



COMPLETE
[Redacted]

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

Q1: This submission was completed by:

| | |
|---------------|---------------|
| Name | Michael Satur |
| 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 - it needs to make substantive changes ,
Please give your reasons:
Being a victim of the non-functioning of the Recertification process, I am so happy to see the NZDC put out this discussion document. Not a day too soon

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 | 7 |
| Patients receive appropriate information about their treatment and care | 2 |
| 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 | 3 |
| 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?

No,

Please give your reasons:
 Already good information is available with Association Info sheets for procedures.

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,

Please tell us what additional information you think you require:
 Understandably, NZDC is fulfilling its consumer protection function well in this exercise. However it is failing the practitioner by, as in my case, 'throwing him to the dogs' . Identification of risk by NZDC is in the process of being perfected. Having done this, DC must ensure it can or can have done all the remedial steps necessary. In the present and future form of Recertification what is going to be perpetuated is what can be best describe using an analogy- A practitioner is identified as needing recertification- somewhat like a person with a hurting knee goes to a doctor. The NZDC says to the practitioner 'you are now under a recertification programme' go sort yourself out' so this ill person is told by the good doctor 'I officially declare you have a hurting knee and you need to go anywhere you can an have yourself sorted out' So the point I am trying to make is for the recertification process to be more effective and helpful to the public, putative and at risk practitioners should be provided with equally well structured ON DEMAND support as the identification process that went into reaching that decision of someone needing recertification. This will encourage practitioners to be more forthcoming about their self assessed competencies and the consumers safer still. I will be continuously harping on this point as I have suffered for more than 7 years in being disadvantaged and exploited by my supervising colleagues.

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:
 Yes. Definitely. As long as "regulatory" ensures and provides/appoints a person/process identified by NZDC as being qualified to accomplish the desired result in the practitioner under recertification in a time bound period. Presently, when the NZDC puts a person under recertification supervision the sorry plight of that practitioner is that one goes around looking first for a job with another practitioner who will agree to be your supervisor. If and when that happens from my own experience the following has happened to me 1. No contract at all employment or otherwise 2. No payment for work done. 3. Adverse comments on my competency due to personality clashes. So once again at the risk of repeating my self, it is obligatory that if NZDC is going to perfect its strategy for identifying professional at risk of sinking, they should be in a position to give that person a life jacket and not have that person have to cling on to someone who does have one and at whose mercy one is to live-metaphorically speaking of course but near enough to reality for me.

Q9: Which (if any) of these tools and mechanisms do you think the Dental Council should be using to identify and manage risk?

Practice questionnaires, Course of instruction

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:
 Not till the NZDC in its duty towards the consumer can establish a fair-for-all system of assured practitioner support. As alluded to earlier, the public will be safer when they know this is available to any of the practitioners they go to as there will be less of a chance that a professional will not take the help when recertification does not put that person at a professional and ultimately financial disadvantage. In short provision or making sure this provision is available will enhance quality of service and honesty and sense of security in the system as a whole.

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:
 NZDC, you are not dealing with robots and like anything involving man there is always the possibility of not achieving the ideal. A professional's career is a continuing exercise in becoming better. No one is perfect or can be so. One fender-bender does not an assassin make !

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:
 \$ discount on Disciplinary levy if all good the previous year :)

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

For the public to have confidence in the role of the NZDC they must be aware and stisfied tht there is a certified time bound perso/process the NZDC has to provide its recertification practitioners. Recency of practise will then also be leass of a a problem for the person.

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

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 increased

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 | 7 |
| Changing the current length of the education and learning opportunities (CPD) cycle | 6 |
| 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 | 3 |
| Requiring practitioners to maintain an accurate record of their education and learning activities | 4 |
| Permitting practitioners to choose some of their education and learning opportunities from prescribed categories | 8 |
| 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?

Yes - it needs to make substantive changes or improvements

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Please tell us what other changes or improvements should be made and why:
Refresher courses from time to time at different venues.

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?

Will do at the meetings. Thanks for the effort gone into making this discussion take place.