

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

Q1 This submission was completed by:

Name

Graeme Lynam

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?

1. Inadequate time frame, sounds like trying to rush it through.

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

Yes,

Please explain.:

The Dental Association view at the previous Board meeting, earlier in the year, was that it didn't believe there is a problem so a review isn't necessary. DCNZ's idea is fraught with problems. Our qualification as a dentist with the appropriate degrees says that we must be competent to get our degrees. I question how you can be confident in choosing another dentist (who may or may not be a "good dentist"). If the dentist and his friends are roughshod, they can easily sign each other off.. It is not appropriate that this "review" be given by a colleague. It sounds like "watchdog tactics" which implies responsibility, probably with very little information and then there's the consequences on the shoulders of the overseer! Every dentist will have to write a "Professional Development Plan (PDP)" and every dentist will have to participate in "Professional Development Activities (PDA's)", also every Dentist will have to write a "Reflective" statement. 4. Another dose of bureaucratic speak. What is a professional development plan and what

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is a reflective statement i.e. "I will do dentistry to the best of my ability", which sounds good and of course the corresponding reflective statement is "I have done my dentistry to the best of my ability" A professional peer will have to provide a written attestation to "their" practitioner which will have to be uploaded to the DCNZ yearly and kept for 8 years. 5. Has all the problems as outlined in point 3 and 4. Every Practitioner will have to successfully complete an on-line open book assessment on "DCNZ standards framework" once a year. 6. What does this look like? Would it be a re-run of all the little boxes ticked for our annual practising certificate? Do we need to tick them with a thicker pen! Every Dentist over 40 will need documentation of an eye test every two years. 7. Unnecessary. Do DCNZ have any data or is it another "Good Idea" un-tested but sounds good? There are many disabilities and illnesses which impact on dentists and as always, these need to be worked on in individual cases. If I was to be particular, you could say that some dentistry is done by touch along. New graduates will have a mandatory two year mentoring programme. 8. Maybe. By applying a mandatory 2 year mentoring program, again relies on the quality of the mentor. Again, I say that the BDS is an indication that we have had our mentoring at the University at a predictable and demonstrable level. A second tier of mentoring is fraught with problems with the quality of the mentoring. Or are we then going to have "quality control" for the mentors? The DCNZ will also tighten up on practitioners with recurrent non compliant behaviours and/or who receive multiple complaints with appropriate corrective programs and recertification and mentor programmes. 9. I wonder what sort of problems and how many problems do they have. An actual number would be a good question to ask and of course I suspect that in the very small numbers or at least, a clearer area or demographic that has problems. This document doesn't state what the main problems actually are, where are the areas of lack of performance? In a time of evidence based knowledge, where is the evidence in this report? 10. See point 9. How is the Dental "industry" going to source enough mentors year after year for the growing number of graduates and potential immigrating (and thus needing recertification) dentists coming to NZ? 11. Again, I return to the Universities. This is an expensive institution with highly qualified and highly trained people to ensure people make the grade. How many grades do you have to make after the "ultimate test" of finals? One good test or several random ones? Or to be more cynical, how many light switches do you need to have in a row to make sure that the light is turned off. I would suggest that such a peer "buddy" system is going to be ineffective at determining competence and assurance. 12. See point 3 and point 5. We know collegiality and peer contact is vital for being part of our profession and isolation is potentially risky regarding less favourable treatment outcomes, but reviewing a peer

is a significant skill which we “all” cannot quickly or easily acquire. We have very good peer contact systems in place already, perhaps increasing the number of contacts (including via FaceTime or similar) could be an option. 13. See point 9. Every dentist has a different philosophy and a different personality. Assessing another dentists competence is very subjective. 14. After qualifying as a dentist, we are entitled to have different philosophies and different personalities. Who is to say that amalgam is right and who is to say that amalgam is wrong. Equally so, who is to say that posterior composites are spectacular restorations and who is to say they are absolute rubbish? We have been trained as dentists and that should be adequate within in the frameworks already standing. Some dentists will find it very challenging and stressful writing an unfavourable peer report (even partly unfavourable)... so may write a “slanted” favourable report, two dentists might pair up and just write something of no significance just to complete the compliance..... Less ethical dentists may give each other a glowing report..... just getting a “like minded peer” achieves nothing the DCNZ is trying to implement. 15. How true is this feedback? In the past it seems very little. If a dentist is writing an attestation and declaring it to be true in the DCNZ site, what are the legal implications if the reviewed dentist has a significant complaint case, with the same aspect of dentistry favourably presented in the review? The Dental school teaches that under certain restorations decay may be left in the base of the cavity, as long as there is a marginal seal, what is leaving too much decay?... what is removing too much decay?... either could be considered mistreatment? How does a dentist with no peer review skills assess that?.... some dentists have significant minimal intervention, how much is too little treatment, what is over treatment with regard to crowning teeth, some dentists don't like cad cam restorative treatments, some love it!.... finding only like minded dentists to write your attestation achieves little, but that is what dentists will do to make the process as easy as possible. 17. Most people if observed or monitored tend to take a cautious approach. That is fine but it is also hindering. Our Governments constantly suffer from being driven by the “Fear of failure” for their actions as opposed to their “Hope of success”. If a dentist feels intimidated or stymied in their development of improving their skills, they won't try to advance and do only what they were taught. And even when that is out of date, perhaps we'll become too scared to change. We all know colleagues that have never progressed very far after qualifying and think what a sad tale that presents. Why did the DCNZ draw from the requirement of “the Phycologists Board of NZ”, the “Occupational Therapy Board of NZ”, and others that are entirely different than us?.... and others from overseas?. 16. I would suggest that a dedicated school of dentistry is a significant level above even the Psychologist's Board of New Zealand. A psychology

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Psychologist's Board of New Zealand. A psychology degree is not a dedicated degree, through a "specific school" and can be made up of several units from a range of courses, even Universities. Therefore the overall and final control of standards is missing unlike Dental School. We have a very strong standard's based system in our Dental School. Occupational Therapy, again tends to work under the direction of medics so again is not applicable for us and nor is the comparison.

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

No,
Please explain.:
see 5

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.:
see 5

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.:
Not necessary in most cases. Those who are found wanting the response should be individually tailored for them. A carpet covering rule will over treat the majority by a large margin.

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

NZDA doesn't feel it is necessary. I find it interesting that even these questions imply it is a done deal. It is a shame that before the consultation, you have already made your mind up!

Page 4: Area two: support for new registrants

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

Nothing if it is to be all encompassing.

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

Yes,
Please explain.:
see the above.

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

Please explain.:
See above. Again, fraught with any possible standardisation. The only standardisation if via the Dental school. Poor. I hear you say? Not as poor as DCNZ's highly subjective and blanket approach which is the basis of these changes.

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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?

Please explain.:

see above. Encourage as is the case now and encourage responsible employer dentists but the School is the best and only place to ensure a good outcome.

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

see above

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?

Do we have a decline. We have not seen anything to show this especially in a percentage basis.

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

Please explain.:

see above

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

see above

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?

you already have powers to address these.

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

Please explain.:

see above. You do persist in asking the same question in different words almost to try and "group think" the situation.

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

see 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?

Again, you show that without good data, you assume, ney guarantee that the process will happen. Have I wasted my time on a "Done deal?"
