



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

**Q1** This submission was completed by:

Name	<b>Martin Geddes</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 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? **Yes - but only minor changes** ,  
Please give your reasons::  
Generally the system seems to work well but needs to be flexible to cope with dynamic profession

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: **Respondent skipped this question**

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

**Yes,**  
Please give your reasons::  
practitioners should be accountable to their patients but scrutiny of practise has to be reasonable.

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?

**No,**  
Please tell us what additional information you think you require::  
publish information to practitioners about the practice audits performed in the previous year.

**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::  
Helpful for practitioners

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** ,  
**Practice questionnaires** ,  
**Risk factors for practitioners,**  
**Supervision, counselling and/or mentoring,**  
**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?

**Yes,**  
Please tell us about other tool/s or mechanism/s you are aware of::  
formal mentorship for new graduates such as Vocational Training.

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

**Respondent skipped this question**

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?

**Yes,**  
Please give your reasons::  
poor practise should be identified at the earliest opportunity.

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::  
If compliance is achieved then practices should be able to advertise this. the difficulty would be determining if a practitioner is 100% compliant or perhaps only 99% since there is no definitive way of giving a numerical measurement of compliance.

**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**

**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>8</b>
Requiring practitioners to maintain an accurate record of their education and learning activities	<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 - but only minor changes or improvements**

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

Approved and compensated CPD for ACC and OHSA subjects(akin to UK section 63). Constructive audits that will help practitioners achieve compliance...perhaps requested rather than imposed. Consultation with patient advocacy groups. Check on the CPD and registration expectations of overseas authorities so as to have a better understanding of the compliance risk of immigrant practitioners. ( UK dentists are mostly familiar with the dental reference officer system )

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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?

consider dental assistants registration.

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