



**COMPLETE**  
[Redacted]

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

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

Name	Tanya Cleland
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 therapist,  
a registered orthodontic auxilliary,  
[Redacted]

**PAGE 3: General question about recertification**

**Q4: Do you think the Dental Council needs to make changes to its current recertification framework?**

Yes - it needs to make substantive changes ,  
Please give your reasons:  
There needs to be more onus on practitioners to do the right thing rather than treat recertification as a tick box exercise telling the DCNZ what they want to hear. However people need support from both their employers and the council to maintain their competency and skills

**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	3
Patients receive the appropriate treatment for their oral health concern or issue	2
Patients receive appropriate information about their treatment and care	5
Patients needs and concerns are discussed and addressed with their practitioner	7
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	1
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?**

Yes,

Please give your reasons:

I think there is confusion still around the various scopes of practice and the public does not always know who should be doing what. Also this extends to non-registered people in practices carrying out duties that should be restricted to registered people.

**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:

I think there are practitioners who are doing very well and they sometime struggle to meet certain requirements ie CPD due to time, cost etc but there are other risk groups that have been identified overseas and in the literature who should be able to be monitored with differing levels according to the regulator. However MUCH care needs to be taken so as not to be seen to be unfairly targetting a particular group.

**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,  
 Inquiries such as those under section 36 of the Health Practitioners Competence Assurance Act 2003  
 ,  
 Risk factors for practitioners,  
 Competence and recertification programmes ,  
 Examinations and assessments,  
 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

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

Yes,  
 Please give your reasons:  
 I think practice audits could be if done well. Also I believe that appropriate supervision may also be a useful tool.

**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:  
 I think this needs to happen as people have got complacent about APC and the process of declaring competency.

**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:  
 Im not sure what these might be.

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

Be more present, more practices should be audited and not so randomly

**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:  
They are about right especially for those who have to fund these themselves. The cost of attendance at many seminars is prohibitive for some. There are some excellent events but they are too expensive. I think the Universities should be able to offer some additional hours / peer activities.

**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	7
Changing the current length of the education and learning opportunities (CPD) cycle	5
Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities	3
Removing the requirement to have verifiable education and learning activities	8
Requiring practitioners to maintain an accurate record of their education and learning 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	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?**

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*