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

Q1 This submission was completed by:

Name	Angela Maxwell-McRae
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? **No - it works well as it is**
Please give your reasons:
The current process encourages practitioners to keep up to date without it being too difficult to meet obligations.

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: **Respondent skipped this question**

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

No,

Please give your reasons::

This seems like it would be incredibly difficult to achieve. It is probably more likely that other practitioners would pick up poor practice so maybe there needs to be a clearer pathway for practitioners to use if they have concerns about a fellow practitioner. Poor practice is also quite subjective and it is hard to pass judgement if you weren't there when the treatment was done. There are many factors that can be involved . In my experience patients and the general public do not always understand what they are told and sometimes only hear what they want to hear.

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 am very unsure of what changes are proposed.

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?

Please give your reasons::

I really don't know what that means

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 ,

Inquiries such as those under section 36 of the Health Practitioners Competence Assurance Act 2003

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Competence and recertification programmes

Q10 Are you aware of any other tools or mechanisms the Dental Council should be using to identify and manage risk?

No,
Please tell us about other tool/s or mechanism/s you are aware of::
Some of the above in question 9 would seem to be more useful for remediating once a risk had been identified rather than identifying risk in the first place. In my mind they are completely separate things and should be looked at separately. I would say identifying risk, managing risk and remediating risk are three separate areas.

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

Please give your reasons::
As above this all seems a bit vague. What is effective for identifying risk is different from what is effective for managing risk or remediating once risk has been identified

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::
Again I think that this would be incredibly difficult to implement. It would also seem that it could be wasteful as the vast majority of practitioners are doing a fantastic job.

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::
I would think that as a professional I do not need incentives to act in a professional manner. Complying with Dental Council guidelines is mandatory.

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::
The hours are achievable at present.

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::

4 years gives the ability to do slightly more or less in a year to fit in with the ups and down of life.

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?

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

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 is

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