

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

Q1 This submission was completed by:

Name

Karen Brook

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?

Peer support is hugely beneficial however selecting an appropriate 1 on 1 match under the new proposal will be the important and tricky thing. I have been part of a 12 person Peer Gp for many years. The breadth of thinking, the diversity of training, diversity of ethnicity provided by this group are it's strength for me. That is not quite the same when you choose 1 person as a Peer. We tend to gravitate to people like ourselves, but often learn the most from those least like us so this 1 on 1 may not deliver in quite the way you predict.

Phase two consultation on recertification

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

Yes,

Please explain.:

I urge the Council to review the 12 month re-accreditation period. This is too short, too rigid. Serious illness can strike a practitioner at any age. Cancer or cardiac events can see a practitioner out of practice for six months or more. Fatigue means they will often not feel up to heading out at night to lectures, or out of town to a day course If diagnosed near the beginning of a 12 months cycle and perhaps only well enough to return to work part-time 7 months later, then complying with the PDA's required for that year will not be achievable. At a time where life has become extremely stressful, and where the desire to practice is an important goal, the 12 month recertification timeline could add considerable stress to such practitioners when they realise they will not be able to comply with their plan and that this could jeopardize their APC for the next year. This is not how a caring profession should be treating its members. Exactly the same scenario arises for new mothers who may find the demands of the first 6 - 10 months also restricts their ability to complete PDA's and again the 12 month timeline may see these practitioners unable to renew their APC at the point they are ready to return to work. For the above reasons I would argue for a minimum two year cycle but preferably a three year cycle.

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

No,

Please explain.:

see above

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 cannot even imagine how this could be implemented - and I cannot see how this will make practitioners safer. Different exams would be required for each SOP - in open book exams, people read to find the answer to the question not for overall knowledge Honestly you would be better requiring practitioners to complete each of CPD questionnaires in the Dental News and NZDJ.

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 three years

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

Respondent skipped this question

Phase two consultation on recertification

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

Compulsory participation in mentoring relationship for a minimum of 2 years, though the success of this is dependent on having enough, well-trained mentors. involved mentors

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,

Please explain.:

I think two years allows most new grads to develop confidence and competence. It would be good to have the option that the mentoring relationship can continue another year if either party feels it will be beneficial.

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.:

I think they should all have access to mentoring - those who go into the hospital though probably have access to a lot more, diverse mentoring than someone who goes to a practice in a small town.

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?

I support the eyetesting after 40.

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.

Having developed occupational high frequency hearing loss I would urge the Council to also institute hearing tests over 40. The majority of practitioners are exposed year after year to high frequency noise. Hearing loss can be very subtle and denial can be rife. For many it is harder to accept the need for hearing aid than it is to accept glasses. Some will start to avoid lectures and collegial gatherings because they find it hard to hear. There is an increasing body of evidence that unmanaged hearing loss may be associated with an increased risk of cognitive decline. A practitioner with an undiagnosed hearing loss may not correctly hear patients or staff, leading to misunderstandings, which in some clinical situations could put the patient at risk.

Page 6: Area four: addressing recurring non-compliant practitioner behaviours

Phase two consultation on recertification

Q18 What, if anything, do you like about our draft proposals for addressing recurring non-compliant practitioner behaviours?

I think the proposals are very good - however their success will depend on the skill and training of those working with the non-compliant individual and on that individual's desire to bring themselves up to standard.

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

Yes,

Please explain.:

When a practitioner has had repeated complaints regarding the poor quality of treatment provided and this treatment is customarily be provided by a person with specialist training then a specialist must be part of that practitioners review process.

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?

Respondent skipped this question
