

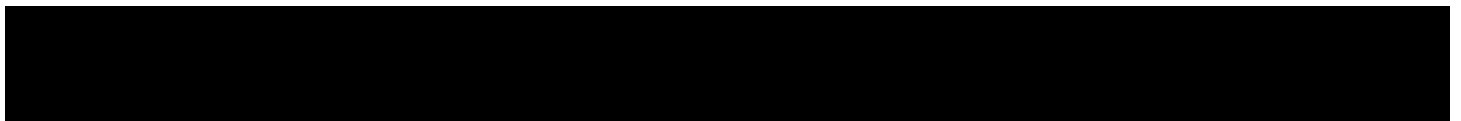


Page 2: Information about the person or organisation completing this submission

**Q1** This submission was completed by:

Name

**Rachael Heenan**



**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 technician,**

Other (please specify):

Currently not practising, APC on retention while continuing further studies.

Page 3: Area one: new core recertification programme

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

Mentoring, I believe this will support educational and technical growth of new members.

**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.

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

**No,**

Please explain.:

As someone who is personally putting my APC on hold to undertake a year of study before practicing, I believe the current cycle is more than adequate. Trying to maintain the required CPD while studying and saving money to attend courses is hard enough now, the stress of a 12 month cycle would be extremely limiting to many people and small businesses. Allowing more than 12 months will allow 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.:

I believe this is currently too vague to be applicable to all scopes of practice and with such a wide variety of technical skills each dental technician may choose to specialise in, these methods will not demonstrate abilities of practitioners effectively.

**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 support this proposal

**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.

Page 4: Area two: support for new registrants

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

I believe this mentoring system will give registrants the confidence and skills they require to move forward in the industry

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

**Yes,**

Please explain.:

Flexibility. Assessment of new registrants should be made based on previous experience in the field. 2 years of mentoring for someone from overseas who has the a great deal of knowledge seems like a waste of time

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

**too ,  
long**

Please explain.:

Right for some, wrong for others. flexibility is required to gauge how much mentoring an individual may need

**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.:

As above some may have a great deal of experience and two years of mentoring may be a waste of time for them

**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?

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?

**Yes,**

Please explain.:

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

**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 and how would they be assessed?

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

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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?

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.

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