

# Outcomes from the consultation on the discussion document on recertifying our oral health practitioners: considering the draft proposals

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Dental Council  
Te Kaunihera Tiaki Niho

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## About our phase two consultation

On 13 August 2018, Council issued a [discussion document](#) seeking feedback from practitioners and stakeholders about our proposals to improve the approach to recertification. The proposals in the discussion document were used to obtain practitioner and stakeholder views on whether and how Council could achieve those improvements.

The consultation, which included 11 forums, 2 webinars and an online survey, closed on 26 October 2018.

Council want to thank everyone who participated in our phase two consultation. Council especially acknowledge everyone who took time out of their busy schedules to attend the forums, who connected with us through the webinars and who shared their views about our proposals through their submissions.

Your input has been invaluable, and it has, and will continue to inform and guide the decisions Council makes to improve our approach to recertification.

## Purpose of this outcomes document

The outcomes document provides a summary of the main themes which emerged from the submissions received and conversations Council had with practitioners and stakeholders during the phase two consultation. These main themes have been organised under the four areas which were set out in the discussion document. These were:

- area one - introducing an improved core recertification programme
- area two -providing support for new registrants
- area three - addressing health-related competence decline
- area four - addressing recurring non-compliant behaviour.

## Feedback and engagement

Council is pleased to say there was an unprecedented level of engagement in the recertification forums and webinars and volume of submissions received during the phase two consultation. Approximately 650 people participated in the forums and webinars and Council received and considered 398<sup>1</sup> [submissions](#).

The percentage of individual submission responses by profession was:

- 9.2% of dentists and dental specialists
- 3.87% of oral health therapists
- 3.94% of dental therapists
- 1.89% of dental hygienists and orthodontic auxiliaries
- 12.04% of dental technicians and clinical dental technicians.

The submissions and comments made by stakeholders are vital to informing Council in its decision making. Council has considered all feedback provided and has agreed 'in principle' to the four areas set out in the discussion document—but with refinements based on the submissions received.

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<sup>1</sup> Please note this number differs from the number referred to in our December 2018 newsletter.

## Results of consultation

Council received a wide range of comments on all four areas of the discussion document. No viable additional areas or alternative approaches were proposed by respondents—although Council specifically noted the feedback on maintaining the status quo and building on our existing practice audit process.

Council also noted respondents who supported the proposals did not provide detailed comments on the merit of the proposals or their reasons for supporting them<sup>2</sup>—other than to indicate support. In contrast, respondents concerned with or not supportive of the proposals used the comment boxes more frequently to say more about their concerns and issues. These comments have been of value.

As a result of Council's consideration of all the feedback, we agreed in principle to go ahead with the four proposals. Council also noted, more work was required to develop the operational framework and refine some of the proposals, based on submission feedback received, before the final details of the new framework would be communicated and introduced.

The secretariat staff have been asked to refine the proposals, those refinements will seek to address the main issues and concerns expressed by respondents.

The following details the key themes of feedback received on the four proposals, and Council's consideration of the feedback.

### Responses to area one proposals – new core recertification programme

The discussion document contained six questions on the area one proposals for a new core recertification programme. The proposals centred around an annual cycle comprising the following core components:

- professional peer review
- a professional development plan (PDP)
- professional development activities (PDA)
- reflection
- peer attestation
- assessment.

Council received mixed responses on the core components of the area one proposals ranging from support to no support. The three most prevalent themes which emerged from comments on the area one proposals were about:

- retention of the status quo
- needing further research and evidence supporting the proposed changes
- assurance the proposals would not adversely affect compliant and competent practitioners.

#### *Professional peer review*

Respondents who supported the proposals about professional peer review thought it:

- provided a level of peer accountability
- enhanced collegial relationships

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<sup>2</sup> This observation also applies to the discussions that took place between Council and participants in the recertification forums and webinars.

- addressed practitioner isolation and lack of insight.

Other respondents:

- had questions about the professional peer's roles and responsibilities as well as where and how to identify and engage with a professional peer
- emphasised the value of existing peer relationship-type activities and the impact the proposals may have on these activities
- focused on the importance of maintaining professional peer relationships where there is tension or conflict between practitioners.

