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

Q1 This submission was completed by:

Name	**Elizabeth Currie**

Q2 Are you making this submission	**as a registered practitioner**
Q3 Please tell us which part of the sector your submission represents	**a registered dental hygienist,** Other (please specify):: UK qualified dual qualified Hygienist and Therapist

Page 3: Area one: new core recertification programme

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

I think the move towards a more structured recertification process is largely positive. However, I feel the current proposals are too strict.

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

Yes,
Please explain.:
The draft document outlines concerns with maintaining competence - A PDP with professional peer review, runs the risk of just becoming another box ticking exercise, rather than a meaningful task; much like accumulating the number of CPD/PDA hours with poor quality options. I feel that CPD/PDA requires more monitoring for quality. What is lacking is high quality CPD options for practitioners that do not cost the earth. Has any one actually sat down and looked at what practitioners had available to them in each region? There is not enough CPD/PDA available to be selective and "deliberately choose PDAs which address gaps or strengthen their professional knowledge and skills". DCNZ should rather look at core subjects over the cycle period; in addition to medical emergencies, perhaps, cross infection control, radiography, oral cancer screening making up a number of the required hours. The proposed 12 month cycle is too short - what if there is a period of illness, or maternity leave? Will there be a helpful option for those circumstances?

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

No,
Please explain.:
I have in recent years taken two periods of maternity leave. A longer CPD?PDA cycle permits me to "catch up" on attendance to conferences and meetings, which was limited by my family commitments. With an infant, I cannot make it to evening meetings.

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.:
More detail required on what this would look like. If it is based on the Standards Framework, a quick revision session would ensure a pass. What does that achieve?

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?

Annually,
Please explain.:
We already tick to indicate compliance on our annual re-registration.

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

I feel that the current proposals are too much of a leap. A personal development plan, core topics to achieve, and a set number of additional hours in subjects of interest/knowledge building would be a more manageable and better received approach.

Page 4: Area two: support for new registrants

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

Supportive.
The process would help registrants meet their PDA/CPD needs; which from experience can be quite difficult initially.

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

Yes,
Please explain.:
Some countries work in a very similar manner to NZ; a read of DCNZ documents would be a sufficient introduction for many. A one size fits all approach would not please all. I see that the proposal plans to reflect this, but would like to know how. How will mentors be selected? By willingness alone? By experience, putting demand on those suitable individuals (like the VT training scheme in the UK).

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

too ,
long
Please explain.:
Depends on the registrant's experience and country of origin.

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

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

Will all practices have to have a willing mentor available to overseas (or even NZ applicants)? Would they therefore exploit and pay less for the inconvenience of mentorship?
Would an applicant be tied to one mentor for the full mentorship duration?

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?

It is a starting point.

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

Yes,
Please explain.:
I think that eyesight is a starting point. How will this be monitored and the testing interval determined?

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?

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

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?

Gaining adequate CPD hours has been a battle, year after year, and as a result, attending the NZDHA conference has become a ‘must’. However, despite this being verifiable CPD, I feel the quality is poor and not always relevant to my scope (or even to dentistry).
I believe that CPD should be more closely regulated. I understand that clinicians take responsibility for achieving their CPD quota and are therefore, ultimately in control of counting what they deem acceptable, but CPD is hard to come by unless you have extra funds, and the ability to travel to seek out “quality” CPD.
Our association has quietly discouraged online CPD in favour of branch meetings and our conference, however, in my experience, quality CPD can indeed be gathered from online resources such as Isopharm, Colgate and ProDental, with a nominal annual subscription.