

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

Q1 This submission was completed by:	
Name	Fiona Bailey
Company/organisation	
Position	
City/town	
Email address	
Q2 Are you making this submission survey	as a registered practitioner
<b>Q3</b> Please tell us which part of the sector your submission survey represents	a registered dentist or dental specialist
Page 3: General question about recertification	
<b>Q4</b> Do you think the Dental Council needs to make changes to its current recertification framework?	Yes - but only minor changes

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	4
Patients receive the appropriate treatment for their oral health concern or issue	7
Patients receive appropriate information about their treatment and care	6
Patients needs and concerns are discussed and addressed with their practitioner	5
Patients feel they are treated with dignity and respect at all times	3
Patients feel confident their practitioner has the knowledge and skills to treat them	2
Patients know how to complain about treatment they have received from their practitioner	1
<b>Q6</b> Do you think the Dental Council needs to equip patients and the public to recognise poor practise?	Yes, Please give your reasons:: Of course, but how do patients assess the quality of practise accurately?

Page 5: Area for change two: right-touch risk-based regulation

<b>Q7</b> Do you feel you have adequate information about the Dental Council's approach to regulation?	Yes
<b>Q8</b> 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?	<b>No,</b> Please give your reasons:: Too complicated.

Page 6: Area for change three: risk identification

<b>Q9</b> Which (if any) of these tools and mechanisms do you think the Dental Council should be using to identify	Practice , audits Inquiries such as those under section 36 of the Health Practitioners Competence Assurance Act 2003	
and manage risk?		
	3	
	Risk factors for practitioners,	
	Competence and recertification , programmes	
	Practical training/experience for a period of, time	
	Supervision, counselling and/or mentoring	
<b>Q10</b> Are you aware of any other tools or mechanisms the Dental Council should be using to identify and manage risk?	Νο	
Q11 Do you think any of these risk tools or mechanisms	Yes,	
are more effective than others?	Please give your reasons::	
	Direct, in depth, supervision, there is no substitute for	
	watching someone at work. Direct auditing at the practice	
	would also be much more effective than a questionnaire.	
Page 7: Area for change four: early intervention		
<b>Q12</b> Do you think the Dental Council should explore the use of risk analysis and risk-profiling to identify poor practise sooner?	<b>Yes,</b> Please give your	
אומטושב שטוופו י	reasons::	
	Act on	

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::

Maybe disincentives not incentives. Practitioners should comply with Codes of Practice as a given. If they do not comply there should be consequences. There appears to be no sanctioning of practitioners who do not comply. No enforcement of minimum standards...all is left up to the public to discern whether or not their practitioner is up to scratch. How would the DCNZ accurately assess compliance? Random practice audits, 24hours notice, maybe that is what we need. **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

<b>Q15</b> 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:: The 20 hours a year are easily attainable for the average practitioner.
<b>Q16</b> 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 current cycle length allows for peeks and troughs from year to year.

**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?

Removing the requirement to have verifiable education and <b>8</b> learning activities	3
-	
any other changes or improvements to the ongoing education and learning process?	<b>Io - it works well as it</b> , <b>s</b> Please tell us what other changes or improvements should be made and why:: mprovements need to be made in the registration examinations for overseas graduates. The program for egistration needs to be more in line with the final year BDS testing program.

## Page 10: Final thoughts and comments

Q19 Do you have any other comments, suggestions or	Respondent skipped this question
information you want to share with the Dental Council	
about recertification?	