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

Q1 This submission was completed by:

Name	**Ross Jackson**

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?

The intention to increase collegial interaction

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

Yes,

Please explain.:

I would remove the components regarding nominating a professional peer and mutual self assessment. Reasons: 1) This actually risks reducing standards. This is because "birds of a feather , flock together". Older dentist will nominate older colleagues, younger inexperienced dentists will nominate similar aged colleagues, avaricious dentists will nominate like-minded colleagues. Shy dentists will struggle to find anyone. The basis for selection is friendship, and personality - not dental ability. 2) This may also, alternatively cause friction. As a past NZDA Branch Secretary , I have often had to mediate between warring dentists in situations where there are sharply differing perspectives on the standard or appropriateness of another dentists work. Some assert over-treatment, others under-treatment. There are often philosphical differences - for example whether patch repairs are acceptable versus replacement of whole restorations or whether different materials will last in various situations. Some misapply population based statistical studies to state certain treatments are "needed" or "won't last". Some refuse to use amalgam. Some refuse to do dentistry that poorer people can afford claiming they are maintaining standards. Others claim that such inflexibility is not "real dentistry for real people". These differences are usually well-intentioned - dentistry is not an exact science. There are often even differences between expert presenters at conferences . They cannot always provide consensus on best practice despite effort to treat according to evidence-based recommendations. 3) Written attestations are legal documents certifying competence. However they don't have the ability to fulfill that function. They will unreasonably broaden the opportunity for patients lawsuits.

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

No,

Please explain.:

In the broad gamut of human activity there are many circumstances where 12 months is unreasonable. A few examples: time away from dentistry due to study commitments, illness, child bearing/rearing, travel, domestic issues, loss of workplace (Christchurch) , practice builds. Many things can consume a sizable part of a 12 month period.

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.:
The intention is to force reflection , and habit breaking . However everything a practitioner writes is a legal document with potential for being used against him/her in a complaint lawsuit. It would be risky to write anything less than an affirming self-appraisal. Thought needs to go into the legal ramifications of this , as with the the peer written attestation.

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?

Please explain.:
This question is a fait a compli to question 7.

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

I recommend compulsory hours at branch meetings as a way of getting quality collegial interaction. You want struggling practitioners to be free to interact with stronger practitioners and hear expert presenters. You don't want to force like-minded cliques to occur.

Page 4: Area two: support for new registrants

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

The intentions.

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

Yes,
Please explain.:
I think Dental Council should look to employ practitioners it recognises as "preferred providers" for this important guidance if it is going to be compulsory. If Council is going to compulsorily create "forced marriages" it becomes responsible to guarantee they are quality ones.

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

just right,
Please explain.:
I have provided a mentoring. My experience is that it was about 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?

No,
Please explain.:
Some new registrants are excellent dentists - better than the mentors.

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

It relies on volunteers.It is not a commitment everyone wants. After volunteers have served there is a risk they might dry up.If compulsory what is Councils solution for the shortage?

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?

Well displayed and intentioned.

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

Yes,
Please explain.:
1) My optometrist cannot test my vision wearing loupes. I don't see recognition that dentists wear assisting eyewear. 2) Oversight with age is not necessarily related to inadequate vision. Elderly drivers make mistakes due to inattention, slow observation, and tiredness, more than blindness. 3) Health is multifactorial. Eyes, hands, attention, energy levels, mood , medications. Unless Council wants health providers to be like airline pilots it is wiser not to set a precedent for future expansion. Judges , politicians, engineers have no such requirements. Do we want a world where every career risks loss by virtue of a doctors signature?

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

I would recommend , not require , health checks and set a general advice that practioners be mindful of the results.No more.

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?

Intentions good.

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

Yes,
Please explain.:
Dental Council should provide the mentor. It is the outcome of complaints that matters. Most aren't valid, or are communication issues. In terms of competence, un-personable skillful dentists are complained about a lot more than personable lower-skilled dentists.

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

Compel a group of non-compliant dentists to attend special presentations and follow up.

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 suspect you have gone too far down this road to change direction. However I think many of the proposals will be argued by lawyers eventually.