

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

Q1 This submission was completed by:

Name

Joanna McKINNON

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?

Compulsory mentorship for 2 years post registration

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

Yes,

Please explain.:

Annual cycle - see Question 6 No mention has been made of supervision/guidance of new registrants who are working alone, especially new graduates, but new registrants would benefit from it too.

Phase two consultation on recertification

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

No,

Please explain.:

The general proposals seem onerous for a yearly cycle. How are you going to account for inevitable setbacks such as severe illness/motor vehicle accident/difficult pregnancy - which are all scenarios where one might be able to work part time but just have no energy to put into CPD requirements. It is no good saying that if that is the case one shouldn't work as in most cases Dentistry is a small business and if one is physically able to work at least part time then full insurances/ACC will not apply. Besides which, unless employed, for business continuity we feel driven to work as much as possible. Most businesses work with a budget. A budget will include provision for attendance to courses/peer contact etc. Some courses are more expensive than others and it may be better to save up one year to do them the next. (Not all dental practitioners make oodles of money!) I realise you may be proposing a reduction in the number of formal hours attended, but the fact remains that some years there is just not the desired quality or subject matter available. What happens if I decide that the area of practice I need to upskill is X and there are no local courses on that topic. A minimum of a two year cycle would seem more compatible with the facts of life, but I feel the current 4 year cycle has worked well.

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.:

I understood from the meeting I attended and the discussion document that this proposed "online open-book assessment" was to cover the Practice Standards Framework. Not test technical and clinical knowledge and skills. The former (Standards) seems reasonable if you have to have SOMETHING concrete for your records but how on earth can you test technical skills with an online test.

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 ,

Please explain.:

see my answer to Question 6

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

More attention should be paid to dentists who own multiple practices (other than the corporates) employing a rolling number of dentists so there is no cohesive value set for these practices and no good example for the new registrants who are (anecdotally) those normally employed.

Page 4: Area two: support for new registrants

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

compulsory mentorship

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

Yes,

Please explain.:

Where a new graduate is put in the situation of working completely on their own they are at a disadvantage right at the start of their career they may have a mentor, but neither the mentor nor the employing dentist is on site. [this is not a hypothetical situation] I think the 2 year compulsory mentorship should also include compulsory onsite supervision, by which I mean presence on the premises of a senior dentist for more than, say, 20 hours a week. I have heard mixed reports about mentorship - some feeling it works well and others not. Either because of an incompatibility of mentor and mentee or a restriction on the advice the mentor is allowed to give. I don't know how you can legislate to make it work well but it is probably something that needs thinking about. I am showing my grey hairs here, but it used to be that there were practitioners who routinely took on a new graduate for a two year period. In my experience they enjoyed the stimulus. As students we and the faculty knew who those practitioners were, they were respected, and staff encouraged a suitable fit, and we appreciated the collegiality and long term friendships that so developed. Of course times have changed and the dental community has grown much larger and more complex so this intimate knowledge is no longer there. But if somehow could be found to create a facsimile of this I am sure it would be beneficial

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?

Yes,

Please explain.:

Of course - it depends upon the quality of the mentor. You cannot consider a new registrant who goes to work in a practice which is one of say 5 owned by one dentist to be adequately mentored by that dentist.

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

Respondent skipped this question

Q15 What, if anything, do you like about our draft proposals for addressing health-related competence decline concerns?

Am perfectly happy about eye testing - I can't believe not everyone already does it. I do think it should probably be for all rather than over 40, as who is to know if one's sight can or cannot be improved if one has a minor issue that can be adequately accommodated in everyday life but does not stand up to the intensive close work we do all day.

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

Respondent skipped this question

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?

The proposal seems fair.

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

Respondent skipped this question

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?

You haven't asked about peer contact. Peer groups aka Study groups which many of us belong to already, and have for years, would seem to satisfy all your concerns. Collegial contact, discussion of cases, staff, ideas for surgery layout, new purchases, problems that we want help or advice addressing, discussion of personal issues, stresses, complaints, families.

A simple solution would be to just make membership of one of these compulsory, but also help by supplying formats and suggestions because sometimes it's hard to think of a topic when it's your turn to present.

At present we apply for CPD for these, and a description of the intention of the meeting is lodged for this, but the most valuable part of a study group is always the chat after the formal part. I can't help thinking that formalising and asking for recording of that portion of a meeting would be counterproductive and prevent people opening up with a free and frank discussion.
