

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

**Q1** This submission was completed by:

Name **Lydia**

**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?

That it is reflective and may help people to think about what their doing / what their plans are. But mostly I disagree with the suggestions.

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

**Yes,**

Please explain.:

All of it... Because I would not change the current system. I would possibly reduce the CPD cycle to be less than 4yrs, but otherwise would keep it as it is. I have outlined my main issues with the proposed changes below: No system is going to be perfect, but there seems to be little wrong with the current system - so why change it?? In any profession, there are going to be complaints made, but 146 consumer complaints (with the majority (142) having no further action taken) hardly seems like very many compared to the number of registered dental professionals within NZ. Clearly, the majority of practitioners are competent, are doing a good job, and very little is being complained about. The dental peer review / buddy system is flawed, because assessing another practitioners competence is extremely subjective. Writing an unfavourable review for a peer will be difficult and stressful and so they may instead be slanted more favourably. And less ethical / incompetent

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dentists, are likely to find someone similar to themselves and give each other good, but inaccurate reports which defeats the purpose of the system entirely. Clearly, this system will rely on the honesty and professionalism of the practitioners - but if so, why change the current system which relies on the same honesty and professionalism anyway?? In the case of a good report being submitted, but a complaint later being made that questions a particular aspect of that practitioners competence (which was previously reviewed favourably), then what is the likely outcome for the practitioner who gave the initial report? Is their honesty and professionalism then going to be questioned because they failed to report on the area of incompetence?? And if instead, the peer review / report holds no merit and there is no legal / enforceable consequences for the practitioner who made the initial report, then it is much more likely that everyone will just write favourable reports because there is not a lot of point in the stress or difficulty involved in writing an unfavourable one. I would then ask what is the point in having to do them in the first place if they hold no merit? ...these reports will be time consuming no doubt. If the peer / buddy has to change every few years, how will practitioners in remote areas, or even in small towns, manage with this? Having to travel to another town to complete these reviews and observations will be costly in terms of both time and money as well as lost income. I don't understand how practitioners from general practice would be able to reasonably assess the competence of someone in specialist practice - surely that is not fair. And if using only practitioners from within the same specialty to assess each other, the numbers within each town are relatively few, in some instances there is only one specialist in that area. So if they are then having to travel elsewhere, every year, to complete the assessments, this will be very costly for those particular practitioners. With the growing number of graduates every year (135 for next year I have heard), how will the mentoring program be resourced? If the number of graduates continues to increase the way it is, including in Australia we will soon have a large backlog of those who should be in a "mentoring program". Although I think mentoring like this is invaluable, I just don't see how this will be viable and will require a huge amount of voluntary time and effort from existing practitioners, many of which already feel time poor. Having an annual cycle does not seem reasonable - Firstly, those who are unwell for some period, possibly pregnant, away on maternity leave or only working part-time will be unfairly punished and it will be near impossible for them to complete required CPD etc in an annual cycle. But secondly, in our particular specialty of orthodontics, treatments routinely span over a period of 2yrs, sometimes longer - so how can competence be accurately measured within that time frame?? Overall, I am not in favour of the changes because I do not see any major flaw in the

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current system and no clear advantage to the new one which would justify the extra time and cost that will no doubt be involved in it. The new system will rely heavily on the honesty, professionalism and trust of practitioners, but the old system already does - so why bother changing?? The current system relies on practitioners maintaining their own competence through clinical experience and self-guided CPD. The competent and interested practitioners would still want to attend courses and gain CPD even without any requirement in place, so the new system will effectively punish the bulk of practitioners by trying to "catch out" those who need attention and help. ...this feels a lot like the anti-smacking bill - punish the masses to save the minority - it has the wrong emphasis and is the wrong action to be taking, in my opinion.

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

**No,**

Please explain.:

Having an annual cycle does not seem reasonable - Firstly, those who are unwell for some period, possibly pregnant, away on maternity leave or only working part-time will be unfairly punished and it will be near impossible for them to complete required CPD etc in an annual cycle. But secondly, in our particular specialty of orthodontics, treatments routinely span over a period of 2yrs, sometimes longer - so how can competence be accurately measured within that time frame??

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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.:

This is insulting to practitioners who have already spent many years studying and going through many exams to qualify in their relative area of practice. Plus it will not be easy to come up with new or relevant exams every year that are at a level suitable to all practitioners. And how is it possible to fairly examine someone who is placing implants and doing bone grafts versus an amalgam only dentist versus a Cerec heavy dentist versus an army or hospital dentist versus a high-end restorative dentist versus an old school drill and fill dentist versus an orthodontist versus a general practitioner who does some orthodontics versus .....anyone else?!!!

