



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

Q1 This submission was completed by:

Name	Praveen Mathew
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::
Changes can be made to CPD requirements

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 receive appropriate information about their treatment and care **6**
- Patients feel they are treated with dignity and respect at all times **2**
- 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::
There is enough material online for a patient to make an informed decision,Unless the practitioner has a significant medical, psychological issue that makes them unfit to 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?

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 ,
Inquiries such as those under section 36 of the Health Practitioners Competence Assurance Act 2003 ,
Practical training/experience for a period of time ,
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

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?

No,

Please give your reasons::

A few submissions by respondents seems to ascribe risk only to an overseas qualified dentist. Risk profiling on such basis will definitely be discriminatory. Also sole practitioners in isolated towns are likely to be at the apex of any risk pyramid and will further drive away young dentists from small towns and rural areas and into corporate dentistry with the public being the loser in terms of affordability of dental care. Unless regulation is of "the right touch" the risk of denying dental care of any kind to a large segment of the NZ population in particular Maori and Pacific Islander groups always exists.

Page 8: Area for change five: compliance

Q13 Do you think the Dental Council should explore the use of incentives to encourage practitioner compliance? **No**

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

More regulation of CPD . CPD should not be just provided by industry groups.

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::

More increase in CPD requirements per year and CPD should be on more hands on courses

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?

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

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?

Hopefully recertification will not turn into a witch hunt for solo practitioners in small towns and the overseas qualified dental practitioner who provide a large portion of the NZ public with affordable dental care. "Right touch regulation" with more emphasis on CPD requirements would be a great idea.