

A discussion document on recertifying our oral health practitioners: thinking about the future

Issued: 27 June 2017

Submission closing date: 30 September 2017



Dental Council
Te Kaunihera Tiaki Niho

Foreword

Our primary purpose is to protect public health and safety and we do this by ensuring our practitioners are competent and fit to practise.

We have been examining our current approach to recertification and have determined some aspects of the system need to change if we are to achieve our primary purpose. We have decided to review our recertification framework to address the issues we have identified.

We think this review is a hugely important piece of work and one we want all our stakeholders, especially our practitioners, to actively participate in. We cannot do this without you. We want to talk to you and share ideas and experiences (yours and ours) about recertification.

We encourage you to get involved—to have conversations with your friends, peers and colleagues and to share these conversations with us. We also urge you to:

- attend one of the 10 forums we will be holding in July and August 2017
- participate in a webinar in September 2017 if you cannot attend a forum
- send us an online survey submission by 30 September 2017.

Your feedback and the discussions we will have with you will help us examine our current recertification framework from all sides and through multiple perspectives. We will also use your feedback to inform future decisions we make about our recertification framework.

This is only the first step in the conversation we want to have with you about recertification. We look forward to talking to you, as we undertake this review of our recertification framework.



Dr Robin Whyman

Chair



Marie Warner

Chief Executive

Overview of review process

Purpose of this discussion document

This discussion document has three purposes. To:

- inform you of the thinking, research and work we have done so far on our recertification review
- identify some of the issues with the current recertification framework and opportunities for change
- elicit your views and perspectives about recertification.

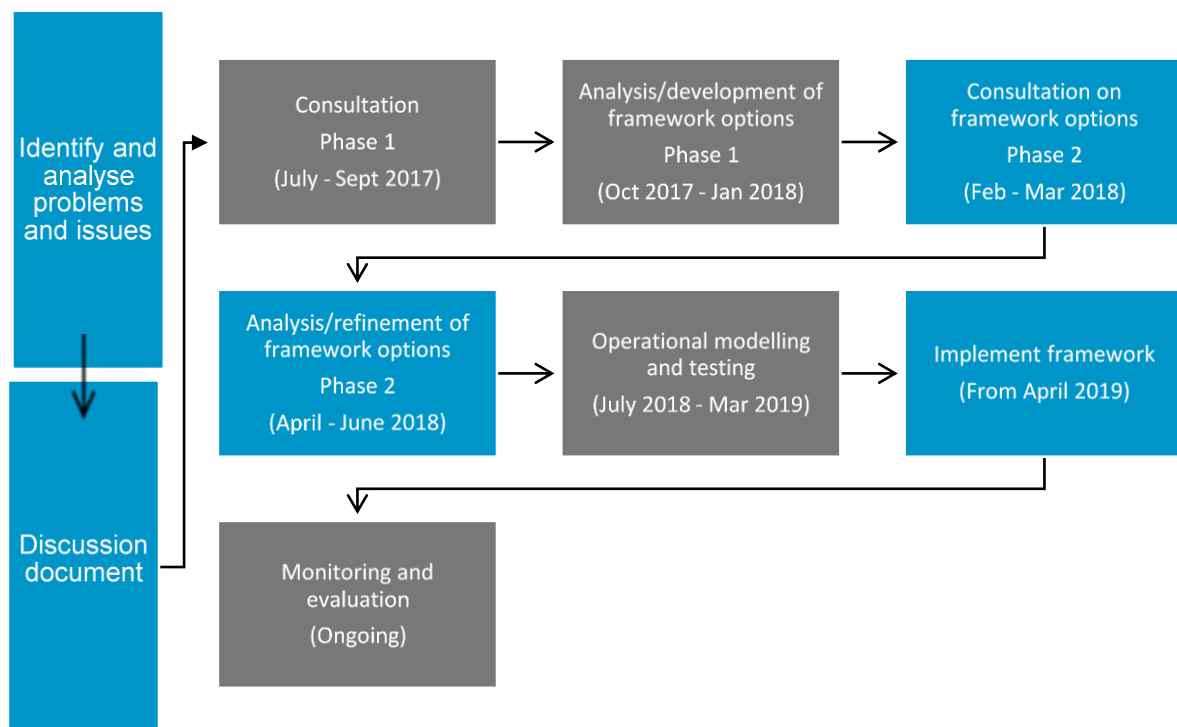
Your views will inform the decisions we make about our future approach to recertification. Our aim is to deliver more effective and efficient outcomes for the public and our practitioners.

Roadmap for our review

Undertaking this recertification review is a significant piece of work for the sector. We want a smarter, more robust and fit for purpose framework. This can only be achieved if we engage in a conversation with all our practitioners and other stakeholders, and use the feedback to inform the future decisions we will make. Once we have come to some firm decisions on what a new framework could look like and/or include, we expect to consult with you for a second time.

This review will take time and we estimate the process (from seeking out your initial views and experiences of recertification, through to being ready to implement a new framework) will take between 18 and 24 months.

