

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

**Q1** This submission was completed by:

Name

**Junn Yeong Ng**

**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?

**Respondent skipped this question**

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

**Yes,**

Please explain.:

It sounds like there is a lot of redundant paperwork involved. Most dentists already mutually assess each other within their practice. Most of us know our own individual strength and weaknesses. We already discuss & advise each other on how we can improve our skills. We already are required to have peer contact & 20 hours of non-verified CPD hours to prove this. We usually write in detail of what we have achieved to register the activity online. So writing another reflective statement annually seems redundant. Besides this, many of our peers are already spending a valuable amount of their limited time on the discussion, asking them to write an attestation will use up more time. This will be a strain on work-life balance, especially for the more senior dentists, who would ideally be the ideal mentors/peers. The new requirement to write down PDP and CPD learning objectives doesn't sound practical. Many CPD programmes are out there in the market for self-improvement, but in terms of time & location, it may not be possible to attend them. Also, I am also sure that we have many areas to improve on, such as orthodontics, laser surgery, resin bonding etc etc. For

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orthodontics, laser surgery, resin bonding etc etc. For example, I may want to learn implant procedures in 2021, but I also know that I have to learn more about orthodontics, oral surgery, paediatrics, prosthodontics, periodontics and oral medicine. Suppose I write down that I aim to learn about implants, oral medicine and oral medicine BUT I am not free to attend any implant or oral medicine workshop in 2021. However, I happen to stumble across a paediatric workshop that updated my knowledge on sequential eruption (which has to do indirectly with orthodontics), does that mean I have failed to learn and improve myself in 2021? Also, what happens if financially, I am not able to afford certain workshops/courses? Many dentists choose whatever that interests them on NZDA programme guides and from any advertisement pamphlets. This choice can be out of the blue. Though whatever we learn from these "spontaneous" choices will be useful, it may not be in line with the objectives which I've submitted earlier. What happens if I enjoyed learning lots of relevant clinical knowledge but failed to achieve my objectives? We all have ultimate goals which will take years to achieve, and things never go according to plan. Instead of ideally sequentially achieving personal/clinical objectives A, B, C & D, I may learn objectives E, F, D, A & B. Ultimately, I still achieve the same goal. Does this mean I will not receive my CPD points if I don't achieve my objective in 1 year? CPD programmes are fun & learning is meant to be fun. I'm not saying that it should be easy, but all these paperwork seem to be redundant/extra baggage, rather than complementing to what we are trying to learn/achieve. A reflective statement/essay is just a longer version of self-declaration. When I was a dental student, the reflective self-assessment was mainly creative writing. Despite my writing an objective self-assessment & getting full marks for a particular clinical task, the senior lecturer was only satisfied when I wrote down any minor imperfection for a particular treatment and whether I felt any remorse for that minor imperfection. I have considered this period of having to do self-assessments as a rite of passage in final year. However, doing this for life (especially if it's annual) will only nurture the self-blaming & perfectionist mentality. It will not be a rewarding career if we have this mindset. We shouldn't try to achieve perfection, but we should achieve excellence, as the late Prof. Jules Kieser once said. "Peer-augmented" reflective approach may not be a valid proxy for competence & assurance too. Ultimately, it is still another human's subjective assessment of another human's skills. How will a new dentist be able to assess a senior dentist with 30 years of experience? Whose standards are being compared/measured against when a peer assesses another peer? Ultimately, how much better will this subjective assessment be compared to objectively gathering hours of CPD? What scientific evidence argues that the peer-augmented approach actually improves the

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quality of a professional development programme? Will PDPs & all the required paperwork, actually stimulate dental practitioners to actually seek new knowledge, or will the mandatory extra paperwork, attestations, online open book assessments merely stagnate our professional development? Suppose my peer and I identified an incident which revealed a gap in our clinical knowledge in printing treatment plan cost estimates. So to address this gap, we decided to attend a course in printing. We assessed our printing skills & found that we are now competent printing treatment plan estimates. This improvement would help us on a daily basis, with full arch rehabilitation patients in particular. In contrast, suppose my peer and I think that our practice requires more implant surgery capability & have attended multiple implant workshops. We assessed each other's implant surgery skills & found that we are competent enough. However, on a daily basis we don't usually have patients coming in to get implants. On paper, the PDP to improve our knowledge in printing seems to be more relevant than the second PDP to gain a NEW set of implant surgical skills, even though the new set of skills will be far more relevant in the long run. Realistically, it would be easier to identify the same areas for improvement, because this would be much more easier than starting paperwork from scratch for something else. For example, because we can never perfectly remove every piece of subgingival calculus in a non-surgical approach, we can always make our PDP to be about attending periodontal workshops to improve our periodontal scaling knowledge. Same goes for our composite resin and clinical bonding efficacy.

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

**No,**  
Please explain.:  
What is wrong with maintaining a 4 year cycle?

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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,**  
Please explain.:  
How will it be able to effectively assess our clinical skills? Our greatest assessors are our patients. We always get questions from them.

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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** ,

Please explain.:

Besides the standards framework, what will the online assessment actually assess? Will it simply ask us what the latest definition on centric relation is? Is the online assessment actually clinically relevant? OR, will we need to be annually tested on the definitions and clinical diagnoses of caries and periodontal disease? If we have already passed 5 years' worth of exams and graduated, why do we need to be tested again? How will an online assessment actually improve our clinical skills?

**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?

**Respondent skipped this question**

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

**Yes,**

Please explain.:

Why can't the council focus on improving the dental schools curriculum instead of new registrants? I heard that there is insufficient clinical staff to properly and safely manage the increasing number of dental students per cohort & per clinical session. As the council does communicate with the final year undergraduate course administration, shouldn't more effort be carried out to ensure a safe clinical teaching environment and that the cohort quality, which is well assessed throughout the year, matches the standards set by the council?

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

**too long** ,

Please explain.:

Some relationships may not last more than a couple of months

**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?

Please explain.:

We already have a mentoring programme sponsored by NZDA, which all graduates sign up for.

**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?

Is the eye test funded by us or by the council? Do other health professions need to have mandatory annual health tests after the age of 40?

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

**Yes,**  
Please explain.:  
There is a concern of health confidentiality. Suppose I have an eye disease which does not affect my clinical skills, is there a need to reveal it to the council?

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**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?

**Respondent skipped this question**

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

**No**

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**Q20** Do you have other proposals for addressing recurring non-compliant practitioner behaviours you would like us to consider? Please explain.

What is the difference between having a personalised CPD plan and the previous/status quo management of non-compliant practitioners?

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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?

**Respondent skipped this question**

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