



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

Q1 This submission was completed by:

| | |
|----------------------|---------------------------------|
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| Company/organisation | [REDACTED] |
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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 dental technician**

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::

Recertification should measure maintained or improved competency in a specific scope of practice. The current CPD process does not do that. However, CPD in a revised form may be effective.

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

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

Yes,

Please give your reasons::

Making people aware of where to go if they are suspecting poor practise will ensure better communication and possibly resolve minor issues before it becomes a risk.

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?

Yes,

Please give your reasons::

If this process is positively approached, it may provide a framework of support rather than being punitive.

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 ,
 Inquiries such as those under section 36 of the Health Practitioners Competence Assurance Act 2003 ,
 Risk factors for practitioners,
 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::
 Internal mediation and complaints management currently offered by industry Associations.

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

Yes,
 Please give your reasons::
 Recurrent issues with practitioners are recorded within the Association Mediation committee. These practitioners could be identified as a possible risk and a rehabilitation programme could be offered to improve their standard.

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::
 Advanced identification of a possible risk is a better way of addressing a potential problem, rather than waiting for the problem to occur.

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::
 Low risk practitioners demonstrating continued compliance should be less likely to be audited.

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

Do not use a "blanket" recertification system for all registered practitioners. Some areas, such as the Dental Technology scope of practice are very unlikely to cause harm to the public as direct patient contact is minimal and prosthetic work quality must be ensured by the dental practitioner before insertion/cementation.

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?

Yes - the hours should be decreased

Please tell us what your preferred increase/decrease in hours is and why::

Dental Technicians have less of an influence on public safety as their work is monitored by the prescribing dentist, specialist, etc. We should not lose sight of the fact dental work coming in from overseas has no regulations applied to it from New Zealand. We should also try and avoid placing further obstacles that may force them to de-register. However they do carry out some restricted activities such as repairs and shade taking, so competency and compliance in these areas will be required.

Q16 Do you think the Dental Council should change the current length of its education and learning opportunities (CPD) cycle?

Yes - the cycle length should be decreased

Please tell us what your preferred increase/decrease in cycle is and why::

A two year cycle will provide enough time for a practitioner to schedule required activities, but it does not allow too much time to lapse in the case where a practitioner may be identified as one in need of support.

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

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::

Structured courses with defined outcomes should play a more prominent role.

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?

Develop a structure in which unregistered Dental Technology practitioners could be regulated..