

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

**Q1** This submission was completed by:

Name **jo harris**

**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?

Support of new registrants  
Address recurring problems

## Phase two consultation on recertification

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

**Yes,**

Please explain.:

I feel the peer assessment and report writing would be very time consuming, the writing up of PDP's and then reflection on them etc etc is very 'middle management' type stuff and has very little impact in my very practical job as a technician, in my opinion. I would much rather go to a lecture than spend a couple of hours (of my own time) reflecting on my plan. At the DHB we have to take part in these compulsory self assessment type things on an annual basis. In my mind it's just a lot of ticking boxes for someone in an office, I don't feel it changes my behaviors or my environment at all, but my boss can file it away until next year and we've both conformed to the rules, with no positive outcome. I'm not comfortable with written attestation of our peeps, how am I to say if my peer has reached his/her learning goals? and everyone is just going to say they did anyway. It is also very time consuming, and creates more admin for the practitioner. In summary I'm all for peep/study groups, they are great, and I get a lot from our little group of CDT's, I'm happy with an annual standards assessment. But I'm really opposed all the report writing and written assessment of myself and my peer practitioner. I think these are meaning less and time consuming (and I have a small insight into these working for a DHB)

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

**Yes**

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**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**

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**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**

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

**Respondent skipped this question**

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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 this is ok, and what we currently do at work with the new grads would probably cover the proposed requirements.

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

**No**

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

**just right**

**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.:

I think some new registrants from overseas with many years experience could be exempt, or even mentor us in some cases. I think the mentor-ship should apply to new grads, although it may be helpful for new migrant registrants to have a mentor for social reasons, nbut most work places wuold cover that.

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

**Respondent skipped this question**

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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?

It's ok

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

**No**

**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**

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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?

It's ok

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

**Yes,**

Please explain.:

I think it might be difficult to expect a mentor change their non-complaint behaviors. I'm a big fan of personal responsibility, and if these offenders can't comply they should be de registered. Lets not make it the mentors problem to fix.

## Phase two consultation on recertification

**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

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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'm all for increasing peer to peer contact, i think its very valuable, but lets not increase the paperwork for us. we are already weighed down with admin.

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