



The Dental Council of New Zealand Christchurch 8022  
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Dear Dental Council,

Please consider this letter as a submission to your draft proposals on a new recertification framework.

I congratulate the dental council in their courage to deal with the challenging and controversial issue of recertification. We all understand the important purpose of this to ensure the quality of patient's care. My experience is as a specialist orthodontist, with over 30 years' experience in different European countries and as such is different from many of my colleagues. As a result of this I have had a considerable different experience with more intensive recertification processes.

From this perspective I make my comments about the process and possible outcomes.

1. Missing information in your proposal; As part of the development of these proposals (your stage one activities, August 2018), the council identified and analysed problems and issues, however these problems and issues are not shared in the discussion document. The proposal mentioned international evidence and areas where practitioners and the council could improve their performance, however neither the evidence nor the areas were identified. The lack of above-mentioned data makes a fruitful discussion on these proposals difficult. This information would have been most useful.
2. Orthodontic Auxiliary; In your last annual report, it is stated that 4,073 individuals had a practicing certificate issued, divided over 6 dental professions. The Orthodontic Auxiliary was not mentioned as a profession, although they have their own scope and certification cycle. Perhaps this should be reviewed.
3. Should all professions covered by the dental council be covered by the same recertification process? Right-touch regulation is the minimum regulatory force required to achieve the desired result. It is hard to imagine that across these 7 professions this right-touch is identical and completely covered by the draft proposals. I therefore recommend that all these professions have separate recertification programs and cycles based on the same governing principles.
4. I think the yearly cycle of recertification is too short. Sudden changes in performance are uncommon and very likely to be picked up with recertification given that these sudden changes are usually health related and the recertification is usually retrospective in nature. A longer cycle such as four years could be considered, over which various activities can be undertaken as decided by the dental council and the specialist craft group.

5. Collegial relationships; I agree with council that collegial relationships are important and can be beneficial to prevent professional isolation. The proposed “buddy” system however does not appeal to me at all and misses the opportunity of an impartial professional peer review. A formalised, protocolled peer practice visitation on a cyclical basis offers the opportunity of information exchange that could enhance all participants in the way they practice orthodontics. Not only being visited, but to visit other practices as well, in a structured way, will prevent professional isolation and possibly reduce burn-out.
6. The inclusion of a formal health assessment; International research shows that not eyesight, but burn-out might be the greatest threat for dental and medical professionals. (Zini, A et al, Occup Med Health Aff 1:128). In a survey from November 2015 among senior doctors and dentists working at New Zealand's 20 district health boards 50% of the respondents reported symptoms of burn-out. A biennial eye examination does not seem to me a valid method in addressing health related competence decline.

I hope the council sees my submission in the positive light that it was written in and that the council can develop a recertification program for orthodontic professionals in close cooperation with the NZAO, our professional body, that has the quality of orthodontic care for all New Zealanders at heart.

Yours sincerely,

Ronald M. Sluiter, orthodontist