

12 September 2017

## **Pharmacy Council submission to consultation on recertifying oral health practitioners**

Thank you for providing us with an opportunity to submit a response to the Dental Council's consultation.

We congratulate the Dental Council on its comprehensive and thought-provoking consultation paper. The Pharmacy Council schedules periodic reviews of its recertification framework and we acknowledge the contribution the Dental Council's review will inevitably have to our own future reviews.

The Pharmacy Council is reluctant to provide opinions on the direction Dental Council should take; however, we are pleased to offer learnings from our own experience, in addition to contributions of Pharmacy Council staff to the March, 2017, Dental Council Symposium (the Symposium).

We have limited our comments to consultation questions where we may be able to offer helpful insight.

### **Question 4: Should the Dental Council make changes to its recertification framework?**

An explicit requirement of the Dental Council's recertification framework is to confirm competence to practise, understood to provide assurance of public safety. The following conclusion from the Symposium indicates a change may be needed: *"the current framework is inadequate to assure public safety"*. Need for change appears to be reinforced by research findings, as advised by Professor Ron Paterson at the Symposium: *"..despite good intentions, many CPD activities are of limited utility in improving practice and targeting areas of suboptimal performance in practice....there is no verification that CPD activity has translated into good practice"*.

### **Question 5: Which components of good oral health care are more important?**

We do not have knowledge specific to oral health, but make the comment that patients may be harmed even after a practitioner has been deemed competent. Recertification as an assurance of competence may not necessarily provide assurance of public safety.

### **Question 6: Should the Dental Council equip patients and the public to recognise poor practice?**

Risk-based regulation relies on certainty in identifying risk. A well-informed public is an important source of information about risk.

### **Question 7: Is Dental Council's approach to regulation made clear?**

The discussion paper makes clear that the approach is proportionate to risk/problem, that it aims to identify issues earlier rather than later and that it encompasses a transparent, user-friendly system that is fair and consistent.

**Question 8: Should the Dental Council develop a risk pyramid/matrix to explain the types and levels of risk and corresponding regulatory responses?**

A robust, systematic model for identifying, categorising and mitigating risk will be important in efficient and proportionate regulation.

**Questions 9 - 11: Which tools and mechanisms should the Dental Council use to identify and manage risk?**

A range of situation-specific tools, with greater reliance on objective (or multi-source) indicators is likely to be more defensible than self-declaration alone.

**Question 12: Should Dental Council use risk analysis and risk-profiling to identify poor practice sooner?**

We anticipate that there may be practitioner discomfort associated with risk-profiling, however, some such analysis may be necessary to apply regulation effectively and efficiently where risk is deemed highest. Any risk analysis requires use of high quality data and methodology to ensure it is defensible.

**Questions 13-14: Should Dental Council use incentives to encourage compliance?**

Ideally, internal, rather than external, motivation should drive a health practitioner to remain compliant with the requirements of their profession.

**Question 15: Should the Dental Council change its current prescribed hours' requirement for ongoing professional learning?**

The Pharmacy Council uses a mixed input and output model in its recertification framework and believes this represents good practice internationally.

**Question 16: Should the Dental Council change its CPD cycle length?**

The Pharmacy Council's three-year cycle is working well for us. Cycle length should permit time to reflect on practice, undertake learning and activities to improve practice and document several instances of improvement in practice from the learning.