



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

Q1 This submission was completed by:

Name

Henry Stephen Sharp



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 feel this is an excellent avenue to help new registrants integrate into the system.

Phase two consultation on recertification

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

Yes,

Please explain.:

LOTS! Very rushed proposal. *Peer reviewing and Professional Development Plan. This is a very flawed proposal and will not have the desired outcome you are wanting. It will lead to businesses employing large numbers to close ranks and those in charge telling the others that they need to do things their way, instead of seeking knowledge from outside their organizations and peer interaction from other businesses. Small businesses will team up with close friends and adopt you sign mine and I'll sign yours mentality. What happens if your peer moves away, becomes ill, stops working, you have a falling out, etc? The list of possible reasons someone would need to change peer reviewers is almost endless. If you did need to change, what responsibility does the new peer reviewer take on? What are the legal ramifications for the peer if the practitioner is unable to or doesn't do what they have said in their PDP? What are the commitments a peer is expected to provide? How will a practitioner with known problems find a peer willing to work with them? What happens if at the end of the PDP the practitioner comes to the conclusion that what they learned isn't useful to them, but they thought it would be when they wrote the PDP? What is the template you expect a PDP to look like? Who determines if a PDP is relevant, correct, or adequate? Who determines the quality and relevance of a PDP? Asking a practitioner to provide assurances for another that has nothing to do with their business could lead to a very stressful environment and the addition of workload. Our industry is already a high-stress environment, and this will make it worse. It would have a detrimental effect on our industries health and wellbeing when you should be trying to improve it. If the practitioner fails to complete their PDP will the reviewer be held accountable? And will it reflect on their own ability even if they complete their PDP? This system will not prevent those who are slipping through the current system, slip through this proposal, all it will do is add substantial more work to those who are already compliant and actively engage with their peers. *Vision testing. Asking all practitioners over 40 to take mandatory eye examinations every two years is a huge over-reaction to a very small problem. Nearly everyone that has vision problems already undertakes voluntary examinations or make use of magnifying loops or glasses to solve the issue. Also, the fact that you asked the NZ Optometrist Association how often the eye examination should be carried out, with their reply being every two years, when they don't even do that for their own members, is questionable.

Phase two consultation on recertification

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

No,

Please explain.:

Minimum of 24months to allow for variations in course timings, and professional/personal life commitments. A 12-month cycle will cause NUMEROUS problems. I adamantly oppose this. The 48-month cycle is too long I agree, but 12 months is far too short. A 24-month cycle would be the best compromise I believe.

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?

Yes,

Please explain.:

If it is correctly aimed at the specific scope of practice that each practitioner is registered in. Also, there needs to be flexibility in the assessment for the many various different techniques that can be used to obtain an acceptable clinical/technical result. Resources relating to the assessment also will need to be provided many months in advance on the assessment due date.

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 two years

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

I strongly believe that a modification of the current APC/CPD system is the most viable and effective solution. As well as set CPD hours we need to achieve via lectures, courses and conferences, we should have set hours of peer interaction of verifiable topics and patient presentations and discussions.

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 most of it is good, however a fixed 2 years in some cases might be too long, such as someone coming from Australia would potentially integrate much faster.

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

Yes,

Please explain.:

Change the fixed 2-year time frame to something that is flexible depending on the practitioner's ability/experience/adaptability to NZ culture/working environment.

Phase two consultation on recertification

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

**too ,
long**

Please explain.:

Needs to be customised to each practitioner

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.:

It would be beneficial for all new registrants to have a mentor, however the time frame needs to be flexible. Varying time-frames based on experience and adaptability to NZ working environment.

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

There needs to be much more clarity around what the parameters of the mentoring scheme will be.

Will mentors require education or assessment?

Will a written framework be provided?

What are the legal ramifications for the mentor?

Finding a potential 400 adequate mentors a year could prove difficult.

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?

Have you approached the NZDA and NZIDT and other dental associations to determine if there is a need to address health-related competence decline? And if there are any, what they are?

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

Yes,

Please explain.:

I find it strange that the NZ Association of Optometrists have recommended dental practitioner's over the age of 40 require eye sight testing every 2 years, but they don't have that policy in place for their own members! This is an excellent ploy by their association to increase business for their industry. What criteria was used to inform the DCNZ of the need for vision testing? Is this being applied across the whole health sector or only dentistry? Dental practitioner's use loopes and other magnifying devices if fine detail vision becomes an issue.

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

What health-related competence decline issues are you referring to other than vision?

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?

I think this part of the proposal looks good to help repeat offenders raise their competence to the acceptable level.

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

Yes,

Please explain.:

The cost of dealing with non-compliance should be borne by the non-compliant practitioner, not the rest of the law-abiding practitioners. Clear and defined ramifications for serial non-compliance.

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?

This proposal has been rushed through with little consideration of the significant ramifications, both legal and personal, and the extra workload that this proposal will impose on already busy practitioners (who, in your own words, the vast majority comply or exceed the minimum standards and requirements). This proposal is a major over-reaction to try and identify and very small proportion of our industry, and those practitioners will still slip through the gaps of this proposal.

I believe there are improvements that can be made to the existing framework, which will address some of the identified shortcomings.

There are many ways in which the current system works well, as it provides exacting requirements.

Increasing the component of required peer interaction within the existing CPD framework would be a more workable solution to help those who struggle come up to speed without placing unnecessary burden on already compliant and competent practitioners.
