

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

Q1 This submission was completed by:

Name

Madalina Caliman

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?

no

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

Yes,

Please explain.:

just leave it as it is, provide the better course options, more hands on type if you want practitioners to get better clinical skills, more valuable in clinical knowledge rather than marketing products .Eventually a better verification for attendance, with some open book assessment at the end of the course.

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

No,

Please explain.:

The 12 months cycle is a short time, personal circumstances of a practitioner can change especially when it comes to illness and being incapacitated to work.I had such experience and I know what i am talking about.

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.:

online skills can only assess theoretical knowledge ,maybe it might help the practitioner to read a little more about some new discoveries and procedures, could be a positive side to this, but in no way it can test the clinical skills as it is a hands on type of assessment , a day by day experience you can achieve by practising, not reading.

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.:

CPR courses are structured the same, probably every 2 years?

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

no

Page 4: Area two: support for new registrants

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

it sounds good in an ideal world, in a real/private practice one, it is hard to apply

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

Yes,

Please explain.:

Maybe new graduates would need to be employed by the DHB and have 1-2 years internship programme within to help them get more practical skills.As for a new overseas registrant, as i was one myself, I learnt from colleagues I worked within group practices.It is an ongoing day to day practise, i learnt from my mistakes, mentoring helps only to some degree, it is a time consuming process, and it is hard to apply in private practice when it comes to available time and you need to run a business at the same time.I would do it if I got paid for it.

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

just right

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.:

Some can be very experienced, few days within a practice and they can settle in very fast, it is like starting a new job in a new place.Common sense.

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

no

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?

invasion of privacy.

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

Yes,

Please explain.:

how many cases of health related competence decline did you have considering the number of practitioners?It is common sense to have your eyes checked regularly, and any responsible person would do it anyway.Those who are irresponsible would do it anyway.Focus on those and don't make all of us pay for the wrongdoing of few people who probably need mental health support.

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?

OK with it

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.

recheck once a year for 2 consecutive years, keep under scrutiny and cease their APC with psychological assessment

Page 7: Final thoughts and comments

Phase two consultation on recertification

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?

Most of them are not applicable in the real world, the non compliant practitioner chapter needs to be improved, psychological tests for these practitioners are probably a way of detecting underlying problems, and support where possible to apply, otherwise after 3 consecutive problems a warning or cancellation of APC temporary or permanently, depending on the personal circumstances.
