



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

Q1 This submission was completed by:

Name	leah Taylor
Company/organisation	[REDACTED]
Position	[REDACTED]
City/town	[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, 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? **Yes - but only minor changes**,
Please give your reasons::
I believe that CPD plays an important part in maintaining our competence and relevance within the industry. I believe that improvements could be made to the way it is currently structured and implemented.

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	6
Patients receive the appropriate treatment for their oral health concern or issue	4
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	5
Patients feel confident their practitioner has the knowledge and skills to treat them	1
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::
Even an attempt to educate the public on recognising poor practise will not guarantee an adequate understanding. However, educating the public on the avenues they can seek in the event of an issue is necessary.

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::
Associations have their own internal mediation and resolution processes. These are currently under-utilised by the Dental Council. These are good indicators and can aid the Council in recognising potentially problematic practitioners. We would like to work together with the Dental Council to help refine a system that utilises these tools of identification. Ultimately this will benefit the public.

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,
 Practical training/experience for a period of time ,
 Course of instruction ,
 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 resolution and complaints systems already in place Identifying areas of practice that have the greatest numbers of complaints so that more education can be focused on these areas. For example..Immediate Dentures..

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

Yes,
 Please give your reasons::
 The utilisation of Associations, Universities and dental companies to provide front line infrastructure to aid the Dental Council in ensuring public safety. Accreditation for CPD providers to ensure quality and content if necessary.

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::
 Identifying potentially problematic practitioners in advance is beneficial to the public if carried out correctly.

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::
 Practitioners demonstrating good compliance will require less regular audits.

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

Improve communication and transparency within the dental industry. Improve support systems for the potentially problematic practitioners. A reduction in registration fees. These funds could be used to attend courses and training to further improve compliance and skill level.

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::

CDT should have CPD obtained through a combination of lectures, hands on and peer interaction/study / work groups. Dental Technicians are less of a risk to public safety. Reducing CPD hours for DT's may encourage them to stay registered. To ensure public safety surrounding restricted activities, CPD is still necessary

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::

2 year cycle would improve regular course attendance

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

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?

If overseas educators come to NZ to provide short courses, there are currently no systems in place that will allow them to practice in any restricted activities. This can limit the educational value to participants, but more importantly negate the legitimacy of the course and knowledge gained because the overseas educator is technically practicing illegally in NZ. We propose such overseas educators get temporary registration specific for the course being run. Qualification for the temporary registration would need to be improved and a number of systems should be used for this assessment. Qualification, place of qualification, and country of practice could all be considered. The list of qualifying countries/ qualifications over time will become easier as previous acceptance could be used as precedence. Alternatively the OS practitioner would be required to provide proof of good standing with their regulating bodies and that their educational activities in NZ will be supervised by registered NZ practitioners.
