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

Q1 This submission was completed by:

Name	**Hadleigh Clark**

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?

The intent and direction of the current proposed framework of recertification is in line with other recertification principles in other discipline areas (e.g. medicine). A professional development plan (PDP) embodies reflective practice into the recertification programme and is to be commended.

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

Yes,
Please explain.:
1. For the specialist group of Oral Medicine practitioners who are currently dual qualified in medicine and dentistry, they must already submit to a similar framework with the Medical Council of New Zealand, typically through an entity known as BPAC. Notwithstanding the financial impunity of maintaining two separate registrations, it can become an onerous administrative task to ensure that both plans are met, particularly in light of the proposed changes to the Dental Council of New Zealand core recertification proposal. There will be a lot of duplication between the proposed frameworks. It would be useful to correlate what is being required within the BPAC considerations for this specialist group and look to harmonise, such that BPAC credentialling of core recertification can be transferrable to the DCNZ requirements (and potentially vice versa) where there is overlap of philosophies, academic and clinical knowledge, as well as clinical skills. 2. As part of the aforementioned, Oral Medicine general registered practitioners with MCNZ must already maintain a professional peer from the medical milieu. It would be important that this could be viewed as a transferrable peer contact to the new requirements, within the remit of practice of the Oral Medicine Specialist scope. Supplemental to this, I believe it would be important that non-medically qualified Oral Medicine Specialists must submit to peer review with a professional Oral Medicine peer who is medically qualified, to ensure harmonisation 3. It may be important to engage individual specialist groups (e.g. such as Oral Medicine) to help define what professional activities may constitute 4. It is important to delineate if there are separate requirements to be maintained in general practice and how these would be differentiated and required amongst specialist practitioners.

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

Yes,
Please explain.:
This would be in keeping with other frameworks of recertification both nationally and internationally.

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.:
This would be OK, provided that the open-book assessment for specialties is aligned with the perceived requirements of the specialty. I would anticipate DCNZ engagement with professional groups to ensure that these are of an appropriate remit for specialist-specific clinical practice.

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 three , years

Please explain.:

Codified in other registration frameworks (such as that for MCNZ) there are different requirements in different years. These include site visitation and issues around clinical governance / audit, however, would not necessarily be required in every year of the recertification programme. The relative merits of individual activities would need to be considered against other registration requirements and the timeframe of repetition / benefit of undertaking these.

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

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?

A core programme following graduation is essential.

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

Yes,

Please explain.:

The differences in new registrants working between hospital and private practice environments needs to be considered to ensure that the proposed recertification is appropriate and applicable to both working groups. It may be necessary to have both core and optional components to satisfy relevance to the immediate practice of new registrants relative to the private and hospital settings.

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

just right,

Please explain.:

A proportion of graduates will occupy hospital posts and on current commonalities between DHBs, most will occupy roles of 1-2 years in hospital practice. This is an important corrolary for hospital employed new registrants.

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 graduates / new registrants should participate in this programme. If, in future, a new hospital development programme emerges this may need to be considered as an alternative path for hospital based new registrants.

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

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

Yes,

Please explain.:

The requirement for eye assessment is tricky, as the majority of eye assessments are undertaken in a private optometry setting, with associated cost. This, therefore, incurs an additional 'hidden' cost to practitioners in meeting 'registration' requirements. Will there be imperative by DCNZ to ensure a working relationship with an optometric / ophthalmologic group with regard to providing cost-effective eye examinations in order to undertake this? I would also like to see from the DCNZ supportive evidence / best practice guidance around the proposed timing (40 years) and cycle (every 2 years) with regard to this assessment. It would also be important to compare and juxtapose this around requirements in other health related professions for similar; e.g. do surgeons, podiatrists or other similar groups have similar criteria in their recertification requirements. If not, why should dentistry be considered different? It may be feasible to require this of practitioners who already have diagnosed issues with myopia, hyperopia or other corrective issues that require the prescription of correction eyewear. The other main consideration in the >40 age group is presbyopia and the evidence base about the timing of assessment and periodicity should be canvassed with the appropriate clinical groups to make this decision (e.g. optometry, college of Ophthalmologists). A two year period for people who have excellent eyesight at 40 may be too short (e.g. a 3 or 5 year period may be more appropriate), whereas in an older age group it may be more medically justified and appropriate for a shorter interval between eye assessments.

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.

Regular site and clinical audit review.

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?

Respondent skipped this question