



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

**Q1** This submission was completed by:

Name

**Derryn Brunton**



**Q2** Are you making this submission

**as a registered practitioner**

**Q3** Please tell us which part of the sector your submission represents

**a registered clinical dental technician**

Page 3: Area one: new core recertification programme

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

Mentoring- I think that this will be extremely helpful to new graduates.

Peer interaction - as a member of the NZIDT we already under take this within the organisation.

## Phase two consultation on recertification

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

**Yes,**

Please explain.:

On reflection and discussion, there are a number of issues with this proposed programme. Peer reviewing and PDP's. I don't think that this will produce the desired result. It could lead to larger businesses going "in house" and could limit them seeking outside knowledge and peer interaction. Small businesses or sole practitioners could team up with close friends and have a you sign mine I'll sign yours outcome. What will happen if peer stops work, moves or there's a falling out? What happens if you need to change, what responsibility is the new peer to take on. Are there any legal ramifications for the peer if practitioner fails in completing PDP? What is the overall commitment for peers? What if a practitioner can not get a peer to work with them? Will there be a template for PDP's? Who determines if a PDP is relevant, correct or adequate? I really don't like that you will be asking a practitioner to provide assurances for another practitioner. Especially if they have nothing to do with their practice. This will only add stress and additional work load. That I find totally unacceptable and detrimental to our industries health and wellbeing. I can't see how this will help those that are already struggling in the current system. Vision tests- are completely unnecessary. We know if we have a vision issue and are adult enough to deal with it. Eye sight is a huge part of the profession. Do not treat us like children.

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

**No,**

Please explain.:

This gives absolutely no flexibility to practitioners. What if people get sick or start a family or want to have a holiday. This would be added stress that is not necessary. This short window of opportunity will also make planning PDP & PDA's more difficult.

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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?

**No,**

Please explain.:

Who sets this up and administers this? With so many variances in the industry - materials, techniques and methods of achieving the same outcome how can this be set up to be fair, objective and unbiased assessment? Who pays for this?

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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?

Please explain.:

Why have you not put a... NOT AT ALL? This proposal is fundamentally flawed and should not be considered as part of the recertification.

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

Why can the current CPD not be modified and be improved? It is not so flawed and to require its complete restructure. Include hours of peer interaction on relevant topics, patient presentations. I think that with some changes and improvements in the current system you could achieve the out come proposed in this proposed recertification rogramme. You do not have to reinvent the wheel.

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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?

It is adequate in some cases but not all.

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

**Yes,**  
Please explain.:  
Build in some flexibility. Not all new registrats will be the same in level of knowledge and work experience.

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

**too ,  
long**  
Please explain.:  
Why a fixed time frame, again there needs to be some flexibility built in. Some will be faster to intergrate than others.

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**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.:  
Any form of assistance will be advantagous to new registrants under a flexible framework.

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

There needs to be more thought and clarication around this mentoring scheme.  
Who is eligible to be a mentor?  
Will the mentor require training or education?  
What are the legal ramifications of a mentoring programme for the mentor?  
How many mentors are we talking about? Is it going to be a sustainable programme.  
What costs will be involved if mentors are required to travel? Who pays?

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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?

How was this Health-related decline concern reached?  
Is there actually a need to address this?

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## Phase two consultation on recertification

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

**Yes,**

Please explain.:

Vision testing - Not at all necessary. Who recommended that it was? Is this a recommendation across all Health professionals or just the dental industry?

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**Q17** Do you have other proposals for addressing health-related competence decline concerns you would like us to consider? Please explain.

NO

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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?

Hoping this will help repeat offenders raise their competence level

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

**No,**

Please explain.:

This looks easy and helpful for those struggling, making them aware of their deficiencies and get on the correct pathway to improvement. - but again could be incorporated in the current system with adjustment.

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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.

No

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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?

I would like to see this whole process slowed down and areas reassessed. There are areas that do not appear to be well thought out. I can see significant ramifications both on a personal and even a legal level. I believe that in this present form this would add stress and workload on already very busy practitioners. I think that on reflection that by looking again at the current CPD system that with some thought and appropriate changes it could continue to work and reap the results you hope to garner from this new proposal. I would like to see DCNZ seriously rethink this proposed recertification.

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