

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

**Q1** This submission was completed by:

Name

**Sam Thompson**

**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?

Individuals with multiple complaints take extra assessments.

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

**Yes,**

Please explain.:

1) Forcing additional peer contact to practitioners in group practice, especially if this requires an additional system to log our peer-to-peer contact hours for non-verified courses  
2) It is very subjective as to which courses are higher in quality - who decides this? 3) Forced reflection as a concept will unlikely result in quality reflection and be an unnecessary exercise belittling what should be trusted and regarded trained health professionals. The attestation bit is even worse!!!! Who is going to read all that and will that result in increased APC costs placed on the clinicians? 4) With the current system our courses are logged by the NZDA. This seems a big exercise to keep proof of 8 years of PDAs - why can this not be logged and stored by the Dental council!!!! The technology exists

## Phase two consultation on recertification

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

**Yes,**

Please explain.:

Matches the annual practicing certificate.

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**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?

**Yes,**

Please explain.:

If the test is constructive and provides feedback for incorrect answers or at least takes into account that in some instances there is a lacking body of evidence to suggest one way is better than another.

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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?

**Annually,**

Please explain.:

If it was an hour or less annually is fine.

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

Seriously, the reflection attestation is insulting and easily done at a standard that provides neither the clinician or the dental council with no real value

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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?

**Respondent skipped this question**

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

**Yes,**

Please explain.:

A mentoring program holds little relevance to dentists going straight into the public health sector who are already in a supportive system

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

**too ,  
long**

Please explain.:

Why can't the mentee decide the length of time that they feel they require support. Why can't the health professional be trusted to make this decision

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**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.:

A mentoring program holds little relevance to dentists going straight into the public health sector who are already in a supportive system

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**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?

Good for clinicians not using magnification

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

**Yes,**  
Please explain.:  
Clinicians using loupes or magnification should be exempt

**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?

Additional assessments for clinicians with multiple complaints

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

**Yes,**  
Please explain.:  
Compliance shouldn't be based on reflections which can be easily done to a minimum standard, are also qualitative, subjective and personal

**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?

Reflections and peer attestation are frankly bogus