

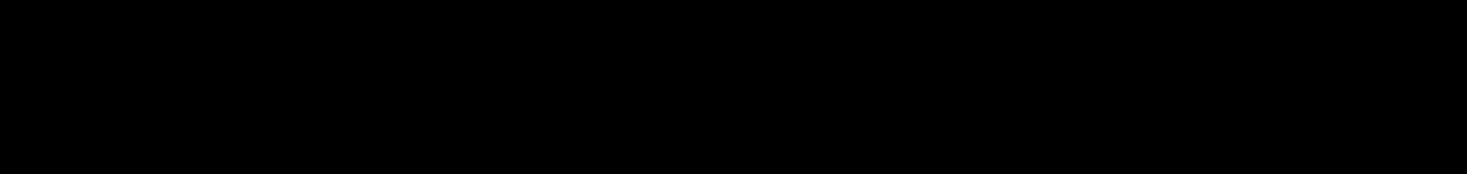


Page 2: Information about the person or organisation completing this submission

Q1 This submission was completed by:

Name

Christopher Charles Waalkens



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?

That the DCNZ state that the idea is to try to keep this process simple.
That it tries to identify at risk / unsafe practitioners.

Phase two consultation on recertification

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

Yes,

Please explain.:

I do not feel that we need this recertification programme in its current proposed form. Most practitioners are very competent and take their work seriously. they enjoy continuing education courses, upskilling and do their best for their patients. I think that the proposed core recertification programme will take a lot of a practitioners time which will not produce much benefit to them. They would be better using this time in other ways. I understand that there are very few dentists found to be have competence problems each year. I have been told that this number is about 5 or so each year. This recertification process is going to create a lot of work for all practitioners in dentistry. These days we seem to spend a lot of time on various compliance issues and to me this is just another area of compliance that will take up vauable time . If there were a lot of problems with competence then I would agree with the need for this but I do not believe that we have a problem with competence. There will always be some competency problems however I suspect that incompetents will manage to fudge their way through the recertification process and will only be identified when a member of the public lays a complaint. I have concerns about the involvement of peers. Practitioners will ask someone they know well (most likely a friend) to be a peer. It will be v hard for that peer to be critical of their friend and potentially cause that friend problems with the DCNZ. It is easy to write a PDP, reflection etc but will these be complied with? In the cases of incompetents I suspect they will not be.

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

No,

Please explain.:

I think 2 years would be more reasonable. I have never had problems meeting the CDP hour requirements but I have talked to some people who say that they have years where they go to less courses and conferences one year but things average out over a longer period. I do not think that 1 year is long enough . If a woman has a child (or a male takes paternity leave), it might be very difficult to comply with the recertification requirements in a single year. If a practitioner has to take time out of practice in a particular year for health reasons it might be difficulkt to meet the rquirements.

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.:

I think that this is a pointless exercise. It proves nothing. It is a time waster.

Phase two consultation on recertification

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 three years ,

Please explain.:

If this has to be done, it could be every few years. I do not think a person is going to lose competency over a single year

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?

I think that they need some support and induction into the way of NZ dentistry

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

Yes,

Please explain.:

If there is to be a mentoring programme, then a mentor should be a practitioner who has been practicing in NZ for a period of about 10 years before they can be a mentor. Otherwise I could see new registrants passing through the mentor programme one year and then becoming a mentor the following year. I can not see how the DCNZ is going to recruit sufficient mentors for this. I am a mentor under the NZDA new graduate mentor programme. I see the value in a programme like this but it takes a lot of time. I would not want to mentor more than one mentee. Not everyone is going to make a good mentor.

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

just right,

Please explain.:

If sufficient mentors can be found

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,

Please explain.:

I feel that a dentist (of any race) who has practised in a country like Australia would not need to have a mentor here in NZ

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?

I have been having an annual eye test for a long time and do not have a problem with it. My eyes are excellent but I feel it is important to have this all the same.

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

Yes,

Please explain.:

I think that if an oral health practitioner uses magnification (loupes etc) then they should not need an eye test. Magnification (especially with a head light) gives excellent vision that is far beyond what anyone with 20/20 vision would be able to see without magnification. I know that the only issue in the draft proposal is related to vision. I have a concern about health related matters and oral health practitioners and will bring this up here. Currently a dentist can not hold an annual practicing certificate if they have HIV, Hep B or Hep C. I think that this needs to be changed. We expected to treat patients with these conditions (supposedly we are protected with gloves etc) but if we have one of these viruses we are not allowed to treat patients. There is no evidence that I know of where an oral health practitioner will pass a virus on (through their gloves etc) to a patient. It is not right that the DCNZ deny a dentist the right to practice if they have a virus. People with HIV Hep B and Hep C etc are allowed to eat at restaurants and share communal cutlery that is not sterilised. This would seem to put the public at much greater risk than an oral health practitioner doing their work. The virus policy needs reviewing.

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?

I think that the proposals are fair

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

No,

Please explain.:

I feel that non-compliant practitioners are the ones who need to go through recertification. Not all practitioners.

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?

I have mentioned that I think that this is a lot of work for relatively little gain.

I do not think it will identify incompetent practitioners. I do not think it will improve the competence of most practitioners. Most practitioners enjoy going to continuing education courses etc. We do not need a compulsory time consuming programme placed upon us. Most of us spend time with colleagues discussing difficult cases and getting group consensus on how to manage these cases. Most practitioners are very competent, and try very hard to be so. They take their work very seriously and want to do the best for their patients.. The problem individuals will be known as a result of the complaints against them.

Recertification (in some way) should be applied to the non compliant / incompetent - not everyone.
