

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

**Q1** This submission was completed by:

Name **Rhonda Berry**

**Q2** Are you making this submission **as a registered practitioner**

**Q3** Please tell us which part of the sector your submission represents **a registered dentist or dental specialist**

Page 3: Area one: new core recertification programme

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

eyesight testing

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

**Yes,**

Please explain.:

My first question is what is the desired outcome of the proposed change? Approximately 146 consumer complaints with approximately 142 of these requiring no further action and 18 complaints by other practitioners requiring some form of action would suggest we already have a system operating honestly and professionally with out the need of a compulsory bureaucratic enforcement involving large amounts of time and money. Are we burdening all dentists to try to change the standards of a few who can be readily identified? Are these resources and money not better spent on lifting the standard of targeted individuals? The proposals will increase the work load, stress levels and expenses of all practitioners. In our small rural town we have recently seen two of our best medical practitioners retire in their 50s as they were feeling bogged down with bureaucracy. The administration costs of managing these changes must be paid from somewhere. This cost will then be passed on to patients.

## Phase two consultation on recertification

There are large numbers in our population who already are excluded from dental care due to the cost. Nomination of a professional peer should not be allowed to be substituted for participating in a collegial study programme. I do support peer group interaction and believe well structured it offers a valuable learning environment. Many good peer support systems are already operating. Energy and resources need to be put into those practitioners at risk and we to develop strong systems to help them. Since the increased requirements for CPD came into effect we have seen a large increase in the numbers attending courses / conferences. We all learn form skilled lecturers and from each other in a safe cooperative environment. Dentistry is a small profession with a strong collegiality that is based on respect for each other and our profession. To mentor or judge and criticise constructively are acquired skills and need to be taught to be effective. It is unrealistic to assume every dentist in every location has access to this learning or indeed should be expected to. I would feel very uncomfortable and unqualified to be asked to judge and write a legally binding document about one of my peers. Having two older dentists or two young foreign graduates assess each other is of little benefit. Ideas reinforced by people of like minds is no guarantee that learning is taking place in the right direction and reinforcing views that are not correct is dangerous while they agreeing what is a great way to practice their views may be widely different to those of the profession in general or indeed what is the best for their patients. Our work is practical and while this may work for psychologists and occupational therapists it is not readily translatable to our profession where to judge accurately you need to be able to see the end result of practical work done ie examine it in the patients mouth. This cannot be done in a written exam or over the internet. Going by the results of complaints quoted above this should not be necessary it is far more effective to help individual practitioners The paper trail created by this proposal seems to offer little if any educational value while would definitely be seen as a burden. Most of the dentists I have met in my 40 years of practise are responsible educated people with high professional standards they apply to their practice.

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

**No,**

Please explain.:

Annual requirements- as a women who 30 years has practised and managed a family I feel making annual continuing education requirements would at times become a huge burden. When the cycle is operated over a few years it is much more realistic and I believe would not reduce the ability of the practitioner to deliver high quality care.

## 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.:

Online open book exams are theory only and no guarantee of standards applied. I have not seen any evidence to suggest practitioners lack knowledge.

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**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.:

A competent practitioner is very unlikely to suddenly change their standards. More frequent testing is an unnecessary burden

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**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 agree they need supporting

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

**Yes,**

Please explain.:

Mentoring new/ foreign graduates is a great idea but is it realistic? I have mentored a young foreign graduate for the last 3 years. It has taken a huge amount of time and energy. I have been happy to do this. We live in a small rural town where there is a limited supply of dentists who would be willing to undertake this task. It needs to be done by someone who can see the work being done and the young or foreign dentist. Remote mentoring is not going to achieve the standard of help required. What happens if mentors are not available? There is no doubt they do need support through this phase. A solution would be to have compulsory hands on continuing education programmes set in place covering all areas practised if suitable mentors are unavailable

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

**just right,**

Please explain.:

I am unsure how you would measure to be sure the level of competence that is achieved. Assessment needs to be practical as well as theoretical.

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## Phase two consultation on recertification

**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.:

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?

I cannot see how this can be measured

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

Please explain.:

Eye testing is realistic health related decline isn't

**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?

seem reasonable

**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

## 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?

I can only see the assurance and identification phases as per P19 as unnecessary bureaucratic meddling creating a problem which doesn't exist then spending huge amounts of time and money trying to fix it.

There are a few readily identifiable practitioners who need help who can be identified and helped without the need to burden many and waste resources.

As I said earlier we have seen 2 very competent medical practitioners in our town retire in their 50s due to bureaucratic requirements and there is a very real risk of losing valuable members of our profession as well.

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