

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

**Q1** This submission was completed by:

Name

**Jeff Annan**

**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?

I think that the PDP and PDA concepts would be helpful. The shift from didactic learning to engaged learning is a positive suggestion. However asking practitioners to publicly identify areas of weakness in their practise which they mean to improve, is asking them to place a lot of faith in the Council

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

**Yes,**

Please explain.:

The professional peer arrangement reads well, but there will be difficulties with this concept. Not all practitioners will feel themselves capable or confident in this role. Unless all practitioners embrace the concept, there will be a major shortage of professional peers. Some who are well known and the more competent are likely to be approached by several peers. The role could become onerous. Will it be acceptable to refuse the role on the grounds of overload? An annual testimonial is a doubtful concept placing a lot of pressure on the professional peer. I think this should not be part of the plan

## Phase two consultation on recertification

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

**Yes,**

Please explain.:

The rate of change in performance could be swift and the current 4 year cycle makes it more difficult to detect competency problems occurring. A conference fully attended can boost CPD hours to a level which flows on to the next years.

**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.:

An open book exam demonstrates the ability to find and record correct answers to questions from available material. I do not think there is evidence to suggest that this will change risky practising behaviour. If there is I would like to see it demonstrated.

**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 four years** ,

Please explain.:

As I have said, I would like to see the evidence for this proposal demonstrated. If it is implemented, the frequency should depend on the scope and length of the exam. If it were an hour, then I every two years. If three hours, every three or four.

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

No Unless some element of clinical delivery can be devised.

Page 4: Area two: support for new registrants

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

This arrangement is already working well through the NZDA. Does the Council plan to take over this programme? Has the Council discussed this proposal with the NZDA? There is no mention of this.

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

**Yes,**

Please explain.:

The proposal places the onus on the new registrants to find a suitable mentor. That can be a difficult task as many potential mentors will not be known to them/ The current scheme of volunteer mentors being teamed up with new registrants seems to work well after 4-5 years. Some thought needs to be put into this area.

## Phase two consultation on recertification

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

**just right,**

Please explain.:

Many new registrants move practices and cities, towns annually. More than 2 years is a long commitment for the mentors. If the relationship is working successfully, two years should be sufficient. I believe this is the view of those running the NZDA programme.

**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?

**No,**

Please explain.:

No unless the registrant feels they do not need the programme. They would have to convince the Council of the voracity of their argument.

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

No

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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?

An two year eye examination is a reasonable requirement, but I believe that most if not all are carrying this out, probably annually. I believe there is evidence from Ayers research on practitioners health which bears this out.

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

**Yes,**

Please explain.:

I think it is more important to have all practitioners wearing magnifying loupes with lighting than having a biennial eye test. A satisfactory standard of visual acuity is only achieved by magnification and satisfactory lighting.

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

See Above.

Cognitive Function testing

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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?

I think they are both good ideas.

## Phase two consultation on recertification

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

**Yes,**

Please explain.:

While I agree that non-compliance with APC applications is a likely indicator of other potential non-compliant behaviour, I think that the Council could take action in this matter of earlier. On some occasions advice from the Council to a practitioner advising that no completed APC Application has been received has occurred months after the cut off date. During that time the public has been placed at inconvenience or danger through being treated by an unregistered practitioner. I think that as soon as the 1st October or April 1st roles by, any practitioners who have not registered, should receive a notice to cease practice immediately and not operate until the matter is resolved

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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.

See above

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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 think the move to make the registration process more relevant and more outcome based is positive. Any change will increase the input from practitioners which may be resisted. The cooperation of those working in the dental profession is essential So evidence based reasoning for the changes needs to be demonstrated.

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