

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

**Q1** This submission was completed by:

Name

**Amelia Paterson**

**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?

I think the eye tests are a reasonable expectation.

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

**Yes,**

Please explain.:

Peer attestation - seems like a waste of effort and time, everyone has at least one friend (or employee) who will sign them off. 2 year compulsory mentoring - it's unsustainable and will put more strain than necessary on newly registered practitioners. Most of the grads are already worried about finding a job, why make them worry about finding a mentor too? I think compulsory study groups are a better option. I think writing an annual plan is too much paperwork, I think a 2 or 5 year plan would be better. I personally have a 5 year plan! Then perhaps an annual reflection could be completed as part of the re certification.

## Phase two consultation on recertification

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

**No,**  
Please explain.:  
Too much paperwork (and time)!

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**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?

**Yes,**  
Please explain.:  
But not just on the framework, also on some key clinical questions, like rubber dam use for endo, high speeds for sectioning, management of infection, management of deep caries etc. How people answer some key clinical questions should allow the council some in-site into dentists who are really behind in the times, and/or allow those dentists to catch up with current evidence based dentistry when they are reading their 'open book'.

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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?

**Every two years** ,  
Please explain.:  
annually is too often for something that hopefully most dentists will spend serious time preparing for.

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

**Respondent skipped this question**

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Page 4: Area two: support for new registrants

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

nothing. it isn't achievable

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## Phase two consultation on recertification

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

**Yes,**

Please explain.:

I feel that the 2 year mentor program of new registrants is unfeasible as a one on one relationship. As someone likely to need to mentor (an employer in a small town), I feel that it will be a big job to mentor multiple new registrants. It will be time consuming and exhausting too. I feel the inevitable employee/employer relationship will interfere with the mentee/mentor relationship. But there will not be any other mentors in town, and even if there were other mentors in town, why would they want to mentor my graduate dentist employee? I like mentoring and helping encourage my new grad employees, but I don't want a council regulated mandatory relationship. Could the 'mentoring program' be more a series of council or association run study groups open all practitioners (new and not so new), but essential for new registrants to attend. These groups should be in lots of locations (so no dentist needs to travel for more than 1 hour to attend). This would remove the risk of the employee/employer relationship causing issues with the mentor/mentee relationship. These study groups could have a small fee associated with attending to cover the time, effort and expense of running them.

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

**too long**

**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.:

all should participate in regular peer meetings - but i don't think one on one mentoring

**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?

seems ok

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

**Yes,**

Please explain.:

Is there any real evidence to support the random age of 40? 40 seems pretty young to have eye problems, may 50?

**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

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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

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

Respondent skipped this question

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**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

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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?

Along with a lot of the other practitioners who have submitted their concerns about peer attestation, I just can't see the point. Everyone has at least one friend who practices dentistry a similar way to them. And very few people are going to say to a colleagues face (or via a piece of paper) that they don't think they are competent to practice. For example: I feel that rubber dam is absolutely mandatory for almost every root canal, however I know that most dentists don't feel this way. Does that mean that if the bloke down the road asked me to sign something saying I believe his professional development plan is acceptable (even though he doesn't use rubber dam or have any rubber dam or endo related CPD in his plan) I won't sign it? Of course not. I know that rubber dam is best, but I also know he has done many successful endos without rubber dam. I doubt I would even bother bringing up rubber dam with him – because he's not going to change, so why waste my breath.

Instead of peer reviews could it be essential that every dentist is a member of an active study group and attend at least so many meetings and be an active participant. Then instead of having one peer relationship, each study group member could get several to sign off that they are an active group attendee. This would address the main dentists who were identified as issues (isolated dentists who don't keep up to date).

Instead of random open book tests for some practitioners, could a self audit be set up for all practitioners where they complete an online audit, including submitting essential practice procedure manuals (like infection control manual etc). Once the self audit is completed, the practitioner could print out a self-audit compliance certificate. A certain number of the self audited practitioners could be selected at random for external audits, which should be simple to complete, as the practitioner will already have a very good understanding of what the auditor is looking at and for.

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