



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

Q1 This submission was completed by:

Name

Rachael Knight



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?

I like the idea of a Personal Development Plan, and also the reflective statement, as I believe there is never any harm which can come from better goal setting, forward planning and self-awareness.

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

Yes,

Please explain.:

The foundation of the proposed re-certification revolves around the introduction of a "Professional Peer". This has some fatal flaws in its very essence. The idea of us requiring a peer undermines our qualifications already achieved, and the learning and experience done to get us where we each are today. When I think of a person who I would be 'happy' to have question and make judgments over my clinical and technical ability, I think of someone in a position of greater skill, experience, AND higher qualification than my own. In my opinion, none of us have the authority to assess the choices made by a colleague who holds the same position as ourselves, unless it is specifically requested. The very wording of the proposals suggest it is a teacher-learner relationship which exists between ourselves and our peers, which can not be the reality if our peer is also our professional equal. I also feel that it is no-one else's business the direction we plan to take in the future, other than our own. We operate in a competitive market, and quite frankly the level of trust and confidentiality which would be required from our peers to not share our PDP's with others is too much of a responsibility. I appreciate the intended consequence of the Professional Peer, but the fact is, we are ALREADY being constantly assessed by the colleagues we work alongside, either directly or indirectly. The workload that the proposed changes will bring is beyond fair. It is a knee-jerk reaction to hunt out the "lowest-common-denominator". Most of us are high achievers by nature, who already invest many unpaid hours to contribute to profitable businesses, meet our record-keeping obligations, and most importantly, to offer quality care to our clients. The thought of having to be responsible for someone else's compliance (albeit partly) other than my own is incredibly stressful.

Phase two consultation on recertification

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

No,

Please explain.:

The amount of time this will require in terms of planning, liaising, and writing up the required documents will be much more than Council anticipates. To have to repeat it every 12 months is nothing short of burdensome, and I believe it could actually reduce the quality of communication between colleagues, as those evening hours currently spent typing up referral letters, patient notes and treatment planning, will instead be spent on futile compliance activities. Council will inadvertently compromise the care of the very people it claims to be serving, the general public. We are often already struggling with work-life balance, in roles that are not easy. Surely Council does not wish to be responsible for a decline in the mental health of its stakeholders? This may sound melodramatic, but I feel confident that many will agree with me.

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.:

What is the curriculum that these tests will be based on? Current teachings from the undergraduate programmes? Old text books? Who marks them, and against what criteria? How do we access the resources used to develop the tests? This just seems a pointless exercise in good reading comprehension, if nothing else.

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?

Respondent skipped this question

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

Remove the Professional Peer. I'm resigned to the fact that Councils draft proposals will become final, as I can't envision Council being happy to scrap 2 years of planning. I instead propose we keep a log of meaningful peer interactions, including date, location, and a brief outline of the discussion or activity which took place. In the event of an audit or complaint, we must be able to produce our log to show we have been engaging in meaningful peer interaction. This may include discussions around patient cases, general sharing of knowledge, courses and meetings attended. This approach would be a lot less regimented than the current proposals, but still serve Councils agenda of us proving that we are not becoming isolated or incompetent.

Page 4: Area two: support for new registrants

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

I like the proposal in theory, but.....see answer below.

Phase two consultation on recertification

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

Yes,

Please explain.:

More consideration is needed to the realities of how this would look in practice. How would this work for bringing professionals to small towns and hospitals, who often rely on new graduates and overseas-trained to fill vacancies in much needed areas? Once again there is a burden of unpaid time which is placed on the mentor. Given there are numerous new registrants coming through all the time, how are they fairly divided up among those who are available to mentor them? What happens when the mentor becomes unavailable to the new registrant? The only way I can see this working, is for the associations eg NZDA, NZIDT etc to form a mentoring programme of willing volunteers. It also relies on the registrants themselves recognising when they need to seek the advice and guidance of a mentor. Unfortunately, we "don't know what we don't know", so again I feel it may not achieve the result desired by Council.

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

Respondent skipped this question

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?

Please explain.:

My worst experience of a clinician who undertook a procedure which they clearly knew nothing about (and should have), was an overseas trained clinician, recently registered. On that basis, I believe more needs to be done to ensure they are competent. In my experience, most new graduates are conscientious, and if anything they tend to err on the side of caution, in the fear of doing something wrong, or missing something. I think a good work environment where they are free to ask questions and seek guidance is enough to ensure they are of little harm to the public.

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?

Respondent skipped this question

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

Respondent skipped this question

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

As a short-sighted person, I already have yearly check-ups for my vision, so the proposal really doesn't affect me. My concern is, where will council draw the line? The public has a right to be protected, but we also have the right to manage our own health concerns in private. We are already obliged to report to Council if our health impacts our work, and this is enough. I expect that our colleagues and clients will speak up soon enough if they believed we were a danger to ourselves or others.

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?

Respondent skipped this question

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

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
