NZAO submission to DCNZ re recertification consultation.

Thank you for the opportunity to place a submission on behalf of the members of New Zealand Association of Orthodontists (NZAO), regarding the proposed changes to Dental Council New Zealand (DCNZ) requirements for an Annual Practicing Certificate (APC) .

The New Zealand Association of Orthodontists has these comments to make:

1/ Rationale for change.

NZAO believes there has been little evidence supplied to support the major changes to the assessment of a dental practitioner's competence, and the subsequent issuing of an annual practicing certificate.

From the DCNZ annual report, there are very few cases that DCNZ investigates that involve competency, compared to the number of general dentists and specialists practising in New Zealand, and the total number of patient contacts. The point can be made that many of these cases are recidivist offenders who take up the majority of DCNZ time. There is general consensus that DCNZ is currently unable to address those "outliers".

2/ Annual assessment for APC.

Is the only reason practitioners must supply a yearly Continuing Professional Development (CPD) plan to DCNZ because of a directive, from the Auditor General, that DCNZ can only legally grant an APC if it is able to guarantee public safety year by year?

There has not been any evidence supplied confirming that moving to an annual cycle, rather than a four year, or even two year cycle, will improve practitioner competency, or reduce the number of cases that DCNZ investigate that compromise public safety. From a practitioner perspective, will DCNZ assess major personal crises, such a health or relationship issues, occurring during a year, that curtail any opportunity to follow through with a CPD plan? Similarly, when orthodontic postgraduates start families soon after graduating, where does taking extended parental leave, or reducing clinical hours, and inability to attend conferences, fit into an annual CPD cycle?

It is well recognised that Stress is a significant factor in affecting Competence. NZDA has been addressing this issue through surveys and Wellness Programmes. There is little evidence presented that DCNZ's approach assists in any way to support that Practitioner, and may very well exacerbate the matter.

3/ Peer attestation.

DCNZ has not explained the legal repercussions of being a peer and attesting to a colleague's CPD plan. It is not clear if the peer is legally liable if a colleague does not complete their annual CPD plan that they have signed, or if it is falsified. If there is no legal responsibility on the peer, possibly the attestation is irrelevant? Also currently, regarding Complaints about a General Dentist performing Orthodontics, NZAO considers it very unsatisfactory that the current peer support is allocated to another General Dentist who also has lesser knowledge and training than a Specialist. DCNZ is aware of repeat offenders and no change of behaviour or Competence. The new proposals offer no proof or hope of a better outcome and improvement.

NZAO considers that the requirement for a peer attestation may make practitioners more insular, and only have colleagues with similar philosophical ideas attest to their proposed CPD. This may cause splinter groups within the dental fraternity, and reduce collegiality. Additionally, as professionals we tend to gravitate toward people like ourselves, but possibly learn the most from those least like ourselves, so a one on one peer relationship may not produce the outcomes DCNZ predict. Again, this is a prediction, with no proof presented.

4/ New graduate and resident mentoring.

NZAO has had an active mentoring group (for postgraduates and those up to 5 years later) for several years so does not consider this aspect to be an onerous condition of an APC. However, currently NZDA (whom DCNZ would rely on to provide this service for new graduates) struggles to find sufficient suitable Mentors.

5/Practitioner Practice visits.

NZAO already has a voluntary practice visit system in place. It considers it a valid way of reviewing practitioners practice management systems, and best practice in areas such as infection control and sterilisation, but does not believe it should extend into clinical analysis/critique of another colleagues standard of care.

6/ NZAO practice accreditation programme. (PAP)

NZAO has a working group updating its existing PAP to better reflect current practicing systems and contemporary evidence-based treatment philosophies. It wishes to work with DCNZ so the updated PAP can also be accepted by DCNZ as a model for CPD and competency, and so logically exempt regular auditing by DCNZ.

7/ Consultation period.

NZAO believes the consultation period has been too short, and that more interactive discussions must take place before any changes to CPD and the annual APC be confirmed. The 15 month period until the next cycle of CPD starts is too short a time to reflect on our submission as well as many others. Another round of consultation should occur throughout the country to explain any improvements in the DCNZ proposals, resulting from this round of submissions, and allow for further comment.

Thank you again for the opportunity to place a submission regarding the proposed

changes to DCNZ assessment of CPD and their awarding of an APC.

Yours faithfully

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