### *Professional development plan*

On the proposals about a PDP, some respondents liked:

- having objectives to work towards
- the ability to proactively identify and plan activities to address areas of improvement.

Other respondents:

- highlighted the importance of having a flexible PDP so practitioners could respond to a new, or plan for long-term learning opportunities
- emphasised the need for an easy documentation and records process
- wanted a process that ensured quality engagement and input from a professional peer.

### *Professional development activities*

Respondents expressed two prevalent views about PDAs. First, that the current CPD requirements worked for most practitioners and respondents. Second, that by itself, completing CPD hours was not a relevant measurement of competence.

Some respondents:

- supported the proposal to broaden the types of activities that could be considered PDAs
- considered the proposals to be an appropriate next step for improving the quality of professional development requirements
- thought the proposals about PDAs asked too much of practitioners.

Other respondents were concerned about their ability to participate in PDAs. They wanted:

- access to a wider variety of PDAs—with greater relevancy to a practitioner's scope of practice
- access to more affordable PDAs
- assurance of flexibility in meeting the PDA requirements due to the impact of life events such as maternity/parental leave and illness.

### *Reflection*

Some respondents were supportive of and saw the value of engaging in written reflection. Other respondents:

- asked for more information about its purpose, function and likelihood of improving practitioner competence
- sought assurance reflection would be relatively easy to incorporate into their ongoing professional development activities.

## Attestation

On the proposals for attestation, respondents:

- sought clarification about the proposal's likely legal implications and professional responsibilities for practitioners—whether providing or receiving a written attestation
- identified the need to have appropriate support systems in place in case of breakdowns in collegial relationships.

## Assessment

On the proposals about assessments, some respondents sought evidence about the validity and effectiveness of it as a tool to measure competence.

Other respondents:

- advocated for a process that recognised some practitioners had skills that favoured formative rather than summative assessment models
- recognised the value of an assessment on Council's Standards Framework
- advocated for clinical practice observation as a valid alternative to assessment.

## Council's consideration

After careful consideration of the feedback, Council have decided to proceed with some area one proposals—subject to refinements required as a result of the feedback received. Council acknowledges that further work is required to ensure clarity and consistent application of the components of a new core recertification programme.

The refinements to be worked up relate to:

- clearly defining or describing aspects of the core components
- developing guidance documents and templates to assist practitioners to meet the requirements of a new core recertification programme
- addressing procedural questions about how the proposals will be implemented in practice.

In reaching its decision about the area one proposals, Council acknowledges that many of the concerns raised by respondents were due to a lack of detailed information about how the proposals would work in practice. Council always envisaged these details emerging as a result of the work to operationalise the proposals. However, Council recognises that respondents wanted more details about what the proposals would mean for practitioners in practical terms.

Council also acknowledge that our use of overly legalistic terminology may have led to confusion about our proposals for attestation. The submissions showed that many respondents believed Council were asking practitioners to verify the competence of another practitioner.

Council want to reassure all this was not our intent. Council wants to encourage collegial relationships, discussion around the information contained in another practitioner's PDP, as well as periodic engagement in discussions and review of practitioners' professional development activities. Clarifying our intent and the requirements for practitioners will be one of the key focus areas in refining and operationalising the area one proposals.

The refinements to area one will aim to strike a reasonable balance between what Council need to be assured of our practitioners' competence and the tasks our practitioners will be required to do to recertify every year.

## Responses to area two proposals – providing support for new registrants

The discussion document had five questions<sup>3</sup> relating to the area two proposals. The proposals were based on two core components:

- mandatory two-year mentoring programme for all new registrants<sup>4</sup>
- focus on core subjects or areas to assist a new registrant's transition into the workplace in New Zealand for the first time.

Respondents were generally accepting of the proposal that mentorship is a valuable way to support new registrants. As a result, there was also general agreement in principle for the area two proposals.

