



COMPLETE
 [Redacted Name]
 [Redacted Address]

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

Q1: This submission was completed by:

Name	Ray Barakauskas DDS
City/town	[Redacted]
Email address	[Redacted]

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,
 Please give your reasons:
 The continuing education system with its CE number issued at the end of a session is reasonably robust. If you want to make it stronger for conventions, then you could use a scan in/scan out attendance card similar to that used in Ontario for Core 1 courses.

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 needs and concerns are discussed and addressed with their practitioner | 4 |
| Patients feel they are treated with dignity and respect at all times | 1 |
| 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 | 3 |

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

No,

Please give your reasons:
Other than providing information as to how to register a complaint, or concern, there is no reason to do more.

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?

No,

Please give your reasons:
We are a profession that is supposed to do what is in the best interests of our patients. If this is not taught at the dental school, no amount of paperwork/guidelines and regulation can correct that.

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

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,

Please give your reasons:
The biggest problem with audits and assessments is "Who assesses the assessors? There is a huge level of scepticism regarding that approach.

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:
Who are the people that will be doing the risk analysis and profiling?

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:
We are supposed to comply with all reasonable standards of care already!

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

This is a leading 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:
Decreasing is not wise. The hours can be met relatively easily. Increasing hours is a problem because of the limited amount of quality education available in NZ. I would like to see all presenters forced to declare conflicts of interest and sponsorship deals at the start of each presentation. This is a requirement in North America.

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?

Removing the requirement to have verifiable education and learning activities 8

Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards 7

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:
Conflicts of interest and sponsorship deals should be declared by all speakers at the start of their presentation. This should be mandatory!

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?

Another leading question?