

Recertification

From: [REDACTED]
Sent: [REDACTED]
To: Recertification
Subject: Recertification review submission

To whom it may concern

I believe that the Council should in the first instance ask itself whether it can prove to have taken any suggestions from the first "Roadshow" into consideration since I was at the first CHCH meeting and it doesn't seem that you did.

The Council should ask itself how financially accessible dentistry is to the NZ population before it places yet another financial burden on Dentists. You have failed over 15 years to work out any compensation plan for dentists out of the Auckland region to keep up CPD.

Is it safer for the population to go to Thailand or to take the current negligible risk and see a NZ dentist? What is the number of real negligence cases by dentists? Robin could not provide that information at the first meeting and it seems that it was not disclosed at the second (Unfortunately I could not attend due to being unwell that week). I did point out to him and Marie that were at the meeting that even with all the cases in mind, should that be divided by the number of Dental Practitioners the percentage was from memory around 3% and [REDACTED] added that if that was further divided by procedures per day/month that number would be an infinite portion of procedures. One has to assume that a great number of the cases would be late registration, practice without an APC etc. How many of these were gross negligence? We need these figures.

Who will be deciding on the competency of dentists? Unfortunately, with the current structure, there does not seem to be many if any practicing General Dentists on the Council. I have the greatest respect for those who have achieved specialist degrees and other titles etc. but in order to understand and then judge very competent Dentists the very people doing so should then be a pool of randomly chosen, daily practicing Dentists. You simply can't write and enforce policy on highly skilled professionals when you are not practicing.

Reading the proposal, unfortunately, did highlight the very fact. The ideas are clearly consistent with corporate KPI's and micromanaging. May I remind you that but for a few, we are caring for our patients, trying to do the best treatment with consent, taking a massive number of variables and patient perceptions and medical, time, financial, etc parameters into consideration. I do not see how anybody that is not practicing dentistry fulltime can comprehend the complexity of this. It may not be the case in every country but we did have to take an Oath before graduating. Very high ethical values are and will be the only real baseline in the future.

Surely there are two fundamental parts to competency. Knowledge and clinical ability. I do not recall seeing this in the proposal. I truly can not see how the new ideas around recertification will change anything. Knowledge is easy, clinical ability, unfortunately, will always separate the workforce.

Like I have suggested at the first meeting, start putting proper refresher courses in place. Unfortunately, Robin wasn't sure how this could work. I have recently attended such a course in Gold Coast by the Queensland Dental Group and surely if such a course was available in NZ every dentist will know exactly what level of treatment is expected of them in NZ and hopefully, over many years the clinical ability of some could be improved by hands-on courses.

An easy start is to Ban presentations that suggest any financial gain from procedures. This I believe is the root cause of most malpractice claims. Some dental surgeries have become retail shops. How is it possible that dentists need to meet targets in certain practices?

Why are there courses that teach dentists to sell?

This is what you need to address.

Yes some of us do own practices and surely it has a business aspect that can't be ignored but I have always believed that if you treat every patient ethically, sincerely and as if they were family with the right treatment

for them that there will be no need to sell or convince and then there will be no targets to meet. We are Doctors (a Title that you wanted to strip us of. If I remember correctly, "to avoid confusion", yet you failed to consider that Vets, Chiropractors etc. etc. also call themselves Doctor.) and therefore if we diagnose and treat without chasing money one should see less mistreatment.

On the idea of Peer review- How do you propose a non-bias? How are you going to prevent a buddy group? Who will have to be in these groups that will have the authority to judge? What are you going to do to those in such a group that has "passed" someone that fails again? Are you going to prosecute those practitioners? The idea is flawed. We are Dentists and Adults, not a Kindergarten group. The novel that you propose we should write on self-judgment and KPI's if you wish will be a waste of very valuable time. All of this has a very institution like feel. We are Qualified to practice and for those of us in the private sector, do you not think that we would have closed our doors many years ago if we did not continuously question ourselves and better ourselves. Who will be reading and judging these? Employing competent people (these will be actively practicing dentists of whom there are not enough as it is) to do so, will mean higher fees and dentistry will just become even more out of reach for the average population. I am not even going to comment on the eye exam.

You have also said in the proposal that you do not want to burden those that do not need all this, yet no mention as to how you will determine this. Otherwise, it is a great contradiction since what you are proposing is quite the opposite. Do you really think that those who do not comply currently will not find a way to bypass the system? You are wanting to punish 99% to get to the 1%. You are simply wanting to change one failed model for another.

The current statistics do not justify your actions. Do you actually have 5-10 year studies to proof your proposal?

In Closing: Refresher courses every 2-3 years, strong Ethics component, Make dental professionals understand that they are treating patients and not chasing money.

Looking forward to your response

Dr. Alwyn Prinsloo