

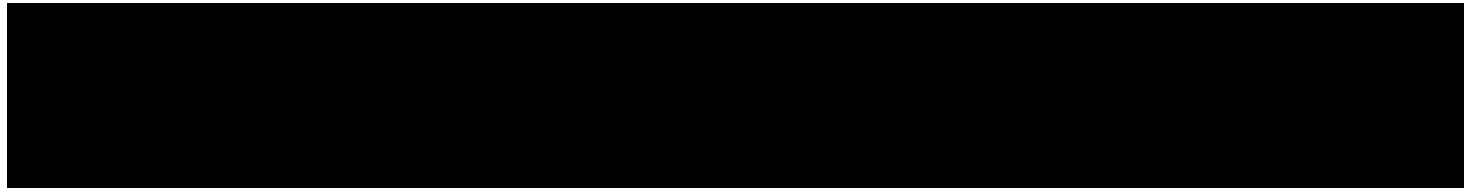


Page 2: Information about the person or organisation completing this submission

Q1 This submission was completed by:

Name

Kiran Thakrar



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?

I like the proposal of the online assessment of the standards framework, carrying out practice audits/ practice observations

Phase two consultation on recertification

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

Yes,

Please explain.:

I am totally against the proposals involving in writing plans, statements, attestations for colleagues -- it's all going to cause a whole lot of extra paperwork for us with not much benefit. Re : nominating a professional peer 1) Obviously most practitioners would choose someone like a friend/ work colleague to be our peer so our activities will be attested by them - I don't see the advantage in this at all as no one is likely to say that their colleague has not achieved/ not met their learning objectives. 2) Younger colleagues may be "coerced" into becoming someone's peer at work and they may feel obliged to agree that their peer has met their objectives/ carried out their PDA's when they may/may not actually be able to vouch for that person! And how is the Council going to find this out unless there is an investigation somewhere down the track? 3) Practice owners - who would they choose? their associates/ employees?? 4) Generally people who don't comply / don't have the inclination to do so, will find a way round it, and the majority of hardworking colleagues who like to do their best, will end up with a lot of extra work

Phase two consultation on recertification

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

No,

Please explain.:

In principle I agree that it would be good to have an annual cycle however sometimes there are other life events (moving house, weddings, children's activities, holidays abroad, ill health/ colleague/staff leaving, making things extra difficult to take time out etc etc) that may be happening and it could prevent people from attaining the required hours. UNLESS you have an annual cycle but allow for a bit of leeway over a 2 year period. For the reasons given above, I feel a two yearly cycle may be better to account for any difficulties in completing the required hours. Generally for me and many others, we attend a study group once a month; so that accounts for around 1-1.5 hrs/month plus attendance at the NZDA branch meeting most months (around 1.5hrs/month) -- that would account for around 12-15hours of CPD that would be achievable in 1 year. So, theoretically we would need to "find " other suitable courses which we could attend for the remaining 4-5hours if the requirements are still to be 20 hours annually. However these can be difficult as there are limited courses based in Wellington which usually have limited spaces and if we need to travel then of course we need time off from work + travelling time + extra costs involved and this may be prohibitive to associate practitioners or oral health therapists. So, the Council may need to look at providing many more local courses/workshops etc to enable us to maintain our competence and not end up with too many extra expenses.

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?

Yes,

Please explain.:

I think this would be a really good way of affirming that we have the necessary knowledge

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 two years ,

Please explain.:

I propose every 2 yearly assessments so that there is not an overburdening on practitioners to complete the emergency care training first aid certificate as well as this assessment in the same year BUT the frameworks assessments should be available for us to do at any time during the year so we don't have to do the assessments just at recertification time. Also if the assessments can be accessed at all times we can keep redoing them as and when we like as a reminder.

Phase two consultation on recertification

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

1)

A better way of helping us find areas where we need to improve or areas we need to work on would be to set up a range of self assessments that we could do relating to different aspects of practice so we could identify any gaps in our practice and then take steps to increase knowledge in those areas.

2)

Council could set up various audits in clinical or practice management etc - that we could do by way of peer review so we get an objective perspective and that way we could identify areas where we could be more efficient / make improvements.

3)

We could have a compulsory (certain number) of perhaps smaller study group sessions which we specifically set aside to discuss cases, although we do have an aspect of this when we have our study group meetings - but this way it would make us concentrate on cases and how our colleagues may approach a treatment plan for example.

This way we could get a different perspective.

4)

When we attend lectures/ courses; in order to "reflect" on whether it has helped us; we could do some short assessments after the course for example, to find out whether we have learned from them or if we've changed our practice in any way after the course.

That way we could gain a real qualitative insight.

Page 4: Area two: support for new registrants

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

Compulsory mentoring is a great idea for new registrants to provide a support network while they are finding their feet in a new environment.

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:

**too ,
long**

Please explain.:

I feel 1 year would be enough for most registrants but as per proposal there is a review during or at the end of the period so that if some of the new grads/ other registrants need a longer period this could be extended.

Phase two consultation on recertification

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.:

If they are newly graduated then they will need support in all aspects of clinical practice/ admin etc; and if overseas trained then will need support in the NZ specific admin etc in terms of ACC, MOH, NZ culture, communication styles etc - even though they wouldn't necessarily need direct clinical support they may need help with presenting Tx choices or other avenues /specialist referrals available etc , dealing with laboratories etc. I was UK trained but worked in the NHS so totally different way of working, any referrals would be to Hospital not to private oral surgeons etc. I still struggle with some ACC claims, some MOH claims - not sure what can /cannot be claimed etc. -- so some thorough training in this regard would be very helpful to the new registrants. The only possible problem --- are there enough mentors available to support such a scheme and for the appropriate period required?

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

Council could put all new registrants in touch with each other and maybe organise meetings for them so they can discuss various issues they have come across in their individual practices and can help each other with solutions.

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?

Good proposal - acts as a reminder for us to get sight tested, although most of us probably do, but sometimes these things can be overlooked and time passes quickly.

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

No

Q17 Do you have other proposals for addressing health-related competence decline concerns you would like us to consider? Please explain.

No

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?

All proposals

Q19 Is there anything about the draft proposals for addressing recurring non-compliant practitioner behaviours you would change? **No**

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

Yes -- Their contribution towards APC should be increased as it's not fair on the rest of the profession who work hard on their competence and compliance etc to have to pay towards a few who exhibit non compliant behaviours especially those with recurring non-compliance.

They should have to pay for mentoring, extra assessments etc.

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?

We need practical ways of helping us maintain competence not making plans and writing attestations for peers etc which just increase the burden on us; not to mention paperwork.
