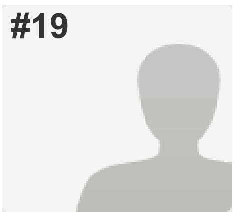

**#19**

**COMPLETE**

**PAGE 2: Information about the person or organisation completing this submission survey**

**Q1: This submission was completed by:**

| | |
|---|---|
| Name | Sax Dearing |
| City/town | |
| Email address | |

| | |
|---|---|
| **Q2: Are you making this submission survey** | as a registered practitioner |
| **Q3: Please tell us which part of the sector your submission survey represents** | a registered dentist or dental specialist |

**PAGE 3: General question about recertification**

**Q4: Do you think the Dental Council needs to make changes to its current recertification framework?**

Yes - it needs to make substantive changes ,

Please give your reasons:
1. There is no, or at best very little, valid and reliable evidence to support the premise the CPD influences competency, or further, that competence translates into satisfactory performance. 2. Studies into performance reveal wide variation from task to task and over time, so the goal of global competency assurance is actually impossible to achieve. 3. Competency is a multivariate construct and should therefore be sampled over a wide range of constituent knowledge and skills. 4. At present CPD is not formally linked to Scope of Practice. 5. The list of competencies required for candidates to pass BDS(Otago) is silent on the subject of orthodontics in spite of these being available. In summary, the present system is farcical and has only served to facilitate the commercialisation of CPD provision resulting in increased costs for consumers.

**PAGE 4: Area for change one: public assurance**

**Q5: Each of the seven statements below are equally important components of good oral health care. We want to identify where there are gaps or weaknesses in the way our oral health practitioners serve the public.Please rank the components from 1-7, with one being the component you think needs the most improvement and seven being the component you think needs the least improvement:**

*Respondent skipped this question*

**Q6: Do you think the Dental Council needs to equip patients and the public to recognise poor practise?**

No,

Please give your reasons:
1. Please first define "poor practice". Where is the valid, reliable evidence that "poor practice" results in patient harm? 2. Council might promulgate Codes of Practice publically, but these need to be correctly interpreted.

## PAGE 5: Area for change two: right-touch risk-based regulation

**Q7: Do you feel you have adequate information about the Dental Council's approach to regulation?**

No,

Please tell us what additional information you think you require:
I am unconvinced the Council understands the inadequate science behind regulation. The very term "right-touch" signals a heavy reliance on interpretation that is subject to the whim of societal changes. With respect, we have already witnessed this world wide phenomenon in response to autoimmune disease.

**Q8: A risk pyramid illustrates the connection between the desired actions and/or behaviours of a practitioner and the differing level of responses a regulator can use to encourage and/or achieve the desired action and/or behaviour.Do you think the Dental Council should develop a risk pyramid/matrix to explain the types and levels of risk and corresponding regulatory responses?**

No,

Please give your reasons:
There is controversy over which attitude risk pyramids should be drawn - top down or top up. Given the potential for severe consequences to practitioners, the profession needs something more robust and transparent.

## PAGE 6: Area for change three: risk identification

**Q9: Which (if any) of these tools and mechanisms do you think the Dental Council should be using to identify and manage risk?**

Competence and recertification programmes,

Examinations and assessments,

Practical training/experience for a period of time ,

Supervision, counselling and/or mentoring,

Practice audits

**Q10: Are you aware of any other tools or mechanisms the Dental Council should be using to identify and manage risk?**

Yes,

Please tell us about other tool/s or mechanism/s you are aware of:
Practice accreditation

**Q11: Do you think any of these risk tools or mechanisms are more effective than others?**

Yes,

Please give your reasons:
Competency and performance are multivariate constructs. They require sampling over a wide range of attributes.

## PAGE 7: Area for change four: early intervention

| | |
|---|---|
| Q12: **Do you think the Dental Council should explore the use of risk analysis and risk-profiling to identify poor practise sooner?** | No,<br><br>Please give your reasons:<br>Where is the valid and reliable evidence that risk-analysis and risk-profiling are highly predictive of risk-taking? |

**PAGE 8: Area for change five: compliance**

| | |
|---|---|
| Q13: **Do you think the Dental Council should explore the use of incentives to encourage practitioner compliance?** | Yes,<br><br>Please give your reasons:<br>1. The existing level of compliance is a result of professional culture. Anything that enhances professional culture will enhance patient safety in a far more reliable way than the collection of CPD points does. 2. Professional culture should be embedded during the university course at Otago and strengthened by high levels of continual professional contact throughout practising life. 3. Professional isolation and misleading product marketing are the main contributors to poor performance. |
| Q14: **What do you think the Dental Council could do differently to encourage practitioner compliance with its recertification requirements? Please explain:** | Council cannot do this alone. The profession needs charismatic leadership to reinstate the culture of service and a sense of belonging to a very special profession. |

**PAGE 9: Area for change six: ongoing education and learning opportunities**

| | |
|---|---|
| Q15: **Do you think the Dental Council should change its current amount of prescribed hours and peer activities?** | No - the hours are about right,<br><br>Please tell us what your preferred increase/decrease in hours is and why:<br>Given my previous comments this question is redundant. The fact that it is asked is a sad reflection on Council's thinking and attitudes |
| Q16: **Do you think the Dental Council should change the current length of its education and learning opportunities (CPD) cycle?** | Please tell us what your preferred increase/decrease in cycle is and why:<br>Given my previous comments this question is redundant. The fact that it is asked is a sad reflection on Council's thinking and attitudes |

Q17: **Please rank the following statements (with one being most important and eight being least important) according to the following question:Which actions should the Dental Council prioritise when considering its approach to ongoing education and learning opportunities?**

| | |
|---|---|
| Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards | 1 |

| | |
|---|---|
| Q18: **Do you think the Dental Council needs to make any other changes or improvements to the ongoing education and learning process?** | Yes - it needs to make substantive changes or improvements<br>,<br><br>Please tell us what other changes or improvements should be made and why:<br>CPD needs to be formally linked to Scope of Practice. CPD programmes should be formally approved by Council |

## PAGE 10: Final thoughts and comments

| | |
|---|---|
| Q19: **Do you have any other comments, suggestions or information you want to share with the Dental Council about recertification?** | Only approved programmes are elligible for CPD points. CPD programmes are linked to Scope of Practice. |