



COMPLETE

Collector:

Started:

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Time Spent:

IP Address:



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

Q1 This submission was completed by:

Name

gregory annabelle

Company/organisation



Position



City/town



Email address



Q2 Are you making this submission survey

as a registered practitioner,

If group, company or organisation, please specify::



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

a registered clinical dental technician

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::

havent forseen any ideas that could improve this system, maybe some improvement on rules around woman who have babies and need to reenter into the job stream , they need to know how long they can stay out of certification before they have to resit exam if out to long during the first few years

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 the appropriate treatment for their oral health concern or issue **6**
- Patients receive appropriate information about their treatment and care **7**
- Patients know how to complain about treatment they have received from their practitioner **3**

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

No,
Please give your reasons::
A wise practitioner would cover his or her attempts to enhance the work offered with great back up paper work to help the patient remember to what has been said to them before work progress begins , during treatment and after treatment to protect both parties.

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?

Yes,
Please give your reasons::
all work to help inform patients is a good thing

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 ,
Competence and recertification programmes

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,
Please give your reasons::
i dont like the word profiling, through the year at the dental conference people who attend" get help" aplenty to continue to improve systems, this attendance I would like to think it inspires those practices

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::
yes this may help people to tidy their behaviours

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

make them attend conferences ,not just hide behind a computer screen

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::
from what i have seen this amount is correct as many people are talking to other peers in regarding courses so i have heard disscussion aplenty in new subject matters and old subjects revisited with i,provements listed to reshape ideas once back in practise

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::
the cycle lenght is good now

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?

Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities	2
Removing the requirement to have verifiable education and learning activities	8
Requiring practitioners to maintain an accurate record of their education and learning activities	1
Permitting practitioners to choose all of their education and learning opportunities from prescribed categories	4
Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards	5

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
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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?

just take care of women who have babies then reenter again into work force