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Plenary session – abridged speaking notes

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At the end of the day is a hard place to come into the discussion, particularly as the collective thoughts expressed so far are so much better than just mine alone.

Robin, I thank you for the opportunity that you are giving me today to express a view on this topic. I hope at least some of what I will say is useful. For those who perhaps don't agree with what I am about to express, most likely the regulators rather than private dental practitioners in the room, I hope at least my thoughts intrigue you.

In the end whether it's the Association, Council or individual dentists we all move through this with a similar desired outcome.

I believe conceptually there is a fundamental emphasis that is not being fully explored in the discussion (documents) - I want to present that, will do so briefly and then just headline nine suggestions regarding possible aspects to consider in a changed system.

For those who do not know me, my background is as a dentist (1983), as someone who has been involved on the New Zealand Dental Association (NZDA) Board since the early 1990's when the Association developed the Codes of Practice, (the standards for our profession) through all the work done with respect to the approaching Health Practitioners Competence Assurance (HPCA) Act 2003 and then the introduction of the Recent Graduate Programme, huge array of continuing professional development (CPD), mentorship, young dentist services, the positive things that support dentists in being good at what they do or aspire to do. In parallel with this for the last 21 years I have worked for Dental Protection Limited (DPL). Heading that organisation here in NZ, I personally case manage 200-250 complaint or claim cases each year.

I have a view about recertification, the work of Dental Council does in the recertification space and a view particularly about risk factors, and feel I do know a lot about the interaction between dentists and patients, issues of expectation and competence and practitioner disengagement.

To today - I applaud the discussion document that has been circulated, particularly in the sense it recognises the concept that much of what has been done to date is perceived to 'frustrate the masses to not really catch the few,' (my interpretation). So, I am glad we can explore other options. It's a good opportunity.

To date much has been seen as process driven and often seen by practitioners as being as much about the Council protecting the Council (i.e. having process that supports the legislation) rather than actually producing significant improvements in patient safety.

I do ask—where is the evidence that patients being treated in surgeries right now, today, are any safer than pre the HPCA Act and Dental Council's recertification process? I think there is clearly evidence in a shift to have better recognised patient rights, described, enshrined in law and processes that better address patient issues when they arise. But I don't believe we have evidence that competence levels, complaint levels, dentist work satisfaction levels (very connected to safety) are changed in any positive way.

On the ground, in New Zealand, the safe – the competent, the public protection - is the 20,000 patient dentist interactions in several thousand dental surgeries that are occurring today and every working day. The reality of trying to impose on that is not achievable.

So here is the concept I wish to present - being a dental professional brings with it a social contract – a position, an unwritten understanding, a trust. Proactively supporting enhancement of the values within that social contract is the real key.

I am saying support things that create and sustain the want to deliver the value set, rather than rules that just measure whether you are complying, or just describe how you are to comply.

And, excuse my bias, but I think supporting these values as the emphasis is what NZDA does so well and a reason why over 98% of dentists volunteer to belong. We support and we take the initiative to resource the things that usefully support and promote the value set. Please support us in doing that.

Why – let's have a look at the high level of thought on this is

At a very fundamental level the public require us (practitioners) because of our ability to prevent and relieve disease and suffering and through that we have a position in society. Because of the giving and the skill it requires, this becomes a position of *privilege* - "the Doctor."

What I do see in the value set and within this social contract - is opportunity with respect to recertification.

Applying, as Council has, a blanket policy of process, rules and regulation, standards, guidelines, over all that and expecting a result in my view misses the point.

I feel the approach to date has resulted in the Council never having achieved real engagement with practitioners at an individual level and it has also led to frustration and a degree of disengagement between the Council and the professional body - the NZDA (with its 98% voluntary membership).

The real journey here is for Council to support what sustains the value set and to honestly connect with the profession and it's Association at that level (e.g. support the Association's initiatives in these matters rather than disempowering it).

In a sense this document and this sort of forum have the potential to start that.

To narrow to specifics, I'll give you an example and it is from the background paper. Quoting 2008 NZDA President at the time, Mark Goodhew:

Dentists receive an annual practising certificate bill and an occasional newsletter from the Dental Council and are happy not to have more contact' end of quote.

Many see the APC process as simply an administrative process, tick all the boxes and fire it off to DCNZ with a cheque. To me this represents disinterest and disengagement. Let's explore this 'disengagement' into the issues we are discussing today.

The literature review states:

In some cases the development of recertification frameworks has only generated suspicion and scepticism on the part of practitioners. These perceptions and attitudes, present a significant challenge for regulators. How does the regulator take the profession along with them?'

The literature is clear, and the literature review circulated states:

It is not possible to *impose* (emphasis added) a new system against the will of practitioners and contrary to *values* (emphasis added) that are considered essential to the system.

