

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

Q1 This submission was completed by:

Name Ertan Redzepagic

Q2 Are you making this submission	as a registered practitioner
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Q3 Please tell us which part of the sector your	a registered dentist or dental
submission represents	specialist

Page 3: Area one: new core recertification programme

Q4 What, if anything, do you like about our proposed core recertification programme?

I do not like the proposed recertification programme.

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

### Yes,

Please explain .:

Professional peer review - this is not an objective measure of competence without a constant and ongoing calibration process to ensure everyone is assessing with the same level of scrutiny. Even if calibration could be achieved it would require a lot of time and effort to achieve. PDP - The purpose of CPD is not only to attend courses where you feel you need improvement due to absence of knowledge but also to keep yourself up to date with new approaches. techniques, equipment and new materials in certain fields of dentistry. Dentistry is a huge area of science and I honestly can not predict what can emerge that sparks my interest a whole year advance. Does this proposed programme mean that I have to spend more time and material resources to satisfy both my proposed PDP and also to satisfy my personal professional curiosity? Most of my CPD courses done thus far were made in that way, not simply because I felt myself incompetent in that area of dentistry, but rather to develop my professional skill to the highest possible level. It could also force me into doing courses that I know would not be beneficial to my skillset just to get me over the line for PDAs in a chosen field, e.g. I put forth that I want to do an endodontic course in my PDP but no courses with my interest were available so I ended up doing a course irrelevant to myself just to get the hours for my PDP.

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

### No.

Please explain.:

Definitely, everything below 4 years will put every dental professional in a rush to satisfy registration renewal requirements rather than take joy in developing new skills and techniques and waiting for the right courses to emerg on the dental horizon. This will facilitate a lot more performance of PDAs that are merely done to satisfy requirements rather than helping to facilitate competence.

**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.:

As professionals we re-assess ourselves constantly, every day and at every case we are doing. Online open-book assessment is completely unnecessary. It will just take more and more of our valuable time for relaxation and put every dental professional under additional stress.

Definitely an open-book assessment does not seem an a objective or effective way to assess someone's clinical knowledge and skills as well.

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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?

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

Please explain.:

As I mentioned previously - open book assessment should not be an requirement at all.

Respondent skipped this question

Page 4: Area two: support for new registrants

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

Respondent skipped this question

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

## Yes,

Please explain.:

New registrants have already passed all exams and assessments required to get registration. Therefore, they are already qualified as safe to practise in New Zealand by very capable professionals who examined them. Mentoring by anyone they do not want will put them under unnecessary stress. It's far better to introduce a voluntarily professional group of experienced dentists who will support those who ask for it.

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

Please explain.: Should not be introduced at all.

**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?

Please explain.:

Again, I believe it should not be introduced at

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

Respondent skipped this question

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

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

### Yes,

Please explain.:

The draft proposal for health-related competence decline concerns should be very transparent. Firstly, there must be evidence of how often the health of dental professionals is related to incidents that happen in everyday dental practice. Second, as a professionals we are equipped with high tech adjuncts (loupes) that allow us to see much better then average healthy human can using their unaided eyes. Third, it is my personal opinion that every dental professional is trained to be self-limiting and responsible for the well being of their patients. If an optometrist is asked for advice on this topic they will certainly support regular mandatory screening because a few thousand eye exams of dental professionals will accumulate to them a serious source of income. Those who are known to have health issues that might affect patients certainly should be examined and tested accordingly.

**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?

This is something I completely agree with. As dental professionals we are all required to achieve high standards in treating our patients - not only professional but ethical and all with respect to cultural differences

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

No

**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

# Phase two consultation on recertification

**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 appeal that any intended proposal should be carefully considered and measured to prevent misuse of any measures which might harm dental professionals doing their jobs, harm them personally or their families. Much of the proposals are not transparent or evidence based but rather opinion based, we need more understanding in order to make a competent and well rounded decision on these matters. Both sides, professional and their patients, should be highly protected and highly satisfied with this proposal. Increased bureaucracy, which this proposal purports, never leads to real improvements in the target field but rather has been shown to have suffocating effects.