

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

**Q1** This submission was completed by:

Name

**David Fornusek**

**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?

I am sorry to say there is not alot I like about the proposed core recertification programme.

## Phase two consultation on recertification

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

**Yes,**

Please explain.:

I cannot see the professional peer system working to "catch" the very small amount of practitioners who you say are not complying. What it will do is put a lot more compliance time and cost (both financial and otherwise) onto the majority who are currently meeting the standard. The peer system although good in theory will be difficult to implement for some practitioners, difficult for the Dental Council to police and possibly carry with it some legal complications eg if a peer review is given and the subject of that review later fails to meet acceptable standards or worse, will the person who gave that review be culpable? Dental practitioners as well as being colleagues are also in a competitive business environment and issues of privacy may also be relevant if the peer is in another practice. I actually believe the CPD (PDA) system works well but needs fine tuning so that a minimum amount of credits need to be achieved in each of the three categories of peer contact, lectures /conferences and hands on-the latter especially important. To verify accomplishment with the Dental Council in those categories a list of suitably verified courses could be forwarded at each recertification cycle. NZDA -the developer of CPD and who are best able to screen and record courses have a list each member dentist can forward. A CPR certificate is acceptable so why not other verified dental courses? These could be policed by random audits of ALL license holders + targeted audits of the rogue repeat offenders the council is currently concerned about.

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

**No,**

Please explain.:

Recertification should be an absolute minimum of a 2 yearly process- preferably 4 yearly. If education /training targets need to be met a year is a short time -we all have other factors in our lives which mean a longer time frame gives flexibility in attaining those targets.

**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?

**Yes,**

Please explain.:

Yes but more detail is needed to understand exactly what that is.

**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 four years** ,

Please explain.:

As stated earlier I believe a longer recertification is best

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

Respondent skipped this question

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Page 4: Area two: support for new registrants

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

I support this measure entirely. Having over many years employed both new NZ graduates and overseas dentists I know these measures are essential for successful integration into our NZ practice environment

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

**No,**  
Please explain.:  
Communication skills are very important in dealing with the public and at times I have been aware of misinterpretation of english statements by new arrivals from overseas and even also the odd recent NZ graduate. Do language skills need improving?

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

**just right,**  
Please explain.:  
Experience as an employer of new graduates /overseas dentists has shown me that this is an ideal period

**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.:  
Language aside there are many facets of dentistry in NZ that are particular to our country eg ACC, OSHA contracts. Compulsory mentoring could create some issues with overseas dentists carrying out short term locums for solo dentist practices but I feel it is still necessary

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

Mentoring is best organised through the NZDA which established the scheme in recent years. This also draws them into other peer contact,information and help eg Dental Protection

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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?

Not much. How many practitioners are there working with defective vision that has not been addressed by glasses /other measures?

Are Neurosurgeons required to have vision tests every 2 years from age 40?

What age are the public required to have vision tests to obtain their motor driving licenses?

## Phase two consultation on recertification

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

**Yes,**

Please explain.:

Questions that the Dental Council needs to ask itself :

1.How many dentists do the Dental Council believe are working with uncorrected/untreated vision issues? Such compulsory actions if put in place affect everybody and I believe will net and benefit very few practitioners. 2.What about hearing loss? 3.Should regular blood tests be carried out to check for transmittable viruses? 4.Depression? Most dentists I know take care of their health and address any issues but if the Dental Council wishes an assessment of health related competence surely a Medical GP report/certificate from eg age 50 and perhaps 2 yearly would cover all bases.

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

see 16 above

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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?

**Respondent skipped this question**

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

**Yes,**

Please explain.:

These measures are not strong enough and action needs to be taken against offenders. Non compliance is to date where the Dental Council has not acted satisfactorily. By its own admission:- a) it knows that only very few offend but of those that do many are recurring b)untimely APC renewal and notification can be an indicator of increased risk of poor compliance with other requirements c)some minor non compliant behaviors can indicate a history of competence and conduct issues. d)uses a disproportionate amount of resources on this small group of practitioners. All dentists know that their current APC expire on Oct 1st each year . They get reminder notices at least twice beforehand .There is no excuse for not renewing on time. On checking the Dental Council records very few Oral Health Practitioners (5 I think ) have been prosecuted over the last 2 years for not renewing their APC on time. I can find no record of others being fined. Why has the Dental Council not taken action? If it is not so empowered ,it should legislate to do so. It is a regulator after all. A few substantial instant fines for not renewing on time will soon sort the rogue element out .-- a rogue element that puts the large majority of compliant practitioners through otherwise unnecessary stringent measures.

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

See above

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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 would be surprised if there is not a very large number of submissions to these proposals. Once analysed and modified I believe another draft should be circulated prior to any implementation.

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