

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

Q1 This submission was completed by:

Name **Yen Yi Lee**

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?

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

Yes,

Please explain.:

- What evidence states that peer review + writing reflective statements (like a primary school kid writing a diary) will improve dentist competency? The current recertification process does include peer contact as part of the requirement. How would that differ greatly from the proposed professional peer review programme? And all responsible dentists would not have isolated himself/herself anyway in general, and would have involved in study groups, or attend programmes to prevent professional isolation, discussing clinical cases & challenges that arise in everyday practice, giving opinions or sharing thoughts on other peer's concern, which is a form of peer review and reflection, except without the actual written report. There might be a bad egg in a basket, but how is this justified to create so much stress, trouble, and waste of time and money for most practising dentists who are already doing their part to be continually up skilled. As far as we know, there is already a lot of work load and stress a dentist has, not only dealing with clinical challenges, but also communication with patients & staff

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challenges, but also communication with patients & staff, and unfortunately the reality is there's also monetary problem, practice business side of things, as well as family and own well-being. And now dental council is proposing a recertification process that will not only increase more physical and mental stress to the dentist, as well as incurring more cost to us, and want us to utilize more outside work time to deal with all these. Do you want us to sacrifice more family/me time creating more mental stress? 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). - Where is the scientific basis of a 3 year cycle better than a 1 year cycle? The one year cycle proposal also limits dentists' ability/autonomy to choose the best course for them. There aren't enough courses available yearly as some courses/conferences that may interest some dentists only happen once every two years. Hence some may do multiple shorter courses/less desirable courses just to make up the numbers. Effectiveness to improve competency through new recertification process is impaired as dentists will be forced to take courses just to fulfil the requirements. Time-cost efficiency is reduced. Due to the impractical nature of these inane tasks, these will end up being done just for the sake of being done, and this will not be productive in any way. - High costs incurred to dentists, highly impractical for the dental practices as all dentists are constantly spending time doing recertification work (either for themselves or for the peer review), instead of spending the time for the patients and for the practices, hence causing less revenue for the practices. 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, hindering care for our patients. Don't you think this is too much of a time sink? Do you know how much time I have spent in writing all these input, discussing with fellow dentists, attending meetings etc? Won't you think all this precious time being put into more communication with patients, attending some useful courses to upskill myself is more beneficial than actual writing/typing up some statements and put them in the right format as record for submission? The new proposal may have forced a dentist spending some money hiring a personal assistant just to do all the typing and paperwork, getting the dictation correct, so that it can be submitted to dental council for recertification? I am pretty sure everyone knows how time consuming dictation or writing a report is. I think we shouldn't be guinea pigs to go through the new recertification process and find out there are too many loopholes to be fixed, and re-draft a new recertification process. - Peer attestation is too subjective, there is no objective way to do this. And what's the standard of 'satisfactory'? What is the standard and criteria for all these

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plans to be proceeded? We aren't taught to be examiner or lecturer who can define more accurately what is satisfactory and what's not, and how to mark a performance of another peer. In fact, I believe the peer a dentist nominates would be a good friend of his/hers, how accurate the attestation can be? It might just be me writing up some favourable statements for you and vice versa. How can this be part of the competency check list? And what evidence do you have to prove that learning outcomes/assessments and attestations would increase competency of a dentist? - Why are the rules more complex than before we were qualified as dentists? Is the dental council trying to treat us who spent years in dental school to be qualified like little kids who need spoon feeding and strict step by step monitoring to ensure we are professional and competent? - Reflections : totally pointless and completely subjective. We dentists who spent years getting qualified in dental school, and then continually doing professional developments throughout the working career feel insulted to be forced to do such a juvenile task. If these reflections are not monitored, they will only be done as part of achieving dental council requirements and will serve no practical cause. If reflections are to be submitted, I would like to see dental council provide communication and feedback with each of us individually and respond to these reflections directly. Do you have the man power to do so? Are you going to get more funding from the government to do so? In the end it means the tax payers are the ones who suffer, and as you do know, the public has the perception of dentistry being very expensive in NZ, and I think by changing the recertification process, you are incurring more costs to the public, as I am sure we dentists will pass the cost on to the patients – we need more remuneration to compensate what we need to go through (time and stress). And I am pretty sure if the recertification process is so difficult and challenging, some dentists may opt to drop the work hours to cope with the stress and time needed for recertification, or quit completely and hence reducing workforce in NZ. I also believe there will be a much higher cost at the dental council end if the new proposal is passed (all the assessment, paperwork submission etc), the yearly APC rate will go up. To be able to practise costs X amount of money (the yearly fee), to do 2 yearly eye exam will incur Y amount of cost, highly frequent peer contact and writing up statements and reports will cost Z amount of money, plus the equivalent monetary reward (R amount of money) for the stress and time being a dentist, and also the money (S amount of money) we spent to maintain our wellbeing and keep ourselves sane, $X + Y + Z + R + S = ???$ - 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 dental care. This is counterproductive to what we are trying to achieve in the promotion of oral

