



**COMPLETE**

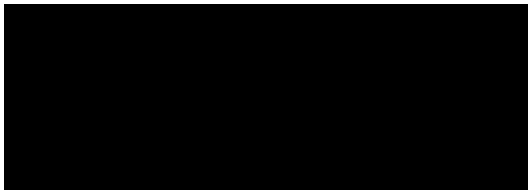
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Page 2: Information about the person or organisation completing this submission survey

**Q1** This submission was completed by:

Name

**Karen harris**

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 changes to its current recertification framework?

**Respondent skipped this question**

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 feel they are treated with dignity and respect at all times **5**

Patients feel confident their practitioner has the knowledge and skills to treat them **3**

Patients know how to complain about treatment they have received from their practitioner **4**

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

**Yes,**  
Please give your reasons:  
Patients often have no idea about dental treatment. They often believe if you have a dental degree the dentist must be competent in all areas of dental treatment which is not always the case.

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**

**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?

**Respondent skipped this question**

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

**No**

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

**Respondent skipped this question**

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?

**Yes**

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**

**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**

**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::  
 2 years education and peer contact should be more constant . A shorter cycle would encourage dentists to be more regular attendees at courses

**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 **3**
- Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities **6**
- Requiring practitioners to maintain an accurate record of their education and learning activities **2**
- 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 **8**
- Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards **4**

**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**

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

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