

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

Q1: This submission was completed by:	
Name	Samaria Prime
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 hygienist,
	a registered dental therapist
PAGE 3: General question about recertification	

No - it works well as it is

PAGE 4: Area for change one: public assurance

Q4: Do you think the Dental Council needs to make 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:

improvement and seven being the component you think	• . ,
Patients are confident their practitioner will not harm them	4
Patients needs and concerns are discussed and addressed with their practitioner	6
Patients feel they are treated with dignity and respect at all times	5
Patients know how to complain about treatment they have received from their practitioner	3
Q6: Do you think the Dental Council needs to equip	No,
patients and the public to recognise poor practise?	Please give your reasons: I think this sort of "power" could be used to spite a clinician who may not have done wrong. If anything we should somehow screen our clinicians competencies, or be more strict on the recertification end

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	Yes,
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: It may help us understand everything in a better way
AGE 6: Area for change three: risk identification	
Q9: Which (if any) of these tools and mechanisms do	Practice audits, Practice questionnaires,
you think the Dental Council should be using to identify and manage risk?	Risk factors for practitioners,
	Competence and recertification programmes,
	Examinations and assessments,
	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?	No
Q11: Do you think any of these risk tools or mechanisms are more effective than others?	Yes,
	Please give your reasons: I think clinical audits would be the most effective because it has the clinician being observed in their place of work. So it would more likely identify gaps in their practice if any
AGE 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: I'm not sure I understand what this means

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

No.

Please give your reasons:

Practitioners shouldn't need incentives to comply. They are dealing with people's health. Therefore, if their job satisfaction isn't enough, then maybe they shouldn't be in the profession

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

Unsure

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: I think the number of hours is fine. But I wonder if it may be beneficial to state that a certain number of hours must be on cultural competence. And another number of hours on materials etc

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?

opportunities (CPD) cycle	
Removing the requirement to have verifiable education	

.. ...

8

2

and learning activities

Permitting practitioners to choose some of their education

4

and learning opportunities from prescribed categories

Permitting practitioners to choose all of their education

6

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

and learning opportunities from prescribed categories

1

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:

Specify an amount of hours for certain categories

Specify an amount of hours for certain categories. Such as cultural competence, clinical competence, materials, patient management etc

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?

Respondent skipped this question