

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

Q1 This submission was completed by:

Name

Erin Collins

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

Page 3: Area one: new core recertification programme

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

The proposed changes to the existing core recertification programme need to be evidence based with a strong bias on the New Zealand experience of the Dental Council since the commencement of the HPCA Act. Review of information on competence, fitness to practice and complaints Dental Council annual reports and experience on the Dental Council do not lead me to believe that there are widespread deficiencies in the current recertification process and that there is an overwhelming for significant change to the current recertification process. The consultation document is contradictory stating that " the vast majority of practitioners comply with or exceed the minimum standards and requirements..." and " we think our practitioners can improve their performance" and furthermore " our regulatory experience also indicates a small percentage of our practitioners will require supports". The proposals appear to place undue emphasis on information and regimes from overseas jurisdictions which function in different cultural, legislative, judicial and legal environments, and on recertification systems of unrelated health professions when the evidence would support the current system as working. In summary there is little to "like" about the proposals and I do not see how the proposals can provide the Council or public with more assurance on the competency and fitness of their practitioner than the current system. It is disappointing that there is a lack of clarity and detail on the proposals and the application given the significant time extension in the project.

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

Yes,

Please explain.:

Given there are only a small percentage of practitioners deemed to be a risk the proposals are patronising, onerous and overbearing. The proposals are onerous on compliant practitioners who are already over burdened with compliance from multiple agencies in addition to clinical practise and do little to target the small number of practitioners performing below standard. It is important that Council has confidence in its own registration standards

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Council has confidence in its own registration standards and realises that recertification is about incremental development of practitioners not major hurdles every year.

Professional Peer This proposed requirement to nominate a professional peer to work is particularly unsuited and ill thought out for the purposes of recertification. Dentists have many professional peer relationships and peer interactions and are situational. The nomination of a peer to develop and oversee a PDP, PDAs and reflective statements is preposterous, onerous on both practitioners. I do not support this proposal. Written Professional Development Plan Practitioners have professional development in mind every day for the reasons identified. Professional development is fluid and dynamic, taking advantage of opportunities for development as they arise or in response to clinical situations. Written PDPs may be useful for documenting career development and promotion in health organisations such as DHBs and would appear to offer little otherwise. There is no evidence that a practitioner PDP developed with a peer has any validity or offers advantage. There is nothing to be gained in a written PDP and I do not believe this should be part of a recertification programme. Over time there may be advantage to developing with the profession "ideal" or comprehensive frameworks to assist practitioners with their professional development and maintaining competencies. This could involve the identification of several areas or domains of dental practice and the development of core competencies within each.

Practitioners would have a benchmark to work with and could be expected to show evidence of suitable professional development in these areas if required.

Participation in PDAs Participation in verifiable education is valuable and auditable professional development. Opportunities to participate can be didactic or hands on courses and study groups. The educative component to life-long learning is obvious however the peer interactions on such occasions are effective and perhaps undervalued by Council. It is not possible to work to a written PDP as many of these educational opportunities present themselves infrequently and at short notice. The current amount of CPD required does not appear hard to achieve. There may be advantage in developing PDAs with the profession that address Council concerns and these become part of recertification requirements in much the same way as the medical emergencies certification. Over several cycles practitioners should be able to demonstrate that their CPD/PDAs broadly represents the scope they are registered in even if some areas are not personally practiced. I believe this should remain the mainstay of recertification perhaps with some modification. Reflection has always been a professional responsibility and occurs daily as practitioners look to improve outcomes for patients and in the long term as special interests and a direction of practice develops. This is a fluid and dynamic process

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which occurs as part of professional maturation and development. In reality it offers little value and would be viewed as just another annual compliance task. An open book examination on the Standards Framework would appear to be of little use compared to the development and dissemination of easily understood statements. Councils attention would be better turned to this. It appears that the proposals are directed at producing documented or auditable requirements for recertification rather than addressing the needs of the small number of practitioners that fail to meet an acceptable standard.

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

No,

Please explain.:

Practitioners must apply for a practicing certificate very year. While there are certain requirements that must be attested to every year, particularly surrounding fitness to practise there is no advantage in an annual cycle for PDPs and PDAs, the time frame is too short. Practitioners do not become incompetent with 12 months. Council already stipulates that medical emergencies are tested biennially, would this then be annual?

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.:

Dental Council is not an academic institution and ill suited to such a test. Far better that registered practitioners who are competent at registration show good breadth of PDAs over time. Passing an open book test does not show competency and is no indicator of performance.

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?

Please explain.:

This should not happen.

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

I am concerned that Council has not been able to demonstrate a need to significantly change the current recertification process, complaints are low and even less are upheld. Dentistry in the main is in a good place with few issues and action should be targeted towards those identified as needing it.

Page 4: Area two: support for new registrants

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

Mentoring new registrants is laudable.

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

Yes,

Please explain.:

This proposal should be targeted appropriately to different groups and individuals. Experienced graduates should be treated differently to new graduates.

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

just right,

Please explain.:

This is probably about right for a new graduate, but too long for an experienced overseas graduate.

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?

Yes,

Please explain.:

There should be a range of mentoring available both in length and intensity depending on the new registrants need.

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

Council should work with professional bodies in provision of mentoring and get independent professional educator advice on appropriateness of programmes. It should not be onerous on mentors or mentees

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?

Nothing.

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

Yes,

Please explain.:

Council should maintain a global perspective on health with the professional onus on the individual practitioner to maintain good health to practice and self manage ailments and age related decline (such as eyesight). Is there any proposal to test eyesight at admission into dental school, put restrictions/requirements on those who display vision problems at that age? There is little evidence that this a problem that needs council to address it. Health related competence is a continuum throughout practicing life with stressors and distractors affecting practitioner well being at any time. Council should support initiatives for practitioner wellness and well-being. Review of HPDT and PCC cases does not reveal any problem with mature practitioners being over represented due to health related issues. Council should react to under performing individual practitioners and not blanket target a group due to age. Maturity brings the advantage of experience.

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

Put guidelines in place and let practitioners self manage their competence

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?

This could be a time to address a non-complaint practitioner.

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

Yes,

Please explain.:

It is not clear why Council would wait until a recertification round to "target" a non compliant practitioner. If a practitioner is non-compliant there would appear to be remedies under the act available to the council to deal with the matter. It would be of concern that the Council instigated individual recertification programmes on practitioners as an easier way with less process than competence and fitness pathways.

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?

It is important that Council bases these changes on evidence based on the New Zealand experience to protect the public and not as a response to third party auditing of RA performance. Current evidence would be that the approach is about right and some minor changes would enhance the recertification of practitioners.
