

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

Q1 This submission was completed by:

Name

Maxim Stephenson

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?

I really like the idea of moving towards annual CPD cycles, it will better link up with registrations and APC, and the DCNZ have an easier time re-registering competent health professionals.

The written PDP, and PDA sounds great as well, however I do not recommend it be done for all professionals but for new graduates (0-5 years of experience) as well as those recently certified (foreign trained professionals). PDAs sound like GPDP which is what I am doing currently as a recently graduated dentist. Group sessions with an experienced dentist where we go through critical topics in dentistry. Making this compulsory for new grads and foreign dentists for the first years of practice in New Zealand seem very reasonable, I am really helpful for my time with GPDP. However, an established dentist should have the foundations and basics already sorted, and I feel like this cohort should not have any compulsory topics for CPD except re-doing BLS. We should trust this cohort that they know what they are doing and are free to do CPD that they believe is most important in their professional development.

Phase two consultation on recertification

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

Yes,

Please explain.:

As I have stated before, PDP and PDA sounds good but leave it for dentists starting work in New Zealand (new-graduates, foreign trained dentists). I can imagine making this compulsory for all dentists is going to be hard work and I cannot imagine the quality of it will be persistently sufficient with time. Especially considering the camaraderie in the profession which may create bias in groups of colleagues, bosses, friends et cetera. As a rural dentist, I struggle enough as it is with travel to do CPD courses. PDP and PDA in smaller communities is going to be limited and challenging for dentists. If the aim is to focus on quality over quantity, and fears of professionals reaching CPD without active involvement in courses or only doing courses not specific to competency then I think the best way of doing this is by weighting the CPD courses. CPD points = Hours of the course x weighting factor. Higher weighting factor in hands on courses rather than lectures, higher with clinical courses over theoretical or business courses. Splitting scientific and non-scientific would be good I think.

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

Yes,

Please explain.:

I really like the idea of moving towards annual CPD cycles, it will better link up with registrations and APC, and the DCNZ have an easier time re-registering competent health professionals.

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 don't like the idea of being tested annually. I think there needs to be an element of trust in the profession. If there is a desire to test dentists, perhaps testing new grads and foreign dentists.

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?

Annually,

Please explain.:

Annually but for the first 5 years from registration as a dentist in NZ. If this applied to every dentist, I would say every 2 or 3 years.

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

Respondent skipped this question

Phase two consultation on recertification

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

Mentoring sounds good on paper for new graduates. As a new grad, I had a mentor established for me via a graduate programme by the NZDA. My mentor was a very stubborn dentist who refused to see me, so unfortunately I have not experienced a mentor during my time in my first year in the profession.

So I have two points:

1 - The mentor has to be quality assured. The NZDA programme said you had to have 10 years experience prior to being a mentor. The mentor given to me had 30, but wanted to share none of his wisdom. My boss, who has 8 years of experience, is thankfully, a wonderful mentor and I am happy to have her. But she would not have been accepted as a mentor. Bring down the experience to 5 years experience, and interview them to prove that they would give a damn. Otherwise it is not going to do anything.

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

No

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

just right,

Please explain.:

One year would be OK in most people's lives, however as a new grad approaching one year, I can say that an additional years of mentoring would be very good. Especially for those who struggle in the first year and pick themselves up afterwards, they would benefit from longer mentoring.

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 registered dentists including new grads AND foreign dentists.

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?

Definitely think this is a good idea. Not sure if 40 is too young? Not sure when presbyopia kicks in but I would think we could increase the age?

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

No

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

motor skills?

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

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.

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?

Respondent skipped this question
