



**COMPLETE**  
 [Redacted Name and Contact Information]

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

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

Name	Eman al yassiri
Company/organisation	[Redacted]
Position	[Redacted]
City/town	[Redacted]
Email address	[Redacted]

**Q2: Are you making this submission survey** as a registered practitioner,  
 If group, company or organisation, please specify:  
 Dental corporation

**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

**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 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:  
 All dentist registered here have high clinical and ethical values and they tried hard to Deliver the best they have to their patients Trying to equip patients to be be part in the evaluation system is not right and can lead to unfair judgment and misuse of power as patients have no dental background They have the right to complain to the different entities and they will investigate in the right way

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?**

No,  
Please give your reasons:  
I think it's unfair to make some rare incidents of some negative patient dentist relationship to affect the majority and to add more stress to all of us  
Communication, update and recommendation should be enough

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,  
Competence and recertification programmes,  
Practical training/experience for a period of time,  
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,  
Please tell us about other tool/s or mechanism/s you are aware of:  
Replanting good clinical and educational and ethical standards starting from university to continuous education will be great

**Q11: Do you think any of these risk tools or mechanisms are more effective than others?**

Yes,  
Please give your reasons:  
Practice audit if done in friendly unjudgmental way will be a great tool to verify weakness and lead to improvement

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:  
You already doing the right things why do more

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:  
Part of our job to comply with dental council regulations so it's a must do job

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

Explanation and more understanding of consequences but please don't make your decisions based on bad examples of practices as the majority are complying and following rules

**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

**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?**

- |   |   |
|---|---|
| Removing the requirement to have verifiable education and learning activities                                   | 8 |
| Permitting practitioners to choose all of their education and learning opportunities from prescribed categories | 5 |
| 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?**

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?**

To get maximum compliance from all, suggestion should be reasonable and not too costly as it's all added to patient cost