## **Submission regarding Recertification**

As president of the largest branch of the NZDA and the area where most overseas trained dentists (OTD) reside and practice, I have been asked to communicate with the DCNZ regarding the disquiet that many OTDs feel after the DCNZ consultation meetings regarding recertification. This disquiet centres on the perception that the DCNZ will profile and target OTDs as a result of the "Right touch" approach.

The understanding from the concerned dentists is that as a result of statistics from previous complaints inform the making of decisions about which dentist will have his or her competency reviewed. This apparent profiling would appear to be discriminatory against OTDs. It may also set up a divide between Otago trained dentists and OTDs.

I have noted the definition of "Right touch" from the DCNZ publication:

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.

The accuracy of the calculation of the risk also feeds into the concerns. My questions are:

- 1. Does the DCNZ feel confident that the information received from Claro Law, HDC, ACC and the complaints direct to DCNZ, gives them enough information to calculate the risk in order to perform "Right touch" and the implications of having such a light touch with the Oral Health professionals?
- 2. If DCNZ makes incorrect assumptions regarding risk, as they have done in the past considering past cases, how can we, the dental profession have confidence in our certificating body?
- 3. If the DCNZ makes correct assumptions regarding risk, does the DCNZ have the resources to prevent questionable practice amongst the dental profession, or must it be reactive only?

The final consideration is whether a more trusting relationship between the DCNZ and the dental professions could help facilitate this right touch approach if it must continue. Building bridges between the oral health professionals on the council and the different associations' heads could seems the best way to fight the "them and us" style which seems to be favoured by the legal fraternity. Only a conscious decision to pursue this collaborative approach from both parties can make this happen. I, for one, see this as a major change from the present environment but one well worth considering.