



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

**Q1** This submission was completed by:

Name

**Leah Taylor**



**Q2** Are you making this submission

**as a registered practitioner**

**Q3** Please tell us which part of the sector your submission represents

**a registered clinical dental technician**

Page 3: Area one: new core recertification programme

**Q4** What, if anything, do you like about our proposed core recertification programme?

I feel that this proposal has concentrated more on compliance as opposed to competence. More about ticking boxes, than a proposal that addresses any perceived issues within the industry.

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

**Yes,**

Please explain.:

It is the responsibility of the DCNZ to ensure public safety...why then has the DCNZ not consulted with the general public gauge if a lack of confidence in New Zealand's Oral health providers exists prior to embarking on such radical and expensive change. At the Auckland Consultation meeting, the question was asked...have you asked the public? Are they unhappy? I do not feel that the present system is broken and so ineffective that Oral Health providers in New Zealand are incompetent. I do feel that there is definite room for improvement, but that does not warrant an entire overhaul of the current system. Peer reviewing and Professional Development Plan. This proposal is flawed on so many levels. It is my belief the desired outcome the Council is hoping for will not be achieved. It could or may become a paper tick boxing exercise to satisfy compliance I would like to see more structure to the proposal. There is a distinct lack of detail. Council is asking stakeholders to trust, to adopt a proposal with no or little detail on the How. This proposal will not prevent those who may be slipping through the current system from continuing to do so. I don't see this proposal as a solution to deal with non-compliance or non-competence. Vision testing. Asking all practitioners over 40 to take mandatory eye examinations every two years is a huge over-reaction to a perceived small problem. Every person in New Zealand already undergoes an eye exam every 10 year's when they renew their drivers licence. Council asked the NZ Optometrist Association how often the eye examine should be carried out, resulting in a reply of every reply two years. The Optometrist themselves haven't deemed it necessary or have adopted their own recommendation. This recommendation is questionable and could result in an exam being carried out by a practitioner over 40 with eye degeneration. The council has always had a problem, because it's a 'Combined Council" an example would be; the vision requirements for a dental auxiliary or dental technician is far less than a endodontist. The one box fits all thinking does not always fit.

## Phase two consultation on recertification

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

**No,**

Please explain.:

This gives no flexibility for practitioners to complete their proposed PDP, especially if it involves a peer from outside their business. The DCNZ may say "In special circumstances apply for dispensation" such as maternity leave. This indicates the proposal will not work as intended and may lead to practitioner disengagement and a paper exercise to satisfy councils compliance. The goal is to add value to the practitioners already knowledgeable and valuable skill set, not to necessarily race over the finish line to complete their goal. One year may see these goals being rushed in order to comply.

**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 would set this up, administrate, and what would it cost? If it an online open-book assessment of their technical and clinical knowledge and skills? Within dentistry there are so many different techniques, materials and methods to achieve the same or similar result. Who would be judge, jury, and examiner. What system would the council propose for a practitioner to challenge a result of an open book Assessment / Exam? How will an open book exam address lack of chaired/intra oral competence? It won't and that is where the public health and safety comes into it.

**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.:

It is flawed and shouldn't proceed so why have the council not included never in the tick box!. This proposal is about MAKING practitioner's compliant. Does the Dental Council really believe this will work?

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

Apart from the advice from the Auditor General that the current APC system is insufficient, there is no real evidence that change is required.

I feel that altering the current system would be a far more effective and less costly exercise.

If peer interaction is the issue...then place a required component of peer interaction into the current structure.

Page 4: Area two: support for new registrants

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

I feel that this raises real concerns regarding the accreditation of the University's dental programmes if it is deemed that all new registrants require mentoring. Although I support mentoring in essence, I feel it is further burdening the already experienced practitioner who has their own responsibilities and compliance requirements to fulfil.

Should these students be graduating if they are not competent?

If Public Safety is of concern, they should not be graduating and have further training at Otago before leaving.

I do believe that a mentoring service should be available, but not mandatory.

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

**Yes,**

Please explain.:

I don't think it should be mandatory. The Dental Association and The NZIDT already have mentoring programmes in place. To implement compulsory mentoring will place a huge additional burden on practitioners and stakeholders. How will the DCNZ determine who are ideal mentors? How will this be policed? How will DCNZ ensure standard and consistency amongst mentors?

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

Please explain.:

Need an option to tick 'other'. See explanation below. In a consultation process, questions should not be leading or leaning in any one direction - all these questions above if answered could be interpreted as support for a mandatory mentoring relationship.

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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?

**No,**

Please explain.:

The burden of mentoring and intergrating new registrants into the Dental industry should not fall on the industry. Once a person has gained registration they are deemed competent and are able to open business on their own accord. Any fear of competency should be addressed prior to their release from University, and their entry into the workforce. Perhaps a mandatory post graduate in-house training?

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

Encourage all practitioners to mentor new registrants through their associations.

There needs to be much more clarity around what the parameters of the mentoring scheme will be.

Will mentors require education or assessment?

Will a written framework be provided?

What are the legal ramifications for the mentor?

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**Q15** What, if anything, do you like about our draft proposals for addressing health-related competence decline concerns?

Has the Dental Council approached the general public, NZDA and NZIDT and other dental associations to determine if there is a need to address health-related competence decline? Has the Dental council received health related competency complaints? And if there are any, what are the issues?

If is not real issue, why propose it?

Would like some documentation to support the need to investigate this concern.

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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.:

If it is understood correctly, the DCNZ approached the NZ Association of Optometrists for a recommendation around ocular degeneration. They have then recommended that Dental practitioners over the age of 40 require eye sight testing every 2 years. It does seem a concern that they don't deem it a necessary requirement to implement that policy for members of their own association. What criteria will be used to inform the DCNZ of the need for vision testing? Is this being applied across the whole health sector or only dentistry? If only Dentistry...WHY???

Generally one is aware of their failing eyesight as it may hinder them in their daily work. Dental practitioners can use glasses, loops and other magnifying devices if fine detail vision becomes an issue.

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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.

Would like specification on which other health related issues you are referring to.

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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?

The Dental council is attempting to change non-compliant behaviours - Time will tell whether will this proposal will encourage those non-compliant practitioners compliant....and competence is a whole other kettle of fish? It could be used as a gauge or indicator of how successful this proposal is if implemented.

I personally feel that non-competent/compliant practitioner are not dealt with strongly enough and as someone that has been involved in the mediation committee of the NZIDT, I find it very frustrating to have the same re-offenders popping up with no real consequences.

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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.:

Encourage engagement. Get stake holders to participate in the development of and encourage buy in into the Dental Council's policies on non-compliant behaviour. Have harsher penalties.

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## Phase two consultation on recertification

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

Understand the difference between compliance and competence. A competent practitioner is more than likely to be compliant. It doesn't not necessarily follow a compliant practitioner is competent. Identify which practitioners that are either not compliant, competent, or both and target through your complaints procedure. In other words, look at public safety and what complaints you receive and target reoccurring errant practitioners not all.

Have harsher penalties

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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?

This proposal appears to have given little or no consideration to the extra workload that this proposal will impose on already overburdened practitioners, the majority of whom, are compliant.

This proposal aims to shift DCNZs responsibilities onto its compliant stakeholders.

This proposal is a major over-reaction to try and identify a very small proportion of stakeholders that may not be compliant who presently slip through the cracks, those practitioners will still slip through the gaps of this proposal and I don't believe that the current proposed format will do that any more successfully than the current system.

I feel that the DCNZ would be better served consulting with its stakeholders to develop useful change within the current system to achieve the desired outcome.

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