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

Q1 This submission was completed by:

Name	**Ann Oommen**
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::

I do not feel the case demonstrating harm from the current system is strong enough, as put forward by the Council, but I do think we can undertake the process in a more simplified targeted way. The council or regulatory body needs to regulate the awarding of CPD credits to good quality courses and / or lectures. The CPD undertaken should be current and relevant to the practitioner's practice.

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	**5**
Patients receive the appropriate treatment for their oral health concern or issue	**1**
Patients receive appropriate information about their treatment and care	**2**
Patients needs and concerns are discussed and addressed with their practitioner	**3**
Patients feel they are treated with dignity and respect at all times	**6**
Patients feel confident their practitioner has the knowledge and skills to treat them	**4**
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::
It would be very subjective. As patients do not have relevant dental training, they will not be able to identify deficiencies in the practitioner. They will only notice something if the outcome affects them in some way.

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::
It is difficult to use a simple risk pyramid for a complex issue as there are a lot of factors that affect the level of risk. Currently, I do not feel that the council has sufficient data to create a relevant risk pyramid / matrix or to identify the factors affecting risk.

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,
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::
Improve the quality of CPD courses, weed out and avoid awarding CPD credits to poor quality courses. The CPD undertaken should be current and relevant to the practitioner's practice Supervision and mentoring should be mandatory for all new practitioners

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

Yes,
Please give your reasons::
Direct, in depth, supervision, there is no substitute for watching someone at work. Direct auditing at the practice would be much more effective than a questionnaire.

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 very term "poor practise" signals a heavy reliance on interpretation that is subject to the whim of societal changes. Similarly risk analysis or risk profiling would give widely varying inferences, depending on the parameters thrown at the data set. Given the potential for severe consequences to practitioners, the profession needs something more robust and transparent.

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::
The existing level of compliance is a result of professional culture. anything that enhances this, would enhance patient safety much more reliably than the collection of CPD points. Professional isolation and misleading product marketing are the main contributors to poor performance.

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

Council should consider encouraging self invited peer audits and practice audits.

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?

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

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::

The council or regulatory body needs to regulate the awarding of CPD credits to good quality courses and / or lectures. The CPD undertaken should be current and relevant to the practitioner's practice - should be linked to Scope of Practice The Scope of practice needs to be redefined, where the placement of fixed Orthodontic appliances, implants etc should not fall under the purview of General Dental Practice.

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