

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

**Q1** This submission was completed by:

Name	<b>Jiljane Delaney</b>
Company/organisation	<b>NZDHA</b>

**Q2** Are you making this submission

**on behalf of a company or organisation**,  
If group, company or organisation, please specify::  
CPD Officer of  
NZDHA

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

**a professional association**

Page 3: Area one: new core recertification programme

**Q4** What, if anything, do you like about our proposed core recertification programme?

CPD plan being more focused on and formalised

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

**Yes,**  
Please explain.:  
Keep the measurement of continuing professional development in hours. Associations have spent thousands on software to support DCNZ regulations and if that is changed it will cost association members heavily for these systems to be rewritten.

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

**No,**  
Please explain.:  
Annual declaration along with CPD Plan is enough Keep the cycle at 2 years

## Phase two consultation on recertification

**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.:

The suggested reasoning behind this seems to be less than necessary. Target those who are problems and save funds

**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.:

Surely there is a better more cost effective way to check a standard is being upheld? Practice audit

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

Deeper explanation on why this has to happen. Evidence on cases that point to the law needing to be changed.

### Page 4: Area two: support for new registrants

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

Formal mentoring (or another word) is a great idea for all new graduates and possible those registering from overseas

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

**Yes,**

Please explain.:

Allow the associations to have this as part of their mandate as CPD providers Empower them to do the work and (continue) provide this area of need for new registrants

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

**just right,**

Please explain.:

If the Associations are responsible then they can run this on a case by case basis. Someone in the rural setting will need different support to someone in the big city.

**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**

**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?

Nothing. It is micro-managing

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

**Yes,**

Please explain.:

Refrain from this level of scrutiny unless there is a complaint or any other area of concern.

**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?

**Respondent skipped this question**

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

**Yes,**

Please explain.:

Make allowance in the law for sharing of information with association that person belongs to. Allowing peers to get involved through association mentoring programs. This way that person will have support while going through compliance requirements for DCNZ.

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

It would be really helpful if the DCNZ could have information held by other entities regarding non-complaint persons. This information seems to be held in segregated fashion therefore giving a false sense of the gravity of the cases. How many are non-compliant? how many are repeat cases? how many have been before the PCC? how many are mild, severe etc. This information should be available and verified.

---

## 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?

Consider giving APC holders better information (more detailed) regarding the kinds of CPD DCNZ would consider to be good quality and what kind or type of format it considers is better for learning.

I listened to practitioners at forum comment on the types of CPD that are verified. Consider giving more guidelines to the CPD Providers so they know what DCNZ expects as quality content.