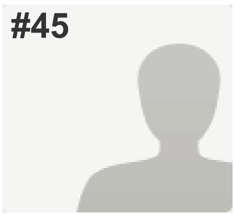

#45

COMPLETE

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

Q1: This submission was completed by:

Name	Reed Jarvis
Company/organisation	
Position	
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 - but only minor changes,

Please give your reasons:
When a visiting dentist is working on a years' work visa, it's not practical to pay for two years just because the council wants it only done in September

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	3
Patients receive the appropriate treatment for their oral health concern or issue	1
Patients receive appropriate information about their treatment and care	4
Patients needs and concerns are discussed and addressed with their practitioner	5
Patients feel they are treated with dignity and respect at all times	2
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?

Yes,

Please give your reasons:
Word of mouth does a good job but accepting complaints from patients and having a peer review board step in to resolve issues can not only build confidence for the public but also allows most practitioners to improve. The peer review system is used in many of the Western USA states and works very well.

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?

Yes,

Please give your reasons:
In the states I have worked for two boards of Dentistry: one in Idaho doing office inspections for Conscious Sedation providers and in Utah helping dentists who've become drug dependent through self medicating and "breaking standards". Privileges can be reduced or suspended depending on the severity of the infractions but the provider can be monitored to rehabilitation while the public is protected. Those providers in New Zealand who have good records can be paid by the Council (from fines of the offenders) to provide the rehabilitation during a probation period in which the public is protected.

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, Practice questionnaires, Inquiries such as those under section 36 of the Health Practitioners Competence Assurance Act 2003 , Risk factors for practitioners, Competence and recertification programmes, Practical training/experience for a period of time , Course of instruction, Supervision, counselling and/or mentoring, Examinations and assessments
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: The Peer review and patient complaint process previously mentioned in this Survey
Q11: **Do you think any of these risk tools or mechanisms are more effective than others?**	Yes, Please give your reasons: Practice audits by Peer Revuew

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?**	Yes, Please give your reasons: It's always better to have preventative measures in place without becoming a "Gustapo-type" Council. Again I believe the profession should be guided by the council and regulated through strong Peer-Review systems that protect the public and are also positive for the providers at all levels. The Dental Council will always have the final say on who continues to practice and who will be relieved of their privileges, but this determination should follow peer review processes.

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: Of course! Incentives followed by non-compliance penalties and fines and positive processes for compliance.
Q14: **What do you think the Dental Council could do differently to encourage practitioner compliance with its recertification requirements? Please explain:**	Positive and encouraging peer review programs. Incentives for practicing in rural districts like the West Coast of the South Island.

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

Question	Answer
Q15: **Do you think the Dental Council should change its current amount of prescribed hours and peer activities?**	Yes - the hours should be increased
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?**

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

Question	Answer
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

Question	Answer
Q19: **Do you have any other comments, suggestions or information you want to share with the Dental Council about recertification?**	No-----my main concern is the time of year for recertification and strengthening the positive peer review process