

Final survey questions: consultation on recertifying our oral health practitioners

Information about the person or organisation completing this submission

Q.1 This submission was completed by:

Name: *DEREK BARWOOD*

Company/organisation:

Position:

City/town:

Email address:

Q.2 Are you making this submission survey

- as a registered practitioner
- as a member of the public
- on behalf of a group
- on behalf of a company or organisation.

If group, company or organisation, please specify:

Q.3 Please tell us which part of the sector your submission survey represents:

- a registered dentist or dental specialist
- a registered dental hygienist
- a registered therapist
- a registered clinical dental technician
- a registered dental technician
- a registered orthodontic auxiliary
- a professional association
- a company/organisation
- a consumer group
- an education provider

- a district health board
- a responsible authority
- a government organisation

Other (please specify):

General question about recertification

Q.4 Do you think the Dental Council needs to make changes to its current recertification framework?

- Yes, but only minor changes
- Yes, it needs to make substantive changes
- No, it works well as it is

Please give your reasons. * see attached extra page.

Area for change one: public assurance

Q.5 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 4
- Patients are treated with dignity and respect at all times 7
- Patients feel confident their practitioner has the knowledge and skills to treat them 6
- Patients know how to complain about treatment they have received from their practitioner 3

Q.6 Do you think the Dental Council needs to equip the patients and the public to recognise poor practise?

- Yes
- No

Please give your reasons.

This will be ideal, but difficult to achieve without dental background.

Comments to Q4

Although it is not possible to be absolutely certain about a practitioner's competency, the current system of self-assessment relies too much on honesty.

Too many courses have dubious content that goes unchallenged. There needs to be more rigorous assessment of courses that are applying for CPD points and there needs to be more emphasis on evidence-based dentistry.

Ideally, CPD should be tailored to a practitioner's individual needs and interests.

Area for change two: right-touch risk-based regulation

Q.7 Do you feel you have adequate information about the Dental Council's approach to regulation?

Yes

No

Please tell us what additional information you think you require.

Regular updates

Q.8 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

No

Please give your reasons.

Provides information simply

Area for change three: risk identification

Q.9 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

Competence and recertification programmes

Examinations and assessments

Practical training/experience for a period of time

Course of instruction

Supervision, counselling and/or mentoring

Q.10 Are you aware of any other tools or mechanisms the Dental Council should be using to identify and manage risk?

Yes

No

Please tell us about other tool/s or mechanism/s you are aware of.

Q.11 Do you think any of these risk tools or mechanisms are more effective than others?

Yes

No

Please give your reasons. *Practice Audits - draw attention to deficiencies*
Practical training / refresher courses for at risk practitioners

Area for change four: early intervention

Q.12 Do you think the Dental Council should explore the use of risk analysis and risk-profiling to identify poor practise sooner?

Yes

No

Please give your reasons. *Should not rely unduly on this.*

Area for change five: compliance

Q.13 Do you think the Dental Council should explore the use of incentives to encourage compliance?

Yes

No

Please give your reasons.

Q.14 What do you think the Dental Council could do differently to encourage compliance with its recertification requirements? Please explain.

Area for change six: ongoing education and learning opportunities

Q.15 Do you think the Dental Council should change its current amount of prescribed hours and peer activities?

Yes – the hours should be increased

Yes – the hours should be decreased

No – the hours are about right

Please tell us what your preferred increase/decrease in hours is and why.

Q.16 Do you think the Dental Council should change the current length of its education and learning opportunities (CPD) cycle?

- Yes – the cycle should be increased
- Yes – the cycle should be decreased
- No – the cycle is about right

Please tell us what your preferred increase/decrease in cycle is and why.

Q.17 Please rank the following statements (with one being most important and eight being least important) according to the following question: *Consider longer cycle for practitioners taking time off for health or raising a family.*

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 education and learning opportunities (CPD) cycle 7
- Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities 5
- Removing the requirement to have verifiable education and learning activities 6
- Requiring practitioners to maintain an accurate record of their education and learning activities 3
- 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 4
- Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards 1

Q.18 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
- Yes, it needs to make substantive changes or improvements
- No, it works well as it is.

Please tell us what other changes or improvements should be made and why.

Emphasis on evidence-based courses. Encourage study groups.
Q.19 Do you have any other comments, suggestions or information you want to share with the Dental Council on recertification?

See: NZ Medical Council's document "Vision and Principles for Recertification"