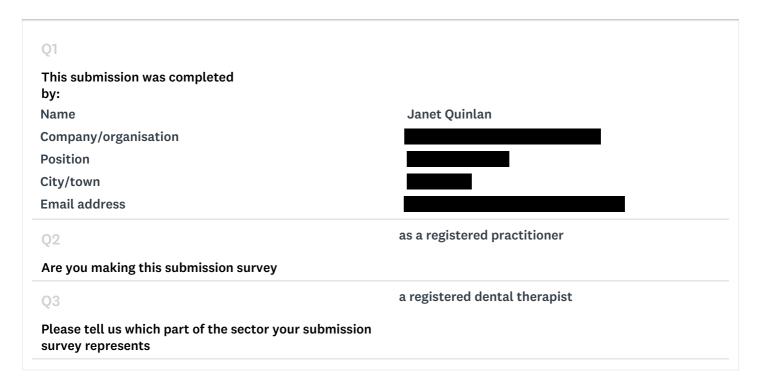
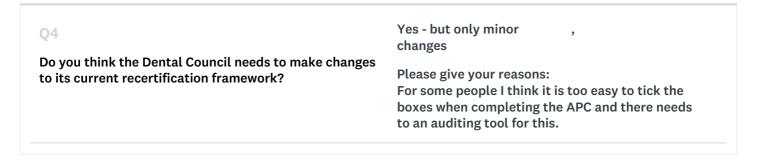
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Page 2: Information about the person or organisation completing this submission survey



Page 3: General question about recertification



Page 4: Area for change one: public assurance

05

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:

Do you think the Dental Council needs to equip patients and the public to recognise poor practise?	Please give your reasons: Infection control practises need constant monitoring in every practise and the public should be made aware of what's acceptable and what's not. Communication is crucial to avoid
Q6	Yes,
Patients know how to complain about treatment they have received from their practitioner	7
Patients feel confident their practitioner has the knowledge and skills to treat them	1
Patients feel they are treated with dignity and respect at all times	6
Patients needs and concerns are discussed and addressed with their practitioner	4
Patients receive appropriate information about their treatment and care	3
Patients receive the appropriate treatment for their oral health concern or issue	5
Patients are confident their practitioner will not harm them	2

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

Yes, **Q7** Please tell us what additional information Do you feel you have adequate information about the you think you require: Dental Council's approach to regulation? After attending the forum I feel well informed. It was very helpful. Yes, Please give your reasons: A risk pyramid illustrates the connection between the I think there is a difference here between working desired actions and/or behaviours of a practitioner and as a Dental Therapist for a DHB and a Dentist the differing level of responses a regulator can use to working in Private Practice and feel the risk encourage and/or achieve the desired action and/or pyramid would work really well in PP 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?

misunderstandings and also clearly explaining the procedure you are about to commence helps to make our patients feel a little more at ease.

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.

Supervision, counselling and/or mentoring,

Practical training/experience for a period of time,

Competence and recertification programmes,

Risk factors for practitioners

010

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:

I think a well structured mentoring programme is a must for any new graduate, whether they are a Dentist, DT/H. Working along side an experienced practitioner, gives confidence, develops good skill sets and helps the transition from a learning environment to being a competent health professional. I think any form of inservice trainings are important.

Q11

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

Yes,

Please give your reasons:

I think practice audits are excellent. They are very useful learning. The auditors view a variety of patients and then give feedback. You maybe able to adjust a procedure you have been doing and make it better. Discussing radiographs and any aspect of care. Peer group meetings with colleagues is also useful and information gathering. Mentoring to me is the most effective risk tool.

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:

The less bad publicity the better. The public has to have the utmost confidence in any oral health practitioner and if there are poor practises operating then that is damaging. Auditing of practices annually makes people be more accountable.

Page 8: Area for change five: compliance

013

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

No,

Please give your reasons:

As a registered health professional I personally don't want incentives. I worked and studied hard to become registered and now feel it an honour to fully comply in every aspect with the Dental Council and my APC and serve my community as a trustworthy health professional.

014

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

Have some law changes, I know that takes time, to prevent repeat non conformers of compliance that place our profession into disrepute. Clinical audits every 6 months.

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

015

Do you think the Dental Council should change its current amount of prescribed hours and peer activities?

Yes - the hours should be increased

Please tell us what your preferred increase/decrease in hours is and why:
I think the peer activities hours should be increased as I think there is better learning in smaller groups. We do calibration of radiographs at some peer group activities and this is perfect for a small group. I think the prescribed 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?

Q18 Do you think the Dental Council needs to make any other	No - it works well as it ,is
Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards	1
Permitting practitioners to choose all of their education and learning opportunities from prescribed categories	5
Permitting practitioners to choose some of their education and learning opportunities from prescribed categories	3
Requiring practitioners to maintain an accurate record of their education and learning activities	2
Removing the requirement to have verifiable education and learning activities	7
Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities	8
Changing the current length of the education and learning opportunities (CPD) cycle	6
Changing the current amount of prescribed hours and peer activities	4
approach to ongoing education and learning opportunities	· ·

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

Please tell us what other changes or improvements should be made and why: I don't have any issues with this process and feel it works well

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?

I think its great to have the forums and I really enjoyed attending and learnt alot. Its always rewarding to review processes from time to time and are reassured the council is fulfulling the public of NZ with safe and excellant Oral health Professionals