



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

**Q1** This submission was completed by:

Name	<b>Brynley Pearce</b>
Company/organisation	[REDACTED]
Position	[REDACTED]
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 clinical dental technician**,  
**a registered dental technician,**  
**an education provider**

Page 3: General question about recertification

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

Please give your reasons::

I believe the current practice of CPD attainment is a necessary requirement, that ensures that at least a minimum level of ongoing educational involvement is attained to the appropriate standards, that ensure the clinician/technician is knowledgeable of their practice, ethical and moral obligations toward their public and profession. Also, as long as the providers of the CPD are not biased toward a specific product, and are educational in either broad technical or clinical aspects, and up to best standards practice, then this is sufficient.

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

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

**No,**

Please give your reasons::

1. The public already have consumer rights avenues to follow for complaints - Small claims courts.
  2. The 2003 Health Act covers their rights.
  3. The Dental Council to act as an advisory body.
  4. The NZIDT currently acts to mediate between patients and practitioners where grievances are concerned, and most if not all, complaints are resolved between the respective parties at this level or any of the others mentioned.
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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**

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**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?

Please give your reasons::  
 Each practitioner could be encouraged to develop a good management practice outline, that covers their intentions with regard to: 1. The clinicians ongoing education 2. Time management of each client - Practitioner determined, not manager or owner (Current owners/managers sometimes place unrealistic and dangerous expectations on their employed clinicians) 3. Record keeping: patients files, H & E, consent 4. Patients privacy 5. Treatment planning 6. Referrals 7. Communications with the patient 8. Conclusion of treatment 9. Remedial action 9. Cross infection control plan 10. Patient access to their own file if necessary 11. Complaints/mediation. If these practices were to be adopted by all, forming individual Good Management Practice/Risk Analysis Plan, there would be little or no need to have an ambulance at the bottom of the cliff approach.

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** ,  
**Competence and recertification programmes** ,  
**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::  
 Mentoring Peer assessment Recognising "at risk" practitioners - through frequency of complaints or poor practice methods

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

**Yes,**  
 Please give your reasons::  
 Peer assessment and mentoring are more likely to prevent the need for the ambulance at the bottom of the cliff. Good communications with local dental practitioners would also assist in processes of referral and enquiry, nurturing a supportive and collaborative network.

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::

The Dental Council should encourage the practitioner to co-construct their own risk analysis plan and good management practice that would encompass these elements, making the practitioner ever more aware of their responsibilities and obligations to the patient and themselves.

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::

A discount on APC fees could be applied for practitioners that submit a good management practice and risk analysis plan (GMP/RAP) that is auditable and found to be in good effect. This would encourage all practitioners to reflect critically on their own practices and look for improvement in all areas.

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

To encourage practitioners by becoming a critical friend (Dawn Francis)

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 amount of prescribed hours and peer activities	<b>6</b>
Changing the current length of the education and learning opportunities (CPD) cycle	<b>7</b>
Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities	<b>5</b>
Removing the requirement to have verifiable education and learning activities	<b>8</b>
Requiring practitioners to maintain an accurate record of their education and learning activities	<b>4</b>
Permitting practitioners to choose some of their education and learning opportunities from prescribed categories	<b>3</b>
Permitting practitioners to choose all of their education and learning opportunities from prescribed categories	<b>2</b>
Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards	<b>1</b>

**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**

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

Inclusion of teaching radiology services in the NZ clinical dental technology course would be of great advantage, bringing the qualification into alignment with those currently taught overseas.

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?

None