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

Q1 This submission was completed by:

Name	**Michael Smith**

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?

Mentoring. I feel this is an excellent avenue to help new registrants integrate into the system.

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

Yes,
Please explain.:
*Peer reviewing and Professional Development Plan. This is a very flawed proposal and will not have the desired outcome you are wanting. It will lead to businesses employing large numbers to close ranks and those in charge telling the others that they need to do things their way, instead of seeking knowledge from outside their organisations and peer interaction from other businesses. Small businesses will team up with close friends and adopt a you sign mine and I'll sign yours mentality. What happens if your peer moves away, becomes ill, stops working, you have a falling out, etc? The list of possible reasons someone would need to change peer reviewers is almost endless. If you did need to change, what responsibility does the new peer reviewer take on? What are the legal ramifications for the peer if the practitioner is unable to or doesn't do what they have said in their PDP? 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? What happens if at the end of the PDP the practitioner comes to the conclusion that what they learned isn't useful to them, but they thought it would be when they wrote the PDP? What is the template you expect a PDP to look like? Who determines if a PDP is relevant, correct, or adequate? Who determines the quality and relevance of a PDP? Asking a practitioner to provide assurances for another that has nothing to do with their business could lead to a very stressful environment and addition of work load. Our industry is already a high stress environment, and this will make it worse. It would have a detrimental effect on our industries health and wellbeing, when you should be trying to improve it. If the practitioner fails to complete their PDP will the reviewer be held accountable? And will it reflect on their own ability even if they complete their PDP? This system will not prevent those who are slipping through the current system, slip through this proposal, all it will do is add substantial more work to those who are already compliant and actively engage with their peers. *Vision testing. Asking all practitioners over 40 to take mandatory eye examinations every two years is a huge over-reaction to a very small problem. Nearly everyone that has vision problems already undertake voluntary examinations or make use of magnifying loops or glasses to solve the issue. Also, the fact that you asked the NZ Optometrist Association how often the eye examine should be carried out, with their reply being every two years, when they don't even do that for their own members, is questionable. *Vision testing. Asking all practitioners over 40 to take mandatory eye examinations every two years is a huge over-reaction to a very small problem. Nearly everyone that has vision problems already undertake voluntary examinations or make use of magnifying loops or glasses to solve the issue. Also, the fact that you asked the NZ Optometrist Association how often the eye examine should be carried out, with their reply being every two years, when they don't even do that for their own members, is questionable.

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

No,

Please explain.:

This gives no flexibility for practitioners to complete their proposed PDP, especially if it involves a peer from outside their business. This would have a huge negative effect on practitioners wanting to start a family as would be parents are legally entitled to 12 months leave from their job, even if they took 3-6 months off, the work load they would need to complete just to maintain their APC while juggling young children would be extremely stressful. I believe this would lead to fewer younger female practitioners in our industry and also push employers to hire mainly male staff. If the practitioner had a major illness, and they needed to spend long periods of time away from work to treat the illness, it would make it near impossible to complete their APC requirements, creating even more stress at an extremely stressful time. This would also be the case if the practitioner needed to care for a sick family member and needed time away from work. This would also be very hard to complete for practitioners going on extended holidays or time out of the country such as OE's.

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.:

Who sets this up and administrates this. Within dentistry there are so many different techniques, materials and methods that this would be nearly impossible to set up fairly and be unbiased! It is common knowledge in our industry that a method and material that works for one practitioner, may be the complete wrong method and material for another, but if they use another method and material they get a successful outcome. For example, if the person who is judging the practitioner’s assessment tried a technique that the practitioner uses but they could not make that method and material work for them, then there is no viable way they can offer an objective unbiased opinion on their assessment. Also, would the assessment cover all the scopes of practice applicable to the practitioner? In respect to dental technicians this would put them at a huge disadvantage, ie, if you tested a crown and bridge technician on prosthetic work they would know very little, and if you tested a prosthetic technician or clinical dental technician on crown and bridge work they would know very little. This is a very flawed proposal to test someone on their technical and clinical knowledge and skill due to the above reasons, and I believe it has zero chance of being successful!

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.:
I do not believe that an assessment on a practitioner's technical and clinical skills and knowledge is achievable in our industry due to the reasons I have listed in the previous question.

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

I strongly believe that a modification of the current APC/CPD system is the most viable and effective solution. As well as set CPD hours we need to achieve via lectures, courses and conferences, we should have set hours of peer interaction of verifiable topics and patient presentations and discussions.
The current proposed changes you have put forward will not achieve what you are after and will dramatically increase stress and tension in all our practitioners. It will also cause unnecessary tension between practitioners and the Dental Council when you are supposed to be working with our industry to improve it.
At the roadshow, the DCNZ said there has been an increase in complaints about the dental industry. Does this increase coincide with population growth? Or is it above or below the population growth average?

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 most of it is good, however a fixed 2 years in some cases might be too long, such as someone coming from Australia would potentially integrate much faster.

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

Yes,
Please explain.:
Change the fixed 2-year time frame to something that is flexible depending on the practitioner's ability.

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

too ,
long
Please explain.:
I think it needs to be a flexible time line instead of a fixed 2 years, an already experienced practitioner from another country with cultural similarities to New Zealand may integrate and come up to speed much sooner than 2 years.

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.:
It would be beneficial for all new registrants to have a mentor, however the time frame needs to be flexible

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

There needs to be much more clarity around what the parameters of the mentoring scheme will be.
Will mentors require education or assessment?
Will a written framework be provided?
What are the legal ramifications for the mentor?
Finding a potential 400 adequate mentors a year could prove difficult.

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?

Have you approached the NZDA and NZIDT and other dental associations to determine if there is a need to address health-related competence decline? And if there are any, what they are?

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

Yes,
Please explain.:
I find it strange 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! This is an excellent ploy by their association to increase business for their industry. What criteria was used to inform the DCNZ of the need for vision testing? Is this being applied across the whole health sector or only dentistry? Dental practitioner's use loopes and other magnifying devices if fine detail vision becomes an issue.

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

What health-related competence decline issues are you referring to other than vision?

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 think this part of the proposal looks good to help repeat offenders raise their competence to the acceptable level.

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

No,
Please explain.:
This part of the proposal looks simple and easy to evaluate and implement. I think it will help make those who are struggling, aware of their deficiencies, and provide them a path to improvement

Q20 Do you have other proposals for addressing recurring non-compliant practitioner behaviours you would like us to consider? Please explain.

no

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?

This proposal has been rushed through with little consideration of the significant ramifications, both legal and personal, and the extra workload that this proposal will impose on already busy practitioners (who, in your own words, the vast majority comply or exceed the minimum standards and requirements). This proposal is a major over-reaction to try and identify and very small proportion of our industry, and those practitioners will still slip through the gaps of this proposal.
I believe there are improvements that can be made to the existing framework, which will address some of the identified shortcomings.
There are many ways in which the current system works well, as it provides exacting requirements.
Increasing the component of required peer interaction within the existing CPD framework would be a more workable solution to help those who struggle come up to speed without placing unnecessary burden on already compliant and competent practitioners.