Recertifying our Oral Health Practitioners

To Whom it may concern:

The overriding principle of the document is to ensure "our practitioners are competent and fit to practise", the purpose being to protect public health and safety.
This is a noble statement followed by a plan that will have far reaching implications for all future dentists for the foreseeable future.

Unfortunately, the background to this proposal shows that the undertaking is a hollow sham. The fact that a [redacted] dental practitioner who has twice been taken to the Dental Council can still be allowed to run courses with a CPD credit, is a sad reflection of the Dental Council's ability to protect the public.

So; while the efforts of the Council are laudatory, the ability to protect the public from obsessed individuals appears to be limited. The article detailing this behaviour is referenced at the end of this evaluation.

I would also recommend and support the comments made by my fellow NZDA Board member Dr Angus Campbell, on the Dental and Specialists Facebook site, in relation to recertification. His comments are a refreshing appraisal of the pitfalls of change.

What do you think about the draft proposals for the proposed new core recertification programme?

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

1. I do not think this part of the proposed recertification programme has any merit.

2. The current CPD course for all its failings does encourage collegiality; it encourages reading, possibly referencing and ensures that colleagues have social contact in a supportive way as they attend courses.

The act of nominating a professional peer is in fact isolating, in that the peer may become an overriding influence on the behaviour of the practitioner, and may induce poor behaviours.

The writing of the plan is also limiting as there are many aspects to a practitioner's development that are not alluded to in the PDP. The dentist's life and development are so multifaceted. Further, over a long period of time, in many cases 40 years, the PDP would lose their effect, become cliched and be of no great help to the dentist or his peer.

I believe that the PDP needs to be done every four years, and that the current CPD hours should still be used as part of the practitioners learning programme. This four-year cycle would make the provision of development plans become relevant.

It is the one aspect of the plan that most practitioners are at odds with. At the Hamilton meeting, the vote on a show of hands was about 9 to 1 against this element of the recertification.

One area of weakness is that professionals will choose peers that have their same view of the world, for instance the followers of the fast brace's philosophy.

Because of this protective peer support, the practitioners are not actively exposing themselves to alternative views that might conflict with their own, hence their ability to develop and change is already limited.

I know that some proponents of the fast braces system have had cases referred to ACC for compensatory payment for treatment injury. Yet the practitioners are still practising, and the Dental Council still tolerates the practice! So, the Dental Council, under the new proposal, would not be identifying 'at risk' practitioners, it would be protecting them. As long as they ticked the right boxes and chose the right peers, the protective function to the public becomes a farce.

The choice of learning objectives is a similarly flawed concept because the practitioners sometimes do not realise what their deficiencies are if their nominated peer is not objective in the first place.

It would be far better if the current system was maintained, with some direction from Council that at least a certain proportion of the years CPD points had to be related to techniques and processes used in their scope of practice.

The emphasis should be on getting isolated practices to belong to their local branches so that this requirement should be mandatory and that as well as the current CPD points, 4 points should be mandatory for attendance at a branch meeting. These meetings are education and collegial.

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

The idea that a development plan should be written every year is also an unnecessary waste of time. The plans could be written once every four or five years as this is how long some achievements take. The system heavily favours the development of corporate dental practices in New Zealand, as those groups with a Personnel Management component may be able to write development plans for their contracting dentists.

I am a member of a group practice; It would be easy to select peers from within the practice but this relationship of the peer to the individual professional is highly incestuous and does little to alleviate the problem of a rogue practitioner.

The other issue is that the NZDA Newsletter and the Dental Journal are both magazines that need to be read and absorbed from cover to cover. Maybe the CPD points should be altered to 30 per yearly cycle, and the journal articles have 2 CPD points allotted to each edition. They are well researched and well written journals. Why not keep them as part of the CPD programme? I agree with Alan Isaacs submission that the 'baby should not be thrown out with the bath water'.

I feel the process is open to abuse, will do little to promote collegial learning, may be divisive, and will certainly not protect the public from pseudo orthodontists.

The one-year repetition is ridiculous; a waste of energy. If the one-year system had been in place earlier I would have had to create over forty reflective statements, have had over 40 peer reviews, and over forty open book assessments. The worry is that the ritual after the first twenty years would tend to become repetitive, and after forty years would be seriously lacking in any new ideas, one suspects.

For practitioners in remote situations, the struggle would be infinitely worse. Where do they get that many peers? Who will write their professional attestation?

Do not change a system that does actually have merit, encourages conversation, learning and peer support, by giving CPD points for educational sessions at branch meetings.

4. **The requirement for practitioners to complete an open book assessment of their technical and clinical knowledge**

This already occurs under the current system with the magazine CPD points. The only change should be that the magazine CPD points should become mandatory. Dentists should have to acquire at least 8 CPD points through journals.

5. So; it follows that that part of the process would be done annually. The process is not divisive, is similar to what exists at the moment, and more benefit than a peer-based attestation.

Area 2: Support for New Registrants

7. Supporting New Registrants

Any dentists being admitted into New Zealand have to be competent to practise before they can be even considered for registration, so overseas registrants should not need that much of a mentoring programme. If they have already been allowed into New Zealand, then by definition they must be competent.
For new graduates graduating from the University of Otago as dentists, the suggestion that there should be a mandatory programme is an indication that the new graduates, while adept in theory, are usually lacking clinical skills.

From my own experience, I have had one new graduate who admitted on her first day that she had not taken one tooth out the whole time she had been at dental school.

9. The mentoring scheme is absolutely necessary but of course the problem is that there is a lack of mentors and the small pool of mentors may get burnt out or over worked. So; the mentoring scheme should only apply to NZ Dental School Graduates for two years. For overseas graduate the period should be less as they ae already competent practitioners.

10. All new registrations should have some sort of mentoring programme.

Concerns about Practitioner Competence

12. As I read this area of the proposal, I am mindful of the obituary in the latest NZDA Journal of Peter Stuart McKenzie who retired in 2005 after 64 years in practice, admittedly working part time and from home in his later years. I suspect despite his declining psycho motor skills, he gave empathetic, considerate treatment and practised well within his clinical boundaries.
I object to the ageist attitude displayed in the proposal. There are many reasons why some practitioners are incompetent, not all related to age.
Some are incompetent because they are unethical; the council does talk about these. Some are incompetent because they have been away from the workforce because of illness, or even for raising children.
To ask the NZ Association of Optometrists to advise on the visual examination is akin to asking the fox to design the hen house.
We live in an age where defects in eye sight can be corrected by the use of operating loupes.
The eye test would b more relevant if the loupes that the operator wore were also tested.

13. Older practitioners acquire many skills, often based on experience and years of caring for patients. Few new graduates would display the competence of a visually adept 65-year-old.
You offer a program of mentorship for new graduates – maybe the same privilege should be offered to older graduates. If poor performance is a sign of failing competence, how do we explain the 7000 children annually who need general anaesthetic for their dental problems.

Regarding Non-Compliant Behaviour

Is this area really a farce when an operator who has had patients referred regularly to ACC [redacted] is still allowed to practise, and even offer courses carrying CPD points.
It exposes the lack of will or ability to deal with the problem under the current framework.
The reader must remember the overriding principle behind the document again, "to ensure our practitioners are competent and fit to practise, to protect public health and safety".

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