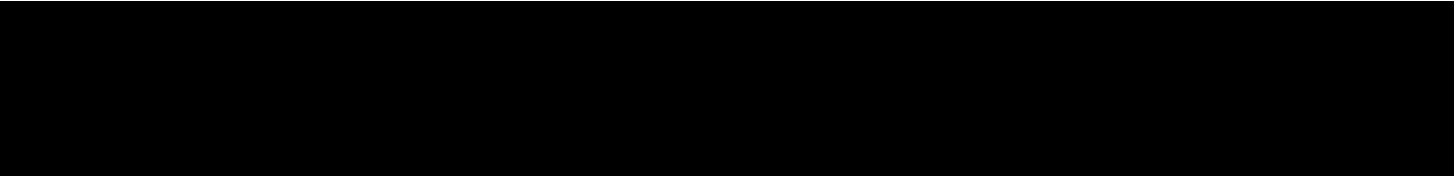




Page 2: Information about the person or organisation completing this submission

**Q1** This submission was completed by:

Name **Sophia**



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

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**Q3** Please tell us which part of the sector your submission represents **a registered clinical dental technician**

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Page 3: Area one: new core recertification programme

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

Not a lot - this proposed change is more about compliance not competence.

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## Phase two consultation on recertification

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

**Yes,**

Please explain.:

Engage the general public to see if there is a lack of confidence in New Zealand's Oral health providers before embarking on change. The Dental Council has not to my knowledge engaged the general public in this consultation process. The Dental Council are charged with protecting the public from harm. Do they feel harmed? I have not seen, been given, or shown any hard evidence that the present system is broken and not working in so much that Oral Health providers in New Zealand are incompetent. It could be improved on but is it that broken? Peer reviewing and Professional Development Plan. This proposal is flawed on so many levels. It is my belief the desired outcome the Council is hoping for will not be achieved. It could or may become a paper tick boxing exercise to satisfy compliance There is lack of detail in this proposal. The how? Council is asking stakeholders to trust, to adopt a proposal with no or little detail on the How. Give us more detail. This proposal will not prevent those who may be slipping through the current system from continuing to do so. Vision testing. Asking all practitioners over 40 to take mandatory eye examinations every two years is a huge over-reaction to a perceived small problem. Every person in New Zealand already undergoes an eye exam every 10 year's when they renew their drivers licence. Council asked the NZ Optometrist Association how often the eye examine should be carried out, resulting in a reply of every reply two years. The Optometrist themselves haven't deemed it necessary or have adopted their own recommendation. This recommendation is questionable and could result in an exam being carried out by a practitioner over 40 with eye degeneration. The council has always had a problem, because it's a 'Combined Council" an example would be; the vision requirements for a dental auxiliary or dental technician is far less than a endodontist. The one box fits all thinking does not always fit.

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## Phase two consultation on recertification

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

**No,**

Please explain.:

This gives no flexibility for practitioners to complete their proposed PDP, especially if it involves a peer from outside their business. The Council may say "In special circumstances apply for dispensation" such as maternity leave. This indicates the proposal will not work as intended and may lead to practitioner disengagement and a paper exercise to satisfy councils compliance. This proposal does not take into account If a practitioner suffers an illness, requiring periods away from work or a practitioner that may need to care for a sick family member. in the above examples I can't see a practitioner becoming incompetent when being away from work for a year or less.

**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.:

The council is confused, or are we practitioners confused? At the Christchurch road show the slides on the "Open Book" Assessment (a nice word for an exam) used the word FRAMEWORK. Which if I am correct in assuming what the Council means is an Open Book Exam on the practitioner's knowledge on compliance matters and their understanding of Councils codes. Whereas this questioner asks about our thoughts on "an online open-book assessment of their technical and clinical knowledge and skills? ". Which one is it? The first part; if an open book exam on Framework. Every practitioner should already know their requirements. The Council should encourage, engage, all practitioners to know their requirement to adhere to and work with in their respective codes and scopes of practice. This proposal doesn't ZAP (Engage) practitioner's and encourage but SAP's (Disengage) in the sense practitioners are being treated like children. If it about an open book exam on "FRAMEWORKS " as stated at road shows. Who insular institutionalised thinker came up with this idea? It is flawed on so many levels. Who would set this up, administrate, and what would it cost? If it an online open-book assessment of their technical and clinical knowledge and skills? Within dentistry there are so many different techniques, materials and methods to achieve the same or similar result. Who would be judge, jury, and examiner. What system would the council propose for a practitioner to challenge a result of an open book Assessment / Exam?

