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

Q1 This submission was completed by:

Name	**Michael Bahjejian**

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 am not in favour of your proposed recertification programme. I found the approach brutal and lacking the justification to change what was, in my opinion, working well. You failed to demonstrate that the old system was not working, why the hours of CDP were not a valid proxy for competence and assurance, why the typical forms of CDP may not be an effective way to maintain competence and why self-declaration olone is not a valid proxy for assurance and identifying risks. Your negative declaration is not supported by any facts that prove the old system wrong.

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

Yes,

Please explain.:

My overall feeling is that we don't need more administrative work. We are already quite full of them, given the new requirements to fill in our patient charts, present our patient with an acceptable amount of information in order to help them make an proper informed consent plus the everyday administrative duties that take a lot of energy. There won't be much energy left to what is presented as a very significant shift in the profession activities routine. These addition of tasks won't encourage the mature professionals to involve themselves as mentors. I have been a mentor these last 2 years and although it is a pleasant task it is also quite time and care consuming. I suspect that the new core recertification programme will come as an obstacle to the feasibility of the mandatory 2 year mentoring programme for the new graduate as I suspect that not many practitioners will be willing to embark into more activities than the mandatory ones for them. I am in favour of the present system of responsibility where each practitioner is responsible for their own works. As we have a duty of result by opposition to layers for example, it is in our own interest to work conscientiously and well the first time, not to be overloaded with re-make and grumpy customers. Dental surgery is by nature a very demanding profession, stressful as we want the best results for the patients and new technologies have increased the personal will to succeed. Dental work in the surgery is a permanent discussion between the dentists and themselves: will I drill more, do I stop there, what product do I choose, what preparation do I prepare, what are the option I can reasonably offer? etc... Any peer involvement in the work, especially if it is a compulsory one would add more stress and in case of disagreement on the course of work to follow, the patient could be witness to a tension that they don't want to see. And indeed, it is very difficult to know what is right and wrong already for ourselves, given the complexity of the dental pathology and the limited information on the situation we get from the clinical observation, event the most thorough one. Overall, it is extremely difficult to assess the work of a colleague, even the one working by your side. It takes a long time to do a simple filling for example, on average between 30 and 45 minutes. Our time is precious and so is our energy. Each one has their own approach and philosophy of dental work. It is important for each to feel comfortable and do what they are best at in their field.

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

No,

Please explain.:

As your questions are not easy to answer, I carry on with my reflection in this new box. To say that you focus on the quality rather than the quantity of PDAs is to me quite offensive. Indeed, the many courses I have attended to since the beginning of the CPD points have always been quality based, and as the profession is maybe more than many multifaceted, every point related to dentistry is dentistry, whether it is practical, related to materials, instruments, clinical, related to the dental surgery staff, accountability, sterilisation process, decoration, human resources etc... And who will decide what is best for he dentist. Going to courses that don't interest the dentist would be boring and not productive. We usually choose the courses that are best related with what we like and we are good at to become best and in every course, there is a plethora of information on all aspects of dentistry that we have to digest and implement at our speed that is different according to the individuals. To reflect is good. However, the reflection is distributed on all aspects of the dental surgery and to say I have improved this and this will be a bit boring to write and read. We naturally choose courses that address gaps or strengthen our professional knowledge and skills because we are health professional with a duty of care. To assess or evaluate our professional knowledge and skill is something personal. Someone is good at this and another is good at that. This is what makes the reputation of a dentist. People judge in the long term who is 'a good dentist' because what has been done has giving long satisfying results or the patient has had a pleasant experience at the surgery and felt secure and comfortable.

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.:

Our time and energy is limited and we don't need new requirements to pratice than the one already in place

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.:

A year is very quickly gone and our acquired skills don't go away easily.

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

Will the practitioner that is nominated pleased to be nominated by someone they don't know well or be nominated by many people?

Will we be given examples of PDP? Do make a surgery run properly everyday, week after week, month after month and year after year is by itself a program that should be acknowledged as a programme per se.

Page 4: Area two: support for new registrants

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

To offer mentoring as it was done is good. To make it compulsory is wrong

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

Yes,
Please explain.:
You can cancel
it

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

just right,
Please explain.:
but it must be
volontary

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,
Please explain.:
Yes those who don't want to
participate

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

No

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?

Your proposal can add more stress to an already very stressful profession

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

Yes,
Please explain.:
I don't like the 'health competence decline' term as on the opposite, I think that maturity gives the practioner more wisdom and knowledge regarding what they can do or not do.

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

I would be surprised to learn that dentist are not able to look after their eye sight themselves

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?

I don't know what was done before but I am sure that it was enough

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

No

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?

