



**COMPLETE**

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

**Q1** This submission was completed by:

Name

**Robyn Murray**

Company/organisation



Position



City/town



Email address



**Q2** Are you making this submission survey

If group, company or organisation, please specify::

This was a joint effort by Susan Allen Dental Therapist Hokitika and myself

**Q3** Please tell us which part of the sector your submission survey represents

**a registered dental therapist**

Page 3: General question about recertification

**Q4** Do you think the Dental Council needs to make changes to its current recertification framework?

**Yes - but only minor changes** ,

Please give your reasons::

Number of hours per year for verified learning need to be reduced See question 15

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	<b>4</b>
Patients receive the appropriate treatment for their oral health concern or issue	<b>2</b>
Patients receive appropriate information about their treatment and care	<b>1</b>
Patients needs and concerns are discussed and addressed with their practitioner	<b>3</b>
Patients feel they are treated with dignity and respect at all times	<b>6</b>
Patients feel confident their practitioner has the knowledge and skills to treat them	<b>5</b>
Patients know how to complain about treatment they have received from their practitioner	<b>7</b>

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

**Yes,**

Please give your reasons::

Patients do not always understand poor practice. This is just an example. I have spoken with a dentist assistant who worked for a number of years with a great variety of dentists. She witnessed poor practice from some of these and dealt repeatedly with patients complaining of ongoing pain. She knew exactly why, as she had been there when the dentist for example did not line cavities standard or deep and placed amalgam fillings. The patients were coming back with pain with hot and cold unaware that the dentist was not following the guidelines for the placing of amalgam fillings. She was in a very difficult position. Another example is cross infection. Patients don't know what the standards are.

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::

Some of the information is too general from what we could find on the website and, a lot is not applicable to our practice. The information needs to be better suited to each specific area.

**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,**  
Please give your reasons::  
It would give clarity and direction if unsure about things in a clear and concise manner.

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**  
**Risk factors for practitioners,**  
**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?

**Yes,**  
Please give your reasons::  
Supervision. We have a fairly robust system within the DHBs. It is good to be able to talk with our Public Health Dentist about areas of our practice. It is easy to fall into patterns that are not maintaining our standards. It has been helpful to have (self audit) tools to use to see how we as a practitioner are doing eg we have one to do for radiography which has been really helpful. Reflective practice is another.

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,**  
Please give your reasons::  
It's easier to fix something earlier than later.

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::

As a professional practitioner you shouldn't require incentives to comply. It should be a given. I think though that if some standards are going to be raised that practitioners need to be aware well ahead of time to give them time to comply. For example if it became compulsory to have instrument washers that plenty of notice be given so practices could budget for this.

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

Perhaps reminders occasionally like a compliance check list. There is so much to remember that when one is busy on a day to day basis sometimes things do get forgotten.

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?

**Yes - the hours should be decreased** ,

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

Formatted on line learning like Health Learn takes less time now. Previous learning eg. infection control would take an hours time at a lecture. Doing it on line now takes less than 30 minutes. It is not the amount of time we take but the value of the subject matter as it applies to our practice - that is more important. Peer Activities should stay the same as it is important to interact with your peers.

**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::

I feel it should not be increased as if someone is not complying it gives a longer noncompliance period before it is discovered.

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

**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::

Whew! This has taken a lot of time and thought. Maybe we are a bit slower than the average survey taker. We find the prioritizing questions difficult. In a nutshell we feel the current hours need reducing, the length of the cycle remain the same and the number of peer activities. We would like to be able to choose subject appropriate to our specific profession. It would be counterproductive to remove verified learning altogether and to let practitioners choose will nilly what subjects they want. It needs to be appropriate to their scopes of practice.

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?

Supervision, counselling mentoring and guidance are seen by us as very important for all practitioners to a degree. It is especially important for new graduates, people returning to practice and those coming from overseas. A note to survey monkey. When a surveyor is filling in the boxes it would be helpful to view the whole text not just the line you have typed. Maybe I just don't know how to work it!! Thank you Dental Council for your time and for giving us the opportunity to contribute to this process