



COMPLETE
 [Redacted text]

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

Q1: This submission was completed by:

Name	Jareth Lau
Company/organisation	[Redacted]
Position	[Redacted]
City/town	[Redacted]
Email address	[Redacted]

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 - but only minor changes,
 Please give your reasons:
 Registration that only lasts one year is unnecessary, creates additional administrative work and adds unnecessary cost, which can potentially increase the cost for patients

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:

Patients are confident their practitioner will not harm them	5
Patients receive the appropriate treatment for their oral health concern or issue	3
Patients receive appropriate information about their treatment and care	2
Patients needs and concerns are discussed and addressed with their practitioner	1
Patients feel they are treated with dignity and respect at all times	4
Patients feel confident their practitioner has the knowledge and skills to treat them	6
Patients know how to complain about treatment they have received from their practitioner	7

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

No,
 Please give your reasons:
 I cannot see patients being given sufficient knowledge on dentistry which is required to properly assess standard of care. A small amount of knowledge can lead to misunderstanding and misinterpretation of otherwise well-intentioned dental care. This has the potential to create mistrust in the dental profession and increase misinformed complaints and litigation. Ultimately this could increase the cost of dental care, and increase stress on dental practitioners and increase time away from work which will lead to poorer patient care.

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:
 Their rationale for annual recertification (why only a year when most dentists' practising situation does not change over this time)

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:
 Is there a sufficient level of non-compliance to warrant implementing this? I do not believe so.

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?

Supervision, counselling and/or mentoring

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

No

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

Yes,

Please give your reasons:
Education is better than creating more administrative work with audits, paperwork, assessments, examinations, enquiries etc. (unless there is clear evidence an individual requires such - it should not be applied to a population level where the majority of dental professionals are competent and ethical)

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,

Please give your reasons:
Profiling becomes dangerous. How would it be done; where does it stop? We do not want to become alienated and disillusioned with the role of regulators.

PAGE 8: Area for change five: compliance

Q13: Do you think the Dental Council should explore the use of incentives to encourage practitioner compliance?

No,

Please give your reasons:
Is compliance sufficiently low to require this?

Q14: What do you think the Dental Council could do differently to encourage practitioner compliance with its recertification requirements? Please explain:

Are there issues with compliance? See above. I question the need for it.

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,

Please tell us what your preferred increase/decrease in hours is and why:
I feel like I get a good amount of continued professional development currently

Q16: Do you think the Dental Council should change the current length of its education and learning opportunities (CPD) cycle?

No - the cycle length is about right,

Please tell us what your preferred increase/decrease in cycle is and why:
It's enough time to balance out year on year, but not so long that non-compliers slip through the cracks

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?

Changing the current amount of prescribed hours and peer activities	7
Changing the current length of the education and learning opportunities (CPD) cycle	8
Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities	2
Removing the requirement to have verifiable education and learning activities	4
Requiring practitioners to maintain an accurate record of their education and learning activities	1
Permitting practitioners to choose some of their education and learning opportunities from prescribed categories	3
Permitting practitioners to choose all of their education and learning opportunities from prescribed categories	6
Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards	5

Q18: Do you think the Dental Council needs to make any other changes or improvements to the ongoing education and learning process? No - it works well as it is

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? *Respondent skipped this question*
