

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

**Q1** This submission was completed by:

Name

**Mat Popham**

**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 statement is made that it is a process that is not meant to be overly onerous for the practitioner yet the requirement is proposed for a plan, activities (nothing new there but a much broader level of what is acceptable) reflection (?), peer review of everything we have done and a written attestation of such. I fail to see how that is not a significant increase in the bureaucracy of compliance, for what gain exactly? Imagine how much there is to do if you get sucked into peer review for more than one other dentist? What if you work in a rural sole charge setting? Is it OK to have a remote peer review colleague? What if your colleague is the chump who is not meeting the standards? There are so many problems with this idea that I fail to see how it improves public safety. Potentially it serves to validate left field thinking by certifying it with a like minded colleague.

## Phase two consultation on recertification

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

**No,**

Please explain.:

I don't understand the question. Our APC is yearly. Is this a reference to the 4 yearly CPD cycle? If so i fail to see how this proposal better serves it's purpose than 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.:

Once again I fail to see how an online open book assessment can test clinical skills. This seems to be box checking exercise for the sake of completing a list. Why don't you make it multi-choice to complete the exercise?

**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?

Please explain.:

Never. I think it is a silly idea. I can't even begin to imagine how it could be effective? Last time I tried my dental skills were not performed online but actually in someones mouth.

**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?

I think new graduates need more support

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

**Yes,**

Please explain.:

I don't think it should have a two year time frame. Some new grads will be more competent than others in that time. Others should maybe maintain a mentoring relationship longer. What if the mentoring relationship is in the workplace and they change jobs? Are you going to then deny them re-certification? What about people who step away from the workplace for a period of time? Are they going to have to be mentored?

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

Please explain.:

Too limiting. Not everyone fits in a neat box.

## 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.:

In particular overseas trained dentists but this could be problematic.

**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?

I like the fact that you think 40 is old and are so ageist that over 40 you are not able to realize the meteoric decline in your health and faculties.

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

**Yes,**

Please explain.:

How about seeking an independent source of reference for your ageist policy. Consulting with the NZ Association of Optometrists about when they would like to have compulsory eye examinations gifted to them is like asking the fat kid at school how many pies should put in the pie warmer for lunch. As a promotion of standards and integrity this appears lazy and poorly thought through. How about treating us like adults - if there is a problem with our health we are expected to be responsible enough to take care of ourselves. What's next - compulsory drug tests and yearly blood screens for any communicable diseases?

**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?

I like the fact that you think this section has some value.

## Phase two consultation on recertification

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

**Yes,**

Please explain.:

I'm not quite sure how after Identifying non compliant practitioners and then forcing them into more compliance procedures when they didn't do the first ones anyway will have some effect on their behavior. Is the plan to nag them into compliance? There seems to be very little consequence for not doing as you are required. You've identified a group that causes ongoing and escalated issues and yet seem to have very little desire to correct that in a timely manner. Recurring non-compliance doesn't seem like an accidental process to me. Is it the case that the regulatory body lacks the teeth to deal with purposeful malicious non-compliance?

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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?

Change for the sake of change is not change for the better.

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