

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

Q1 This submission was completed by:

Name

Amy White

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?

Nothing - you've gone down totally the wrong path with your ideas

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

Yes,

Please explain.:

Everything needs substantial changing and some of the proposals need removal altogether. The continuing education system needs to stay as it is - it is of far more benefit to us than what you have proposed. PDAs will be exceptionally difficult to quantify and will promote choice of 'easy' activities that are much less likely to be of benefit to our practice or skills. Even with the absurd 'self-reflections' proposed, the lazy people that this is meant to address will only become more lazy and find ways to work around this system - choosing activities that are not regulated and they can over-report how much time it actually took, and it is very easy to 'self-reflect' a load of nonsense saying how useful it was. Having regulated courses and lectures like in our current system makes everything quantifiable and ensures practitioners are at least actually being exposed to good quality information. Reducing the emphasis on this exposes us to greater risks of reducing competence. Nominating a professional peer for support is a nice notion

Phase two consultation on recertification

but you will again find that practically all of us already talk regularly with peers to discuss cases and obtain support where needed. Having to quantify and keep logs of this is not only a time-wasting pain but also misses that mark as whoever is nominated as the peer is very likely to be a friend of the person and hence is less likely to be critical or report on anything that the dentist is not up to scratch with. Retaining a 'peer contact' log like we have currently is still just as beneficial without the huge extra administrative duties. The written PDP again is just silly; one, it is very hard to plan such a thing out fully as courses are often hard to find out about until they are released during the year. Two, the courses we decide to go to is often a dynamic thing that changes as our commitments do throughout the year so a plan will be irrelevant. Three, we do not need to write down a plan to know what our interests and gaps in knowledge are. It is a waste of time and practically an insult that we can't choose things to our own benefit. The written reflective statement - don't get me started on this... again it is an insult to the 99.9% of us who are responsible adults and good practitioners. It is an absolute waste of time - we are more than capable of critically looking at the information presented to us at courses and deciding what is of relevance to us and what we can change about our practice. This does not need to be written down in a load of waffle about how this makes us a better dentist. You will find that we discuss this sort of thing anyway among ourselves after courses, and having to write it all down is again a waste and will not contribute to retention of any of the information. The written exam is also something I object to - it should not be included. Overall, this will not change the actions of the few people it is meant to address, it only disadvantages the rest of us who are responsible in the continuing education we choose (you will find the VAST majority of us only go to education that we find relevant and interesting and to address gaps in our knowledge) and creates a whole lot more administrative work for us that we do not want or need, and a whole lot more contempt for the Dental Council just making our lives difficult for the sake of checkboxes that make it look like they're doing their job when really you should be finding a better way to target those who need it - this system will still miss practically all of those people while making our lives a pain.

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

No,

Please explain.:

12 months is FAR too short a time-frame to expect us to complete requirements for recertification with no perceivable advantage to shortening this cycle. I think this time constraint would increase the already heavy stress on practitioners and cause us to complete easier-access basic continuing education or other activities that may not be as relevant to our practice or skills just for the sake of meeting the requirements (even despite your proposed PDP which is another misguided concept that I think won't make a difference). Having a longer cycle means that we have time to wait for really good quality courses that are actually of interest to us and will provide us with information and skills that we would readily want to implement in our practice - rather than feeling pressured into 'doing anything' to meet yearly requirements. Also, life events and commitments often mean we may have a year when we find it exceptionally difficult to attend any courses, and with the current system (which is better) we then can compensate for this another year where we spend a lot of time on continuing education and peer contact. A two year cycle would be the BARE MINIMUM I would suggest as acceptable.

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.:

An open book assessment provides absolutely no use - we have very stringent first-time registration requirements in NZ, both those who graduate here and from overseas who sit registration exams have been very thoroughly tested already. Technical and clinical skills are very hard to measure on a online test, as skills and knowledge for most of us are based heavily in our ability to see all of the information in real life for ourselves (including tactile feel etc) - it is very hard to come up with a test that can actually reflect our skills and is not fair to us as we don't treat patients on information and photos given online. There are also many 'correct' but different ways to treat somebody and this varies from clinician to clinician. It is just another way to stress us out and create a huge amount of administrative work we have to pay for in our fees that won't benefit us. I would support using something like this ONLY for those who have some sort of evidence that they may not be competent e.g. after several complaints. It should not be applied to everybody.

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?

Respondent skipped this question

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

Please don't do these changes - you may need something like this ONLY for those who you have reason/evidence to doubt at their competence, but they should not be applied to everybody.

Keep the old CPD system, but if necessary shorten the cycle to 2yrs - this would prevent 'bingeing' on education as sometimes seen in longer cycles.

Page 4: Area two: support for new registrants

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

I think some sort of mentoring program would be beneficial to new graduates/registrants

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

Respondent skipped this question

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

just right,

Please explain.:

So long as differing levels of mentoring can be tailored to each person, two years is a good length of time. It took me around two years after graduating to really learn how everything worked and having support around me during this time was very helpful. Any longer is too long, although 1yr should be the minimum if implemented.

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.:

New registrants who have passed registration exams here and who have been practicing overseas for more than 5 years should have a reduced mentoring programme timeframe (e.g. 1 year) with a separate programme with more emphasis on NZ practicing environment/legislation/requirements etc and creating networks, rather than clinical support which recent graduates need more of.

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

I recommend the NZDA run mentorship programme for new graduates, but you have to be very very careful how any sort of programme is run and meeting requirements for mentors - getting sufficient numbers will be difficult and should not be forced on other dentists.

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?

Respondent skipped this question

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

Respondent skipped this question

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?

Respondent skipped this question

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

Respondent skipped this question

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?

Respondent skipped this question