Figure 1: Projected timeframes for recertification review process



How you can have your say

Your experiences, views and ideas about recertification are important to us and there are a range of ways you can share these with us.

Forums and webinars

During July and August 2017, we will be holding ten forums throughout the country. You can register your interest in attending at the links below:

Forums

North Island

- [12 July in Whangarei at 7.00pm](#)
- [17 July in Hamilton at 7.00pm](#)
- [19 July in Auckland at 7.00pm](#)
- [26 July in New Plymouth at 7.00pm](#)
- [31 July in Wellington at 7.00pm](#)
- [24 August in Napier at 7.00pm](#)
- [28 August in Palmerston North at 7.00pm](#)

South Island

- [24 July in Nelson at 7.00pm](#)
- [21 August in Dunedin at 7.00pm](#)
- [22 August in Christchurch at 7.00pm](#)

In addition to the forums we will also be holding two webinars on:

Webinars

- [11 September at 6.30pm](#)
- [13 September at 6.30pm](#)

For further information and to register your attendance at the forum closest to you, or to participate in a webinar go to our [recertification forums page](#).

Online survey

Whether or not you can attend a forum or participate in a webinar, we welcome your feedback.

You can do this through our online submission survey, available at <https://www.surveymonkey.com/r/DentalCouncilRecertification>.

Queries or questions

If you have any queries or questions relating to the recertification review you can contact us by:

Website	http://www.dcnz.org.nz/i-practise-in-new-zealand/recertification-review/
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Email	recertification@dcnz.org.nz
Phone	+64 4 499 4820

Current context and approach

Purpose of recertification?

Recertification is the system we use to ascertain compliance and confirm our practitioners are competent to practise. The Health Practitioners Competence Assurance Act (HPCA) 2003 specifically sets out our legislative requirements as they relate to protecting public health and safety. In addition, the HPCA requires us to make a meaningful assessment of a practitioner before issuing an annual practising certificate (APC).

Links to our strategic framework

In addition to the legal requirements we must adhere to, the Dental Council's decision to move towards right-touch risk-based regulation is also a significant factor in this review.

Being a right-touch risk-based regulator means making decisions and responding in a way that is proportionate to the risk or problem. It means aiming to identify issues earlier and developing solutions to correct, manage or mitigate risks or problems. Being a right-touch risk-based regulator also means having a transparent and user-friendly system, which is fairly and consistently implemented.

We will use this review to help us explore new and/or alternative ways of ensuring consistency between our decisions and responses and the risks identified through our recertification framework.

For more information on our recertification process see:

- [What is recertification?](#)
- [What does the law require us to do?](#)
- [Our current approach to recertification](#)

For additional documents that guide our approach to recertification see:

- Our 2015-2020 [Strategic Plan](#)
- Our [Standards Framework](#)

Our case for change

We have been reflecting on the effectiveness of our approach to recertification since 2014.

In the past, we have undertaken targeted reviews of aspects of recertification, including our continuing professional development (CPD) policy and recertification as it relates to dentists and dental specialists.

We have reviewed some of the research to inform our understanding of the drivers for recertification. This included identifying the common elements in many health-focused responsible authorities' (RAs) approaches to recertification, both in New Zealand and overseas. We have also explored what is and is not effective and what does and does not work in relation to those common elements.

On 17 March 2017 we also invited some of our key organisation stakeholders to participate in a symposium about recertification. Our main objective for the symposium was to put forward our case for change and to seek feedback from these organisations on whether our thinking about recertification was on the right track.

An analysis of this broad range of data and information has led us to conclude there are areas in which our approach to recertification could be improved.

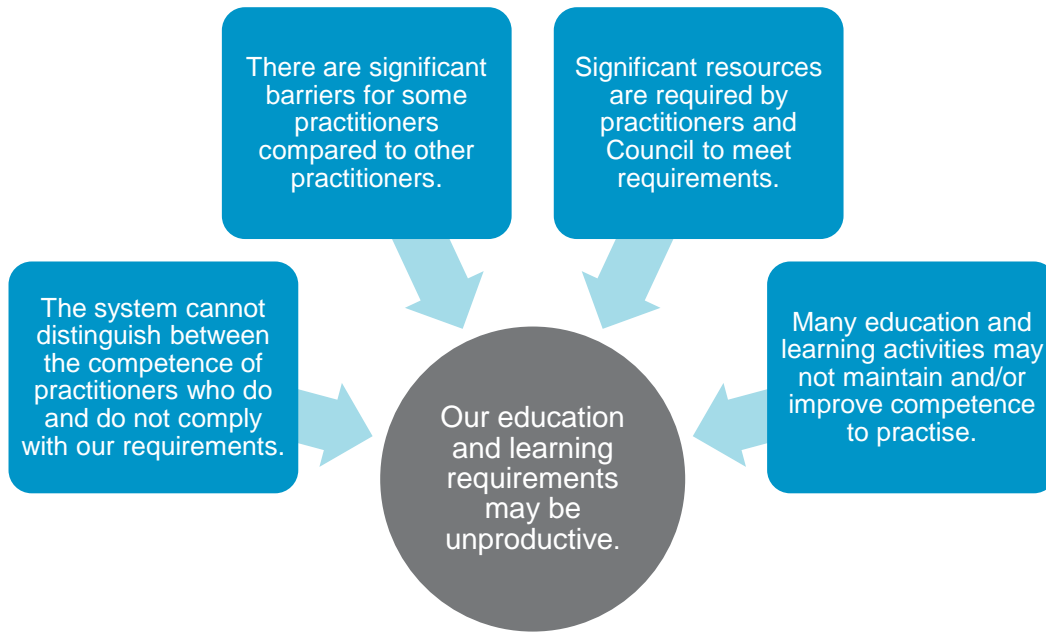
Inadequate mechanisms to assure public safety

