



**COMPLETE**

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

**Q1** This submission was completed by:

Name	<b>Riaan</b>
Company/organisation	
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? **No - it works well as it is**

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 receive appropriate information about their treatment and care **5**
- Patients feel confident their practitioner has the knowledge and skills to treat them **7**
- Patients know how to complain about treatment they have received from their practitioner **6**

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

**Yes,**

Please give your reasons::

Actually yes and no. If someone is unhappy, they will find a way to complain and look for the right channel to follow. If the complaints process is overly advertised it will create a situation where it is almost too easy to complain. Then a patient will complain for any small issue, without first discussing the matter with the treating provider to see if it can be resolved without a formal complaint.

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?

**Yes**

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**,  
**Risk factors for practitioners**

**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? **Yes**

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

**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?

CPD should only be earned through peer contact and certain online courses. I dont think journal questionnaires should count.