

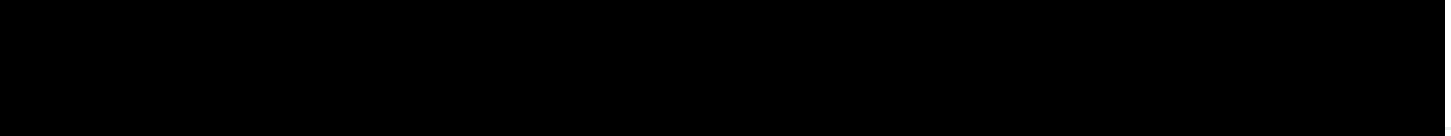


Page 2: Information about the person or organisation completing this submission

**Q1** This submission was completed by:

Name

**Philippa Earland**



**Q2** Are you making this submission

**as a registered practitioner**

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

**a registered dental therapist**

Page 3: Area one: new core recertification programme

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

Quality not Quantity

## Phase two consultation on recertification

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

**Yes,**

Please explain.:

The 12 month cycle will be difficult - this is an excessive requirement in my view. Not only would you have to maintain and manage an onerous Professional peer project but potentially be a peer to someone else. All of this could potentially be very time consuming!! in an already stretched profession especially in the public sector. For an already poorly paid profession in the Public sector that is struggling to attract enough staff and maintain staff one would have to question if this will make it better or worse for this sector- I suspect the later. DHB's already have very high standards (i.e Auditing and Reviews etc) in all areas that perhaps some private practices do not. This may produce over assessment of DHB staff or doubling up of assessment. Some differentiating may be required between DHB practitioners and Private practice practitioners. Perhaps this is the differential DHB's need to attract staff. Over regulation could be come are very serious issue and may cause practitioners to look elsewhere as far as a profession goes.

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

**No,**

Please explain.:

As above this would be an excessive requirement in my view

**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 would hope I would be very good at this but I just don't know. I am very good at patient management this is not some thing that can be assessed by such an online course. If I was maintaining all that you are proposing with the PDP- that should have to be relevant to my practice- why should I need such an online book assessment. I hope my patient notes would reflect all that I do technically but also taking into account my management of my patients. My clinical Audits through the DHB should take care of this. Surely this will assess if I am applying the right technical knowledge and skills in the right situations .DHB's are very good at identifying areas that a staff members may need further technical support with. And also providing CPD for new techniques when they are introduced.

## 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 five years** ,

Please explain.:

AS above - this is excessive but if it had to be then I would only support every 5 years. Especially if I also had to still under go Clinical Auditing from the DHB. There again there is differentials between Private practice and Public Sector

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

**Respondent skipped this question**

Page 4: Area two: support for new registrants

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

Compulsory Mentoring is a good idea for new Graduates

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

**No,**

Please explain.:

More support would be needed for those doing the Mentoring. Mentoring is not some thing that should be expected of Senior staff in an organisation. It takes time and has huge responsibilities. A serious look at the training needs to happen. Also Senior Staff having Students on Section also needs to be looked at as well - this is something that also should not just be expected of senior staff as well as maintaining their own clinical responsibilities and the professional responsibilities that you are going to be asking for here. This is a serious issue that needs very serious consideration. The training school needs more consideration of all of this when requesting Therapist to take these under trained students/ graduates. As do the organisations employing these people. I.e DHB or Private

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

**too short,**

Please explain.:

2-3 years I would say

**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.:

All

**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

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

**No,**

Please explain.:

I currently have my eyes tested voluntarily every 3 years .I am happy to have eye tests every two years- but if it is compulsory for over 40's to have this done for employment I would hope that it would be covered by my employer. I would have to question if this should be compulsory for all. Especially in this age of so much screen use. So yes in my view if you are going to do this for some it should be done for all. If I was to have any other age related health concerns- I would not want to continue in the profession I felt this was detrimental to my patients. Police and the likes have health checks- I would have no issue in having work related health checks.But there again perhaps it should be for all.

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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

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

**No,**

Please explain.:

As long as there is good support for the Practitioner concerned

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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

## Phase two consultation on recertification

**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?

Just don't make it too hard to achieve - we all have busy lives it has to be realistic please. We don't want this to be a tipping point for some. It needs to be uncomplicated and not feel like you need another qualification to figure it all out- that is all I ask.

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