“The purpose of recertification is not just a measure of competence, but to deliver safe care to patients. Evidence presented today indicates it is not meeting that purpose ...” – (from table discussion at the Dental Council Symposium, March 2017)



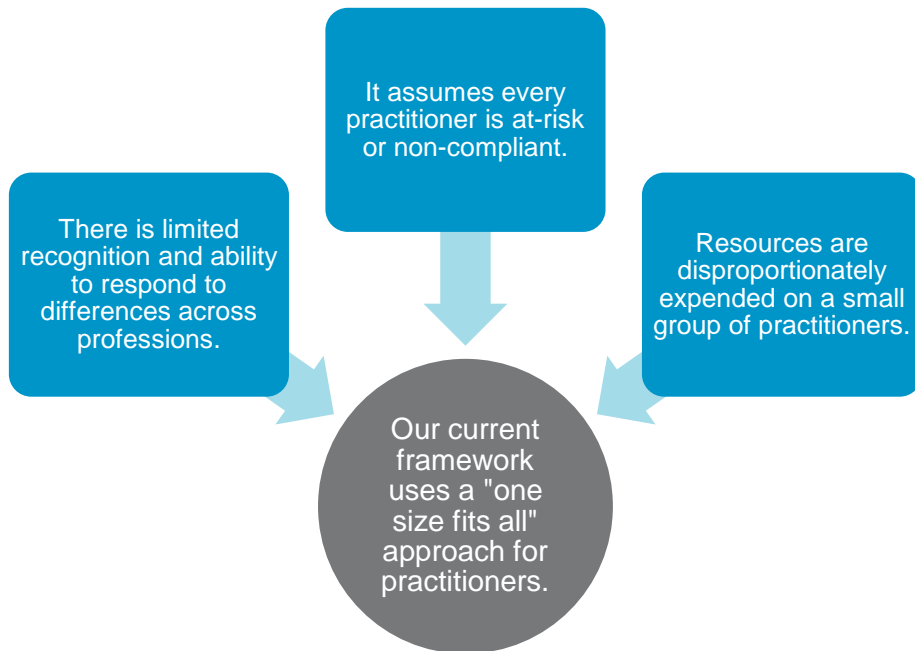
Education and learning requirements may be unproductive

“Research confirms what common sense suggests: despite good intentions, many CPD activities are of limited utility in improving practice and targeting areas of suboptimal performance in practice, and they don’t actually test anything. There is no verification that CPD activity has translated into good practice.” – (Professor, Ron Paterson, keynote speaker at the Dental Council Symposium, March 2017)



One size fits all approach for practitioners

“Defining supports and sanctions requires consideration of environmental context for individual practitioners (i.e. internal and external factors, context of practice setting, stressors and cultural competence). How do you identify these variables and do we deal with them?” – (from table discussion at the Dental Council Symposium, March 2017)



You can find the literature review and articles that informed the development of this discussion document [here](#)

You can find the summary report from our March 2017 symposium on recertifying our oral health practitioners [here](#)

Issues and opportunities

What are the issues and where are the opportunities for change

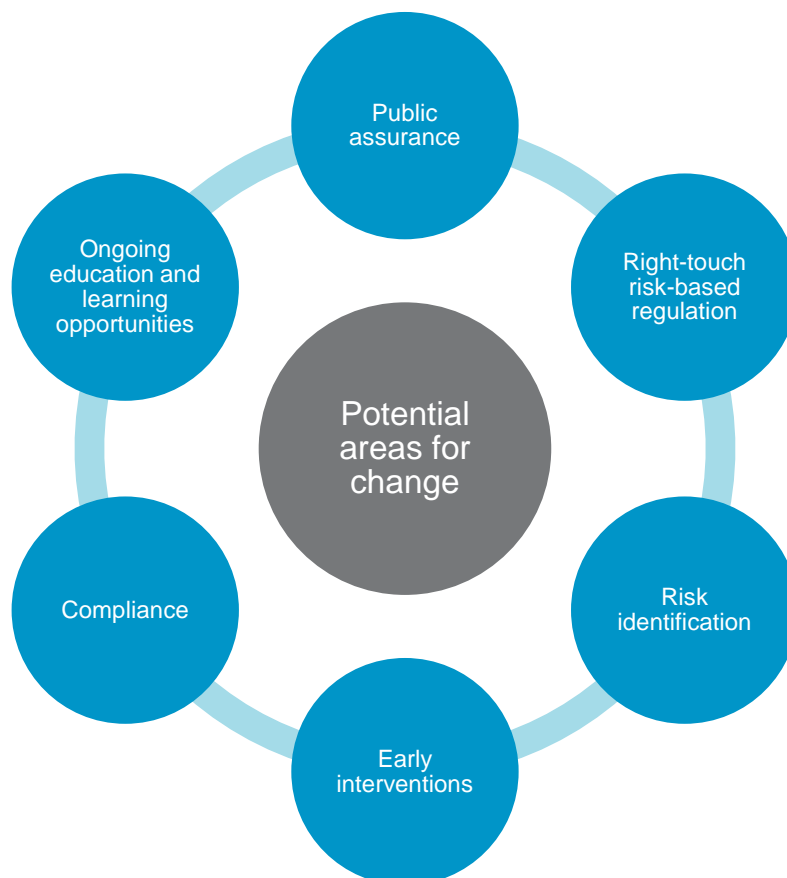
We have identified six areas where we think there are opportunities for us to make changes to our recertification framework. We believe these changes will improve the effectiveness of our procedures and the tools we use to determine whether our practitioners are competent to practise.

