

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

**Q1** This submission was completed by:

Name

**Xiao Mei Wang**

**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?

**Respondent skipped this question**

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

**Yes,**

Please explain.:

This new system will not be able to weed out dentists who may be academically sound but can still not be ethically good? Many of these changes are completely subjective and there are no objective ways to judge competence. Eyes: Unnecessary eye exam Why does it not follow the condition of driving licenses? - There needs to be a scientific basis to prove that dentists need regular eye exam to practise - The basis of eye exams over 40 is based on general population which is not relevant to dentistry - Why 2 years? What is the evidence that 2 years is the optimal time frame for retesting - Need evidence supporting eye degeneration causing suboptimal treatment outcomes - What is the standard by which a dentist 'passes' or 'doesn't pass' an eye test- what is the scientific basis for this- is it possible to be long sighted, short sighted, have astigmatism? - Can we wear corrective lenses/loupes/LED/microscopes to correct? What standards are used for this What is the driving force of these changes?? What is the rationale behind these

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changes? Why is the current system deemed to be unacceptable/not working? Where is the research by which these changes have been proven to be beneficial? Is there evidence that dentists in NZ are incompetent? Why is there a need for change now? Professional Peer Review - What is a Professional Development Plan? Do we all need to be specialize? This will limit our field of practice. Where is the scientific base for this plan? - There needs to be a standard and criteria for any plans to be actioned - Why are rules more complex than before we were qualified? Learning outcomes/assessments and attestments – what is the scientific basis that doing this will increase competency or higher efficacy for dentists? This is a huge time sink and investment of resources without necessary gain - Why is the peer review time period set to be yearly? What other countries has this in place? - 1 year CPD cycle is impractical- Where is the scientific basis of which a 3 year cycle is better than a 1 year CPD cycle? - This greatly reduces time-cost efficiency - -low efficiency- as dentists will be forced to take courses just to fill requirements - - increases costs for the dentists - -limits dentists' ability/autonomy to choose the best course for them e.g. may do a shorter course/less desirable course just to make up the numbers - - there isn't enough courses available yearly- e.g. some courses/conferences will only happen once every two years. - Family circumstances/Bereavement/Maternity Leave/Sabbaticals/Holidays will affect all of this - Reflections – is pointless and completely subjective. It feels insulting to be forced to do such a juvenile task. Waste of time which is a waste of resources. If reflections are to be submitted we require course providers to be able to communicate with us each individually and respond to these reflections directly. - What restrictions are placed on said reflections? - If these reflections are unmonitored- they will only be done as part of achieving standards and will serve no practical cause Peer Development Plan - Attestation is too subjective- there is no objective way to do this - There are too many loopholes in this proposal - It needs to be tested first- we should not be used as guinea pigs - This is very impractical in practice - This is a huge time sink - How will the 'satisfactory' be met by my peer nominated - Due to the impractical nature of these innane tasks these will end up being done just for the sake of being done and this will not be productive in any way - Mentorship- - Mentors are voluntary- what if there are not enough mentors? - What incentive is there for the mentors/mentees - There's a lot of burden on mentors - Personality needs to be compatible –multi factorial problems - What objective way is there to assess how well this system works Area 4 - Complaints can be used against dentists - There is no basis on what is a valid complaint and what is unreasonable - Very easy for patients to exploit this- patients can easily complain in order to exploit or manipulate dentists into doing what they

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want. - This will greatly compromise our treatment decisions - This will greatly compromise our dental practice - There are many different other ways to increase our clinical knowledge/exchange of cases/self directed learning through social media.

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

**No,**

Please explain.:

1 year CPD cycle is impractical- Where is the scientific basis of which a 3 year cycle is better than a 1 year CPD cycle? - This greatly reduces time-cost efficiency - -low efficiency- as dentists will be forced to take courses just to fill requirements - - increases costs for the dentists - -limits dentists' ability/autonomy to choose the best course for them e.g. may do a shorter course/less desirable course just to make up the numbers - - there isn't enough courses available yearly- e.g. some courses/conferences will only happen once every two years. - Family Are these new restrictions to recertification applied to other health professionals – i.e. surgeons/doctorAll of these new restrictions to recertification will increase - Time - Stress - Increase in resources needed This will affect our work and past cost down to patients. There is already terrible feedback from the general population about cost of dentistry, and stigma involved in accessibility of dentistry. This will further reduce accessibility and add more barriers to care. This is counterproductive to what we are trying to achieve in the promotion of oral health and provision best of care for our patients. The main purpose of the dental council is to 1. Facilitate dentistry, and dental professionals to be the best they can be- yet these new restrictions add undue stress to a group of the population that is already known to suffer from many mental/stress ailments (many research available on mental health issues in health professionals in general, and dentists in particular). 2. To help/aid/promote and improve oral health in the general public – by setting these new requirements, dentists have less time to deal with practical areas of their work and our resources are being pooled in areas that yield minimal practicality. This is less than efficient. The increase in testing will also increase cost of dentistry as these costs will undoubtedly be passed down to patients. This therefore will hinder care, more than it will help improve it. .

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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.:

There needs to be a standard and criteria for any plans to be actioned - Why are rules more complex than before we were qualified? Learning outcomes/assessments and attestments – what is the scientific basis that doing this will increase competency or higher efficacy for dentists? This is a huge time sink and investment of resources without necessary gain

**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.:

Increase cost and stress for all party involved

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

No

Page 4: Area two: support for new registrants

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

No

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

**No**

**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.

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?

No

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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.:

There needs to be a standard and criteria for any plans to be actioned - Why are rules more complex than before we were qualified? Learning outcomes/assessments and attestments – what is the scientific basis that doing this will increase competency or higher efficacy for dentists? This is a huge time sink and investment of resources without necessary gain

**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?

No

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

**Yes,**

Please explain.:

There needs to be a standard and criteria for any plans to be actioned - Why are rules more complex than before we were qualified? Learning outcomes/assessments and attestments – what is the scientific basis that doing this will increase competency or higher efficacy for dentists? This is a huge time sink and investment of resources without necessary gain

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

The current system is good, no need to change

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Page 7: Final thoughts and comments

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**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?

All of these new restrictions to recertification will increase

- Time
- Stress
- Increase in resources needed

This will affect our work and pass cost down to patients. There is already terrible feedback from the general population about cost of dentistry, and stigma involved in accessibility of dentistry. This will further reduce accessibility and add more barriers to care. This is counterproductive to what we are trying to achieve in the promotion of oral health and provision best of care for our patients.

The main purpose of the dental council is to 1. Facilitate dentistry, and dental professionals to be the best they can be- yet these new restrictions add undue stress to a group of the population that is already known to suffer from many mental/stress ailments (many research available on mental health issues in health professionals in general, and dentists in particular). 2. To help/aid/promote and improve oral health in the general public – by setting these new requirements, dentists have less time to deal with practical areas of their work and our resources are being pooled in areas that yield minimal practicality. This is less than efficient. The increase in testing will also increase cost of dentistry as these costs will undoubtedly be passed down to patients. This therefore will hinder care, more than it will help improve it.

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