

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

Q1 This submission was completed by:

Name **Keith Chiang**

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?

Good Question! You already know that I wont like anything in your so-called PCRCP and you even framed the question so appropriately.

What, "If Anything".....?

The Answer is a BIG NOTHING!

ABSOLUTELY NOTHING!!!

The whole roadshow and webinars were a waste of time, however it enlightened us Dental Taskforce as why on earth do we even pay our subs to the DCNZ?

The whole proposal was constructed on fabrication and Maybes. There was a sad Lack of data/evidence that questions the intelligence behind this. There was lack of specifics, lack of concrete robust successful model or examples from overseas Dental Governing bodies.

Apart from already being one of the professions which has Very HIGH STRESS LEVELS AND Incidences of Self-Harm including SUICIDE, the DCNZ wants to create a Headless Monster which will not only increase the time already spent away from the family, INcrease stress levels and we take the responsibility of a Peer and create a programme that needs constant interaction- WHO HAS THE TIME FOR THIS AND WE ARE NOT EVEN BEING PAID?

This whole Peer-relationship is very cleverly devised to wash your hands off the very small fraction of practitioners who need support/supervision/mentoring etc. Target them and encourage them in ways to be more clinically competent. Dont target the rest of us!

Phase two consultation on recertification

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

Yes,

Please explain.:

Why is the DCNZ bent on acting or should I say Reacting in such an obnoxious manner and making a lot of Smelly Smoke when there is no Fire at all from the public? Just for a small fraction of the workforce who are not meeting the criteria, why should the rest of us "BE PAINTED WITH THE SAME BRUSH". Target those who dont meet the current standards and bring them to a level that is competent enough or compliant enough to re-join the work force. Imagine if the entire ALL Blacks team has to meet the fitness levels/ skills just because for a couple of the incompetent team members I would not even waste my time to even mentioning things I would change as there will be None whatsoever. JUST LEAVE THINGS THE WAY THEY ARE- THINGS ARE FINE AT THE MOMENT!

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

No,

Please explain.:

The Christchurch Forum has given enough reasons as why none of us support this proposal. Do you even care about the women who have to look after the kids and juggle family and their part-time career? Do you even care about single parents who devote time to work to pay the bills and raise kids single-handedly? Do you even factor that if someone had to fall ill / hospitalised/met with an accident/ had family reasons that unexpectedly needs their undivided attention? This proposal is DICTATORIAL and we are in modern age - living in 2018! We are ticking along quite nicely and let us be! Just for a small fraction of the workforce who are not meeting the criteria, why should the rest of us "BE PAINTED WITH THE SAME BRUSH". Target those who dont meet the current standards and bring them to a level that is competent enough or compliant enough to re-join the work force. Imagine if the entire ALL Blacks team has to meet the fitness levels/ skills just because for a couple of the incompetent team members

Phase two consultation on recertification

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 where the DCNZ has made a major Faux Pas!! You didnt verify amongst yourselves what you actually were looking for. The question asked here is "requirement for practitioners to complete an online open-book assessment of their technical and clinical knowledge and skills?" Robin in his incomplete presentation in CHristchurch had a slide that mentioned about an OPEN BOOK to test our knowledge of the Standards of Framework of the DCNZ. Isnt that very conflicting and confusing? This is not a test to test our "Technical / clinical knowledge and skills" as you ask but to test about Frameworks of DCNZ as Robin stated. I cringe to think that this DCNZ body protects the public from us " Dental Taskforce". This makes us very concerned for the safety of the public.

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 two years ,

Please explain.:

If its about Online Open Book, then have it every 2 years just like we have to update our Resuscitation skills.

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

Just for a small fraction of the workforce who are not meeting the criteria, why should the rest of us "BE PAINTED WITH THE SAME BRUSH". Target those who dont meet the current standards and bring them to a level that is competent enough or compliant enough to re-join the work force. Imagine if the entire ALL Blacks team has to meet the fitness levels/ skills just because for a couple of the incompetent team members

Page 4: Area two: support for new registrants

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

NZDA is already doing a great job and many of us are part of the Mentoring programme. Dont copy the idea from NZDA, come up with something ORIGINAL AND New!

There may arise bias/exploitation/unethical behaviour etc just to get the registrants to toe the line. If they had the sound knowledge to pass the Recertification exams then they should be able to adapt to the conditions. Nobody mentors an overseas sportsperson when they join a new club in NZ. They are expected to hit the ground running and deliver when needed, of course Humans are clever and adapt very quickly. Arent we all?

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:

Respondent skipped this question

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?

Respondent skipped this question

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?

Does this question have any backing of "new found evidence" that we already dont know? If our eyesight is deteriorating, we would be the first to have them checked.

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

No,
Please explain.:
DO NOTHING! We are a bunch of hard-working and very innovative clinicians. Of course we do take care of ourselves. I'm surprised that you are worried about Eye sight. If I were you, I would be more concerned for the welfare and Stress levels. We have our eye tests/ hearing tests etc. You are not achieving anything more from what we already know and do.

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

Consider Mental Health! Set the trend for the world to follow- Not silly eye exams

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?

The mentoring programme should be structured and Non Compliant practitioner must be dealt with appropriately. Encourage reporting of Non-compliant/incompetent practitioners. Three Strikes and then ban from practising. There is always a huge weight to consider for a Whistle Blower and the repercussions are not good most of the time.

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

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?

Robin in his Christchurch Road show used the word "UNASHAMEDLY" 5-6 times when trying to put across a point. It made me feel vulnerable and sick in the stomach to sense that here was a Man who put his interests above the entire task force and was not ashamed to be there and deliver us such blows. But in the end, he looked bewildered, fumbled and stumbled his way through trying to face the angst and the Might of the Canterbury Dental Branch.

This whole process has been such an eye opener and makes the Dental Taskforce wonder why they even pay the subscriptions to you. However, It will be a shame to be a part of the Dental Council which will be the laughing stock of the world as it lamely tried to impose new proposals and faces such huge opposition.

The writing is on the wall- Leave us the way we are and deal with the non-compliant ones. I hope you get the feeling by now as the mood and frustrations of us Dentists and the rest of the Dental taskforce will Snowball into something Huge.
