[redacted]

COMPLETE

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

Q1 This submission was completed by:

Name	**Gary Mitchelmore**
Position	[redacted]
City/town	[redacted]
Email address	[redacted]

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::

Having attended the forum it is clear there are areas in which some modifications are indicated, however the current format is working considerably better, in my view, than the picture painted by those advocating change

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	**7**
Patients receive the appropriate treatment for their oral health concern or issue	**6**
Patients receive appropriate information about their treatment and care	**1**
Patients needs and concerns are discussed and addressed with their practitioner	**2**
Patients feel they are treated with dignity and respect at all times	**3**
Patients feel confident their practitioner has the knowledge and skills to treat them	**4**
Patients know how to complain about treatment they have received from their practitioner	**5**

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

No,
Please give your reasons::
There are existing pathways and systems which manage this now

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::
It's more appropriate than a blanket approach

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 ,

Competence and recertification programmes ,

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?

Respondent skipped this question

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

Yes,
Please give your reasons::
Random audits such as are done now are surely adequate. Having experienced one, I rate it as a pleasant experience and something I am proud of. In my opinion the criteria is also about right. 1 in 100 every year, associated with risk-based assessments where complaints are more frequent, should be cost effective and appropriate

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?

No,
Please give your reasons::
How? There will always be undesirable situations We have to rely on the training system and the "professionalism" if engenders at least to some extent

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::
As before, there should be a sense of professionalism and incentive-based compliance would possibly challenge that premise.

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

CPD is a bit maligned. Statements are made suggesting that little is gained by sitting in a lecture/conference room for a day. Yet, some of us who graduated in the 1980s practice almost completely different dentistry now, with posterior composites, molar endodontics, implants and better management of periodontal disease. These changes to our treatment systems advocate that the CPD system is in fact very effective. Maybe, there needs to be some "tightening" of what constitutes effective CPD. But in principle, I believe it has been entirely suitable.

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::

Some of the CPD hours are perhaps of dubious value. A tightening up may be indicated. Also, you could introduce a tiered system, whereby a percentage of the hours must be "hands on" or in a participation scenario (such as small peer groups) as opposed to large scale lectures.

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?

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	**7**
Removing the requirement to have verifiable education and learning activities	**8**
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	**1**
Permitting practitioners to choose all of their education and learning opportunities from prescribed categories	**3**
Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards	**2**

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::

As stated in earlier sections. 1. Make a percentage "hands on" or small group participation 2. Tighten up on some of the non-clinical qualifying hours

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?

CPD has worked well. It has guided major changes to the way we practise dentistry in the thirty years since I graduated. Just make little changes, if you can.