases were to do with eyesight" but no evidence was given of the exact contribution that altered eyesight made to these cases which were under competency review. In the interests of clarity for the Profession accurate information should be given to provide a **measure of proportionate identified risk.**

There is no indication that the New Zealand Optometrists consider it appropriate for their own members to have biannual eye sight testing in order to be recertified, and there is no indication that Professions such as pathologists, radiologists, plastic surgeons and neurosurgeons are required to have biannual eye testing when these Professions deal with life and death on a daily basis; then surely requiring the Dental Profession to do so is not "**proportionate to the identified risk**".

Can DCNZ please provide the evidence to indicate to the Dental Profession there is a significant "identified risk" that would justify what would amount to thousands of extra eye testing procedures? Is it in the publics' safety for the dental profession to have biannual eye tests by a profession that haven't had their own eyes tested biannually?

The comments in the 2016 DCNZ annual report that "the Council has the benefit of 12 years' worth of notifications on competence and conduct concerns. The total numbers received is relatively low" should, for clarity to all the stakeholders, separate out these notifications into those related specifically to conduct and those specific only to competence – as it is competency that relates to this recertification.

This cross confusion is also evident in the current recertification proposal where the codes of practice to which we adhere as Dental Professionals deal with both conduct and compliance but these now seem to be confused as a measure of competency, and if understood correctly it is our codes to be tested as part of the proposed open book examination. **Conduct and compliance measure our ethical obligation,**

they do not measure our competency. Whilst for example, notifications on and action from DCNZ related to advertising that does not meet our Professional Code of Ethics on advertising is important (so that the public can have trust that the practitioner they see for objective counsel and treatment can provide the quality of care they claim) the issue of ethical misconduct needs to be separated from competency.

The areas I have grave concerns with relate to the burden of responsibility of the peer relationship and the legal obligation that the yearly attestation by a peer will cause.

A peer is someone of equal age, abilities, background, qualifications, social status - so in Christchurch there is only one person who would qualify to be my peer. The new recertification plan seems to require me to ask them to work with me to prepare a detailed ongoing plan so that areas I deem myself to be lacking in can be addressed over a period of years – although this peer is required to, on a yearly basis, sign that I am working towards addressing these areas and that I have reflected on the failings of my plan.

What if they do not agree to working with me for either personal or professional reasons ?

What if they disagree with my plan for my continuing education in my personal development plan?

Is this peer to, in some way, assess that the areas I deem relevant and important for my professional development are actually what I should be researching/ studying/ updating/ improving? There is an implication of this but this is not clearly stated.

What if this assessment is incorrect?

What if they suggest professional development in an area I personally deem to be not evidence based dentistry?

What happens if there is a conflict of interest between us and my peer will not continue, or my peer dies/ moves away? Do I then ask someone who is not my peer to step into this position and agree to sign an attestation that I have met both the compliance and competency requirements within my practice?

The attestation becomes a legal document should there be any legal proceedings against me – so as such what legal responsibility does DCNZ believe the peer has for my compliance and competency?

What if we both believe that there is an area of continuing education required but there are no courses or training available?

What if the courses or training are available overseas but the cost of participating is too excessive for the practitioner to attend, or practice/family responsibilities mean attendance cannot happen?

What does DCNZ believe will happen when registrants take time away from their practising career to parent, or to care for sick or dying family members ?

The 12 month cycle of registration is significantly punitive towards us as health professionals, we who should also be afforded the same opportunity to parent and care for family members as the general public.

Could DCNZ please provide the evidence that taking time away from practice and/or continuing education to parent or to care for sick or dying family members makes us less competent ?

DCNZ deem us to now require a 12 monthly cycle to show we are competent after having had a 4 year cycle previously (which offered the chance to parent/care for sick or dying family members and still meet our recertification requirements); this very implication indicates they have evidence that time away of less than 12 months from practice/ continuing education (possibly to parent or care for sick/dying family members) causes a lack of competency - so in the interests of public safety this evidence should be given to the Profession.

Does the peer need to modulate their yearly letter of attestation, and does this then raise what were referred to as the "red flags" towards a practitioners' competency because we had not completed our yearly obligations?

It should also be noted that it continues to be extremely difficult for some who require registration, such as orthodontic auxillaries, to meet the numerical threshold to make peer relationship, mentorship and a yearly attestation viable.

How can a peer attestation work in small towns or where numbers are uneven?

What load of responsibility does DCNZ consider fair and reasonable for the peers or for the mentors required for new registrants?

Who will carry out the training / fund the training / administer the training of the peers/mentors if DCNZ require them to assess?

Is the peer also expected to also become a mentor to new registrants and what happens when forming a peer relationship with one colleague then conflicts with mentoring a new registrant?

NZDA and NZIDT currently have a mentoring program in place, what does DCNZ consider wrong about these programs that they now seek to change systems that are in place ?

What I would like explained very clearly is what part of the peer relationship and attestation, and the open book examination of our codes will "truly add value to ensuring public safety"?

I believe that having contact with my dental colleagues is a very important part of my practising career and I have learnt an immeasurable amount from various members

of our Profession. I believe that the New Zealand Dental Association works tirelessly to encourage and promote collegial contact through our monthly branch meetings and educational speakers for the 98% of the dentist population in New Zealand who belong to NZDA.

My colleagues are however not necessarily my peers, and I am concerned that requiring this peer relationship with its legal requirements will remove this learning opportunity that we currently have with dental colleagues, and in the haste to ensure the yearly requirements for the attestation are met, time will be spent with just one peer. This I fear will be greatly detrimental to the Profession and will cause the fragmentation of our Profession.

I would hope that it was not lost on the DCNZ that the Christchurch meeting to explain this proposed document was held during New Zealand Mental Health week where all the other health professionals in New Zealand were encouraging us to strive for better work life balance. DCNZ appears to be proposing increasing the stress to our Profession with yearly, time consuming, somewhat punitive and divisive measures that lack clarity of evidence for what by their own record is a “relatively low” lack of competency.

Again I would suggest that as the data has been stated as available by DCNZ, an inclusive way forward between DCNZ and the various sections of our Profession would do more good and “**truly add value in ensuring public safety through professional practice”.**

I look forward to your reply to each of my questions specifically and this submission in general.

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