

Dear Sir Madam,

I would like to offer my thoughts on the proposed changes to the re certification process for dentists. I thought Robin gave an excellent presentation in Hawke's Bay and it was nice to see a variety of clinicians there including hygienists, dental technicians , OHT's and dentists.

I understand that council has identified key groups who potentially may pose a risk to the public and the changes are designed to help provide improved care for the public . I also understand the UK and a region in Canada have adopted similar changes.

My view is relatively simple-if Council has the means to have clearly identified key groups who pose the highest risk then these practitioners are the ones who should be targeted more firmly. I understand the numbers are very small when considering there are nearly 2500 registered dentists in NZ. The vast majority of dentists appear to do their very best on a daily basis and do it safely with very little/no harm to the public.

The significant cost that will obviously be incurred to change the system may be better spent targeting and educating the minority to bring their treatment standards up to acceptable levels. I feel the vast majority of dentists are very motivated to better themselves and skill levels on an ongoing basis and likely do not need much encouragement to do so. They chose a health related industry for the right reasons and are primarily not driven by money.

There will always be a troublesome few in every profession and coming down harder on this group would likely provide safer conditions for the public.

The DC discussion document does seem to contradict itself in relation to the above but I do agree some degree of change/improvement could be beneficial to keep the system up to date and world leading.

In relation to further points :-

-I would be in favour of a biennial cycle for the majority of dentists but annual cycle for high risk groups.

- I am in favour of an open book assessment again on the above time frames , practitioners who comply and improve over a period of time can move from High risk to non risk category-suitable terminology to be used obviously.

-the mentoring system seems a good idea for new and overseas grads, will be costly to set up and possibly something NZDA could look at and run instead of DC. With regards to finding suitable peers it would seem obvious that like minded dentists will always choose each other and hence be of no real benefit long term. I am not in favour of this system.

-Otago is responsible for setting the standard of dentistry expected in NZ and hence has a crucial role to provide suitably qualified and able students, Every graduate knows there is the odd classmate who was incredibly 'lucky' to graduate and historically these graduates will likely fall into the high risk group once working. I have personal experience with this with the Nelson issue knowing as a student he was more than lucky to graduate with BDS.

-I do not feel there is enough compelling evidence to support compulsory eye testing yet. Of course the Opticians will support this but it becomes very obvious when one cannot read a newspaper without the aid of something. With regards to further age related issues there appears to be no evidence.

-I feel non compliant behaviour should be dealt with extremely firmly as DC is aware this group ring alarm bells and show a questionable attitude which could prove to be very harmful to the public. I do believe these practitioners should be dealt with more firmly than they currently are- there must be an absolute disincentive to not comply. It would seem mechanisms are there but they should be started as quickly as possible with a clear time frame case dependant and firmer penalties if non compliant behaviour still occurs.

Many thanks for the opportunity to provide this submission.

Kind Regards

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