The potential areas set out in figure 2 (below) are primarily concerned with how we can assure and protect the public's health and safety. But they also concern the changes we need to make in order to give practical effect to our 2015 decision to be a right-touch risk-based regulator.

In addition to what the HPCA 2003 envisages, adopting a right-touch risk-based approach to regulation also means finding new and/or alternative ways to:

- differentiate between, and fairly treat practitioners who consistently comply with our recertification requirements
- support the diverse learning and skill requirements of our practitioners
- emphasise the importance of practitioner engagement in ongoing education and learning opportunities that support and enhance their competence to practise
- intervene as early as possible for practitioners at risk of not complying with our recertification requirements.

Figure 2: Potential areas for change to our recertification framework



For each area we have included an explanation and/or the context for the potential area of change and possible changes we have identified.

We are aware no single proposal will resolve all of the issues we have identified with our recertification framework. However, by addressing these six areas it is our intent they will bring about substantial improvements for the public and our practitioners. Moreover, we expect that the primary effect of these changes is that we have greater certainty that our practitioners are competent to practise.

You should note that the potential changes we have identified may not be the only ones. Nor, at this stage, do we have a preference for one or more of the changes we have identified. They may act as a catalyst for your own suggestions or refinements about what could or should be changed in our future approach to recertification.

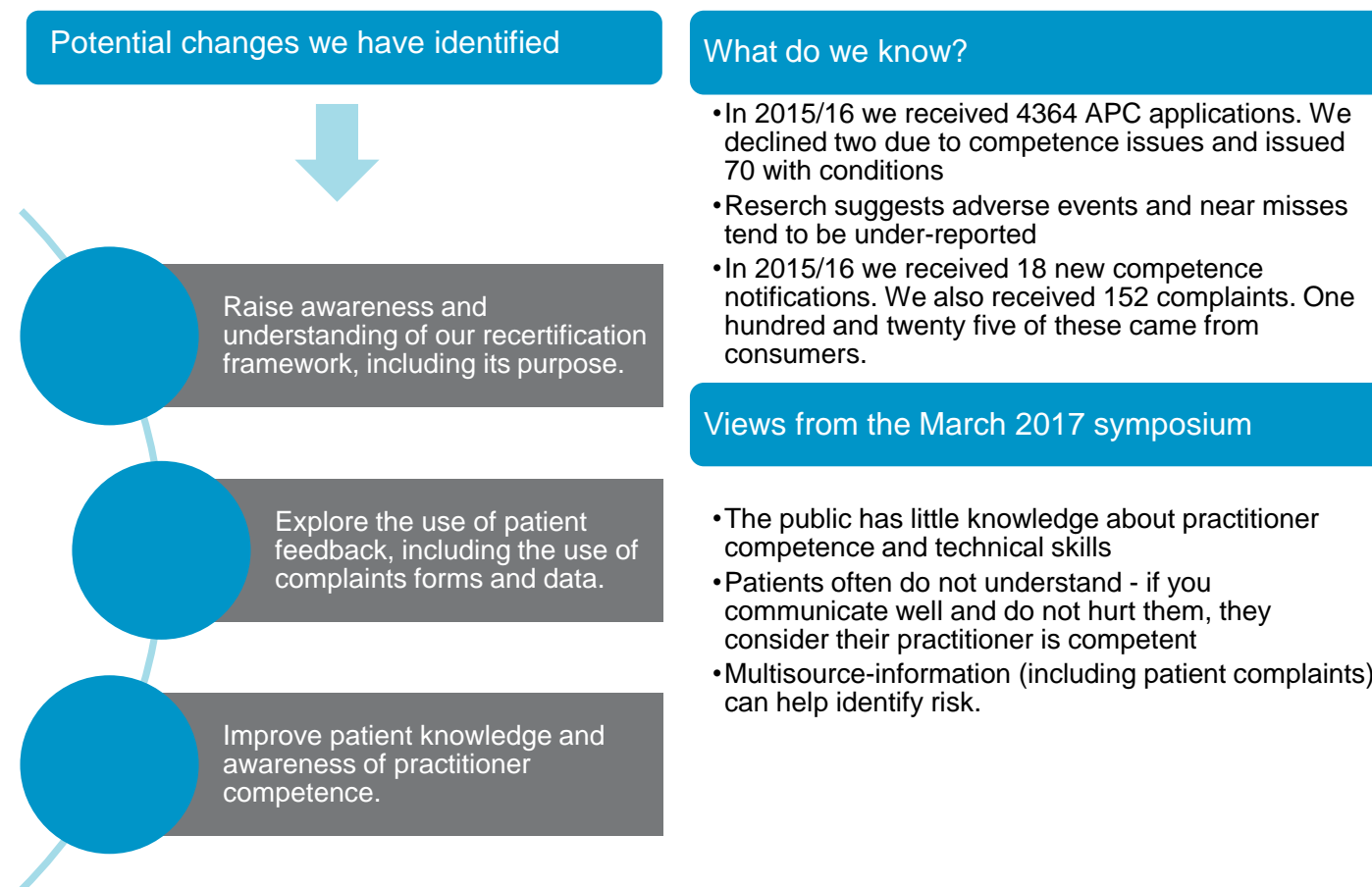
Survey questions

Q. Do you think the Dental Council needs to make changes to its current recertification framework?

Q. Do you have any other comments, suggestions or information you want to share with the Dental Council about recertification?

Area for change one: public assurance

Public assurance is about patients (and their families) believing their practitioner is competent and will not harm them. Public assurance is also about patients assuming we have the tools and mechanisms to confidently identify and assess competence and to remedy incompetence. It is also about the public being able to identify a competent practitioner (e.g. what they do, how they behave, how they communicate with them) and who they can talk to if they have a concern about their practitioner.



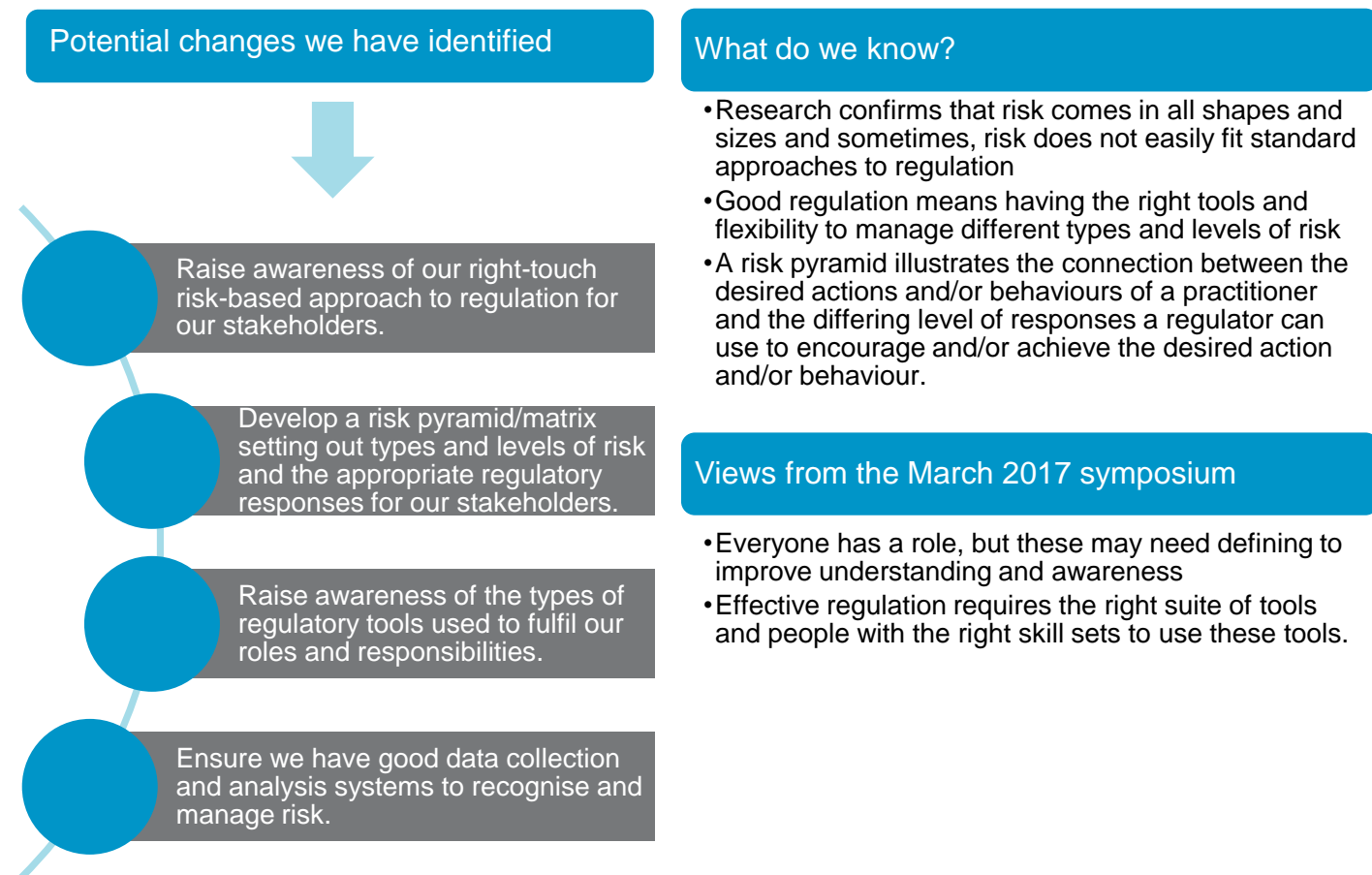
Q. Please rank the components from 1-7, with one being the component you think needs the most improvement and seven being the component you think needs the least improvement:

