



COMPLETE
 [Redacted Name]
 [Redacted Email]

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

Q1: This submission was completed by:

Name	Sarah Hall
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? No - it works well as it is

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 feel confident their practitioner has the knowledge and skills to treat them	5
Patients know how to complain about treatment they have received from their practitioner	6

Q6: Do you think the Dental Council needs to equip patients and the public to recognise poor practise? No,
 Please give your reasons:
 We've got to be careful of highlighting the odd lapse of judgement or new graduates that are still learning and faulting their entire career on a previous mishap

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:
 No I'm sorry to say that I'm only seeing this survey as I'd seen it on Facebook while meandering through a news feed and this is similar to other dental council matters. If you are not in branch management these regulations are obvious unless I am investigating something for my own personal interest.

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:
 Will these pyramids be available to the public? If so definitely not!

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 questionnaires

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?

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?

Yes,

Please give your reasons:
 Yes and no Things like language barriers can be a risk but behaviour when assessed is always going to be different than real life

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: We all love a carrot

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

Make the guidelines clearer, accessible and perhaps look at more modern ways of communicating

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:
Alot of us tick the peer review box when it's even just a social catch up with other hygienists to be honest I don't think we are gaining much at all from this particular guideline as going to work everyday is peer contact

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 | 8 |
| Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities | 1 |
| 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 | 3 |
| 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?

Yes - but only minor changes or improvements ,
Please tell us what other changes or improvements should be made and why:
Work on availability..more online tools, and access and recognition to surrounding facets of health that are also relavent to dental.

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