Some practitioners express themselves better than others. Therefore I would like to write down here what I think is relevant for me from a colleague submission. Also I would like you to seriously consider the submissions you will get in order to make our relationship agreeable and useful for the public and not the opposite that wouldn't serve anyone interest. Thank you for that.

The proposed changes to recertification will be a backward step for our profession in New Zealand and will undo a lot of the collegiality and framework of interactions we have with our wider peer network, undo the framework verified education we have in place and even lead to the possibility of more isolation for some. It will add extra layers of compliance, which in itself adds more stress to an already stressful career (especially for the young dentists), and will increase the workload of the DCNZ (with the number of special exemptions that will be requested every year, as this is a yearly cycle). The Attestations and reviews will not be seen by the DCNZ (but must be kept for 8 years) until a complaint or audit is carried out, which means the DCNZ mostly will not know at all if dentists are currently competent or having good conduct (apart from the complaints etc).
The DCNZ is wanting to go away from a CPD point system saying (at the forum) “even if you have 800 points, it doesn’t mean a dentist is competent”. Having 100 or 800 verified contact CPD points does show the dentist is not isolated which appears to be a significant continual point raised at the recertification forum.
When requirements for CPD points were increased, it greatly increased the numbers of dentists attending branch meetings and day courses and conferences. Isolated dentists were basically forced to engage with their peers (many peers).
The DCNZ want us to forget about a focus on CPD points and select a peer that includes the action of;
“Setting out the details of guidance and assistance they have to provide to their practitioner”
“Stating whether their practitioner achieved their learning objectives to a satisfactory standard and/or providing an explanation if these objectives were not achieved”

• Many dentists will feel very uncomfortable and stressed in making such statements about a peer(s). This stress is negative for our profession (and individual’s wellbeing). Dentist do not readily have the skills to provide such guidance and assessment which include qualifying statements of achievement.
• Assessing if a learning standard has been achieved (by a reviewing dentist) is fraught with different philosophy’s and ideologies and subjectivity.

• Once a dentist declares an attestation to be true, the attestation becomes a legal document. Providing false, misleading, incorrect or inconsistent information, and then declaring it to be true is considered misconduct by the DCNZ. Declaring a dentist has reached a “standard” in any part of their professional life is an “influencing statement” and thus legal statement.
• This declaration, if seen in an unreasonable light by the reviewed dentist, may indeed lead to conflict between dentists, mistrust, and even potentially legal action between dentists.
• If a patient is taking legal redress against a dentist, and the peer reviewing dentist has “declared” the dentist to have had an acceptable standard of learning in that discipline, that potentially opens up legal redress against the reviewing dentist also.
• Dentists will be resistant to opening up to peers about their “inadequacies” because their reviewing peer(s) basically has a comment pathway to the DCNZ, which will mean dentists will be more reluctant to openly discuss their inadequacies in their wider network also. This potential “closedown” of open communication is exactly the opposite of what the DCNZ is trying to achieve. Enabling peer contact through the variety of CPD events (branch meetings, conferences) and encouraging dentists to get to know each other professionally and socially is significantly important for open honest professional talk amongst our peers, and is far more valuable than just having one peer supposedly assessing you and writing a declaration.
• Having dentists forced (CPD) to “engage” with peers, many peers; (not just a reviewing peer and a couple of sessions watching another practitioner work with a PDP course thrown in) and gain strong bonds of collegiality is very healthy for the profession. It helps dentists feel they “belong” to something greater than just themselves (and their review peer), increases enthusiasm (enthusiasm is contagious) prevents isolation and increases wellness (which leads to happier, more content, more energetic, less isolated, more competent dentists). The proposed changes will not help dentists “engage” as the DCNZ promotes less value on CPD.
• At the Forum, is was mentioned that instead of CPD numbers, a Professional development plan has to be written. It was mentioned that in order to satisfy the plan, dentists could go to a course on the subject in the plan or perhaps go to a local dentist or specialist and watch for a day (a surgeon or periodontist or another dentist). As long as the reviewing dentist is satisfied, it can be declared that the standard was met. The focus will unfortunately be on fewer courses; only courses on the professional development plan are required, this will reduce the need to go to branch meetings and conferences (to get CPD points) and will degrade the systems in place for learning in our profession. It will be sad to see fewer dentists meeting at branch meetings and conferences (as they don’t need to due to their individual plan). This will have the opposite effect of what the DCNZ is seeking with the proposed changes.
• Having the recertification every year will take a significant effort for dentists and managing to keep continuity will be difficult for many. There are many aspects of life that may impact on any particular year, such as sickness, injury, pregnancy, changing locations, changing practices, and caregiving. I expect the DCNZ will have a work load dealing with exemptions and granting them.
• Mandatory two year mentoring is going to be very difficult. Our profession agrees that we have to show competence and good conduct. Nothing in the proposal proves competence nor good conduct.