With respect to the discussion document itself and now 'cutting to the chase'. There are a number of things that I feel are important. I'll list nine and I will be very brief – basically headlines only.

1. Support

I believe when Council looks at the values in depth, looks at what can and what is challenging those values, then Council's thinking will become more aligned to the Association. Council with their standards framework is, I think, moving in that direction.

Get in behind NZDA with a drive to involve as many dentists as possible in the positive activities that support the fundamental value set that builds professional, ethical, caring and empathy rather

than just in more statement or measuring process. Make these things, these services a centre of recertification.

2. Data

Council is deficient in data collection and that is a significant problem. I agree within recertification targeting and adding more support to at-risk groups, but cannot think of a legitimate way to do so without compelling evidence. Don't delay further on seeking data. This is a topic previous working groups have raised with you.

3. The public

Think disease of low socioeconomic groups, think access, think pain, think infection, think 29,000 four to seven years olds needing extractions this year. Think over 6000 GA's for young children last year.

When we talk recertification what is it that you think the public really want from us as dentists? There are times to step back from political correctness to answer that. There are a huge range of dental practices and the huge variation in what is collectively described as the public and the diversity is growing. I think the regulatory complexity (DCNZ, Health and Safety, Employment law, ACC, staff checks) is getting ahead of what dentists can effectively do within the constraints of care delivery within a small business environment.

Where is the real public input into these documents and discussion?

4. Continuing professional development

This is presented in the papers and the presentation, in my view, is simplistic. CPD remains very important. The environment and emphasis NZDA has placed on providing CPD has assisted in creating a dozen years of newly graduated dentists who have entered an environment of CPD that is entirely different to my generation.

It is the CPD interaction through and then after these initial 'transition to practice' programmes (mentorship and recent graduate programmes) that exposes individuals constantly to the value sets of others (expressly other cohorts). It's that interaction that maintains not just learning – but collegiality. It's that CPD interaction that assists assimilating the large numbers of overseas-trained registrants entering our workforce.

CPD and the collegiality derived from it are, in my view a significant contributor to practitioner wellness and a major foundation to protecting the public.

5. Life cycle – the ups and downs

There is information in the documents that the clear majority of dentists exceed or sit at the acceptable standard and even those that hover around the margin do so in a way that creates low risk infringements of patient safety. Both my individual experience and entire experience within DPL is that is not entirely the case. It's my experience that individual practitioners do not complete their lifecycle of practice with a uniformity of competence throughout the journey.

Periods of illness, alcohol dependency, relationship breakdown (marriage in particular), financial pressures, work conflict, family issues, bereavements - can and I believe reasonably often, alter interest in and ability to maintain levels of competent care for various periods of time. Exploring these aspects and assisting to support practitioners is fundamental.

6. Strong margins

There is a strong margin to the very good and the very bad within our profession. There really does exist a group of practitioners where there are issues of insight, often attached to feelings of entitlement, where the patient's interests are very much secondary. It can also have the overlay of poor balance between the business and professional motives within their value set. Their drive is

heavily weighted to increasing sales. These are identifiable features. I'm not sure the HPCA Act and DCNZ have had much impact on those practitioners.

I believe the documents correctly identify that the Councils direction of having a range of tools to deal with problems is very important and I fully support that.

7. All oral health practitioners

My view is that recertification does not necessarily need to contain the same process or elements across all oral health practitioner groups. Dentists don't need to be shackled by others and they do not need to be by dentists. The various professions have different demographics, different risks, different scopes, different work environments.

So in my view we don't need to automatically have the same system for all groups. Some flexibility in this is probably desirable.

8. Diversity of registrants – the new makeup of our profession

I think it's important to realise the folly of believing that single-point-in-time assessment can adequately gauge a dentist's competence. There have been and are very real problems with the New Zealand Dentist Registration Examination (NZDREX). That assessment is such a different proposition to watching a student develop over the course of four years.

9. Otago Dental School

Whilst mentioning exams and registration let's look at our own dental school.

To me it's illogical that for years every, or virtually every, dental student has passed the final exams. There are graduates who simply will be a long term difficult prospect for the Council in terms of recertification. This really needs to be explored with the Faculty.

In summary

At the heart of this sits the values of the social contract between dentists and their patients, between the profession and the public. The strength and the character of that value set is the central point.

Efforts that strengthen those values through initiatives such as mentoring, professional development (recent graduate and continuing), wellness support, collegiality, should have full recognition and support of DCNZ within recertification ethos and process.

I really, look forward to such changes if they occur.

I think they will provide resolution to the frustrations of disempowerment NZDA feels and improve the standing of Council amongst practitioners at large.

I do think the discussion document and the discussion today are a very good starting point.

I am genuinely sorry if I have offended anyone....I have not beaten up overseas trained dentists, or Otago. I don't believe it is wishy washy to put *values* up front and centre of recertification.