



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

Q1 This submission was completed by:

Name	Tan Nguyen
Company/organisation	Australian Dental and Oral Health Therapists' Association
Position	[REDACTED]
City/town	[REDACTED]
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Q2 Are you making this submission survey

on behalf of a company or organisation ,
[REDACTED]

Q3 Please tell us which part of the sector your submission survey represents

a professional association

Page 3: General question about recertification

Q4 Do you think the Dental Council needs to make changes to its current recertification framework?

Yes - it needs to make substantive changes ,
Please give your reasons::
Recertification should be consistent between Australia and New Zealand as a result of mutual recognition of dental and oral health degrees. This will allow ease of understanding for all dental practitioner disciplines on compliance for both jurisdictions.

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	4
Patients receive the appropriate treatment for their oral health concern or issue	2
Patients receive appropriate information about their treatment and care	3
Patients needs and concerns are discussed and addressed with their practitioner	6
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	7
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::
The consumer often does not have the confidence to make a complaint, or are familiar with the complaints process. The consumer should be empowered to identify and report poor practise.

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::
Our professional association is primarily only aware of issues for the Australian context.

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::
A visual aid would assist both dental practitioners and the consumer to understand the complexity of regulation, and the expected outcomes for managing dental practitioners at-risk for poor practise.

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,
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?

No,
 Please tell us about other tool/s or mechanism/s you are aware of::
 Unable to comment.

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

No,
 Please give your reasons::
 Unable to comment.

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::
 Often a risk-based approach would more appropriately be beneficial based resource allocation, particularly given health practitioners who have a track history of poor practise often continue to remain non-compliant, and continue to put the public at risk.

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::
 Incentives and/or assessment is more likely to drive positive behaviour change.

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

Additional conditions and regular review on compliance may be required for dental practitioners at-risk for poor practise..

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::
The CPD hours should be a risk-based approach. For example, the dentist and dental specialists group should be mandated to complete the highest number of CPD hours given these professional groups are more likely to be at higher risk than any other dental practitioner group to undertake high-risk procedures and impact on public safety.

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

Please tell us what your preferred increase/decrease in cycle is and why::
The cycle is indicative of the risk profile of the dental practitioners scope of practice.

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	3
Changing the current length of the education and learning opportunities (CPD) cycle	5
Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities	2
Removing the requirement to have verifiable education and learning activities	7
Requiring practitioners to maintain an accurate record of their education and learning activities	8
Permitting practitioners to choose some of their education and learning opportunities from prescribed categories	6
Permitting practitioners to choose all of their education and learning opportunities from prescribed categories	4
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?

Yes - it needs to make substantive changes or improvements

Please tell us what other changes or improvements should be made and why::
CPD education activities should be reflective of the individual's scope of 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
