

COMPLETE

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

Q1

This submission was completed by:

Name	Daniel Fernandez
Company/organisation	[REDACTED]
Position	[REDACTED]
City/town	[REDACTED]
Email address	[REDACTED]

Q2 as a registered practitioner

Are you making this submission survey

Q3 an education provider

Please tell us which part of the sector your submission survey represents

Page 3: General question about recertification

Q4 Yes - but only minor changes

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

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	7
Patients receive the appropriate treatment for their oral health concern or issue	4
Patients receive appropriate information about their treatment and care	5
Patients needs and concerns are discussed and addressed with their practitioner	2
Patients feel they are treated with dignity and respect at all times	6
Patients feel confident their practitioner has the knowledge and skills to treat them	3
Patients know how to complain about treatment they have received from their practitioner	1

Q6

Yes

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

Q7

Do you feel you have adequate information about the Dental Council's approach to regulation?

Yes,

Please tell us what additional information you think you require:
 Yes I do, as there are some practitioners who get registered as being competent to practice but in fact they require re-training of some of the clinical procedures they perform, patient management skills, communication, teamwork and informed consent. However, there are a lot of practitioners who comply with the requirements of being a good practitioner and are dedicated to the caring of patients. I think the Council will need to be careful to target only those who require more support.

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:
Most people do not see charts or understand them. No point in wasting money and displaying charts here and there with too much information if people do not read, understand or ask questions about it. Better to talk and explain to practitioners and patients at an appropriate level of understanding and language.

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,
Competence and recertification programmes,
Examinations and assessments,
Practical training/experience for a period of time,
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?

Yes,
Please tell us about other tool/s or mechanism/s you are aware of:
Perhaps the Council could randomly select some patients who have been treated by an oral health practitioner to find out the competency of the practitioner. Perhaps a questionnaire to identify risks around patient management, informed consent process, cross contamination procedures, communication skills, health and safety, levels of patient satisfaction, etc.

Q11

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

Yes,
Please give your reasons:
Perhaps they are not better than other mechanisms but at least would be a good starting point. Getting information from patients about the quality of care delivered rather than trying to get the same information from the practitioner.

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:
Absolutely! We all can be patients at some point and we would like to receive quality dentistry and services the same as any patient.

Page 8: Area for change five: compliance

<p>Q13</p> <p>Do you think the Dental Council should explore the use of incentives to encourage practitioner compliance?</p>	<p>Yes,</p> <p>Please give your reasons: Yes. This could be in a form of Certificate of Excellent Performance and a formal recognition from the Council that a practitioner is an outstanding practitioner amongst other practitioners. A kind of award and recognition for the practitioner's performance. This will give practitioners the sense that the Council cares for the practitioner and encourages good practices and performance.</p>
<p>Q14</p> <p>What do you think the Dental Council could do differently to encourage practitioner compliance with its recertification requirements? Please explain:</p>	<p>As mentioned previously</p>

Page 9: Area for change six: ongoing education and learning opportunities

<p>Q15</p> <p>Do you think the Dental Council should change its current amount of prescribed hours and peer activities?</p>	<p>No - the hours are about right</p> <p>Please tell us what your preferred increase/decrease in hours is and why: I think the amount of hours are just right. There are practitioners who are passionate about their profession and they accrue more hours than recommended by the Council. However, you get those who just like to meet the stipulated hours. On the other hand, attending courses, seminars or conferences can become expensive, therefore, by increasing the number of hours and the cost of activities will create a sense of 'obligation' to meet the hours rather than 'enthusiasm' to learn.</p>
<p>Q16</p> <p>Do you think the Dental Council should change the current length of its education and learning opportunities (CPD) cycle?</p>	<p>No - the cycle length is about right</p> <p>Please tell us what your preferred increase/decrease in cycle is and why: No need to increase the cycle length. That will not change peoples, attitude to change behaviours or performance.</p>

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	1
Changing the current length of the education and learning opportunities (CPD) cycle	2
Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities	4
Removing the requirement to have verifiable education and learning activities	5
Requiring practitioners to maintain an accurate record of their education and learning activities	6
Permitting practitioners to choose some of their education and learning opportunities from prescribed categories	8
Permitting practitioners to choose all of their education and learning opportunities from prescribed categories	7
Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards	3

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:
 Yes, I think the Council needs to make changes but I wouldn't say they need/have to be minor or substantive. One thing that I would like the Council to know is that whatever the changes are needed for recertification purposes, they should be with the objective of helping practitioners to perform better rather than punishing for bad performance. Bad performance can only be improved if the behaviour is supported with constructive feedback and guidance to improve.

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?

I would like to see that the Council is more supportive of their registered members and help those who struggle with the requirements. If the Council is looking at implementing more robust recertification processes then the Council should be prepared and ready to help those who do not meet the professional standards.