



COMPLETE
 [Redacted Name and Organisation]

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

Q1: This submission was completed by:

| | |
|----------------------|--------------|
| Name | Evelyn Young |
| 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 dental hygienist

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:
 -The cost is too high -Slightly unrelated; but i think the CPD format should be reassessed. Why not have more online accessibility for gaining CPD points, and a mandatory annual conference for people in their areas. Not only is it very expensive for someone not working full time, but also inconvenient.

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 | 2 |
| Patients receive appropriate information about their treatment and care | 1 |
| Patients needs and concerns are discussed and addressed with their practitioner | 3 |
| 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 | 6 |
| 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?

Yes,

Please give your reasons:

As a hygienist, i see a lot of poor dental work resulting in moderate-severe bone loss around their teeth, predominantly overhangs or poor crown placement. To be fair, i am unsure how a patient could be enlightened to this fact, i just felt it needed to be stated.

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,

Please give your reasons:

It would make the actions and reactions clearer to practitioners and patients

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, Risk factors for practitioners, Competence and recertification programmes, Course of instruction, 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:
Audits are probably the most effective- even though we all dread them :)

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:
Earlier the better to avoid malpractice

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:
Compliance should be mandatory and be completed under ethical motivation- no incentives necessary.

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

Reduce fees

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,

Please tell us what your preferred increase/decrease in hours is and why:
Sorry, said this earlier: Too many CPD's required. I acknowledge that we all need to keep up with the current technology, but why not just have one mandatory, annual conference (multiple nationwide) to gain many CPD points, and some online learning available for any new/updated technology/news. It feels too much like a money making scheme to me. Especially as a hygienist- there is not a huge amount of constant new information; and new products are learnt about through reps. Also, keeping track of peer learning etc is difficult; we all do it day to day- silly to have to record it.

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 decreased ,

Please tell us what your preferred increase/decrease in cycle is and why:
As above; just work on a year-year basis. Easier to keep track of then

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 | 2 |
| Changing the current length of the education and learning opportunities (CPD) cycle | 3 |
| 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 | 5 |
| Requiring practitioners to maintain an accurate record of their education and learning activities | 8 |
| Permitting practitioners to choose some of their education and learning opportunities from prescribed categories | 7 |
| 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 | 6 |

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

Please tell us what other changes or improvements should be made and why:
Provide an informative annual conference for each dental category eg. Hygienist, dentist etc. Then they can go to said conference, learn the relevant information and document it as required. More online education would be great.

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?

Please make it cost effective, streamlined and easy to use. Thanks.