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COMPLETE



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

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

Name	Larry Dougherty
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?**

No - it works well as it is ,

Please give your reasons:

Yes the recertification is fine, however ; it appears not to be always followed up with checks.

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:**

*Respondent skipped this question*

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

Yes,

Please give your reasons:

Patients should expect the best care possible and be able to recognise this. Practitioners should strive to be up to date and give the best care possible.

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, 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

**Q11: Do you think any of these risk tools or mechanisms are more effective than others?** Yes, Please give your reasons: Practice Audits

**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: Safety of the public

**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: Our office strives to be compliant to the best of our ability. I am told that is not a universally prevalent sentiment. Periodic audits to raise the bar in the field would probably be prudent. However, I do not know what goes on in other offices.

**Q14: What do you think the Dental Council could do differently to encourage practitioner compliance with its recertification requirements? Please explain:** I dont think there is a problem with the recertification requirements.

**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:  
I exceed the hours consistently every cycle. I do this because I want to learn more about dentistry and give me patients the best care I can.

**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	6
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	8
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	4
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	5

**Q18: Do you think the Dental Council needs to make any other changes or improvements to the ongoing education and learning process?**

No - it works well as it is

**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*