



**COMPLETE**

Collector:

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

**Q1** This submission was completed by:

Name

**Glenda Young**

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 dental therapist**

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::

Many of the VCPD are not achieving learning objectives for our practices. The new frame work is to broad, and any subject / topics can be approved.

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 receive the appropriate treatment for their oral health concern or issue

6

Patients know how to complain about treatment they have received from their practitioner

7

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**Q6** Do you think the Dental Council needs to equip patients and the public to recognise poor practise?

**Yes,**

Please give your reasons::

[Redacted text]

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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,**

Please tell us what additional information you think you require::

I try to read all information coming through my e-mails on consultation documents etc. Not that great on going onto the site though

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**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::

Maybe, something needs to be used to measure understanding and correct actions to situations etc. not interested in examinations unless quick questionnaires.

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,
- Practical training/experience for a period of time ,
- 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 aware of::

In the early days of re certification I believed the formal study groups were a marvelous idea. We had a group which was extremely successful, management did not encourage this, so disbanded. It was a forum of trust, eventually turning into open and honest discussions and problem solving. I would like to see this strongly recommended.

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

**Yes,**

Please give your

reasons::

Practice audits can be a two way process if undertaken by a trained open ended reviewer. Questionnaires are a quick and effective way to gauge understandings and practices. A signed document to see if you have meet all requirements makes this an official true record. Risk factors if written in a correct and easy to follow document may help reflect if there are areas that need improvement. Don` t know about programmes, no information given for me to answer this question. Not interested in fitting in examinations or questionnaires/assessments that are long and time consuming. Practical training would be useful. Not sure what course of instructions mean. Mentoring etc very useful if used correctly and enough time is given. Also management take up the mentors recommendations and not over ride so these new practitioners get thrown into the clinical settings too early

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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::

But need more information on this before I totally agree with what is expected, and how much support the council would give to who and how.

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Page 8: Area for change five: compliance

**Q13** Do you think the Dental Council should explore the use of incentives to encourage practitioner compliance?

**No,**

Please give your

reasons::

Seems an unusual thing to do.

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

Respondent skipped this question

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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**

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

But the interactive peer support is all too often tagged onto a training if questions and answers happen at the end of the presentation. This is not how I feel peer interactions should be.

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**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**

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

Don't agree need to have certificates now that we are fortunate to now have an on line record

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**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 length of the education and learning opportunities (CPD) cycle

8

Removing the requirement to have verifiable education and learning activities

2

Requiring practitioners to maintain an accurate record of their education and learning activities

4

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

6

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

7

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

1

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**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::

Cut out the certificates as recorded online. close gap on topics not so dental learning take advantage of the peer interactive opportunities in a formal setting

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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?

[Redacted]