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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?

Please explain.:

Never.

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

No, I don't think it should be implemented.

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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?

Mentoring is valuable at any stage of your career, I just don't see how it will be viable with the numbers...?

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

**Respondent skipped this question**

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

**too short,**

Please explain.:

Mentoring should be an ongoing thing, but it should not be run this way. The extra time and money that will be put in to this new recertification by DCNZ (because it no doubt will add extra paperwork at your end), could instead be put into a funded, mentoring program.

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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?

**Yes**

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

**Respondent skipped this question**

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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**

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

**Respondent skipped this question**

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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.

**Respondent skipped this question**

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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?

This should already be a priority now with the current system - I don't understand why it wouldn't be??

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

Respondent skipped this question

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

There should be an easier way for practitioners, nurses or receptionists to be able to register anonymous concerns regarding a practitioner. Even if nothing comes of it and no "real concern" is found, if a practitioner knows that something has been registered against their name and something has been (even partially) investigated, they are much more likely to make sure they are following all the rules and practicing within their scope.

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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?

Just my initial comments on the first page as below:

I would not change the current system. I would possibly reduce the CPD cycle to be less than 4yrs, but otherwise would keep it as it is.

I have outlined my main issues with the proposed changes below:

No system is going to be perfect, but there seems to be little wrong with the current system - so why change it?? In any profession, there are going to be complaints made, but 146 consumer complaints (with the majority (142) having no further action taken) hardly seems like very many compared to the number of registered dental professionals within NZ. Clearly, the majority of practitioners are competent, are doing a good job, and very little is being complained about.

The dental peer review / buddy system is flawed, because assessing another practitioners competence is extremely subjective. Writing an unfavourable review for a peer will be difficult and stressful and so they may instead be slanted more favourably. And less ethical / incompetent dentists, are likely to find someone similar to themselves and give each other good, but inaccurate reports which defeats the purpose of the system entirely. Clearly, this system will rely on the honesty and professionalism of the practitioners - but if so, why change the current system which relies on the same honesty and professionalism anyway??

In the case of a good report being submitted, but a complaint later being made that questions a particular aspect of that practitioners competence (which was previously reviewed favourably), then what is the likely outcome for the practitioner who gave the initial report? Is their honesty and professionalism then going to be questioned because they failed to report on the area of incompetence??

And if instead, the peer review / report holds no merit and there is no legal / enforceable consequences for the practitioner who made the initial report, then it is much more likely that everyone will just write favourable reports because there is not a lot of point in the stress or difficulty involved in writing an unfavourable one. I would then ask what is the point in having to do them in the first place if they hold no merit? ...these reports will be time consuming no doubt.

If the peer / buddy has to change every few years, how will practitioners in remote areas, or even in small towns, manage with this? Having to travel to another town to complete these reviews and observations will be costly in terms of both time and money as well as lost income.

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I don't understand how practitioners from general practice would be able to reasonably assess the competence of someone in specialist practice - surely that is not fair. And if using only practitioners from within the same specialty to assess each other, the numbers within each town are relatively few, in some instances there is only one specialist in that area. So if they are then having to travel elsewhere, every year, to complete the assessments, this will be very costly for those particular practitioners.

With the growing number of graduates every year (135 for next year I have heard), how will the mentoring program be resourced? If the number of graduates continues to increase the way it is, including in Australia we will soon have a large backlog of those who should be in a "mentoring program". Although I think mentoring like this is invaluable, I just don't see how this will be viable and will require a huge amount of voluntary time and effort from existing practitioners, many of which already feel time poor.

Having an annual cycle does not seem reasonable - Firstly, those who are unwell for some period, possibly pregnant, away on maternity leave or only working part-time will be unfairly punished and it will be near impossible for them to complete required CPD etc in an annual cycle. But secondly, in our particular specialty of orthodontics, treatments routinely span over a period of 2yrs, sometimes longer - so how can competence be accurately measured within that time frame??

Overall, I am not in favour of the changes because I do not see any major flaw in the current system and no clear advantage to the new one which would justify the extra time and cost that will no doubt be involved in it. The new system will rely heavily on the honesty, professionalism and trust of practitioners, but the old system already does - so why bother changing??

The current system relies on practitioners maintaining their own competence through clinical experience and self-guided CPD. The competent and interested practitioners would still want to attend courses and gain CPD even without any requirement in place, so the new system will effectively punish the bulk of practitioners by trying to "catch out" those who need attention and help.

...this feels a lot like the anti-smacking bill - punish the masses to save the minority - it has the wrong emphasis and is the wrong action to be taking, in my opinion.

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