

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

**Q1** This submission was completed by:

Name

**Khushwant Singh**

**Q2** Are you making this submission

**as a registered practitioner**

**Q3** Please tell us which part of the sector your submission represents

**a registered clinical dental technician** ,

Other (please specify):

I am a registered Clinical Dental Technician

Page 3: Area one: new core recertification programme

**Q4** What, if anything, do you like about our proposed core recertification programme?

Nothing in particular

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

**Yes,**

Please explain.:

The health check of a compulsory eye test is unnecessary. I believe individuals take responsibility for their own ability to practice. Also the idea of declaring a cpd plan & having a peer review it is not plausible. A cpd plan can change easily.

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

**No,**

Please explain.:

Many of us do hit the 12 monthly target but it is not always possible due to maternity leave or other commitments. Averaged put points over a longer time frame is much better.

## 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.:

We are a practical skill set profession so a exam will only check the theory side of our work. I don't see much benefit in it but as you wish.

**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** ,

Please explain.:

This would be a more than adequate time frame for the exam. As mentioned it just checks the theory behind the practical.

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

Hold an open forum to the public so they can discuss what they want from the profession.

Page 4: Area two: support for new registrants

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

Nothing in particular

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

**Yes,**

Please explain.:

You need to streamline the whole process of the mentoring for 2 years. No current practitioner wants to give away hours of report writing in order to hire a new graduate.

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

**too long** ,

Please explain.:

12 months would be addequate for most diligent practitioners. After 1 year I was prepared enough to run things myself.

**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.:

It would help develop the right habbits moving forward. Particularly when the current clinical dental tech program is so compressed in New Zealand

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

How will you get enough people to take up compulsory placements in their clinic?

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 don't like it all to be honest.

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

**No,**

Please explain.:

I feel that individuals should take responsibility for their own well being. If they are not then intervene but a compulsory health check will only reduce practitioner numbers unnecessarily if the bar is set too low.

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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.

If there is a concern on a practitioner raised then intervene

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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?

Fair enough

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

**Yes,**

Please explain.:

You guys said you wanted to recognize patterns & weed out the trouble makers. This I am fine with. They are not taking the practice standards seriously.

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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.

**Respondent skipped this question**

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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?

I believe that if the goal is public assurance you will find it hard to do so. People delay their health care out of fear on costs. Over complicating our recertification will only create more unpaid time for us & hence drive costs up all around. I encourage you to simplify the process. Already we have patients who look over seas for sub standard treatment to save money. We need to keep our standards of practice very high & I agree on that however you are not solving the problems in doing this.

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