

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

**Q1** This submission was completed by:

Name

**Larry Dougherty**

**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?

I think it is wonderful that we are trying to raise the bar of Oral health care in NZ, however; I think this concept is missing the point and trying to fob the responsibility for optimal practice solely onto the shoulder of the practitioners.  
Eye testing is great.

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

**Yes,**

Please explain.:

Conscientious Dentist's already practice both clinically and management wise within the guidelines of best practice. We cannot bring the practitioners at the bottom end of the Gaussian curve into line by self management. I believe we need random government sponsored audits of all practitioners throughout the country to force some practitioners away from antiquated clinical and infection control techniques. Unfortunately, I believe this won't happen as it should because it would require expenditure of public monies rather than private. It is much easier to load the onus on the already overloaded private practitioners.

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

**No,**

Please explain.:

This is an overall proposal that works if you are in a large institution or work with lots of other dentist's. How does this work if you are a sole practitioner or work in a remote area? Who is paying the staff of the private practitioner who takes time out of his day to write all these online assessments? If you attend a conference at least you are networking with other dentist's, getting another person's perspective in an interest area or learning the latest overseas techniques. Often staff attend these courses as well.

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**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.:

Who is monitoring that the content in the book is accurate? As I mentioned earlier, the quality of practitioners is a bell Curve. Identify who is at the bottom of the curve through audits of practices and then require those substandard practitioners to do remedial work.

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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 five ,  
years**

Please explain.:

There is massive variation in what works and what is acceptable in clinical practice. There is more than one way to skin a cat. A clinical exam is tempting for those of us who like to keep on top of things and keep up to standards. However, just because someone fills out an online exam, and there is no way to know that it is the practitioner doing the exam; does not mean that the practice is operating to best standards. In other words just because someone answers the questions correctly does not mean they are producing acceptable results or practicing infection control to standard.

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

Random Audits of everyone. I do not believe that heaps of annual busywork across the board for all practitioners to prove that they have done what they should have been doing during the course of their careers is equitable. It is bureaucratic thinking. Do random, blind audits and then make recommendations where appropriate and remedial work where necessary. This concept will greatly annoy the practitioners who have not kept up to standard and close loopholes for them to wriggle through.

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Page 4: Area two: support for new registrants

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

The proposal sound great in theory but new registrants have to want to learn. At present most graduates seem to only want money and there doesn't seem to be enough emphasis on the patient and learning.

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

**Yes,**

Please explain.:

I am happy to mentor a new registrant and have done it in the past, however; I am not convinced it was overly effective. I believe parameters should be more rigid so new registrants understand what is required of them.

**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**

**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?

No concerns, however; if we practice with loupes we should be able to do our eye test with loupes. I do not practice with the naked eye ever so a standard eye test is hardly applicable.

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

**No**

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

What about other health conditions ???

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?

These practitioners need supervision by actively practicing dentist's. The trick is to identify who is not practicing to standard before there are issues or complaints that can only be done by random audits.

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

**Yes,**

Please explain.:

Non compliance is no compliance and needs to be handled on a case by case basis.

**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

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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?

Yes this needs more input from the private sector (current active practitioners) and the NZDA. I firmly believe these policies as presented are trying to legislate compliance by continued self regulation and place the cost of the exercise on an already high priced industry. Competence in Dentistry cannot be examined the same way competence in other disciplines such as Medicine (non surgical) and Occupational Therapy. Dentistry is a multi disciplinary field of practice which is difficult to completely assess through a written exam. I firmly believe it is not equitable to create undue pressure and work for the majority of practitioners who are practicing at a high standard. Identify the minority.

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