

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

Q1 This submission was completed by:

Name

Dr Garry Rae

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?

Not much

Phase two consultation on recertification

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

Yes,

Please explain.:

The inference is that compliance is more important than competence. I believe that there is not enough credit been given to practitioners who have been out working hard in the community all of their lives providing a great dental service to patients being treated the same as a new graduate that has completed his first year out. A dentist who has been providing dental care for 10 ,20 ,30 40 years has accumulated experience,practical ,psychological and behavioural. Text books and lectures cannot replace practical experience. Your inference is that once a dentist has reached 60 years they are likely to provide poorer quality dentistry than younger dentists. We are like artists and the more experience that we accumulate the wiser and better we get. I have just returned from a 40 th class reunion. 41 of our class turned out . We are all still passionate about our profession and look forward to providing quality dentistry to our patients. We have all embraced the digital upgrades but nothing replaces experience. Routine eye examinations should be for every age . As a matter of routine every ti e one has a general medical exam an eye test is done.

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

No,

Please explain.:

Yearly recertifications would mean that if a practitioner had to take time out for maternity leave she would fail to be able to retain her practicing certification. If a clinician took time out to do part time study or had a sabbatical break they would not/3 able to maintain their practicing certification. If a practitioner had an injury and had to take time out to recover they may fall short of accumulating the appropriate amount of chair side time and not meet the requirements. Three yearly recertifications would be more appropriate.

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.:

How does this check if their communication skills are adequate to talk to patients and test their ability to listen to and provide good diagnostic service and competent dental services? How does answering some questions measure how a dentist will react spontaneously to a patient who has a spontaneous gag reflex half way through giving an inferior dental nerve block? How will they react to an overactive child in the dental chair, a disruptive patient at the front desk demanding to be seen? An elderly patient that has multiple medications and a dental abscess and needs a tooth removed and there is no one else to refer to due to the dentist being in an isolated rural setting?

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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.:

The present period of recertification allows for practitioners to choose relevant educational courses to attend . Sometimes a certain course occurs concurrently with another that the dentist wishes to attend, but due to overlapping schedule they can only attend one and may miss out on the other due to lack of time.

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

I believe that a greater degree of acknowledgment must be given to dentists who have been practicing a skill for 10-20-30 years. Generally their level of skill and understanding is far better than a new graduate. You are treating older practitioners no different from those with no experience. It is the older practitioners that should be used to mentor the younger and share their knowledge and diagnostic skills.

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 working under another more experienced dentist is very important. The mentoring dentist must have been working for over 10 years as a general dentist or specialist .

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

No

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,

Please explain.:

Mentoring is a great idea. It's not only about practical competence but also able communication skills and the ability to communicate with patients Easily and be able to listen to patient needs rather than what the dentist wants to do.

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

For those new registrants who have communication problems more time will need to be given to help them developing skills.

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 believe that your concern is an over reaction.

I would be more concerned about new graduates seeing one patient per hour and not providing competent diagnostic skills and dental treatment .

Older practitioners are usually very quality driven and your inference that their ability to deliver quality dental services declines with age is an insult!

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

Yes,

Please explain.:

Every practitioner should have a regular medical check annually. We are all in the health profession and should take personal interest in the health of our selves. Routine eye checks for everyone There is far too much undetected cancer case that sneak up and destroy budding professional careers . The accumulated exposure to blue lights and inadequate eye protection leads to macular degeneration as we get older this needs to be carefully monitored. Audits need to be done on. The use of eye protection.

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?

Non compliant dentists may be very competent dentists.

They may be providing very competent dentistry but be non compliant .

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

Please explain.:

Change the emphasis about compliance and competence.

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

Phase two consultation on recertification

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?

A much better way would to carry out audits of practices .

Talk to random patients ,

Check the records , check the dental work.

It's not always about book work !

We are health professionals repairing damaged items at times and educators of the population who are being misled by corporations about what they are eating and drinking .

We are panel beaters ,councillors ,dieticians and engineers of broken down mouths.

We treat age related diseases and chemical erosion damage ,sports injuries , assault damages and accidents.Developmental skeletal dental issues,psychological and physical and visual dental issues.

Wisdom Experience and knowledge comes with time at the chair side practicing dentistry.

It's a lot of fun don't make it full of paper work and reduce the time we can spend looking after peoples dental needs.
