

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

Q1 This submission was completed by:

Name

Peter Langley

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?

1. The mentoring for new grads and newly registered overseas dentists for at least 2 years is an excellent idea.
2. Eye testing should be mandatory biannually... regardless of age ...as many of our multicultural grads have eye sight problems.
3. It is good to note that re offenders with continuing complaints to DC will be actioned earlier than previously

Phase two consultation on recertification

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

Yes,

Please explain.:

At the DC forum the speaker noted 10% of the registered Dentists get a paper audit each year, and 10% of these should get a physical audit but they have only been achieving 5 audits. This is not good enough. Of those 5 audits he said the DC is happy with 4 outcomes and the dentists are compliant. They then said that statistically 1/5 is 20% that are not compliant. You cannot draw this statistic from a very low pool.. DC needs to get there act together, forget about continually adding more and more codes and implement what they should already be doing. What is the point of a peer writing a review every year and keeping it for 8 years, if the DC is only going to look at this review if the Dentist gets a complaint. Would it not be better for the DC to only implement these recertification proposals if or when the DC receives a complaint that is of a serious nature that requires a review. Lets face it 96% of the registered Dentists are compliant and doing a really good job, so there is no need to introduce all these extra certification requirements to these already compliant members. Getting another Dentist to review, and or critically judge another Dentist will be a dangerous pathway to introduce. There are no two Dentists that have the same thought processes in the way Dentistry should be practised. A negative comment from a peer review is an opinion and may not be factual.

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

No,

Please explain.:

I think a 4 year cycle for the general Dentist is okay. Perhaps the mature Dentist over 60 needs to go through an open book assessment , or clinical test more often.

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?

Yes,

Please explain.:

But I also think that a hands on clinical assessment needs to be done as part of the 4 year cycle. With the New Dental School teaching facility being built in Auckland this opens the opportunity for this unit to be used during the student holidays for clinical assessments for registered Dentist recertifications. There would be a cost to the Dentist, however if it was every 4 years instead of yearly this could be manageable.

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 four years ,

Please explain.:

keep it every 4 years like the current CPD

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

Operating Loupes should be a requirement for APC.

The Current CPD should continue. Since CPD was established our local Waikato Bay of Plenty dental branch has come alive and guest speakers are attracting the Dentists for continuing education and peer contact. Perhaps a 75% attendance record for branch meetings is required for APC

Page 4: Area two: support for new registrants

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

I like the proposals especially the mentoring requirements.

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

Yes,

Please explain.:

The mentoring requirements for new NZ graduates is totally different from the requirements for a new overseas registrant. The new graduate needs support in all aspects of clinical and non clinical dentistry, and the new graduate should have to work under supervision and not be allowed to work alone for at least 2 years. If the recertification process for new overseas registrants that is currently in place was working, then the mentoring requirements for this group should only be for non clinical issues, however what I hear that many of this group are also clinically deficient of skills as well. Either way different mentoring skills are required and the mentor needs to be trained for delivering this mentoring programme

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

just right,

Please explain.:

Depending on the registrant and who is doing the mentoring. Every mentoring relationship will need different inputs and skill base. I personally think this in-depth mentoring requirement will be outside the comfortable scope of many dentists and that is where I have my doubts whether this mode of supervision will be beneficial to all new registrants unless the mentors are trained.

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.:

All new registrants need to undertake this compulsory mentoring programme before full registration is achieved.

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

already mentioned

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?

60-65 year old Dentists need extra testings.

see below

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

No,

Please explain.:

I am a 65 year old Dentist and I agree some Dentists do have a decline of sensory,perceptual,cognitive, psychomotor and physical functioning that may impact on the Dentists ability to continue practising safely. I agree about the eye testing but also think a practical clinical test either in surgery or out of surgery (Dental School) should be compulsory. With intra oral cameras a Dentist could send clinical cases to be assessed.

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

see above

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?

approx 4% of dentists appear to be non compliant. This is where the DC should put its energy into.

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

Yes,

Please explain.:

For the repeat offender with respect to competency reviews the DC must still be able to implement its powers and review programmes even when the offender fronts up with their DPL Lawyers in tow!!!!!!!!!!!!!! DC needs to act immediately once a complaint is received. Perhaps DC should have an initial meeting without announcing to the Dentist that a complaint has been received ie if it's a sterilization/clinical treatment issue !!. With a serious complaint the Dentist should be placed under immediate controlled supervision. Previously it has taken DC far too long to action complaints and the offender continues to practise!

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

Immediate Supervision if a serious complaint whether it be clinical or behavioral.

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 would like the current CPD programme to continue, both verifiable and reintroduce non verifiable. I generally think Dentists have responded well to this requirement, got out of their surgeries to attend courses, had peer contact, and also attended branch meetings. The Branches especially the WBOP Branch has become alive since CPD programme was introduced, and the members are interested in branch affairs again, and the educational speakers have been well received.
