

My Submission on the proposed recertification program

When I was a student the Dean of the Dental School was Sir John Walsh. At every opportunity, and there were many, he drummed into us that our primary duty was to our patients, to listen to them, and to treat them as we ourselves would want to be treated.

The ethics he insisted we adopt and follow were well entrenched in us all.

On graduation we were deemed competent by having the degree BDS conferred on us by the University of Otago. We were well aware of our lack of experience but proud to be new members of a largely self regulating profession dedicated to the Public Weal.

Over subsequent years we voluntarily attended courses as we developed our particular interests in the various aspects of dentistry.

That all changed with the passing of the Health Practitioners Competence Assurance Act 2003.

It established the Dental Council as it now stands.

The role of the Dental Council is to protect the health and safety of patients and the public, not to protect the interests of Oral Health Practitioners and it has legal powers to enforce standards on the Dental Profession.

Following largely the template of the General Dental Council in London the Dental Council here introduced the concept of Continuing Professional Development which required all registered dentists to undertake a certain number of hours of Continuing Professional Development in order to gain their Annual Practising Certificate.

This led to the development of a CPD industry providing courses the value of which to the participants, cannot be scientifically measured.

This system is open to manipulation for instance by obtaining course numbers from attending colleagues to be used by non attenders.

Is this something a profession based on trust, truthfulness and honesty should be involved in for the sake of bureaucratic compliance?

In the past, incompetent practitioners were easily identified by the number of complaints from patients that they generated.

These were dealt with at branch level by committees of NZDA members. They are now dealt with in Auckland and other breaches deemed more serious are the province of the Dental Council.

In 2011 the General Dental Council in the UK undertook a review of the literature relating to CPD and found that participation in CPD had no measurable effect on dentists practicing lives and now our own Dental Council seems to have come to the same realisation.

It would appear then, that for the last many years, dentists in New Zealand have been engaged in a box ticking exercise in order to have their APCs renewed.

Perhaps to put a spin on their latest proposals to recertify us the Council has coined a new phrase. "Right Touch" regulation. That is not to say that up to now we have been regulated by "Wrong Touch" regulation but merely emphasises that these new proposals are simply a more complicated system of box ticking plus writing, thus taking up more and more time which would be better spent clinically, looking after our patients. After all, that is what we are supposed to do as dentists.

I have criticisms of the proposed changes and here are some of them.

- 1) Self Reflection. Everyone does this more or less automatically after any patient interaction. Writing a book about it which no one is going to read (we would need a whole new bureaucracy to do that) serves no purpose but the lack of one might render a dentist non compliant which seems unnecessarily punitive.
- 2) Peer Attestation. A colleague saying "I can vouch for you" would be no more than mutual back slapping.
- 3) Age related deterioration.

A) People with vision problems visit Optometrists voluntarily when they need to. I have been doing so for 60 years. Loupes help. A compulsory biannual check is an unnecessary and expensive imposition which just another bureaucratic hurdle which doesn't need to be cleared.

B) Hearing loss is similarly dealt with as a personal matter

C) Physical deterioration is different. Colleagues who develop shakes or tremors simply retire.

As if we didn't have enough laws already we are now required to have a Police check if we treat children under 14. I have no idea where this comes from but it reminds me of Comrade Stalin's secret police chief Lavrenty Beria whose most well known quote was "Show me the man. I will show you the crime".

I am a bit of a contrarian but I would like to strike a positive note by suggesting a really simple solution to the whole dilemma of ineffective CPD.

It is contained in the Health Practitioners Competence Assurance Act 2003 itself.

Section 40 para (5) states

The Authority (ie Dental Council) may exempt any Health Practitioner or class of Health Practitioner from all or any of the requirements of a competency program

Section 41 para (5) states

The Authority may exempt any Health Practitioner or class of Health Practitioner from all or any of the requirements of a recertification program.

I propose that the Dental Council should create two classes of Dental Health Practitioners

(1) Those who have no complaints against them

(2) Those who do

Dentists in Class 1 would be exempt from further competence or regulatory requirements.

Dentists in Class 2 would be investigated and remediated or disciplined as appropriate.

This proposal has the benefit of simplicity while eliminating unnecessary bureaucracy. It would allow the Dental Council to pursue more vigorously those dentists who bring the profession in to disrepute. It comes within the scope of the Act so has the force of legality behind it.

I look forward to your response in due course.