From: Wayne Dalley
Sent: Saturday, 13 October 2018 12:00 p.m.
To: Recertification <Recertification@DCNZ.org.nz>

Subject: Recertification/Dalley

Recertification Committee
Firstly thank you for having the opportunity to may representations on this important matter.

I would like to address three issues.

The first is the one year cycle.
I am concerned that a practitioner who, over past years has proved to be competent, is then confronted with a personal issue, probably a health issue, and as a consequence their survival rather than the filling out of forms becomes their principal focus. Although the health issue may impact on the fitness of the practitioner to practice that cannot be assumed.
This situation could also impact on a female practitioner who chooses to have a child.
I therefore feel that the one year cycle is too short and there is no flexibility for varying important consequences. Perhaps this could be wavered for 2 years with the issuing of a medical certificate.

Secondly the CPD points system.
The current system is a joke. No consideration is given to the quality of the information presented at meetings before CPD points are awarded. Therefore often there is rubbish in and therefore rubbish out. NZDA had always argued that professional persons should be able to evaluate the quality of a presentation for themselves however this has been shown not to be the case. Quality presentations should be rewarded and marketing rubbish presentations rejected. That does not preclude a practitioner attending a poor quality presentation and getting acknowledgement for collegial contacts however it acknowledges that the information gathered will not enhance patient safety. Patient safety has to be the focus.

I readily acknowledge that it would not be easy to introduce this system however it would discourage the rubbish presentations and perhaps the practitioner will achieve better CPD focus.

Finally I would like the DCNZ to look at the senior practitioner, not with the intention of making things more difficult for them but acknowledging that their skills may be diminishing in certain areas but be very competent in others. For example a senior practitioner may be competent in restorative dentistry but has acknowledged weakness in molar endo. Therefore their scope of practice is accordingly modified. When approaching retirement medical specialists will often voluntarily limit their practice accordingly. So let a practitioner reduce the scope of their practice but continue in the areas they are competent in. This should be also accompanied with a reduction in their APC cost as they are being responsible in limiting themselves away from risky procedures.

Thank you
Wayne H Dalley