



COMPLETE

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

Q1: This submission was completed by:

Name	Peter Kim
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:
Yearly re-certification is too short a span - causing more unnecessary paperwork for both the council and the practitioners Like a drivers licence it should be age specific and younger clinicians should benefit from longer certification periods than older dentists as it is assumed the theories and practices from newer grads are more current and more open to changes than the older generation dentists

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	2
Patients receive appropriate information about their treatment and care	1
Patients needs and concerns are discussed and addressed with their practitioner	3
Patients feel they are treated with dignity and respect at all times	7
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	6

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

Yes,

Please give your reasons:

Poor practise is a vague and loose term to base a response to this question. However, yes I do believe that repeat offenders / multiple complaints should warrant a service notice for the safety of the public who otherwise may be unaware of the poor practice

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

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

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:
It will take a lot of man power but looking through online reviews of practices and attempting to get in contact with the complainant to verify their claims "Mystery shopper" type assessment on 'red flagged' practices

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

No

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

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

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

Being more open about where the money for the certification is being used and the reasons for the current yearly recertification

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 increased,

Please tell us what your preferred increase/decrease in hours is and why:
80 hours per 4 year cycle is a waste of time to ensure practitioners are continually at the forefront of new research, technology and materials As a young dentist there is a lot of resistance for modern techniques / materials as the older generation are disinterested in continuing education and they can make up for it in 1 or 2 big NZDA style conferences

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:
The converse should apply for registration and CPD. CPD should be renewed every 1-2 years and registration every 3-5 years

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	4
Requiring practitioners to maintain an accurate record of their education and learning activities	6
Permitting practitioners to choose some of their education and learning opportunities from prescribed categories	5
Permitting practitioners to choose all of their education and learning opportunities from prescribed categories	8
Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards	3

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

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