

Recertification Review
Dental Council of New Zealand
P O Box 10-448
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24/10/2018

To Whom it May Concern,

RE: Recertification Review: Phase Two draft Proposal Consideration Feedback

I would like to thank the Recertification Review Committee for the invitation to comment on the draft phase two *discussion document on recertifying our oral health practitioners: considering the draft proposals* (13 August 2018).

My responses are as below:

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

I support the Dental Council enhancing the role for a professional peer because I firmly believe collegial professional relationships are important and mutually beneficial for all participants. I agree that having a professional peer prevents professional isolation and assists practitioners lacking self-awareness and insight to help them identify and manage risky practices and behaviours. I strongly agree introducing a peer augmented reflective approach to professional development by focusing on the quality rather than the quantity of professional development activities (PDAs). I agree on the *elements of our new core recertification programme* (figure 4, pg 7) of assessment, professional peer, professional development plan (PDP), PDAs, reflection and attestation. Ensuring practitioners have an educational focus to maintain and improve knowledge and skills in a practitioner's registered scope(s) of practice, having a focus on reviewing and critically reflecting on a practitioner's performance and having a focus on measuring the outcomes from participation in a practitioner's chosen PDAs ensures competent practitioners nationwide.

2. Is there anything about our proposed core recertification programme you would change?
Please explain.

I would like to see a clearer timeframe for the implementation of the proposed core recertification programme. The recertification program consultation and implementation has already been

extended and the longer it takes to put a definite recertification in place, the more it seem that the process is time consuming. It would lead to more disengaged practitioners from the process of recertification. I would like to see more recognition for competent/compliant professionals and further discussion around the online assessment being proposed as well as how the online assessment will be monitored, who will monitor this and an approximate of costs involved to have and maintain this. Cost of compliance is already is a major issue and if recertification adds more costs; it will be the public that will end up paying. Therefore, the solution must add value and be affordable/practical to implement.

3. Do you support our proposal to change the recertification cycle to 12 months? Please explain

I believe the timeframe of 12 months is too short for compliant practitioners. I believe having a shorter timeframe (12 months) for non-compliant and overseas trained practitioners should be done however a longer one for compliant and competent practitioners (2-3 years). Would having a shorter timeframe (12 months) mean adding to more costs to getting an annual practicing certificate (APC)?

4. 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? Please explain

I believe we do not see the necessity in this unless the practitioner is deemed non-compliant/competent. I would also argue by having this, would this be another cost associated with APCs? I think it will be hard to assess practitioner's technical skills via online media. Academic knowledge does not equal competence in clinical practice.

5. 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 (i.e. annually, every two, three, four, or five years)? Please explain

If this part of the proposal were to go through, I believe this should be done annually until the practitioner is deemed compliant/competent by Council.

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

I would like to know how a practitioner can make a PDP when there is no clarity around the CPD on offer to practitioners to meet their PDP. I believe one year is too short to achieve some outcomes in a PDP within PDA and this will seem unattractive/not encouraging for younger practitioners who may want to take maternity leave to start a family, but are then hindered by having to complete the one year of PDAs. I believe this, in turn, will lead to potential loss of the workforce, even for a shorter period of time. There may be some confusion around the wording of 'compliant' and 'competent'. I believe a practitioner can be compliant but not competent and would like to know what the Council may put in place to mitigate these few practitioners.

I also feel that over the last few years, there has been a great disconnect from Council to practitioners. We are encouraged to see Council holding meetings and nationwide however these may not be well attended. I feel the relationship between Council and practitioners should be

strengthened more, especially if the proposed recertification programme were to roll out. I also would like to see a accreditation program for those tasked with being mentors for PDP otherwise it would end up as a “mates looking after mates” approach.

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

I agree with Council’s statements that new registrants (both trained in Aotearoa and overseas) face challenges to successfully transition into their workplace. Having an association whose graduates primarily go into the district health board (DHB) setting upon graduating, and seeing the different mentoring DHBs give, we feel this is invaluable for the graduate oral health therapist in consolidating their skills learned at University. In saying that, some people who go straight into private practice and are essentially ‘de-skilled’ as they are not able to utilise their full scope of practice. Is there anything about the draft proposals for supporting new registrants you would change? Please explain

There is nothing within the proposal for new registrants we would change in its current format.

8. Do you think the proposed two year minimum period for mentoring relationship is too short, too long, or just right? Please explain

I feel that for Aotearoa trained new registrants, two years seems like a very long time. I believe the length of time should be a minimum of 6 months, but after that, it is up to the mentor and the mentee if mentoring should be longer or not. Two years can be the absolute maximum length of time. I feel those new registered practitioners overseas trained should be required to do a maximum of two years mentoring with a minimum of one year. This is so they are able to get a better understanding of how the oral health care system in Aotearoa works and is run and that they are fully aware of their obligations under legislation and regulatory bodies (as this would not have been taught in their primary degree, whereas in Aotearoa, this is taught).

9. 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

I feel all registrants should participate in a mentoring programme. This would mean that new registrants will gain more confidence clinically, be aware of comply with legislative and regulatory requirements, gain a more intense understanding of Aotearoa health practice environment, managing cultural barriers and biases and establishing and fostering professional support networks. Every other profession has a intern year or similar.

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

I feel having new registrants joining their professional association will help garner new professional relationships. We feel this should be strongly emphasised from Council when a new registrant is

approved and issued an APC. Lets follow the Australian model whereby its compulsory to have professional association membership and indemnity insurance.

11. What, if anything, do you like about our draft proposals for addressing health-related competence decline concerns?

There is nothing within this proposal I would like to address in regards to health-related competence decline concerns.

12. Is there anything about the draft proposals for addressing health-related competence decline concerns you would change? Please explain

There is nothing within the draft proposal for addressing health-related competence decline concerns I would change.

13. Do you have other proposals for addressing health-related competence decline concerns you would like us to consider? Please explain

There are no other proposals for addressing health-related competence decline concerns I would like considered at this time.

Thanks again for the opportunity

Arish Naresh

Registered Dental Therapist