- Patients are confident their practitioner will not harm them
- Patients receive the appropriate treatment for their oral health concern or issue
- Patients receive appropriate information about their treatment and care
- Patients needs and concerns are discussed and addressed with their practitioner
- Patients feel they are treated with dignity and respect at all times
- Patients feel confident their practitioner has the knowledge and skills to treat them
- Patients know how to complain about treatment they have received from their practitioner

Q. Do you think the Dental Council needs to equip patients and the public to recognise poor practise?

Area for change two: right-touch risk-based regulation

Being a right-touch risk-based regulator means making decisions and having responses proportionate to the risk or problem. It means early identification and development of solutions to correct, manage or mitigate risks or problems for our practitioners. Being a right-touch risk-based regulator also means having a transparent and user-friendly system; which is consistently and fairly implemented.

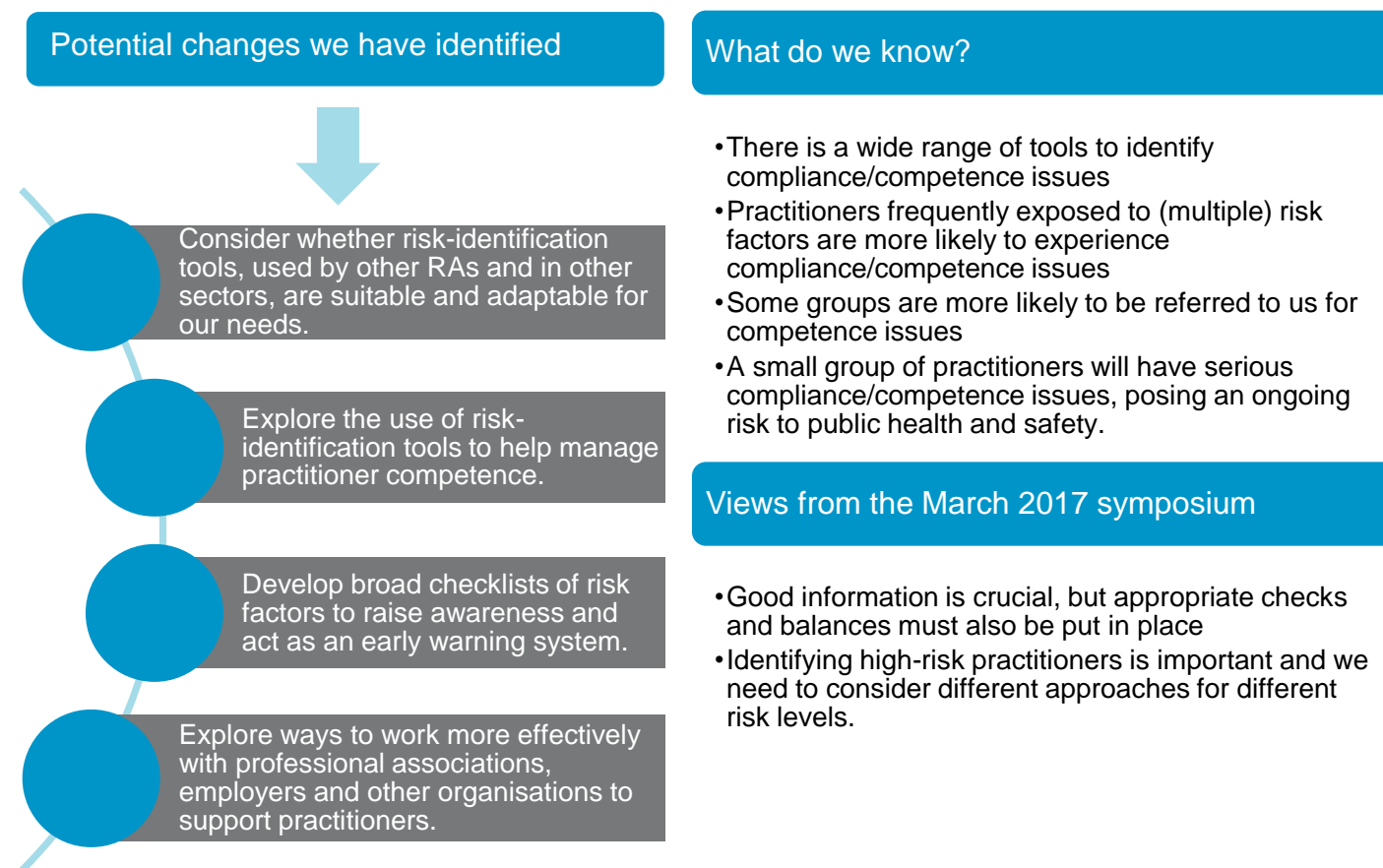


Q. Do you feel you have adequate information about the Dental Council’s approach to regulation?

Q. Do you think the Dental Council should develop a risk pyramid/matrix to explain the types and levels of risk and corresponding regulatory responses?

Area for change three: risk identification

Our data collection system is currently not meeting our information analysis needs. The flow-on effect is there are limitations in the information we collect and can extract from our recertification framework for useful analysis. Complaints and notifications from the public, other practitioners and other agencies are our primary way of identifying practitioner compliance issues. We also use information collected during practice visits, audits and competence and fitness to practise reviews to identify and improve our understanding of risk factors. We want a recertification framework that has a robust data system and business intelligence tools, which contribute to improvements in practitioner competence.



Q. Which (if any) of these tools and mechanisms do you think the Dental Council should be using to identify and manage risk?

- Practice audits
- Practice questionnaires
- Inquiries such as those under section 36 of the HPCA 2003
- Risk factors for practitioners
- Competence and recertification programmes
- Examinations and assessments
- Practical training/experience for a period of time
- Course of instruction
- Supervision, counselling and/or mentoring

Q. Are you aware of any other tools or mechanisms the Dental Council should be using to identify and manage risk?

Q. Do you think any of these risk tools or mechanisms are more effective than others?

Area for change four: early intervention

Early intervention is about preventing the escalation of serious issues for our practitioners and more serious responses from us. It is a paradigm shift from reactive to proactive and remedially-focused interventions at the earliest point of risk identification. Early intervention is also about our practitioners not being afraid to seek out help as soon as possible, and knowing where and from whom to obtain advice and assistance.

Potential changes we have identified



Explore the feasibility of using risk-profiling tools to identify poor practise sooner.

Identify future lapses that may result in competence issues.

Explore more effective and efficient ways to share information to aid early identification of competence issues.

