[redacted]

From: Ross Jackson [redacted]
Sent: Tuesday, 18 September 2018 10:16 a.m.
To: Inquiries <Inquiries@dcnz.org.nz>
Subject: Presentation on Draft Plan Monday 17 September

Dear councillors

Thank-you to Robin for his excellent presentation yesterday evening at the James Cook Hotel. I apologise for being late - though I have read and previously submitted on the draft.

I would like to expand on a couple of points I made last night and challenge some of Robins replies.

1) Compelling dentists to find a peer to review their PDP is not as simple as it sounds. It is a personal relationship . At the meeting I likened it to being instructed to find a marriage partner on an annual basis. Another analogy is like instructing a group of schoolboys to choose a reluctant partner to learn how to dance. Many dentists will already be paired off with other friends, there will be a chaotic scramble for" partners", there will be awkward refusals, there will be personal compatibility issues , and further awkwardness when it has to be repeated and there are refusals in successive years. None of this has anything to do with dental skill.

2) Council should already have checked the legal ramifications of putting self –assessed "problem areas" on paper. Everything a health professional writes, or doesn't write, has legal ramifications in the event of a patient complaint.

3) Robin said Council would question if the same issue(he gave as example, endodontics) was repeatedly recorded. One would expect the more complex aspects of dentistry to be repeatedly recorded. This does not signify a problem, simply a recognition of differential difficulty in dental procedures. It is not an option to do no endodontics in dentistry. Specialist referral takes weeks , which is not an option for treatment of emergency toothache . Dentists therefore have to be able to access sclerosed canals for patency immediately in order to relieve the pressure from apical infections. Likewise for surgery. Every dentist has to be prepared to perform emergency extractions regardless of difficulty..

4) A poor mentor is worse than no mentor. When I was a young dentist I once worked in a practice where a senior dentist didn't like to accept Maori patients because of a greater number of bad debts. City GPS in Willis Street used to send unkempt patients to the Salvation Army GP for the same reason. That GP was my patient. The patients were no less a bad debt to the Salvation Army. If Councils concern is familiarity with New Zealand specific protocols then run some courses on it.

The mentor scheme has worked so far because motivated capable dentists have contributed. That commitment is not insubstantial and may not be ongoing. Like fostering children, I think supply will not meet demand. Then making it compulsory will set it up for failure.

5) Council intends to require eye tests . Eye tests are a good idea to detect disease. But Robin said Council also has the expectation that dentists "do something" about deteriorating eyesight. There is no cure for age-related deteriorating eyesight . There is also no test for loupe assisted vision. This will therefore just create another weapon for prosecutorial lawyers. You can be compelled to provide an optometrists report which shows deteriorating eyesight. You can't defend yourself with proof that with loupes your vision is good. I also suspect dentists overlook rather than can't see, which relates more to energy levels and concentration than vision acuity.

6) Don't consider cognitive decline. If applied to law, many judges would have to retire.

I hope Council considers these concerns.

Kind regards

Ross Jackson