

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

**Q1** This submission was completed by:

Name

**Jo Lovegrove**

**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?

Retaining the 2-yearly requirements for emergency care training

## Phase two consultation on recertification

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

**Yes,**

Please explain.:

The proposal document is lacking in detail and specifics so it is difficult to know exactly what will be required of us. At times the document seems to be referring to competence but at other times it is referring to compliance with professional standards. It has not been made clear by the DCNZ how this model is better able to identify practitioners that are a risk to the public than the model we currently have. It seems that only a small number of practitioners have complaints laid against them but as a result of this all practitioners are being burdened with this model which will require a lot more time to be spent on paperwork and bureaucracy. DCNZ says that it wants practitioners to "deliberately choose PDAs which address gaps or strengthen their professional knowledge and skills, and periodically assess or evaluate their professional knowledge and skills". I would suggest that practitioners already do this. Every day we assess our work, and make changes/discuss with colleagues if outcomes are not as expected. The peer relationship concept seems open to problems. Would a peer would be held responsible for a colleague's competence or compliance? What happens if the peer relationship breaks down? Would this end up being a situation where friends simply sign off for each other at the end of the recertification period? The PDP/PDA/written reflective statement and peer attestation concepts do not give enough details. It is not clear exactly what is required of us but it will clearly take quite some time to prepare each year. In addition, it is difficult to prepare a plan for future learning when professional development courses are often announced only a few months before they are delivered.

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

**No,**

Please explain.:

This time frame is too short, particularly for practitioners who have young children or illness in the family. The current time frame allows practitioners to spread their CPD to suit these sorts of personal situations. Some specialties have only small numbers of practitioners and these practitioners need to gain a lot of their CPD overseas at hands-on courses and conferences. These are not always held annually so planning over a 12 month period would be difficult and may end up with practitioners attending CPD that is not addressing their needs in order to complete CPD requirements.

## Phase two consultation on recertification

**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.:

In the body of the draft document the DCNZ proposes an online open book assessment based on Professional Standards, but this question now relates to clinical skills and knowledge..... I don't think an open book assessment will demonstrate a practitioners clinical skill. It seems unlikely that this will protect the public from non-compliant or incompetent practitioners. However, if practitioners have had complaints upheld against them then this should be part of the process used to support them into better clinical practices.

**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.:

If a practitioner is deemed competent by passing the online test one year then they are unlikely to be incompetent within a couple of years so every 4 years should be sufficient without placing an undue time burden on practitioners. However, I think this requirement should be more frequent for practitioners who have had complaints against them. Who would decide what questions are to be included in the open book assessment? Would all practitioners be required to answer all questions, even if there are aspects of clinical practice that they have decided not to provide?

**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?

I think it is a good idea to mentor new registrants but the NZDA already provides a mentoring scheme.

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

**Respondent skipped this question**

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

**just right**

## Phase two consultation on recertification

**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.:

But there should be a recognition that new NZ graduates may need mentoring/support of a different kind to overseas trained dentists who have registered in NZ for the first time.

**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?

**Respondent skipped this question**

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

**Yes,**

Please explain.:

Remove the need for 2-yearly eye examinations. Practitioners are very well aware of the importance of good vision in dentistry, and would already manage this by wearing glasses or loupes. The appropriate time frame between eye tests should be a professional decision made by an optometrist not prescribed by DCNZ.

**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?

These proposals seem good.

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

**No,**

Please explain.:

However, there is detail lacking, for example who the mentors will be. Will the mentor be assigned by DCNZ or will the practitioner decide who the mentor will be? How long will the practitioner be mentored for?

**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?

I would like to see evidence that these proposals will result in more competent practitioners than the current recertification process, and that the new proposals will better identify incompetent and non-compliant practitioners.

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