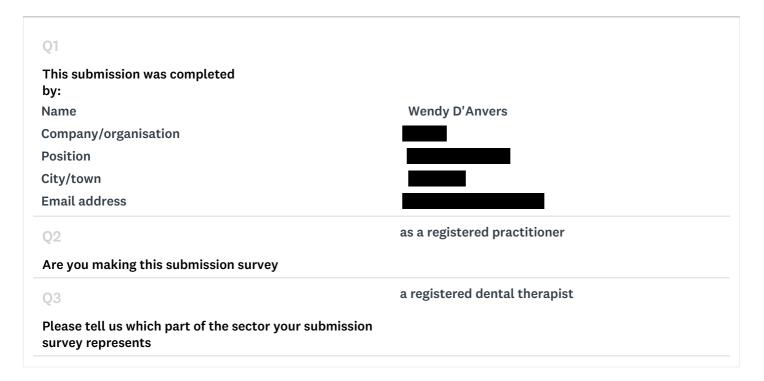


Page 2: Information about the person or organisation completing this submission survey



Page 3: General question about recertification



Page 4: Area for change one: public assurance

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:

Do you think the Dental Council needs to equip patients and the public to recognise poor practise?	Please give your reasons: In some cases, in private practice,expensive options are recommended by dentists when the least expensive, or least invasive options are not offered.
Q6	Yes,
Patients know how to complain about treatment they have received from their practitioner	4
Patients feel confident their practitioner has the knowledge and skills to treat them	6
Patients feel they are treated with dignity and respect at all times	5
Patients needs and concerns are discussed and addressed with their practitioner	2
Patients receive appropriate information about their treatment and care	1
Patients receive the appropriate treatment for their oral health concern or issue	7
Patients are confident their practitioner will not harm them	3

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

Q7	Yes
Do you feel you have adequate information about the Dental Council's approach to regulation?	
Q8	Yes,
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?	Please give your reasons: This would ensure practitioners are made accountable earlier rather than later, and minimalise potential poor outcomes for patients.

Page 6: Area for change three: risk identification

Practice audits, Competence and recertification programmes, Which (if any) of these tools and mechanisms do you think the Dental Council should be using to identify and Practical training/experience for a period of time, manage risk? Supervision, counselling and/or mentoring No Are you aware of any other tools or mechanisms the Dental Council should be using to identify and manage risk? Yes, 011 Please give your reasons: Do you think any of these risk tools or mechanisms are On site audits would identify issues that the more effective than others? practitioner is unaware of and programmes put in placate rectify any shortcomings.

Page 7: Area for change four: early intervention

O12

Yes,

Do you think the Dental Council should explore the use of risk analysis and risk-profiling to identify poor practise sooner?

Please give your reasons:
Less potential harm to the patients.

Page 8: Area for change five: compliance

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

Please give your reasons:
People,by nature, respond to positive incentives as opposed to negative threats.

Monitor repeat offenders.

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

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

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

Please tell us what your preferred increase/decrease in hours is and why:

A lot of CPD is repetitive, and seminars struggle to present new or interesting topics which haven't been thrashed to death in the past.

No - the cycle length is about right Do you think the Dental Council should change the current length of its education and learning opportunities (CPD) cycle? 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 Changing the current length of the education and 1 learning opportunities (CPD) cycle Permitting practitioners to set their own hours of 3 education and learning opportunities and quantity of peer activities Removing the requirement to have verifiable education 2 and learning activities Requiring practitioners to maintain an accurate record 6 of their education and learning activities Permitting practitioners to choose some of their 7 education and learning opportunities from prescribed categories Permitting practitioners to choose all of their education 8 and learning opportunities from prescribed categories Setting some mandatory education and learning 5 opportunities based on the Dental Council's Practice **Standards** Yes - but only minor changes or 018 improvements

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: identify the most frequent causes for complaints and provide educative seminars on those topics. That would be most effective providing you get a good attendance.

Page 10: Final thoughts and comments

Q19 No

Do you have any other comments, suggestions or information you want to share with the Dental Council about recertification?