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

Q1 This submission was completed by:

Name	**James**

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?	**Respondent skipped this question**

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

Yes,

Please explain.:

The compulsion for the eye testing is over stepping in my opinion. I have canvassed dentists from 36 countries on this issue, and it appears that this stipulation will be unique to the DCNZ. Are we to be world leaders in over regulation? If visual acuity (at whatever arbitrary standard you set) is s important, why not test PRIOR to admission to dental school? I find the implication that there are dentists who are ignoring their eye health, or failing to address vision issues, to the point where compulsion to be tested is required, an insult. Why not just make this a health advisory statement for dental professionals? The science around your age thresholding is dubious also, why not 35+? Why not EVERY dentist if we are not to be trusted as a group to address these issues ourselves? Will our disability insurance apply if the worst case scenario is enforced (to an arbitrary standard) by the DCNZ? Will our insurance premiums rise as a consequence? I fail to buy in to the argument that this is a problem in our workforce that requires compulsion. This is no solution to a problem that doesn't exist. Also: The DCNZ already know who the problem practitioners are. They are the ones with many, many complaints. There are three in my region that repeatedly attract the attention of the DCNZ, HDC, or NZDA. Despite that, and supervision, and warnings, and advice, they still continue to attract complaints, and they still continue to practise. Attempting to preempt issues by the targeting of a cohort over another is profiling at its least efficient. Are these changes being considered so the DCNZ is being seen to do something? The roadshow informed us that the 'risky' practitioners make up a similar percentage in this country as they do in any country, in any profession. Why make things harder for practitioners by making them jump through more hoops? Once again, this is no solution.

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

No,

Please explain.:

Reducing the recertification cycle to 12 months will produce many unintended outcomes, and make things unnecessarily difficult for practitioners who are perfectly competent to work otherwise. Maternity leave seems to be the obvious area of concern. Why is the DCNZ intent on discriminating against mothers? The current cycle is fine.

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.:
This is just silly. If the qualifying degree couldn't weed out the incompetent, then an across the board open book test every year has no chance. This is an utter waste of time and money, and will lead to more unintended outcomes.

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.:
Never. It is a silly idea. Even the sentence 'online open book assessment of a practitioner's clinical skills' is obviously flawed. I'm struggling to understand the thought process behind this. We should know whose idea this is. Once again, are we to be pioneers in over regulation? Regulation with no evidence?

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

It would be great if we could please be treated like the professionals we are meant to be.

Page 4: Area two: support for new registrants

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

Support initially is advantageous

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

Yes,

Please explain.:
Supporting registrants is a good idea. However compelling people into a mentoring relationship is likely to cause as many problems as it solves. The current system run by the NZDA is about right. Why not wait and see if this is the solution before added yet another layer of compulsory compliance?

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

Please explain.:
One size fits all? Too long for some, too short for others. That's the problem with compulsion. It removes the practitioner's discretion, and removes the ability to address individual needs.

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.:
Poorly written question. You've asked two yes/no questions and only given the ability to reply to one. I think certainly there should be exceptions. New graduates working in a hospital setting for example.

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?

Respondent skipped this question

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

Yes,
Please explain.:
It appears to be arbitrary. It also appears to be a wonderful way for the DCNZ to inadvertently increase our insurance premiums, and it is insulting. This would be unique to New Zealand. Dangerous ground... ground that apparently doesn't need to be traversed. A health advisory is all the is required, compulsion is paternalistic and unnecessary.

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

Education, rather than compulsion. Treat us like adult professionals, please.

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?

Respondent skipped this question

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 am hopeful that sanity will prevail.