

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

**Q1** This submission was completed by:

Name

**Melanie Zwart**

**Q2** Are you making this submission

**as a registered practitioner**

**Q3** Please tell us which part of the sector your submission represents

**a registered clinical dental technician**

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.:

I cannot see this working! Peers will just want to get on with the real job and Professional Development activity objectives will be signed off by their peers. I for one do not want to be responsible for someone achieving or not achieving their objectives. What allowances have been made if someone's peer becomes ill, relocates, has a child, goes on an OE, an extended holiday, retires, become ill, DIES! The possibilities are ENDLESS! Can a practitioner find a new peer mid cycle? Will someone need to then have 2 peers, who is going to agree to extra work when there is no gains for themselves? What if someone cannot find someone who will agree to be their peer? What happens if you enter or exit mid cycle? You come back from sickness, an OE, from parental leave etc. Will there be a pro rata system? What are the commitments a peer is expected to provide? How will a practitioner with known problems find a peer willing to work with them? Will we be able to change our PDP mid cycle, what if we decide they are not suitable and therefore pointless continuing? What happens if at the end of the PDP the practitioner comes to the conclusion that what they have learnt was not in fact relevant, but they thought it would be when they wrote the PDP? What will happen if, by no fault of their own, the practitioner were unable to achieve their learning objectives. Perhaps, a major course gets cancelled? What allowances will be made for these sorts of events? Who will be responsible for determining PDP accuracies? Are the objectives relevant, correct, current or adequate? In an already stressful industry, this proposal increases workload. It would have a detrimental effect on our industries health and wellbeing, DCNZ has a moral obligation to improve the stresses in the dental industry not make things worse. This proposal, I believe, will also have a detrimental effect on the cost of dentistry. More workload increased costs... passed onto the public!

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## Phase two consultation on recertification

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

**No,**

Please explain.:

I believe 12 months is an extremely unrealistic goal to complete if you are proposing to introduce written professional development plans, reflective statements and peer reviewing. Especially seeing that a lot of small town registrants will need to travel to remain in contact with their peer. There are a few issues that DCNZ need to think about. 1. What will happen if a practitioner, their spouse, child, or grandchild had a major illness that requires the practitioner to have time off work to treat the illness or support their loved one? How will the practitioner be able to complete their Professional Development Activities in time. Will these practitioners be able to apply to be retained on the register and not practise AND be EXEMPT from PDA? What allowances will be put in place for this? I think 12 months in this situation is unachievable regardless of this kind of situation. 2. In New Zealand, parental leave is 12 months... how will the practitioner be able to complete their Professional Development Activities, if they are off work performing parental duties for 12 months? Even taking as little as 3 months off work would put stress on an already trying period of a person's life. What allowances will be put in place for this? Will these practitioners be able to apply to be retained on the register and not practise AND be EXEMPT from PDA? As a parent of 2 young children I would struggle to meet the 12 month target. I think 12 months in this situation is unachievable regardless of this kind of situation. I have experienced first hand the difficulties with trying to achieve the required professional development hours in a 4 year cycle let alone 12 months. What implications will this have on our industry. Will female practitioners slowly start to decline? Will they move elsewhere to practise? Will it become a male dominated profession? Will there be any flexibility in the duration of the cycle length to allow for any of these circumstances? What happens if a practitioner wants to go on extended leave, a holiday, OE, volunteer work overseas?

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**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.:

Have we not already gained our technical and clinical knowledge from the qualifications we have already gained? Is this not undermining the brilliant universities, technical institutions and apprenticeships we have or once had? A practitioner has already proved they have the knowledge and skills because the DCNZ has granted registration to them.

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## Phase two consultation on recertification

**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.:

As said above, I do not support this!

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

**Respondent skipped this question**

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Page 4: Area two: support for new registrants

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

A mentoring programme is a good idea

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

**Yes,**

Please explain.:

Make the time frame flexible or if that is too difficult just make it a year and then extend it if need be, or set it at the start depending on the new registrants ability. The new registrant may not be a new practitioner. Perhaps they have 30 years experience in the industry and they are have migrated to NZ.

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

**too ,  
long**

Please explain.:

I think the new registrant should be judged on their abilities. They may not be a new practitioner. Perhaps they have 30 years experience in the industry and they are have migrated to NZ.

**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.:

I think the new registrant should be judged on their abilities. They may not be a new practitioner. Perhaps they have 30 years experience in the industry and they are have migrated to NZ.

**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?

**Respondent skipped this question**

## Phase two consultation on recertification

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

Please explain.:

The NZIDT have researched and found that the NZ Association of Optometrists have recommended dental practitioner's over the age of 40 require eye sight testing every 2 years, but they don't have that policy in place for their own members! Is this an excellent ploy by their association to increase business for their industry? I believe that practitioners should be and will be responsible for maintaining adequate vision to competently carry out their jobs by the use of a current spectacle lens or dental loops etc.

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

These should be addressed in the HPCA for all Health Practitioners if there is a great concern.

### 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