

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

**Q1** This submission was completed by:

Name

**Kirsty Lamb**

**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.:

The proposed changes to recertification will be a backward step for dentists in New Zealand and may hinder collegiality. Extra compliance adds more stress to an already stressful career. Inevitably the workload of the DCNZ will increase if the cycle The DCNZ is wanting to go away from a CPD system. The current system does account for peer review and lectures thus showing the dentist is not isolated and has contact with colleagues. When requirements for CPD points were increased, it greatly increased the numbers of dentists attending branch meetings and day courses and conferences. Isolated dentists were basically forced to attend. The DCNZ want us to "Setting out the details of guidance and assistance they have to provide to their practitioner" "Stating whether their practitioner achieved their learning objectives to a satisfactory standard and/or providing an explanation if these objectives were not achieved" At the forum it was noted that Dentists may have many peers to review them ("as many as you like") • Many dentists will feel very

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uncomfortable and stressed in making such statements about a peer(s). This stress is negative for our profession (and individual's wellbeing). Dentist do not readily have the skills to provide such guidance and assessment which include qualifying statements of achievement. • Assessing if a learning standard has been achieved (by a reviewing dentist) is fraught with different philosophy's and ideologies and subjectivity. • Once a dentist declares an attestation to be true, the attestation becomes a legal document. Providing false, misleading, incorrect or inconsistent information, and then declaring it to be true is considered misconduct by the DCNZ. Declaring a dentist has reached a "standard" in any part of their professional life is an "influencing statement" and thus legal statement. • This declaration, if seen in an unreasonable light by the reviewed dentist, may indeed lead to conflict between dentists, mistrust, and even potentially legal action between dentists. • If a patient is taking legal redress against a dentist, and the peer reviewing dentist has "declared" the dentist to have had an acceptable standard of learning in that discipline, that potentially opens up legal redress against the reviewing dentist also. • Dentists will be resistant to opening up to peers about their "inadequacies" because their reviewing peer(s) basically has a comment pathway to the DCNZ, which will mean dentists will be more reluctant to openly discuss their inadequacies in their wider network also. This potential "closedown" of open communication is exactly the opposite of what the DCNZ is trying to achieve. Enabling peer contact through the variety of CPD events (branch meetings, conferences) and encouraging dentists to get to know each other professionally and socially is significantly important for open honest professional talk amongst our peers, and is far more valuable than just having one peer supposedly assessing you and writing a declaration. • Having dentists forced (CPD) to "engage" with peers, many peers; (not just a reviewing peer and a couple of sessions watching another practitioner work with a PDP course thrown in) and gain strong bonds of collegiality is very healthy for the profession. It helps dentists feel they "belong" to something greater than just themselves (and their review peer), increases enthusiasm (enthusiasm is contagious) prevents isolation and increases wellness (which leads to happier, more content, more energetic, less isolated, more competent dentists). The proposed changes will not help dentists "engage" as the DCNZ promotes less value on CPD. • At the Forum, it was mentioned that instead of CPD numbers, a Professional development plan has to be written. It was mentioned that in order to satisfy the plan, dentists could go to a course on the subject in the plan or perhaps go to a local dentist or specialist and watch for a day (a surgeon or periodontist or another dentist). As long as the reviewing dentist is satisfied, it can be declared that the standard was met. The focus will unfortunately be on fewer courses; only

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courses on the professional development plan are required, this will reduce the need to go to branch meetings and conferences (to get CPD points) and will degrade the systems in place for learning in our profession. It will be sad to see fewer dentists meeting at branch meetings and conferences (as they don't need to due to their individual plan). This will have the opposite effect of what the DCNZ is seeking with the proposed changes. • Dentists will be able to meet the requirements (as seen by their reviewing peer) of their professional development plan by attending workshops or other dental surgeries with absolutely no control over the verification of the material being scientifically or evidence based. This does not help determine if a practitioner is competent. It may even have the opposite effect and lead to practitioners practicing more marketable, but non evidence based practice. (remembering that the reviewing peer has no trained skills in peer review!) • Having the recertification every year will take a significant effort for dentists and managing to keep continuity will be difficult for many. There are many aspects of life that may impact on any particular year, such as sickness, injury, pregnancy, changing locations, changing practices, and caregiving. I expect the DCNZ will have a work load dealing with exemptions and granting them. • Mandatory two year mentoring is going to be very difficult. Mentoring is important as we know and it has been emphasised by the NZDA. Just saying that this is agreed and will be challenging at the forum doesn't address the process. It is already difficult to get mentors and there will need to be significant numbers each and every year. Our profession agrees that we have to show competence and good conduct. Nothing in the proposal proves competence nor good conduct.

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

**No,**

Please explain.:

This may encourage attendance to CPD courses of no relevance just to obtain hours required within the year. Four years as is currently allows a wider variety of cpd to be undertaken within NZ.

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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**

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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 four years**,  
Please explain.:  
As current recertification stands.

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

As above

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### Page 4: Area two: support for new registrants

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

Support for new registrants is required. Having qualified in UK I'm aware of the huge benefits of participating in a vocational training scheme.

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

**No,**  
Please explain.:  
Finding mentors will be difficult especially over 2 years.

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

**too long**,  
Please explain.:  
Difficult to get mentor for this length of time. More likely 12 month period is more achievable.

**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.:  
New graduates would benefit most from mentoring rather than new registrants from overseas with prior experience of 5 years or more.

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

**Respondent skipped this question**

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### 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?

Mandatory eye test over 40

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**Q16** Is there anything about the draft proposals for addressing health-related competence decline concerns you would change? **No**

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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. **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? **Respondent skipped this question**

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