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

Q1 This submission was completed by:

Name	**Heather Keall**

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?

Encourages dentists to get out of their surgeries and meet with colleagues.

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

Yes,

Please explain.:

I think that the focus should be on supporting the practitioner to protect the public. A little different from some of the overseas models and would involve the Dental Council holding some of the anxiety about recertification rather than passing it on wholesale. I would offer different CPD points (platinum) for peer group activity. Could be grouped any way. For example geography. gender. specialty. Group discussion is healthy. Solo reflection is rumination and distinctly unhealthy. the compulsory nature of it would drag out the shy dentists. Small groups encourage contribution. You could work through your education goals together and share the tasks. A personal peer seems a hard ask. For much of my career I have been a minority practitioner. The venue prevented me from attending branch meetings when I first joined the NZDA. Later I could not join my Specialist Society because although I was a registered specialist, I was also serving my country. In those cases a mentor would have been hard to find. The minorities are different now but they still exist. Peer groups level out the differences and can be more relaxed. However cultural understanding develops slowly. I felt sorry for the "blind" woman at the recertification meeting, as in New Zealand most people would not expect to be repeatedly ridiculed for offering a contribution. A fair go is one of those kiwi concepts that foreigners find hard to get.

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

No,

Please explain.:

It just fills in your life. Practitioners need to get out of the office at the end of the day and look at the bigger world of their family and recreation. There would be a scramble in July and generate plenty of anxiety. We are all masters of the quick swot. In one pass all of the questions will be published, with answers, and sold. But it would be measurable if not meaningful. I have found it useful to use the standards questions in the practising certificate papers as a basis for staff continuing education. It may take a bit more than a year to finish. Perhaps a workbook could be developed each year with additional information You are only as good as your team so you need them to be on board. I think it would have a more meaningful effect. I suppose you could add an online test in chapters to be to be completed over the whole year.

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.:

I think that this could be a hiding to nowhere. In order to mark it you may need those nasty multiple choice questions that would be better with a page and a half answer. It would have to be basic because frequently I will say to a junior staff member. "For the Fellowship exams you would write this but the Americans would want this. Here we do this, it works well but there is no good evidence." I could then say "It appeared in the recertification exams last year, and I have no idea what they wanted". I think that the only way to do it would be to run courses for the programme so the correct answer would be known. Another commercial opportunity could be created.

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 five years,

Please explain.:

If you are going to do this rather than tick the box and get lucky with the multiple choice. You need some calendar time to pick up all the different courses in an enjoyable and meaningful manner. So the material sticks and there is a useful benefit to your patients

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

Auditing your own work assumes that you and the patient will stay in the same place forever. I look after a unique large archive for research purposes. It is very expensive. And even a large archive struggles to produce statistically significant results.

Page 4: Area two: support for new registrants

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

I think it is a good idea

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

Yes,

Please explain.:

Maybe group mentoring would be practical. Mentoring is hard work and 2 years would suck up a lot of mentors.

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

too long,

Please explain.:

I think that they gain confidence after a year or so. Maybe the scheme could have a cheerful name borrowed from one of the bird conservation programmes

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?

Respondent skipped this question

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?

Should colour blindness be tested before Oral Health studies begin?

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

Yes,

Please explain.:

Cognitive tests were suggested, possibly for older dentists. Other options for testing could be parents of new babies, or those of us caring for teenagers, grannies or both. The tests and their administration are complex and an expert neuropsychologist is needed to interpret tests where the results will be in the outstanding range. A baseline would need to be established. Might be hard to get volunteers for that. Set up an independent doctor service for just doctors and dentists, like the one in UK to encourage early consultation regarding sensitive issues by individual practitioners. The NHS Practitioner Health Programme is an award winning, free and confidential NHS service for doctors and dentists with issues relating to a mental or physical health concerns or addiction problem, in particular where these might affect their work. Make use of the Medical Council's medical committee. There was obfuscation about medical advice at the recertification meeting. I gathered that it is possible that the Council members have access to a dentist's confidential medical records. the occupational health physicians and psychiatrists who are on the Medical Council's Medical committee are experts, and have no confidentiality issues . Dentists are not that good at the medicine that is outside their scope. Just as doctors are not good at dentistry. The Dental Council should not be interpreting medical records as this does not encourage any sort of confidence.

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

Set up an independent doctor service for just doctors and dentists, like the one in UK to encourage early consultation regarding sensitive issues by individual practitioners. The NHS Practitioner Health Programme is an award winning, free and confidential NHS service for doctors and dentists with issues relating to a mental or physical health concerns or addiction problem, in particular where these might affect their work.

Make use of the Medical Council's medical committee. There was obfuscation about medical advice at the recertification meeting. I gathered that it is possible that the Council members have access to a dentist's confidential medical records.

the occupational health physicians and psychiatrists who are on the Medical Council's Medical committee are experts, and have no confidentiality issues . Dentists are not that good at the medicine that is outside their scope. Just as doctors are not good at dentistry. The Dental Council should not be interpreting medical records as this does not encourage any sort of confidence.

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?

Yes,
Please explain.:
Protect the Public 1. Incentivise the early submission of practicing certificates. Double the fee and halve it for on time submission and offer a spot prize. Use the money for audits of practitioners who fit a particular profile. 2. Each year work out exactly what bad practice you are looking for. The one that matters the most. Work out why it is so hard to comply. Educate the dentists. Make it easy. If you suspect it’s having no autoclave. Ask for service certificate and cycle numbers. 3. Identify the non dentists. When a couple of young lads came to pick up my previous chair I asked them if they were dentists they gave me a cheery wave and said “We are now”. Be aware that increasing the recertification requirements will take dentists away from the chair and the costs per patient will increase. It is counter productive when a parent tells me that they can't afford the rich people's dentist like their children have, and they go to the one in the garage who is very good. Identify the non specialists. Examine their advertising for fringe material. if a consulting specialist is advertised they should at least have a practising certificate.

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?

Interesting references for a more supportive approach

The Opt-Out Revolution
By Lisa Belkin NYTmes 2003

Vacation Rules Rod Cuthbert, Sebastian Filep 2013 VR publishing

Margaret Mc Cartney: The false god of appraisal BMJ2015;351:h4982

NHS Practitioner Health Programme (Claire Gerada) php.nhs.uk

Enabling honest reflection: a review
Naomi Gostelow and Faye Gishen
University College London Medical School, UK THE CLINICAL TEACHER 2017; 14: 390–396

RSM Health Matters Podcast: Episode 6: Searching for Truth: Suicide and Accidental Death in Doctors

RSM Health Matters Podcast: Episode 5: The BMAs Vote of No Confidence in the GMC, Sir Norman Williams Review into Gross Negligence Manslaughter