



COMPLETE

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

Q1 This submission was completed by:

Name	Tracy Haggerty
Company/organisation	[Redacted]
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:

There is a limit to what we have time for , I'm a mother of 3 , run a dental practice and have interests outside of dentistry to keep my life in balance . By imposing more measures , more cost , less working hours only creates more pressure for us . The dentists I know already feel we are under pressure.

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 **5**
- Patients receive the appropriate treatment for their oral health concern or issue **7**
- Patients receive appropriate information about their treatment and care **1**
- Patients needs and concerns are discussed and addressed with their practitioner **3**
- Patients feel they are treated with dignity and respect at all times **4**

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

No,
Please give your reasons::
The public are not stupid , they have so much data available to them from all different places , most have in depth knowledge of procedures from the internet . The dental council already costs enough to run and imposes enough on the profession sometimes in a way that is unhelpful and then retracts things such as the level of resus training required for iv sedation . Was considerable study , time and money to get and then was retracted in the next cycle.

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?

No,
Please give your reasons::
Again every 12 months we are given all the information the council wants us to know and sign that we understand , just how much more can you inforce the same stuff . I assume dentists are intelligent enough to read the "living document "

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

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? **No**

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**

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::

The dental council is seen as punitive by dentists as it is , most of us don't want to be involved with them at all , don't want to be singled out or written to . We just want to get on with making a living for our families and providing the best care we can . Look at the radiation Licience for instance paid it for 15 years to some authority we only seen once in a blue moon to talk down to us like we were idiots and they disrupted our work hours , now it's just gone ????? Looks like a great way to make money for no advantage to the public because there was never an issue with dentists and radiography anyway .

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

Stop moving the goal posts to impossible and impractical levels , like resuscitation levels in the past or making so many changes to living documents that dentists become frustrated and annoyed . If it's not broken don't muck with it

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 feel the hours are about right , however they could be less . It's expensive to get to these courses and pay for them . Some are rehashed over and over and you find yourself sitting in them just to get the points . everyday dentistry doesn't change that much over a 4 year period , it's mostly about products and sponsors does it really provide platforms for continuing education ? Does it add value or change ideas ? Does it need to be the vast majority of dentists doing a more adequate job will education improve their performance significantly. Some personalities will be loose and some uptight and will reflect in the way they practice .

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	7
Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities	1
Removing the requirement to have verifiable education and learning activities	3
Requiring practitioners to maintain an accurate record of their education and learning activities	6
Permitting practitioners to choose some of their education and learning opportunities from prescribed categories	4
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

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

Respondent skipped this question
