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

Q1 This submission was completed by:

Name	**Jeremy Bywater**

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?

You have recognised that simply logging cpd hours is not necessarily a reflection of competency.

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

Yes,

Please explain.:

You are suggesting several changes to the re-certification system that I suspect will not positively improve the service received by the patient, but will ultimately over time lead to increased costs to the patient due to increased costs to dentists. If you have identified a specific short coming or risk area with respect to competency of NZ practitioners then some clear examples should be presented along with proposals on how to mitigate these. These proposals should be very clear in preventing the problems or potential problems you've identified and I don't feel that your current proposals do this. You should recognise that access to verifiable CPD in New Zealand is limited as compared to other countries which you seem to be comparing the re-certification process to. A lot of CPD in core skills areas is done online and is therefore not verifiable (under our current CPD logging requirements). It is very unlikely that clinicians would be able to identify verifiable courses within New Zealand over a period of 12 months to address gaps or strengthen clinical skills. The suggested peer attestation procedure would seem very unlikely to have the intended outcome. Although some form of peer audit may well be a good idea if your aim is to reduce the risk of clinical competence decline, this proposed system is clearly at risk of failing to identify deviations from current best practice, and would also seem inefficient with respect to use of dentists time. I would also imagine it necessary for dentists as a whole to have a legal opinion on the ramifications to making a peer attestation based purely on an assessment of PDAs. There of course would be less potential for bias if any assessments of another clinicians PDAs or record keeping were anonymised but I would also predict it to be very complex to consider all the nuances involved with the differing needs of differing patient bases of different practices and how this might present as different opinions on what constitutes adequate learning objectives and whether these have been achieved.

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

Yes,

Please explain.:

A two to three year cycle I think would make more sense as explained previously that access to CPD activities in NZ is limited as compared to other countries, and certain subjects of courses are unlikely to appear yearly.

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.:
If you could come up with an assessment that recognised the nuances of the different skills and knowledge required in different practices to fulfill the needs of different patient bases, whilst still remaining relevant, then yes I would support this and would recommend it focused on core skills.

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.

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?

It recognises that supporting new graduates is a good idea.

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

Yes,
Please explain.:
I would focus the "core areas" more towards core clinical skills.

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

too long ,
Please explain.:
I think a requirement of 12 months more reasonable but would imagine that if it was designed well that most practitioners would want to continue beyond this time.

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.

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?

It is hard to comment as you only seem to have acknowledged a risk of declining eyesight with age.

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 a good idea that all dentists over 40 get biennial eye tests, and I would imagine that all dentists do get this test already at this frequency and would imagine that any dentist suspecting an eyesight problem would have it checked immediately in the interest of providing the best possible care to their patients. If you have already determined that untreated poor eyesight in aging dentists in NZ is a genuine problem then clearly this measure needs to be taken. If you have not determined this to be the case then this would seem to be an unnecessary addition to this proposal as dentists are already self regulating this.

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?

As mentioned previously any proposal for change should be based on a clearly identified problem, or risk of problem, and proposed changes should be clear in their aiblity to prevent these problems. Otherwise you are simply increasing the cost of dental care to patients without improving the service and are potentially reducing available clinical hours that dentists area available for treatment. It would be good to have the problems or potential problems clearly outlined and defined so that we can make our own suggestions as a profession as how these would best be managed or prevented.