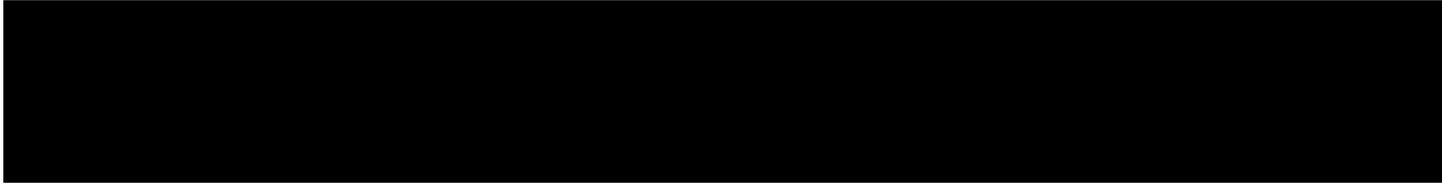




Page 2: Information about the person or organisation completing this submission

Q1 This submission was completed by:

Name **Shelley**



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

Q3 Please tell us which part of the sector your submission represents **a registered oral health therapist**

Page 3: Area one: new core recertification programme

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

I like the proposed core recertification programme to focus on quality of professional development.

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

Yes,
Please explain.:
How can DCNZ track the progress of each individual on the core recertification programme? There are thousands of practitioners registered. Does this evolve to another new service that the practitioners will have to pay for?

Phase two consultation on recertification

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

No,

Please explain.:

I don't agree on the recertification cycle changed to 12 months. It is a reasonable short period of time. If practitioner is required to complete quality learning, how do you set the standard? By hours again or by course? I think two years can be an option and its reasonable. The previous cycle of four years was simply too long for practitioner to keep up their learning and the contents of CPD courses were repetitive. Will this impact on practitioners that are on maternity leave? If so are they also required to do the same number of CPD in order to keep up their retention status? From own experience, it was difficult for me to keep up CPD in the first two years of parental duties. I would appreciate DCNZ addressing on this matter.

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.:

I think an online assessment or online recording would be ideal. Keeping paper copies will make the process less attractive. However, practitioners may have different sets of goals so the online assessment must be standardised and possibly categorised into core subjects/core learning objectives. Also how can you assess technical/clinical skills online? How can you measure it?

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.:

Online assessment can be yearly and set the recertification cycle to be two years.

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

In regards to selecting professional peer, will DCNZ be setting on requirement for being a professional peer? Also can one practitioner be a professional peer for many practitioners? Are practitioners willing to do so? There may be a lot of time involved.

I do like the idea because I find peer contact/ peer support is not enough around our profession. I also want to suggest to develop more simulation based CPD courses for refreshing and learning new skills. I recently attended the ADOHTA international conference in Hobart. One of the workshops talked about simulation based CPD and its benefits on practitioners. Perhaps this is the direction DCNZ needs to consider when it comes to development of quality CPD courses.

Phase two consultation on recertification

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

I think this is a great idea to support all new registrants. From my experience, I felt uncertain when transiting from university clinic to private practice/public sector. I was fortunate enough to meet two senior Dental Hygienists who were tutors at Dental school at the time and were willing to share their knowledge and experience. I joined both NZDHA and (then NZDTA) now NZDOHTA upon graduation. However joining professional association does not mean they would get the necessary support new registrants need. I think we need to promote a culture of supporting peers in both associations and at DCNZ levels.

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

Yes,

Please explain.:

How is DCNZ going to monitor these mentoring programme? Are they going to be offered within each individual professional association? Has DCNZ contacted the professional associations and any feedback from them?

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

just right,

Please explain.:

I think a minimum of two years would be just right. Hopefully that will encourage them to stay in touch with colleagues and their peers. I found some of my classmates do not seem to attend any peer contact activities. We all know practitioners should not be isolated themselves from peer contact and it is a way to get their clinical knowledge and skills up to date. I think it is a great idea.

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.:

I think every new registrant should participate. If DCNZ is going to exempt people, what kind of standard will DCNZ apply?

Q14 Do you have other proposals about supporting new registrants you would like us to consider? Please explain.

A good amount of quality peer support activities and learning opportunities will be ideal so they can identify areas for improvements.

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 like the idea of addressing health related competency. I can understand eye test to be done every two years.

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

Yes,

Please explain.:

Perhaps looking into medical check being mandatory for requirement after a certain age.

Phase two consultation on recertification

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

I think using the appropriate aids such as dental loupes and dental light are necessary regardless to age group of the practitioners.

It not only helps practitioner see better, but also prevents poor posture in order to have a healthy sustainable career.

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?

15. I like the draft proposals for addressing recurring non-compliant practitioner behaviours. The public would not have a clue of how competent and compliant a practitioner is so DCNZ should address this.

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

Yes,

Please explain.:

How does DCNZ identify the non-compliant practitioner apart from the self assessment? How does DCNZ identify a recurring non-compliant practitioner? Does more than one non-compliant incident identify as recurring?

Q20 Do you have other proposals for addressing recurring non-compliant practitioner behaviours you would like us to consider? Please explain.

I think the approach to address recurring non-compliant practitioner should be in a supportive way. Regular auditing at all the practices should be implemented to ensure consistencies on all codes of practice. The aim of addressing recurring non-compliant practitioners and regular auditing should be to help practitioners improve in a Non-judgmental manner and safe guard the safety of general public.

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