**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?

Please explain.:

It is flawed and shouldn't proceed so why have the council not included never in the tick box!. This proposal is about MAKING practitioner's compliant. Does the Dental Council really believe this will work?

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

The Council has not given, any hard evidence that the present system is broken and not working. It has provided information that in other derestriction's their systems are not working, It has stated that the Auditor General has passed negative comments on the present system. The Council has not pushed back giving evidence that the present system while may not be perfect is so broken it needs to be reinvented. In New Zealand the number of Oral Health practitioner complaints received is extremely small compared to the number of patient visits over the industry as a whole. I put it to council that the number of complaints received that are of a competency nature instead of a compliance or communication issue is almost insignificant. My recommendation that it is best to modify the current APC/CPD system is the most viable and effective solution. A critic and cynic would see this as a bureaucratic exercise, change for justification and change shake.

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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?

It raises a question on the standard of the Dental Council's accreditation process and the competency of graduates from the Otago Dental School and new registrants if it is deemed necessary they must have mentoring to become competent.

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

**Yes,**

Please explain.:

Yes - I wouldn't make it mandatory, the Dental Association and The Institute of Dental Technologist's Association already have mentoring programs. To make mentoring mandatory will place a huge burden on practitioners and stakeholders. What would happen if the Council couldn't find enough practitioners to mentor.

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

Please explain.:

In a consultation process, questions should not be leading or leaning in any one direction - all these questions above if answered could be interpreted as support for a mandatory mentoring relationship

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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.:

It is not the job of industry to mentor and intergrade new registrants. Once a person has gained registration they are deemed competent and are able to open business on their own accord.

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

Encourage all practitioners to mentor new registrants through their associations.

There needs to be much more clarity around what the parameters of the mentoring scheme will be.

Will mentors require education or assessment?

Will a written framework be provided?

What are the legal ramifications for the mentor?

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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?

Has the Dental Council approached the general public, NZDA and NZIDT and other dental associations to determine if there is a need to address health-related competence decline? Has the Dental council received health related competency complaints? And if there are any, what they are?

If is not real issue or problem, why propose it?

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

Please explain.:

it is understood if correctly the Dental council approach the NZ Association of Optometrists for a recommendation around ocular degeneration who have recommended dental practitioner's over the age of 40 require eye sight testing every 2 years, but they don't deem it necessary and a requirement to implement that policy for their own members! What criteria will be used to inform the DCNZ of the need for vision testing? Is this being applied across the whole health sector or only dentistry? Dental practitioner's use loops and other magnifying devices if fine detail vision becomes an issue.

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

What health-related competence decline issues are you referring to other than vision?

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?

Non-compliant behaviour? The Dental council is attempting to change non-compliant behaviours - will this proposal make those non-compliant practitioners compliant? Time will tell. it could be used as a gauge or indicator how successful this proposal is if implemented.

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

**Yes,**

Please explain.:

Lead with a carrot not a stick – Encourage engagement – Zap practitioners not Sap practitioners – Get stake holders to buy into the Dental Councils policy's.

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

Understand the difference between compliance and competence. A competent practitioner is more than likely to be compliant. It doesn't not necessarily follow a compliant practitioner is competent. Identify which practitioners that are either not compliant, competent, or both and target through your complaints procedure. In other words, look at public safety and what complaints you receive and target reoccurring errant practitioners not all.

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?

This proposal is not one of the Council's greatest work to date. It appears to have given scant regard to the extra workload that this proposal will impose on already busy practitioners (who, in the DC's own words, the vast majority comply or exceed the minimum standards and requirements). It appears to shift Dental Council's responsibilities onto its stakeholders.

This proposal is a major over-reaction to try and identify a very small proportion of stakeholders that may not be compliant who presently slip through the cracks, those practitioners will still slip through the gaps of this proposal.

I believe there are improvements that can be made to the existing framework, which will address some of the identified shortcomings.

There are many ways in which the current system works well, as it provides exacting requirements.

Increasing the component of required peer interaction within the existing CPD framework would be a more workable solution to help those who struggle come up to speed without placing unnecessary burden on already compliant and competent practitioners.

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