Some respondents wanted:

- more details about how the proposals would work in practice, including potential costs and how these would be met
- to ensure sector capacity, capability and quality assurance to fulfil the mentoring role.

Other respondents:

- wanted greater flexibility in the duration of the mentoring relationship, recognising some new registrants may need more or less support than other new registrants
- identified an opportunity for professional associations, colleges or specialist interest groups to administer and deliver mentoring programmes for new registrants
- identified an opportunity for more information to be incorporated into undergraduate (or other tertiary) courses to enable new registrants to make a smoother transition into the workplace.

### Council's consideration

After careful consideration of the feedback, Council has decided to undertake further work on the detail of the area two proposals.

Council will further explore the practical implementation and long-term sustainability of mentoring support for new registrants. The mentoring model must allow flexibility and responsiveness to the individual needs of each new registrant.

## Responses to area three proposal – addressing health-related competence decline

The discussion document had three open-ended questions (15-17) relating to the area three proposal. The specific proposal was that every practitioner, over 40 years of age, prove their vision is adequate to perform the tasks associated with their practise of dentistry.

Council received mixed views about the value or appropriateness of only requiring practitioners over 40 years to have an eye examination every two years.

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<sup>3</sup> Like area one, Council used a combination of open and closed questions (10-14) to obtain views about the area two proposals from respondents. Question nine and ten were open and questions 11-13 were closed, but the latter also included a commentary box inviting qualitative feedback from respondents.

<sup>4</sup> The term "new registrants" applies to all New Zealand oral health graduates. All overseas-trained oral health practitioners—regardless of how long they have practised in other jurisdictions prior to registration in New Zealand—are also included in the term "new registrants".

Some respondents recognised the need to identify and address other health-related competence decline issues. Other respondents sought:

- further evidence that poor vision was a contributing factor in competence cases
- more details about the testing regime for the proposal.

### Council's consideration

Council considered the feedback provided on the proposal regarding eye testing. In its discussions on area three, Council noted there did not appear to be strong resistance to the proposal. However, Council did note comments about the necessity for an eye examination at registration and the age at which the provision of evidence of an eye examination should be mandatory.

To this extent, Council also reconsidered advice received from the New Zealand Association of Optometrists and reviewed information from the Royal Australian and New Zealand College of Ophthalmologists (RANZO) and the Optometrists and Dispensing Opticians Board. RANZO suggested that regular eye checks be scheduled from 40 years for people with a family history of glaucoma and 50 years for people with no family history of glaucoma.

Having taken on board the feedback, Council determined to amend the area three proposal to:

- include a mandatory question in the APC renewal application form that specifically relates to eye health
- require evidence of an eye examination for all practitioners aged 50 years and older.

### Responses to area four proposals – addressing recurring non-compliant practitioner behaviours

The discussion document had three open-ended questions (18-20) relating to the area four proposals. The specific proposals to address recurring non-compliant practitioner behaviours required:

- recurring non-compliant practitioners to participate in an individual recertification programme
- practitioners with multiple complaints or notification to undertake additional assessments to determine their potential risk to the public.

Respondents were generally supportive of Council's intent to increase requirements for recurring non-compliant practitioners.

Respondents:

- sought more details about how the proposals would be implemented
- recognised a practitioner could be compliant—but not necessarily competent
- identified a range of regulatory responses to manage recurrent non-compliers, including adopting a supportive approach, to stopping the practitioner from practising.

### Council's consideration

The responses to area four indicated significant support in principle for the proposals.

Given the high level of support, Council have decided to proceed with the next stage of development of the proposals for area four.



## Implementation – next steps

The proposals originally presented will be reviewed and refined based on Council's consideration of the consultation feedback provided.

The work programme being developed will concentrate on the necessary refinements to the proposals that aims to:

- address respondents' requests for further detail, templates and guidance for practitioners
- identify the mechanisms required to establish and implement the proposals
- identify the key actions and timeframes required to begin rollout of Council's new approach to recertification in 2020
- include a communications plan for managing the change process.

Council will consider these refinements and the next steps as the refined detailed proposals become available.