

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

Q1 This submission was completed by:

Aditi Patel
as a registered practitioner
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::

CPD has to be qualitative & not quantitative & linked to scope of practice.

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	e confident their practitioner will not harm them	4
Patients rec	ceive the appropriate treatment for their oral health issue	1
Patients rec	ceive appropriate information about their treatment	2
Patients nee	eds and concerns are discussed and addressed ractitioner	3
Patients fee times	el they are treated with dignity and respect at all	5
Patients fee skills to trea	el confident their practitioner has the knowledge and at them	6
	ow how to complain about treatment they have om 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::

Patients are not in a position to make a judgement call on this, as the do not have the knowledge or expertise in the dental field.

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?

Yes

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:

It is too complicated to do risk profiling when the sample size is so small & the data is insufficient & incomplete.

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?

Practice audits

Practical training/experience for a period of

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?

Yes,

Please tell us about other tool/s or mechanism/s you are

Assessment of skills of the person by observing in the practice.

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

Yes,

Please give your

reasons::

Practice audits & Mentoring more effective then

CPD

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::

Not an effective way to do

it.

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,

Please give your

reasons::

Council should provide incentives for self invited peer

audits.

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

Offer Incentives, Be supportive instead of inflicting punitive measures.

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

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

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	8
Changing the current length of the education and learning opportunities (CPD) cycle	7
Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities	6
Removing the requirement to have verifiable education and learning activities	5
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	2
Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards	4

Q18 Do you think the Dental Council needs to make any other changes or improvements to the ongoing education and learning process?

Yes - but only minor changes or improvements

Please tell us what other changes or improvements should be made and why::

CPD has to be qualitative & weed out CPD courses of poor quality & insufficient relevance.

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