

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

Q1 This submission was completed by:

Name Lucija Matkovic

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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?

Area four: address recuring Non-compliant behaviour

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

Yes,

Please explain.:

1.Two or three year cycle instead of an annual cycle
2.Optional one year mentoring program or mandatory one
day a month mentoring program for each practitioner
through their years of practice in special clinics for new
graduates instead of mandatory two year mentoring
program 3.optional eye examination 4.no time consuming
professional development plans or activities

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

No,

Please explain .:

Two to three year cycle is perfect for hard working professionals to organise their continuing education activities according to their working schedule and other commitments

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.:

Dental practitioners are educated, skilled, competent professionals An online "open book " assessment is unnecessary Complaint process is a good way to deal with those ones with a complaint or multiple complaints

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 five vears

Please explain .:

1.To reduce the cost of the annual practicing certificate If this assessment is done more often it will increase the cost of APC which is already quite high 2. Dental professionals gain their knowledge and skills through their studies and through the continuing education programs. The requirements for the successful practice are to apply that knowledge and to follow the code of practice standards. 3. IF there are any practitioners not following the code of practice standards, an online assessment is not something that will make them change their ways of practice.

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

Change the CPR course cycle to three years

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 need to participate in a mentoring program

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

Yes.

Please explain.:

one year mandatory mentoring program Review to extend the program for another 6-12 months , maximum of 2 years $\,$

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

too long

Please explain.:

One year mentoring program should be enough for the new registrants to start to work independently Assessment of their competency at the end of the one year mentoring program should be mandatory If unsuccessful, to extend the program for another 6-12 months and participate in the final assessment

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 and overseas trained professionals should participate in the program

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

MOH should organise special clinics and employ new graduates/registrants who would practice under direct supervision of registered dental professionals.

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 like the definition of a competent practitioner

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

Yes,

Please explain.:

I agree that each practitioner needs a regular general health checkup, eye exam, dental checkup etc but these checkups should be optional I am sure that practitioners actually do have their regular checkups Moreover I am sure that all practitioners are avare of their health problems and health deteriorations of any kind I am sure that they do everything possible to maintain their good health Practitioners should be able to change tasks within their scope of practice according to their health Their work experience and skills compensate for minor health changes No practitioner will continue to practice if they experience a major health problem, it would not be possible to continue to practice in that case anyway

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

If you propose the health related competence tests , they should be done for everyone regardless of the age. Drug and alcohol assessment should be done as well for all ages , they are even more important than eye exams

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?

Non compliant behaviour should be addressed

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

Please explain.:

Practitioners who are negligent and make intentional mistakes should be identified and stopped from practicing The Dental Council should target and punish those practitioners who do not comply with practicing standards rather then imposing more rules to everyone

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

Practice audits are expensive but acceptable to assess the practice set up.

I suggest that The Dental Council organise a professional team who would help practitioners to set up their practices in a standardised way. This should be free of charge service to improve the setup of the non compliant practices and to confirm that others are set up correctly.

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?

Elaborate more on PDP and Peer attestation, please. Template for PDP would be appreciated .

To plan and document PDP is not the same as implementing this into the practice.

PDP activities are time consuming and questionable/pointless because we improve our skills and knowledge through our everyday practice. We don't perform work for which we are not skilled and don't have qualifications for.

Peer to peer activities are done on a daily basis but it would be time consuming to document them .

Only a small number of practitioners are practicing in isolation and The DC should identify them, work with those practitioners and help them to have more peer to peer activities.

Even though in isolation, they are still good practitioners, which can be proved by patients attending the practice and by maintaining a successful practice.

Do the practitioners with 30 or 40 years of experience who have no plans to expand their scope of practice have to do PDP?

How much is this new recertification program going to increase our annual reg fee?

If the practice doesn't need any new graduates, what is the option for the mentor? Who is paying for the mentoring program?

Online open book assessment should be only for the practitioners who failed to complete CPD program or have multiple complaints.

DC should introduce extra fees for those who don't do APC on time.

Respect retirement age, and introduce medical check for practitioners who want to practice after this age ie after 65

Introduce audit for the practitioners who explore new practices and extend their scope of practice, for example general dental practitioners

expanding their practice to orthodontics

Standardise CPD ie introduce standard courses that every practitioner has to attend

The DC should focus on practicing problems rather than educational aspects

Practitioners are educated professionals who adhere to their ethical principles and use their professional judgment to determine appropriate approach and behaviour. How many complaints have we got so far and can we justify such a complex and expensive recertification program?