

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

**Q1** This submission was completed by:

Name

**Nur Alniaami**

**Q2** Are you making this submission

**as a registered practitioner**

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

**a registered oral health therapist**

Page 3: Area one: new core recertification programme

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

I like how there is emphasis on the peer contact activities as part of the re-certification. I believe that learning and improving our skills come from effective professional peer discussion, analysis and evaluation in contrast to attending CPD sessions only. In the DHB there are many practitioner that are close to or pass the retirement age. Many who used to practice alone without any peer support. I believe having this system will support these practitioners to keep their skills and knowledge up to date to ensure their competency and the safety of the public.

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

**No**

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

**Yes,**

Please explain.:

Yes I believe that the re-certification cycle should match section 29 in the Health Practitioner Competence Assurance Act 2003.

**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**

## 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?

**Every two 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**

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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?

I support having mandatory mentoring program for new registrants. However I am not sure if there will be any regulation on the experience of the mentors. In the DHB, some mentors have only done one or two year of work, and some are part time practitioners and haven't had much experience in the field. From my experience, I have noticed that this can have an impact on the new registrants as not much knowledge, support or skills passed on to ensure their competence.

**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:

**too long** ,

Please explain.:

I think two years mentoring is too long. One year normally is just right. I believe that practitioners should be competent from when they graduate. If more mentoring was provided prior to graduation (placement), this can reduce the requirement for more mentoring after graduation. For example, currently the University of Otago provide a month of mentoring for student to practice outside the Dental School environment which for most student is not enough to gain lots of experience. If the whole last year of the degree was a placement instead of a month, I think this will reduce the requirement for two years mentoring after graduation.

**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**

**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

## Phase two consultation on recertification

**Q15** What, if anything, do you like about our draft proposals for addressing health-related competence decline concerns?

I support having eye examination for practitioners over 40 years every two years. Some might argue that the cost of the glasses and the eye examination would be an issue. However, I believe for the safety of the public, having good vision is mandatory and part of the practitioner competence.

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**Q16** Is there anything about the draft proposals for addressing health-related competence decline concerns you would change? **No**

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**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? **Respondent skipped this question**

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**Q19** Is there anything about the draft proposals for addressing recurring non-compliant practitioner behaviours you would change? **No**

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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? **Respondent skipped this question**

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