

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

**Q1** This submission was completed by:

Name **Chris Anderson**

**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?

Nothing.

Neither the Discussion document nor the Literature review contain a single shred of strong evidence that the current recertification system is ineffective, inefficient or unaffordable. As stated in your documentation "scientifically rigorous data and evidence, especially on the effectiveness of outcomes relating to recertification, is still reasonably sparse". 'Reasonably' is an overstatement

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

**Yes,**

Please explain.:

One of the Council's main stated aims for this review are that the "current recertification framework could be modified so it is less labour and resource intensive for its staff and practitioners ". The proposed changes will have exactly the opposite effect, increasing costs (as well as psychological stress for practitioners) dramatically and generating a mountain of irrelevant, meaningless bureaucratic data that will not improve public health and safety in any way.

## Phase two consultation on recertification

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

**No,**

Please explain.:

The number of CPD courses available in New Zealand is, relative to larger markets, vanishingly small, given the broad scope of dental practice. For example, there are very few courses available for sedation and orthodontics. In some years, I accumulate multiples of the required CPD points, whereas other years are relatively sparse, and this is determined mostly by the availability of relevant, quality CPD courses in my areas of interest. A 12 monthly review will simply force practitioners to take CPD courses to "make up the numbers" for our APC, rather than focussing on relevant, quality material, and will therefore have the opposite effect to the Council's stated aims. It is also simply nonsensical to imagine that a practitioner could 'fall off the competency wagon' within a 12 month timeframe by failing to attain the required CPD hours.

**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.:

There is no evidence in the supporting documentation for this measure. Such an assessment would conceivably allow incompetent practitioners to mask their deficiencies by Googling acceptable answers.

**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?

Please explain.:

None of the above, I do not support this measure, this question has been constructed in an asinine manner as all respondents have the right to give a null response

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

Your proposal states "regulators need better tools and mechanisms to identify at risk practitioners". There is next to nothing in this proposal that would improve Council's ability to identify such practitioners, in fact quite the opposite, as it would be easier to create a veneer of competence while having no direct effect on their clinical practice.

Page 4: Area two: support for new registrants

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

A 2-year mentorship is probably essential given the diverse environment that new graduates find themselves in today

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

**Yes,**

Please explain.:

The mentorship should involve direct clinical oversight by an employer dentist if possible, rather than an at-distance mentorship as currently administered by the NZDA

**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? **Yes**

---

**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

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

There is no evidence presented that eyesight problems cause any problems whatsoever, and loupe use is increasingly prevalent

---

**Q16** Is there anything about the draft proposals for addressing health-related competence decline concerns you would change? **Yes,**  
Please explain.:  
An eye examination for over 40 year old practitioners every 2 years is an expensive, time-consuming, non-evidence based solution to a problem that simply does not exist.

---

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

Any practitioner found to be having problems due to eyesight should have wearing loupes and a headlight added to their conditions of practice, end-of-story

---

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?

No issues, except that Council needs to recognise how steeply compliance requirements have risen in recent years and how much time, energy and stress these can cause practitioners

---

## Phase two consultation on recertification

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

**Yes,**

Please explain.:

The yawning gap in the Council's proposal is that there does not seem to be a pathway for, nor even any recognition of, concerns arising from patient and practitioner complaints. There should be a red flag against any practitioner who is the subject of repeated complaints and these practitioners should be under long-term review. I am a senior practitioner of more than 30 years clinical experience and have never been the subject of a complaint, and there are many (possibly the majority of) clinicians who share the same clean track record. However our compliance requirements are just as onerous and significant as those who do not have a clean record, and they are the cause of increasing emotional stress and expense. The Council seems to be taking the view that all practitioners are incompetent until proven otherwise.

---

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

As above

---

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?

The Council is attempting to fix a problem that does not exist. The current recertification system is not broken, it works well and the new proposals will significantly increase emotional stress and compliance costs for practitioners, with no benefit to public health and safety

---