[redacted]

Dental Council of New Zealand
PO Box 10 448
Wellington 6143

Dear Dental Council,

Please consider my submission in regards to the draft proposals on recertification of Oral Health Practitioners.

Dental Council Recertification Submission:

The Dental Council has concerns about the effectiveness of the current CPD requirements and wishes to move towards a peer augmented reflective approach.

1. The draft proposals on a new recertification framework fail to identify these concerns eg. what type of complaints and how often they occur, and does not provide evidence that the proposed recertification will ensure better quality of patients' care. Where is the data and empirical evidence that the proposals will lead to a better outcome? Also what is the working definition of "clinical competence"? Is the Dental Council expecting 100 % perfection? What is realistic decline of competence with age before it becomes unacceptable? These terms need to be defined.

2. One of Dental Council's concerns about the current CPD requirements is: "The number of practitioners who participate in our random questionnaire and practice audits is not adequate to identify risky and unsafe practices". This is an issue based on compliance and not one based on competence. Is the Dental Council's recertification process focusing on compliance rather than competence? There seems to be some confusion here.

3. The current APC cycle assures a yearly compliance with current standards. Practitioners undertaking PDAs to address weaknesses in their skills / knowledge should not be limited by an imposed timeline. Professional development is a life-long learning. A 4 year recertification cycle fits this model more so than a yearly cycle. Where is the empirical evidence that a 12 months recertification cycle can increase competence?

4. Where is the data and empirical evidence that a yearly open-book assessment increases competence? Does this assessment safeguard the public from unsafe and risky practices?

5. I can see merit in regular eye testing for health professionals fitting into a 4 yearly cycle. Eyesight decline is a gradual process. What is the empirical evidence that a biannual assessment is beneficial?

6. Liaising with the NZDA Consumer Relations Officer will help to identify at-risk practitioners at an early stage.

7. I believe the Dental Council needs to make use of the resources of the Dental School including its staff and clinics. The Dental School is charged with training students to become skillful and competent practitioners. They also assess overseas qualified dentists to ensure they are safe and competent to practice in New Zealand. I think the Dental Council should ask the Dental School to develop a 2 day training course focusing on practitioners' clinical competence. The results of this should be used by the dentist to develop a 4 year programme to address areas that needs to be worked on. This is to be implemented in conjunction with the dentist's mentor. A Dental School training programme, run in the Dental School clinic, would highlight bad practices and potential risks to patients and would ensure that all dentists will practise to a safe level. Dentists could attend this 2 day training programme every 4 years and this will be an opportunity to update and upskill in a proactive rather than in a reactionary manner.

Many thanks for considering my submission and I look forward to your reply.

Yours sincerely,

Petrus Antonius Maria van Kuijk
[redacted]