What do we know?

- There is a need to identify risk factors and intervene early with practitioners experiencing difficulty
- Research states some tools and indicators (e.g. peer review and prevalence of previous complaints) can help identify and/or lead to improvement, especially if used in the early stages of correcting poor practice
- We need better tools to identify poor practice and better programmes to help those who require them.

Views from the March 2017 symposium

- Addressing issues early is important and this includes root causes to prevent mistakes
- Practitioners need constructive and supportive interventions.

Q. Do you think the Dental Council should explore the use of risk analysis and risk-profiling to identify poor practise sooner?

Area for change five: compliance

Improving compliance is about helping our practitioners understand our standards and that our recertification requirements are based on preventing harm and encouraging and promoting good practice. It is about considering change to our “one size fits all” recertification approach to incentivise the majority of practitioners who consistently meet our requirements. Compliance is also about having a recertification framework capable of identifying and addressing poor compliance behaviours in some of our practitioners.

Potential changes we have identified



Identify and promote exemplars of good compliance practices.

Consider the increased complexity of varied and self-managed education and learning opportunities on compliance.

Explore the use of incentives for practitioners who demonstrate consistent and sustained compliance with our requirements.

What do we know?

- The majority of our practitioners comply with our recertification requirements
- We have a range of tools to identify and manage practitioner risk, including when to use persuasion or sanctions to encourage or obtain compliance.

Views from the March 2017 symposium

- Practitioners have different/varied attitudes and approaches to compliance
- We need to identify motivating factors and consider incentives that may encourage ongoing compliance in our practitioners
- We need to have a robust process which is fair for everyone.

Q. Do you think the Dental Council should explore the use of incentives to encourage practitioner compliance?

Q. What do you think the Dental Council could do differently to encourage practitioner compliance with its recertification requirements?

Area for change six: ongoing education and learning opportunities

Engaging meaningfully in ongoing education and learning opportunities encourages behaviours and attitudes, which foster professionalism and competence in our practitioners. It means acquiring, maintaining and reinforcing new/existing skills and knowledge to keep pace with innovations and changes in practice. It also means applying (new) skills and knowledge to ensure these are embedded into practise. All practitioners also have a professional obligation under the Dental Council's Standards Framework to, *keep [their] professional knowledge and skills up to date through ongoing learning and professional interaction* (Standard 11).

Potential changes we have identified



Shifting from output (e.g. completion of prescribed hours) to outcome (i.e. demonstrating links between learning and practice).

Recognising formal and informal activities and opportunities in a variety of education and learning environments.

Exploring ways to support the current and future knowledge and skill needs of all of our practitioners.

What do we know?

