

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

Q1 This submission was completed by:

Name	Poppy Horne
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 dentist or dental specialist
Page 3: General question about recertification	
Q4 Do you think the Dental Council needs to make	Yes - but only minor

changes

Page 4: Area for change one: public assurance

changes to its current recertification framework?

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

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

Yes,

Please give your

reasons::

Yes, because it is important for people to realise if something is substandard. But the worrying side of this is that people will become vigilantes and impact on dentists wellbeing when complaints occur about work that is not in fact poor practise.

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?

No,

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

I don't know much about the process other than that practitioners can be reviewed to assess their competence

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

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 questionnaires

Risk factors for practitioners,

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::

Feedback from peers/patients

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

Yes,

Please give your

reasons::

I think that some of these mechanisms would be very expensive and difficult to implement

Page 7: Area for change four: early intervention

Q12 Do you think the Dental Council should explore the No use of risk analysis and risk-profiling to identify poor practise sooner?

Page 8: Area for change five: compliance

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

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

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::

It is an attainable

goal

Q16 Do you think the Dental Council should change the current length of its education and learning opportunities (CPD) cycle?

Yes - the cycle length should be decreased

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

3 year cycle is good because it is not too short but still allows enough time to collect CPD hours based upon courses that are of interest to the practitioner.

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 2 activities 1 Changing the current length of the education and learning opportunities (CPD) cycle Permitting practitioners to set their own hours of education and 6 learning opportunities and quantity of peer activities Removing the requirement to have verifiable education and 8 learning activities Requiring practitioners to maintain an accurate record of their 7 education and learning activities Permitting practitioners to choose some of their education and 3 learning opportunities from prescribed categories Permitting practitioners to choose all of their education and 4 learning opportunities from prescribed categories 5 Setting some mandatory education and learning opportunities

Q18 Do you think the Dental Council needs to make any other changes or improvements to the ongoing education and learning process?

No - it works well as it

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Page 10: Final thoughts and comments

based on the Dental Council's Practice Standards

Q19 Do you have any other comments, suggestions or information you want to share with the Dental Council about recertification?

Respondent skipped this question