#3

COMPLETE

[redacted]

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

Q1: **This submission was completed by:**

Name	James Goodrich
Company/organisation	[redacted]
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: A small number of practitioners of concern should not impact greatly on the practice of the many. It would be inequitable and unfair.

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	1
Patients receive the appropriate treatment for their oral health concern or issue	2
Patients receive appropriate information about their treatment and care	6
Patients needs and concerns are discussed and addressed with their practitioner	5
Patients feel they are treated with dignity and respect at all times	4
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	7

Q6: Do you think the Dental Council needs to equip patients and the public to recognise poor practise?

No,

Please give your reasons:
You have based the 'need for change' on complaint numbers, that you indicate are a 'concern'. You can't surely have it both ways... either you trust the public concern as it is, or you don't. You risk manufacturing problems unless you are very careful indeed. I think you need to be very clear, and not try and have it both ways. Is a non-complaining patient all OK? Are some complaints unfounded? Is the balance right?

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:
I am concerned that this is more a result of 'being seen to do something', especially with personnel changes within the DCNZ and Registry, rather than a reaction to a genuine problem associated with the general pool of oral health practitioners. I have real concerns that added compliance processes and costs will not only not solve anything, but make things harder unnecessarily for 'good' practitioners. Be careful about this... would practitioners after this recommend to themselves that they go into the profession if they could talk to their younger self?

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?	No, Please give your reasons: Being hamstrung by an algorithm is often unhelpful. Employ good people to apply insight and react accordingly.

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?	Risk factors for practitioners
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: Sharing information with the HDC and other bodies that people complain to.
Q11: Do you think any of these risk tools or mechanisms are more effective than others?	Yes, Please give your reasons: Examination and assessment registered these practitioners that concern you in the first place right? So, how is doing that all over again going to help? Also ,the practice audit scenario in process in the UK has descended in to farce if anecdotes are to be believed.

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: It seems that some aspects of practitioners are genuinely over represented in complaints. If this actually does equate to over representation in consumer harm, then it is worth looking at.

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, Please give your reasons: Because I'd like to be treated as an adult, and a professional.
Q14: What do you think the Dental Council could do differently to encourage practitioner compliance with its recertification requirements? Please explain:	*Respondent skipped this question*

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?	No - the hours are about right, Please tell us what your preferred increase/decrease in hours is and why: Change to this will be as irrelevant as many of the courses that qualify for CPD. The CPD process is MUCH more about paying money to go to courses than it is about learning oftentimes. I'd be very interested to see if the practitioners that have been the subject of serious and successful complaints are CPD compliant. If they are, is this a failed process?
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: Cycle length I believe to be irrelevant.

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	6
Changing the current length of the education and learning opportunities (CPD) cycle	8
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	1
Requiring practitioners to maintain an accurate record of their education and learning activities	7
Permitting practitioners to choose some of their education and learning opportunities from prescribed categories	5
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	3

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 , Please tell us what other changes or improvements should be made and why: Unfortunately the CPD process (in my opinion) has created an enforced demand for education provision, often at the expense of quality.

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*