

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

Q1 This submission was completed by:

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Company/organisation	Nelson branch, NZDA
City/town	Nelson

Q2 Are you making this submission

on behalf of a company or organisation,
If group, company or organisation, please specify::
Nelson branch NZDA

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?

There is general support for those changes to the re-certification process which will encourage practitioner reflection and self-assessment. It is hoped that these measures will promote a greater understanding of the DCNZ codes of compliance and regulations. There is support for the concept of online annual or biannual assessment which is likely to encourage practitioners to think more about what they are actually declaring "yes" to on the current checklist annual practicing certificate form each year.

As dental professionals we acknowledge the importance of peer relationships throughout our careers to support professional development. We support the proposed measures which encourage peer contact to counteract professional isolation. We feel these measures are likely to be easy to comply with as the majority of practitioners are already engaged in some form of peer contact within their practice or with other professional colleagues.

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

Yes,
Please explain.:
The DCNZ proposal on recertification mentions that review of the recertification of other professional bodies including the Medical Board of Australian and the Occupational Therapy Board of New Zealand was used to inform the process. From the proposal documents it seems that few dental professional organisations were reviewed, so we

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are concerned that the proposals may not be aligned with the recertification processes of international dental professional regulatory bodies. Currently the concepts discussed around re-certification are very light on detail so it is difficult to assess the impact of the proposed changes for practitioners. We believe that most practitioners already actively engage with peer support and appropriate continuing professional development (CPD) activities and these same practitioners are likely to comply with the new proposals. However we are concerned that at-risk practitioners may continue not to comply with DCNZ requirements. Therefore there are concerns that the proposed changes will increase the paperwork compliance for practitioners who already are performing well, but will have no impact on identifying questionable practitioners earlier. The DCNZ records suggest that poor practitioners currently make up approximately 5% of all dental practitioners and these practitioners are unlikely to be capable of self- reflection of their own abilities. Therefore, we feel it is unlikely the proposed re-certification changes will improve their behaviour or their compliance with DCNZ standards. Concerns have also been raised about the way practitioners would select appropriate professional peers. It has been suggested the dentists who practice 'fringe' dentistry will select peers who also practice 'fringe' dentistry which may be of little benefit to the general public. We wish to know whether the DCNZ will have guidelines on who may be an appropriate 'professional peer'? Will a history of having upheld DCNZ complaints or restraint of practice be reasons for exclusion from becoming a professional peer? Experience within the Nelson branch of the NZDA has taught us that professional peer support alone is not enough to change practitioner behaviour and improve outcomes for patients. It is unclear from the proposal to what extent the peer practitioner will be responsible for their peer if they fail to comply with DCNZ regulations. Concern has been expressed that responsibility must remain with each practitioner to comply with DCNZ regulations and the onus should not shift to professional peers to ensure practitioners are in fact competent. We believe that true competence can only be assessed by assessing the quality of a practitioner's work. Therefore the role of the DCNZ in acting on practitioner competency issues remains key to improving patient outcomes. To this end is it essential that DCNZ is able to investigate and act upon complaints from patients and fellow practitioners into poor practitioner performance. Information on the ways in which the DCNZ will improve their investigative processes or increase their powers to act to protect patients from poor practitioner performance has not been included as part of the re-certification information. Therefore, we have fears that the proposed changes will not bring about the desired changes of earlier identification of poor practitioner performance and action to help those at-risk practitioners improve patient outcomes.

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We feel strongly that any changes in the recertification process for dental practitioners should be accompanied by changes within the Health Practitioners Competence Assurance Act (2003) which will enable the DCNZ to act in a timely manner to investigate poor practitioner performance and act to encourage improved compliance with DCNZ standards. If this does not occur the proposed changes are likely to result in significant extra work for the majority of the practitioners who perform well, are actively engage with continuing education and peer contact.

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

No,

Please explain.:

Within our branch there is more support for a 24 month than annual cycle for completion of the recertification exercises. This enables more time for those practitioners who have taken time out of practice such as for maternity leave, to complete the proposed recertification exercises.

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?

Yes,

Please explain.:

The concept of online assessment of knowledge of the DCNZ Standards and Codes has some support within the branch. However we would like further information as to the manner in which this could be implemented before full support can be given for this option. It is unclear from the supplied information how onerous the suggested online assessment would be to complete. Before supporting implementation of this system we request an open discussion as to the annual financial costs and time costs involved for registered practitioners.

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?

Every two years ,

Please explain.:

As per the answer to the previous question further information is required about the format of the proposed online assessment to enable a considered answer to this question. However a biannual assessment is unlikely to be seen as too onerous for practitioners.

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

As stated previously we would like to see concurrent changes to the HPCA Act 2003 to enable the DCNZ to act in an appropriate and timely manner to protect the public from poor practitioner performance. We feel any changes to the recertification process should not unduly penalise the 95% of compliant dental practitioners.

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

The NZDA Mentoring programme for new graduates has been shown to have real benefits to new graduates and Nelson branch members are strongly supportive of this programme. We would support a similar programme to provide mentorship and support new graduates as part of the DCNZ APC recertification process.

