



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

**Q1** This submission was completed by:

Name	<b>Natalie Heenan</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**

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 know how to complain about treatment they have received from their practitioner **7**

**Q6** Do you think the Dental Council needs to equip patients and the public to recognise poor practise? **No,**  
Please give your reasons::  
The patients are fully aware of their rights. Word of mouth and patient feed back are crucial to any business.

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::

All regulations protect the patient, consumers. More needs to be done to protect providers from unrealistic expectations of patients even after consent and proper communication. Most clinicals and technicians are well supported by dentists.

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** ,

**Practical training/experience for a period of time** ,

**Course of instruction**

**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::

We have Otago dental school teaching our new and up and coming technicians. Can't hands on courses be provided to up skill or provide practical training if lacking

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

**Yes,**

Please give your reasons::

As soon as mentoring, competence inquiries or auditing processes occur you produce an environment of us and them. We should be supporting each other, while providing treatment. Nothing can prepare you for a maladaptive patient except hands on experience.

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::

Due to the competitive nature of our business within the market place results can be incorrect

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::  
Incentives could be used to gain higher standards.

**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**  
Please tell us what your preferred increase/decrease in hours is and why::  
We want to provide could customer service without to many interruptions

**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                                | <b>8</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?

**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?

**Respondent skipped this question**