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health and provision best of care for our patients. - Who is to set the assessment questions? I believe the person setting up the online assessment questions is also a dental practitioner or dental specialist who needs recertification too. How can that person be recertified and how can the dental council know that that person is qualified and competent enough if you are questioning our competency at this stage by drafting this new recertification proposal?

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

No,

Please explain.:

Where is the scientific basis of a 3 year cycle better than a 1 year cycle? The one year cycle proposal also limits dentists' ability/autonomy to choose the best course for them. There aren't enough courses available yearly as some courses/conferences that may interest some dentists only happen once every two years. Hence some may do multiple shorter courses/less desirable courses just to make up the numbers. Effectiveness to improve competency through new recertification process is impaired as dentists will be forced to take courses just to fulfil the requirements. Time-cost efficiency is reduced. Due to the impractical nature of these inane tasks, these will end up being done just for the sake of being done, and this will not be productive in any way.

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 is to set the assessment questions? I believe the person setting up the online assessment questions is also a dental practitioner or dental specialist who needs recertification too. How can that person be recertified and how can the dental council know that that person is qualified and competent enough if you are questioning all our competency at this stage by drafting this new recertification proposal?

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

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

Respondent skipped this question

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

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

Yes,

Please explain.:

- Who would be the mentors? Is it voluntary? What if a mentee could not get any mentor? What is the incentive for the mentors taking additional responsibility outside of their working hours? It may incur more burdens on mentors. - Personality clash can be an issue, compatibility is a multifactorial concern. Sometimes two individuals may not get along well and may end up with biased reviews and probably bad transition experience for the mentee. Since this is compulsory for recertification, it's not possible to voluntarily change mentor or drop out of the mentor programme. - How can this new proposal be assessed to be working well and increase competence of a new grad dentist?

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

too long

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

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

Respondent skipped this question

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?

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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.:

- I think that compulsory eye exam is unnecessary. The current law doesn't require motor vehicle drivers to do eye exam and renew driver's license every 2 years. In what circumstances and what scientific basis would support dentists needing regular eye exam to practise dentistry? Driving a vehicle can be equally dangerous if your evidence states that eye degeneration would happen after 40 years of age. - Where is the support of 2 years being the optimal time frame for eye test? What sort of eye degeneration diseases would cause the dentists performing substandard treatments to patients? Are there any relevant studies on association of dentists' eye health and treatment provided to patients? Is there a 2 yearly eye exam requirement for practising dentists in other OECD countries? What if the dentist is only doing certain type of general dentistry work which may not need as much constraint to the eyes? - What is the definition of 'passing' or 'failing' the eye exam? What is the proposed standard? What type of eye examination is needed? There are actually a lot of ways to improve vision, visibility and clarity of the field of work, i.e. wearing corrective lenses or loupes, use of headlights or microscopes etc. How are these incorporated into the proposed health related competence issue?

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

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?

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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.:

- Who to define what complaints are considered as non compliant behaviour? Some complaints could be due to patients being difficult and unreasonable and practitioners may not be at fault at all. It is not unheard of that some patients want to go through the complaint process just to give the involved dentists some hard time, to get free treatment or to get paid compensation out of the complaint process when the practitioner may not have done anything clinically wrong. What's the definition of multiple complaints? Two complaints or more or five complaints or more, and in what time frame? - Complaints can be used against dentists for some patients to exploit for their own needs. They could manipulate dentists into doing what they want and how much they want to pay (or not pay) for a treatment. This may greatly compromise our treatment decisions and greatly compromise the dental practice business.

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?

I do not think any change should be implemented. I think the current recertification process is just fine.
