

12<sup>th</sup> October 2018.

Dental Council of New Zealand.

Email: [recertification@dcnz.org.nz](mailto:recertification@dcnz.org.nz)

### **Recertification Submission:**

- 1) Just a point of clarification - I take it that if one belongs to a study group - then you do not have to have a peer to oversee your PDP? Presumably the study group assesses the PDP?
  
- 2) What is the liability exposure of any peer who might oversee an Individual's PDP - but not necessarily privy to the actual clinical ability of the practitioner?
  
- 3) I do not support the 12 month recertification cycle - it doesn't provide the flexibility that the current 4-year cycle provides. You need to allow for individual variations in CPD activity e.g. females on maternity leave - CPD may not be a priority in the early stages of maternity leave- but they can make it up in the following years. Similarly, individuals with significant medical issues (e.g. treatment for cancer) which may preclude an individual from working for an indeterminate time – such individuals do not need to be worried about CPD during such a time.
  
- 4) You already have acknowledged competence rarely disappears overnight - but may be a gradual decline over time - hence an annual recertification programme seems overly prescriptive and inflexible. In addition, a longer recertification cycle allows for some variation in interest or/availability of courses relevant to the practitioner.
  
- 5) Re open book online assessment - not sure of the educational validity of this - but if it is based on sound evidence based practice, then it may have merit.

### **Addressing Recurrent Non Compliant Behaviours:**

“If the research and literature indicates that the vast majority of practitioners comply with or exceed the minimums standards and requirements set by responsible health authority and regulators” - your words not mine, why is the DCNZ making moves to increase the complexity of the process?

If only a small percentage of practitioners require support and interventions - surely it is in the public's best interest to develop robust systems that can identify such practitioners and the means to remediate their behaviour - or deregister them.

If the DCNZ is already aware of certain behaviour that raise flags regarding a Practitioners' competence (e.g. poor compliance with timely APL renewal) - then the DCNZ should be acting more proactively in these instances with full practice audits - looking not just at processes - but clinical outcomes to prevent a potentially weak, non compliant practitioner continuing their inadequate behaviour.

Overall - the recertification process proposed is still process focused and does not appear to be looking at clinical outcomes for the patient.

Yours sincerely,

Dr Judith Hey,

Orthodontist,

