

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

**Q1** This submission was completed by:

Name

**Gary Lawrence**

**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?

An Attempt to upskill errant practitioners

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

**Yes,**

Please explain.:

Eye examinations, if brought in should be for all age groups. Not waiting for a practitioner to reach 40. There are ethnic groups with genetically poor eyesight. More emphasis on certification of new entrants from overseas. This should include dentistry as well as moral/ethical training into the NZ environment. I see this as a major concern presently where the public are not being protected from financially driven practitioners!!! I have witnessed this myself.

## Phase two consultation on recertification

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

**Yes,**

Please explain.:

I see this as a massive financial cost to the practitioner directly and indirectly via the increase in administration fees charged by the DCNZ. Who is going to read, comment and direct all of these statements into actions with the present staff level at the DCNZ???? With 2500 + dentists, plus allied professions, I see this whole process as an empire growing exercise. It takes 6 months now to action a single serious complaint. If resuscitation (Life saving) is required biennially then this recertification process should be undertaken over a three to four yearly period. Definitely not yearly.

**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.:

The old adage, "you don't know, what you don't know" fits perfectly with this proposal eh??? Yeah right!!!

**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.:

Some Individuals would need assessments yearly. Others 5 yearly. These proposals are assuming we are all at the same skill level initially. We were never and never will be starting off at the same level. Some practitioners start even below an acceptable level. The NZ Regs process I feel has not been thorough enough to protect our public!!!

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

2 yearly mentoring programme for new grads and new arrivals to our country

Page 4: Area two: support for new registrants

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

2 years of mentoring on a fortnightly/monthly basis would be ideal.

Must include new registrations from overseas as well

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

**Yes,**

Please explain.:

They need to have mentoring from General practitioners as well as from the speciality area's as well.

**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?

**No,**

Please explain.:

If a senior practitioner from overseas came to the Dental school then they should be exempt. Practitioners with perfect credentials from overseas could be exempt.

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

Ethics and business training needs to be included in their training/mentoring

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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?

As mentioned, natural eyesight can be deficient in some races, so all age groups should be tested and loupes compulsory?? Mental acuity assessments??

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

**Yes,**

Please explain.:

Eyesight along with eye/hand coordination and dexterity are essential more for the mechanical size of dentistry. Mental acuity with mental fitness & health are jointly required to treat the public. Practitioners with intense stressors will make more mistakes.

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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.

DCNZ should be able to order a practitioner to undergo psychiatric analysis through a referral system

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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?

A change is needed as the present model is broken. I've witnessed this first hand.

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

**Yes,**

Please explain.:

Over the last 1 1/2 years, I have witnessed a practitioner with competency issues. All they have done is lawyered up and just carried on practicing allowing the lawyers to sweep the path in front of them, preventing safe practice for the public and allowing the practitioner virtually full access to the public and their purse strings.

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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.

Have in place systems that when complaints come through to the DCNZ about clinical matters and a practitioner, then clinical advisors from the DCNZ can come in and assess where things have gone wrong and have the practitioner properly counselled, mentored and brought up to speed in the identified area's. LEAVE the lawyers out of the equation.

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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?

See my notes before

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