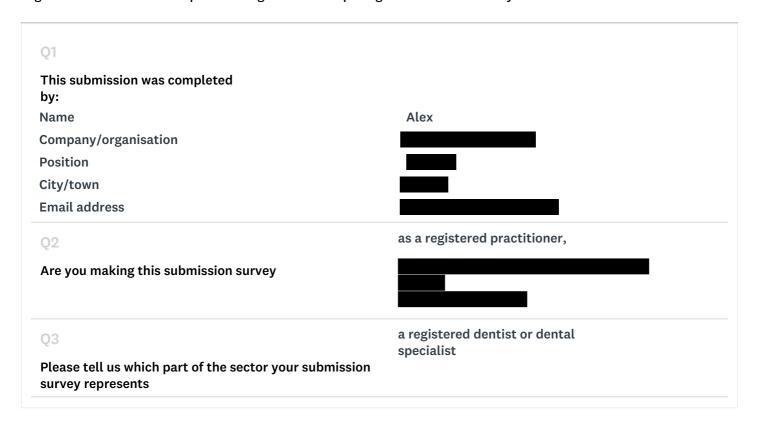
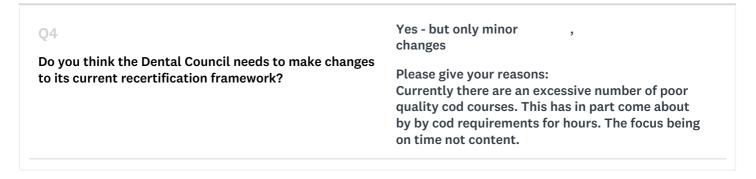
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Page 2: Information about the person or organisation completing this submission survey



Page 3: General question about recertification



Page 4: Area for change one: public assurance

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:

Q6

No

No

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

patients and the public to recognise poor practise?

Do you feel you have adequate information about the Dental Council's approach to regulation?

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?

Page 6: Area for change three: risk identification

Practice audits, Practice questionnaires, Inquiries such as those under section 36 of Which (if any) of these tools and mechanisms do you the Health Practitioners Competence Assurance think the Dental Council should be using to identify and Act 2003 manage risk? Risk factors for practitioners, Competence and recertification programmes, Practical training/experience for a period of time, Course of instruction, Supervision, counselling and/or mentoring No Q10 Are you aware of any other tools or mechanisms the Dental Council should be using to identify and manage risk?

Q11

No

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

Page 7: Area for change four: early intervention

012

No

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

Page 8: Area for change five: compliance

Q13

No

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

**Q14** 

Respondent skipped this

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

Q15

No - the hours are about

right

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

Q16

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?

Q17

018

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?

7

3

2

Changing the current amount of prescribed hours and peer activities

Changing the current length of the education and learning opportunities (CPD) cycle

Permitting practitioners to choose some of their education and learning opportunities from prescribed categories

Permitting practitioners to choose all of their education and learning opportunities from prescribed categories

Setting some mandatory education and learning opportunities based on the Dental Council's Practice **Standards** 

> Yes - but only minor changes or improvements

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

learning process?

Page 10: Final thoughts and comments

Respondent skipped this Q19

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