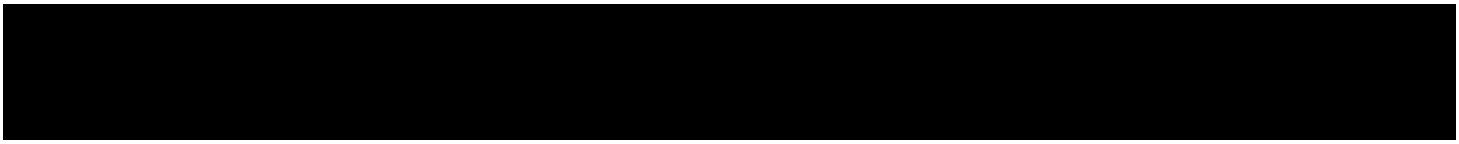
Page 2: Information about the person or organisation completing this submission

Q1 This submission was completed by:

Name	**Kim Tatham**



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?

The idea of a professional development plan is not too bad. It may help practitioners plan their development better in advance.

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

Yes,

Please explain.:

I am not convinced choosing 1 peer to maintain peer contact with is suitable. Personally I work very rurally. My nearest peer is 1/2 an hour away, the rest are at least one hour or more. For many in isolated areas their nearest peer may not be their best fit. Logistics for this could be difficult. Single peer contact also has the potential to narrow our focus of knowledge and support. Rather than experiencing multiple peer contacts at branch meetings or conferences. Our current system involves CPD hours. When you attend these meetings there are multiple peers to talk with. Often it is the morning tea and lunch time chats that give you the best tips and tricks for better dental care. If such meetings are not compulsory with some form of CPD measurement this excellent peer contact is at risk of being lost. Written annual attestations. The NZDC is still quite vague with regard to this being a legal or not legal document. Your discussions around this seem a bit vague, you are relying on the honest and professional nature of a practitioners attestation.. If thats the case can we not rely on the honesty of the practitioner to maintain their competency? Thus holding the legal risk of honesty with the practitioner themselves? And saving a second practitioner more paperwork that may have a legal risk. I think the PDP needs some verifed CPD to go with it. I feel that the CPD system is a good simple measure of continued involvement with education and peer contact. Courses are assessed by the NZDA. If we have no CPD there is no organisation assessing the value of various courses and training.

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

Please explain.:

You need to place an option for unsure. If the system is simple and not onerous 1 year is OK. My concern is that its actually only about 4% of the registered practitioners that are a concern. If you are to change an entire system to keep track of 4%, you need to make it very simple for the rest of the competent 96%

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?

Please explain.:

Once again not sure should be an option. This question itself requires a vast amount of background research. How do you compare different aspects of dentistry. There is often 3-4 ways to treat a tooth, all of which can provide an excellent outcome for a patient. How is this accurately measured on a test? Many online tests I have experienced before are multi choice. This does not allow for accurate diagnosis and treatment planning options and discussions.

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.:
I'm still not convinced I support it as there is not enough information as to how this would be done. If it is compulsory 2-3 years is a consideration.

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?

I agree that new registrants should be involved in training programs like new NZ grads

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

Yes,
Please explain.:
The NZDA mentor system is a great program. However it is completely voluntary. If all new graduates and new registrants are required to have a mentor for 2 years where are they coming from? This could be about 200 new dentists. How are you going to provide mentors for this? How do you implement a quality control system?

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

Please explain.:
1 year minimum. 2 years can sometimes be too long. But once again, where the heck are these mentors coming from?

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?

No,
Please explain.:
A compulsory new graduate and new registrant training program, yes. As this can be run by less people. But mentoring requires a massive, unpaid work force. This is a logistical nightmare.

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

As mentioned, let them join a new grad training program.

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?

Eye test practical and measurable

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?

Respondent skipped this question

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

Yes,
Please explain.:
Non compliant practitioners make up approximately 4%. Do we need to change our entire registration process or focus more on the at risk groups? You have not stated in your proposal who would be the mentor or support person for such practitioners. I don't believe it can be a colleague. How do you assess colleagues for their clinical ability? Previously I have seen practitioners who have had complaints against them be mentored by similar practitioners. This does not necessarily help the assurance process or improve practitioner skills. I feel a mentor in such cases needs to be someone with specialist or university training, ie not a volunteer general practitioner.

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

How many times are they allowed to be a repeat offender for the same complaint? How many strikes before out? Or continual retraining?

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