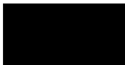

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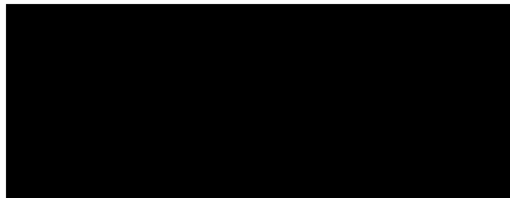

Page 2: Information about the person or organisation completing this submission survey

Q1 This submission was completed by:

Name	**New Zealand Dental and Oral Health Therapists Association**
Company/organisation	
Position	**Board**
City/town	**National**
Email address	

Q2 Are you making this submission survey

on behalf of a company or organisation ,
If group, company or organisation, please specify::
NZDOHTA

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

a professional association

Page 3: General question about recertification

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

Yes - it needs to make substantive changes ,
Please give your reasons::
The current system of verifiable CPD hours is an arbitrary measure and provides no assurance to the public that the practitioner is keeping current, confident and competent.

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

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

Yes,
Please give your reasons::
There is a stark difference between the opportunities provided to the public to recognise poor practise in public and private settings. In public health settings, the pathways to making a formal complaint are clear and there are robust systems that address the complaints. In private settings, patients are generally not advised of their rights and don't have access to patient advocates. There are no streamlined or validated systems to address complaints in private settings

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::
There are a number of council standards and codes that are important but can be confusing to practitioners as it is scattered throughout the council website. A checklist of essential codes/practice standards is recommended.

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::
We support the risk profiling of practitioners as long as it does not violate section 65 of the Human Rights Act. The risk profile should not directly or indirectly discriminate practitioners. We strongly recommended that practitioners are part of at least one recognised professional association. We also recommend credentialing of practitioners and practices similar to GP practices undergoing accreditation with respective PHOs. We also recommend a three year staggered audit cycle that requires every practitioner to undergo an audit. This ensure that the same practitioner is not selected based on the current 10% selection criteria.

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 ,

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?

Yes,
Please tell us about other tool/s or mechanism/s you are aware of::
Credentialing Compulsory internship year Nursing entry into practice program Pharmacy intern year and examination process

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

Yes,
Please give your reasons::
Credentialing and internship year programs have been proven successful for other professions in NZ

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::
As responded earlier

Page 8: Area for change five: compliance

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

Yes,
Please give your reasons::
Lower disciplinary levies for competent practitioners that are engaged with their professional associations, have no previous complaints and score favourably in the risk profiling tool. A 12 month APC payment plan for low risk practitioners

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::
Hours are about right but the way the practitioner accesses those hours could be better prescribed. e.g. a balance of hours from clinical and non clinical areas.

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

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?

Statement	Rank
Changing the current amount of prescribed hours and peer activities	**4**
Changing the current length of the education and learning opportunities (CPD) cycle	**5**
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	**8**
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	**7**
Permitting practitioners to choose all of their education and learning opportunities from prescribed categories	**3**
Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards	**1**

Q18 Do you think the Dental Council needs to make any other changes or improvements to the ongoing education and learning process?

Yes - it needs to make substantive changes or improvements

,

Please tell us what other changes or improvements should be made and why::

DCNZ should consider the similar approach that Australia, UK and United States has and make it compulsory to have practitioners belong to at least one professional association. DCNZ can then work more closely with the associations to ensure that practitioners and the public are kept safe in accordance with HPCA Act 2003.

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