- Practitioners invest a significant amount of personal effort and resources into their profession
- Some practitioners have continued to express frustration at the lack of relevant education and learning activities available to them
- The research confirms there is no agreement on the effectiveness of education and learning opportunities, although there is some evidence that interactive, multidimensional learning activities and techniques relevant to practice, may be more effective.

Views from the March 2017 symposium

- There is a perception that CPD does not test or translate into competence
- We need to link education and learning opportunities to gaps in skills and knowledge
- Education and learning opportunities should cater for different learning styles.

Q. Do you think the Dental Council should change its current amount of prescribed hours and peer activities?

Q. Do you think the Dental Council should change the current length of its education and learning opportunities (CPD) cycle?

Q. Which actions should the Dental Council prioritise when considering its approach to ongoing education and learning opportunities?

- Changing the current amount of prescribed hours and peer activities
- Changing the current length of the education and learning opportunities (CPD) cycle
- Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities
- Removing the requirement to have verifiable education and learning activities
- Requiring practitioners to maintain an accurate record of their education and learning activities
- Permitting practitioners to choose some/all of their education from prescribed categories
- Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards

Q. Do you think the Dental Council needs to make any other changes or improvements?

Links to additional information

We prepared a literature review to inform the decisions we will make about our future approach to recertification.

The literature review identifies and defines the core components that make up recertification frameworks, predominantly as they relate to health professionals. It examines what is effective and what works in relation to these components.

The literature review also informed the material relating to the six areas of change contained in this discussion document.

- For additional information about area of change one: public assurance, go to:
 - [What can we learn from the literature about recertification and revalidation](#)
- For additional information about area of change two: right-touch risk-based regulation, go to:
 - [Recognising, supporting and managing risk](#)
 - Professional Standards Authority. *Right-touch regulation. Revised*. London: Professional Standards Authority. 2015. Retrieved from www.professionalstandards.org.uk (9 June 2017)
- For additional information about area of change three: risk identification, go to:
 - [Recognising, supporting and managing risk](#)
 - [Three lessons from the literature about competence](#)
- For additional information about area of change four: early intervention, go to:
 - [Factors to consider when reviewing or implementing a recertification framework](#)
 - [What is peer review](#)
 - [Formal and informal mechanisms are important tools](#)
- For additional information about area of change five: compliance, go to:
 - [What do the lessons about competence and fitness to practise mean for recertification](#)
 - [Linking outcome-based systems and CPD](#)
 - [Four themes from the literature about responsive regulation](#)
- For additional information about area of change six: ongoing education and learning opportunities, go to:
 - [Defining recertification and revalidation](#)
 - [What is continuing professional development](#)

Glossary of terms (and/or their meanings) used in this discussion document and supporting information:

APC	Annual practising certificate
CDE	Continuing dental education
Competence	The state of being able to do something
Competency	A set of skills or characteristics. The ability to perform a task based on the required skills.
Competent practitioner	A competent practitioner is one who applies knowledge, skills, attitudes, communication and judgment consistently to the delivery of appropriate oral health care in accordance with the scope of practice within which they are registered.
Competence review	The aim of the competence review is to assess whether the practitioner has the skills and knowledge required to practise dentistry in accordance with their scope of practice.
Competency risk factors	Competency risk factors relate to issues of poor communication and interpersonal skills and a lack of clinical and administrative skills.
Conduct risk factors	Conduct risk factors relate to a practitioner's behaviours and attitudes.
Contextual risk factors	Contextual risk factors relate to environmental (e.g. professional isolation, length of time in and out of practice) and biological (e.g. age and gender) factors affecting a practitioner.
CPD	Continuing professional development is defined as verifiable educational activities and interactive peer contact activities aimed at ensuring an oral health professional's continuing competence to practise. The activities must reflect the content of the scope in which the practitioner is registered.
DCNZ	Dental Council New Zealand
HDC	Health and Disability Commissioner
HPCA	Health Practitioners Competence Assurance Act 2003
NZDA	New Zealand Dental Association
Peer contact activities	Peer contact activities are defined as interactive contact with peers with the specific objective of professional development.
Peer review	Peer review is defined as a systematic critical evaluation of the work or performance of an individual by other people with equivalent or similar experience, knowledge and skills to contribute to the evaluation.

Performance	Performance is the output, and its measurement assesses how well a practitioner is actually working.
Practice questionnaire	Annual process linked to APC renewal, requiring between 5-10 percent of practitioners to complete a questionnaire as a first step in checking compliance with the Dental Council's Practice Standards.
Practice visit	Annual process linked to APC renewal and completion of a practice questionnaire. It is the follow-up visit for a percentage of practitioners who were required to complete the practice questionnaire for the purpose of confirming compliance with APC requirements.
Public	The term "public" has been used throughout this document and is synonymous or interchangeable with the terms, "patient" and/or "consumer".
RAs	Responsible authorities
Recertification	A system to ascertain compliance and confirm a practitioner is meeting the required standard of competence as a pre-requisite for granting an annual practising certificate
Right-touch risk-based regulator	Being a right-touch risk-based regulator means making decisions and responding in a way that is proportionate to the risk or problem identified.