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From: David [REDACTED]
Sent: Friday, 16 December 2016 2:16 p.m.
To: Consultations
Cc: [REDACTED]
Subject: APC and disciplinary fees increases and justification process

Follow Up Flag: Follow up
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I am writing as a member of the dental fraternity for the last 23 years. I graduated in 1994 as a Dentist , from Otago. I had enormous fees and suffered for nearly 10 years with the burden of \$100K + over my head. I was part of the first year to pay full fees on an annual basis of \$22K+. On top of this we were slapped in the face unsupported by the DCNZ, over a 10 year period, when the fees were refunded after being found to be unfair, and our year group was not refunded any of the fees. Where was the governmental link protecting my status as a highly skilled service provider.

Never would I have expected the high jacking of our wonderful group of highly skilled practitioners, to have occurred via the DCNZ as it is presently.

Not only do I have a history of feeling misused by the University structures , I have watched the DCNZ proceed to ignore and attempt to disable the lovely association the NZDA is. Ignoring its history and processes. This pathetic process over a long 10 years is now only finalised by a fees increase to cover and solidify the administration that is now the DCNZ.

The DCNZ has progressively disabling the skilled dentist group and the empowering of the less skilled auxiliaries. How can an open entry course of auxillairies service graduates , now control and influence the outcomes of a limited entry course and highly skilled group-Dentists. This is reflected in the dumbing down of services, acute dental management and increasing the costs and profile of disciplinary processes.

Why has the DCNZ ensured the process to date , where the essential work horse practitioners the dentists, the highest skilled group , are now back seat followers to a poorly lead DCNZ. Then carrying the burden of the costs to help run a poor administrative group, following the changes in the profession (not leading) and asking us to carry their burden of tasks with our patients money.

My submission is whether the DCNZ has assessed accurately the collective services provided under their cover? Has this then targeted the service providers accurately to ensure the staffing, then costs, then fees required by the dentists, are reflective of service we are paying for. Presently I do not believe this is the case. The double touching of policies, procedures and the lack of clarity around industry standards is embarrassing. It is out of step and flowing companies not services and patient's needs.

Could the DCNZ forward the goals of the DCNZ to me please, as well and clarify the aims of policies linked to these goals, thus showing that the costs increase reflects a real need.

Response to my comments is expected and reasonable given the gravity of the DCNZ conduct of the last 10 years.

David Rumble [REDACTED]

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