[redacted]

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

Q1 This submission was completed by:

Name	**Mary Livingston**
[redacted]	
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?

Retention of regular emergency training.
The concept that the emphasis is supposed to be about quality not quantity.
That there is an attempt to minimise the risk of professional isolation.
The concept that there should be education for practitioners on reviewing and critical reflection on a pracitioner's performance and education on measuring outcomes.

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

Yes,
Please explain.:
The discussion document explains that the reasons for the change were - hours of CPD is not a valid proxy for competence and assurance - lecture style CPD may not be effective way to maintain competence - random audits do not identify risk and unsafe practice - self declaration is not a valid proxy for assurance and identifying risk. The reasons given do not support the proposal. For instance it clearly states in the core document that each profession will have a minimum annual quota of PDAs expressed in hours. The addition of have a written PDA plan does not necessarily achieve quality over quantity. There is a huge industry providing continuing education, some of which is clearly associated with a push to adopt certain products or technology. When you sign up for any CPD course, unless you are familiar with the speaker and the subject, the actual course or lecture may not be delivered to the

actual course or lecture may not be delivered to the expected standard. The discussion document mentions that the practitioner should be including in their PDP areas of competence deficiency identified through the annual online assessment. My understanding is that the online assessment is of the Standards Framework knowledge. The implication of is that the practitioner will keep practising until the next annual assessment. Surely if the standards framework is essential for public safety, why would the practitioner who fails the assessment be able to continue to practice. It is stated that "practitioners who are not already participating in a collegial study group or collegial programme through their professional association or work place (set up for the purpose of maintaining or advancing professional knowledge and skills) will nominate a professional peer before the beginning of the recertification period." This would appear to contradict another statement on the same page which states that "We will require every practitioner to nominate a professional peer to support and help maintain or advance their professional knowledge and skills." My preference would be to encourage or even require that every practitioner belongs to a professional group that is set up for the purpose of maintaining and advancing professional knowledge and skills, with a recommended size of say 6 to 12. This has a couple of advantages, it limits professional isolation and the group itself could have a PDP and learning objectives. Some activities could be completely in house and there could be enough support and flexibility for individuals to do additional activities. However, I am not sure that this will achieve competency assurance but it does help to overcome professional isolation which is not necessarily achieved by just choosing a professional peer. I do like the concept that there should be education of reviewing ones own practice and education on measuring patient outcomes. This should be part of a core education for any profession before graduation. I do not think that this framework can make the culture of any of the oral health professions change to this degree just by imposing this framework. To me it is a major shift in thinking. Maybe I am wrong about this.

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

Yes,
Please explain.:
This will ensure that those who do not participate in anyway in continuing education and professional development will be identified early and not allowed to accumulate and become catch up burden as can happen under the current system.

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.:
I would need to see some evidence that this has a positive outcome for patient care before such an assessment was introduced.

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?

Respondent skipped this question

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?

The extra support that such a framework will give new registrants is desirable. Participation in the core subjects could be very beneficial.

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

Yes,
Please explain.:
Mentoring is considered to be a professional relationship in which an experienced person assists another in developing specific skills and knowledge that enhances the less experienced person's professional and personal growth. I would not expect an individual mentor to be in a position to provide the entire curriculum of core subjects identified in the discussion document. It would be more cost effective if there were accredited providers who could do this for groups and such providers could be professional associations or educational providers. In addition to the core subjects, it may be there is a role for a mentor. In proposing such a model, it would be necessary to provide training for mentors and support for them if they were to continually take on these kinds of duties. Given the large number if new registrants in the various professions, is this feasible? I think more thought needs to be given to what is expected of this role. It would seem that most new registrants are not lacking in competency or they would given registration in the scopes that they have been newly registered in. In addition, they must be fit to practice so the idea that they need huge amounts of support contradicts the granting of registration.

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

Respondent skipped this question

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.:
I think the core subjects are important and a practical means of ensuring that practitioners transition into the work place.

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

Respondent skipped this question

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 do think that vision checks are important. I would guess that most practitioners already do this so it is not an onerous requirement.

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?

I do support the idea of requiring practitioners with recurring non-compliant behaviours to participate in individual recertification programmes to address their noncompliant attitudes and behaviours

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

Yes,
Please explain.:
The process as described is focussed entirely on identification and assessment and is not very clear that remediation must be achieved. Rather it looks like participation in a remediation program is going to be enough without ongoing monitoring and assessment to ensure that the practitioner has achieved the required standard of competence to keep an APC

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

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?

I wonder if using the descriptor of "Professional peer review" in the document has given the wrong impression about Area one. Perhaps the terminology should reconsidered to get away from the impression that a peer will be reviewing your practice.