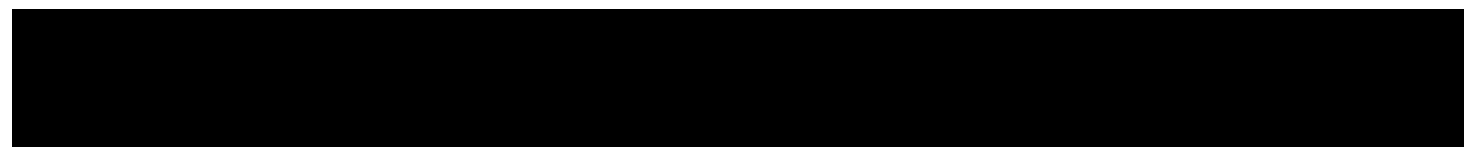


Page 2: Information about the person or organisation completing this submission

Q1 This submission was completed by:

Name

Sau Yan Luk



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?

Respondent skipped this question

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

Yes,

Please explain.:

I do not think it is necessary to have so many written submissions to the dental council. It will be too difficult to write a professional development plan for the next 12 months or more, as mostly we do not know what courses will be available, what dates they will be, where they will be, and how much they will cost. Also, we may not know our own circumstances either as life is prone to unexpected changes. It is too difficult to have a written plan we have to go by due to DCNZ requirements, rather than planning things a few months or weeks in advance as circumstances and courses arise. A written PDP does not allow for fluidity and flexibility. For example, a practitioner may decide or find in the middle of the year they actually need to develop themselves in other areas not written in their PDP, but if they know they should achieve what's written in their PDP for the sake of completing a submission to DCNZ, and they may not be in a circumstance where they can complete both, due to e.g. financial or time restraints, therefore having to go by a prior written PDP and it's objectives will limit a practitioner's CPD as they arise. It is unnecessary and overboard to require every practitioner to upload a written attestation prepared by their professional peer regularly. I believe something like this is only necessary if a practitioner has been complained against and need to prove their competency to the DCNZ. Our current CPD system already requires us to have adequate peer contact activities. It is not necessary to nominate a professional peer on paper to support and help us maintain or advance our professional skills, spend the time to discuss our PDP and PDAs, and write a written reflective statement together. Practitioners are responsible for their own learning. If a practitioner needs help, they will naturally already discuss with a peer or seek we should not have to do this for our peers. We reflect on our work and circumstances everyday and think about how we can improve ourselves all the time. Naturally as we are health professionals wanting to better ourselves, we think about what courses we should take to learn more, which areas we should get an update, and we discuss these things with our peers. We should not need to have a write a submission regarding this. I do not believe these proposals will increase our competency. I believe these written submissions will create unnecessary and unhelpful extra paperwork and will create a lot of stress on practitioners, therefore having a negative impact on practitioners lives. I believe as qualified health professionals, we are fully capable of planning our continuing professional development and reflecting on our work, without having to submit written statements.

Phase two consultation on recertification

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

No,

Please explain.:

A 12 monthly recertification cycle is too short. It does not allow enough flexibility to practitioners who, for example, is unable to attend the required amount of CPD events due to travel that year, illnesses, time off work, or financial restraints etc. It will really restrict and affect our freedom in life itself. The current 4 yearly cycle timeframe allows us more time and better flexibility to our planning of CPD. The draft proposal is a lot of work for practitioners to do. If we have to do all that every year, it is too much work, and it will put a lot of stress on practitioners, who already have a stressful profession and do not need this creating additional stress. Our current 4 yearly cycle is adequate.

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

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 four years ,

Please explain.:

Same as our current 4 yearly CPD cycle

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?

Respondent skipped this question

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

Yes,

Please explain.:

Ideally new graduates receive mentorship, but compulsory mentorship for all new graduates for 2 years may make it difficult for new grads to find a job, and harder for owners to employ new graduates.

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

too long ,

Please explain.:

Of there is a compulsory mentorship program, 1 year is enough.

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?

Respondent skipped this question

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?

Yes,
Please explain.:
As responsible health professionals, clinicians should be responsible enough to make sure their health and eye sight is ok, and not have to make a submission to DCNZ.

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

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