

Page 2: Information about the person or organisation completing this submission

Q1 This submission was completed by:

Name **Ali Ukra**

Q2 Are you making this submission **as a registered practitioner**

Q3 Please tell us which part of the sector your submission represents **a registered dentist or dental specialist**

Page 3: Area one: new core recertification programme

Q4 What, if anything, do you like about our proposed core recertification programme?

mentoring program for new grads and newly registered practitioners

Q5 Is there anything about our proposed core recertification programme you would change?

Yes,

Please explain.:

There is no evidence that the proposed system would work and no evidence presented of reduced complaint rates in other professions using a similar method, such as doctors, pharmacists and lawyers. The speaker at the forum to discuss the proposed changes kept saying that the DCNZ want/need to identify the 3% of practitioners that are getting complaints "to protect the public". The DCNZ are more than aware of many of the practitioners present in the 3% as many of them have repeated complaints. It would seem more viable and cost effective to target those 3% than make wholesale changes that would not guarantee any improvements. The main issue with the current CPD system, is that any one giving any lecture is given CPD points. This includes practitioners investigated numerous times by the DCNZ. The content of lectures and the speaker need to be examined prior to any CPD hours being handed out to see if the content is evidence-based or pseudoscience.

Phase two consultation on recertification

Q6 Do you support our proposal to change the recertification cycle to 12 months?

No,

Please explain.:

Issues in other professions with women having time off to have kids and also practitioners falling seriously ill and expected to complete the required points within the 12months.

Q7 Do you think our proposed core recertification programme should include a requirement for practitioners to complete an online open-book assessment of their technical and clinical knowledge and skills?

No,

Please explain.:

Their true knowledge and skill will be demonstrated by the work they do and whether they receive any complaints for their so called "philosophy".

Q8 If a proposal about an online open-book assessment of a practitioner's technical and clinical skills and knowledge is supported, how often should practitioners be required to complete an assessment?

Every five years

Q9 Do you have other proposals about our proposed core recertification programme you would like us to consider? Please explain.

Respondent skipped this question

Page 4: Area two: support for new registrants

Q10 What, if anything, do you like about our draft proposals for supporting new registrants?

Respondent skipped this question

Q11 Is there anything about the draft proposals for supporting new registrants you would change?

Respondent skipped this question

Q12 Do you think the proposed two year minimum period for the mentoring relationship is:

just right

Q13 Do you think all new registrants should participate in a mentoring programme, or are there some new registrants who should not be required to participate in a mentoring programme?

No,

Please explain.:

Specialists have been mentored during their 3 year dclindent degree and often have good support around them by their professional bodies, such as the NZAO.

Q14 Do you have other proposals about supporting new registrants you would like us to consider? Please explain.

Respondent skipped this question

Page 5: Area three: addressing health-related competence decline concerns

Phase two consultation on recertification

Q15 What, if anything, do you like about our draft proposals for addressing health-related competence decline concerns?

Respondent skipped this question

Q16 Is there anything about the draft proposals for addressing health-related competence decline concerns you would change?

Respondent skipped this question

Q17 Do you have other proposals for addressing health-related competence decline concerns you would like us to consider? Please explain.

Respondent skipped this question

Page 6: Area four: addressing recurring non-compliant practitioner behaviours

Q18 What, if anything, do you like about our draft proposals for addressing recurring non-compliant practitioner behaviours?

A person exhibiting a recurring tendency to receive complaints due to negligent treatment due to poor treatment planning and diagnosis as a result of a flawed "philosophy" not backed by any evidence-base should not be allowed to practice, especially if they show no remorse or effort in improving their practice.

Q19 Is there anything about the draft proposals for addressing recurring non-compliant practitioner behaviours you would change?

Respondent skipped this question

Q20 Do you have other proposals for addressing recurring non-compliant practitioner behaviours you would like us to consider? Please explain.

Respondent skipped this question

Page 7: Final thoughts and comments

Q21 Do you have any other comments, suggestions or information you want to share with us about the draft proposals for improving our approach to recertification?

It is clear from all the meetings the DCNZ undertook, that the vast majority of practitioners do not see any value in the peer review model, as in the end of the day each practitioner will go to their friend or a practitioner with a similar philosophy who will stand by their friend.

DCNZ should instead invest time and effort to improve the shortfalls of the current system, like addressing what courses and lectures are given actual CPD hours.