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

Yes,

Please explain.:

We are concerned about whether adequate numbers of appropriate mentors will be found for all new graduates including newly registered overseas graduates. Also, mentorship is associated with significant costs. Currently the NZDA new graduate mentorship programme is subsidised by the NZDA, however there are limits to the costs which the NZDA is able to absorb. Therefore we are concerned about how a mentorship programme would be funded.

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

just right,

Please explain.:

The current NZDA new graduate mentorship programme is for two years and appears to work very well. Therefore we support a two-year new graduate mentorship programme.

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.:

As discussed at the DCNZ consultation road show, new registrants from outside New Zealand have been identified as a group with increased risk of getting into strife therefore it is important this group is included in the a mentorship programme associated with recertification. We believe that mentoring is an effective method to support a professional through times of change. Notwithstanding the comment expressing concern about funding in 8 above we feel there should be one rule for all new registrants.

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

Concern was raised of the recent incompetent practitioner in Nelson about whether he may have also had been identified at Dental School as a poor student. It is essential that the public and dental colleagues need to be confident that the dental graduates coming through the Otago School of Dentistry have actually achieved the competence required before being allowed to graduate and treat the general public. The pressure of high student numbers combined with students paying high fees does raise the question about how much pressure the university is placed under to graduate students? Is the DCNZ completely confident that standards have been retained? Does the DCNZ have any ability to discuss with the Dental School those recent graduates who have been found to be non-compliant or subject to complaints? It is important that the Dental School are made aware of students whom they have graduated who then fail to deliver adequate care to the public within a few years of graduation.

Q15 What, if anything, do you like about our draft proposals for addressing health-related competence decline concerns?

In general, we accept that health issues and age-related health issues may impact on practitioners' competence and fitness to practise. Many practitioners are aware of age-related decline in abilities (such as eyesight) and take measures to address them. We support the concept of exploring how health generally and age-related health issues affect practitioner competence and appropriate ways of addressing these within the recertification process. However, currently we have not been supplied with enough information to discuss further how these issues could or should be addressed within the recertification framework. Therefore we have not made any specific recommendations in this section.

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

Please explain.:

As discussed previously we have not been supplied with enough information to make recommendations about the draft proposals on addressing health-related competence decline.

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

As per Q16

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?

We are very supportive of the draft proposals for addressing non-compliant practitioner behaviour. We are hopeful that the areas identified by the DCNZ will be acted upon.

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

Yes,

Please explain.:

It is unclear how these proposals will differ from the DCNZ current practice. From our experience, a poor performing practitioner may be given frequent and extended deadlines to redress non-compliant behaviour. However rather than resulting in behavioural change deadlines were repeatedly extended and behaviour did not change. Likewise peer support was provided on multiple occasions and by several different practitioners but that also failed to bring about the desired behavioural change and improved patient outcomes. It is feared that unless the DCNZ actually has powers to act on complaints and does act in a timely manner then these proposed changes will not change outcomes for patients and will not prevent incompetent practitioners from continuing to work. Therefore we request that alongside these proposed changes that the DCNZ has some improved power to act on complaints from the public, fellow practitioners and specialists to address recurring non-compliant behaviours.

Q20 Do you have other proposals for addressing recurring non-compliant practitioner behaviours you would like us to consider? Please explain.

As discussed previously, progress in dealing with non-compliant practitioner may only be made when the DCNZ has the ability to adequately investigate non-complaint practitioners and address in a timely manner non-compliant behaviours. Therefore it is suggested that any effective proposals are likely to require changes to the rules around how the DCNZ can act and are likely to be beyond the recertification of dental practitioners as discussed within the consultation documents.

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?

This submission has been prepared by the members of the Nelson branch of the NZDA as identified below. Thank you for the opportunity to assess the changes to the recertification process for oral health practitioners proposed by the Dental Council of New Zealand. We are grateful that the DCNZ is undertaking this review of the recertification of oral health practitioners. As dentists and dental specialists we take our role in the promotion and protection of the oral health of the general public very seriously. Members of the Nelson branch of the New Zealand Dental Association found the process of working with the DCNZ to enhance the behaviour of a dental colleague to improve treatment outcomes for patients very challenging. We were very disappointed in the number of patients who were subject to substandard dentistry and the time taken for the DCNZ to act on the numerous alerts from local practitioners. Therefore, we appreciate the opportunity to review the DCNZ recertification proposals and provide a submission about them.

Nelson NZDA members supporting this submission:

Drs Donna Kennedy, Andrew Marriott, Chris Leger, Diana Smith, Graeme Irvin, Samantha Grant, Willem Pienaar, Heidi Seifried-Houghton, James Marshall, Aleksandra Mark, Karmel Isa, Hamish Milmine, Sara Woodfield, Philip Sussex, Helen English, Rachel Bunce, Andrea Koorey, Pierre Gill, Jordan Walsh, Ken Joyes
