COMPLETE

Collector:
Started:
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Time Spent:
IP Address:

[redacted]

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

Q1

This submission was completed by:

Name	Donna Kennedy
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 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?

Yes - it needs to make substantive changes ,

Please give your reasons:
Current recertification procedures do not ensure practitioners are treating patients safely

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	6
Patients receive the appropriate treatment for their oral health concern or issue	1
Patients receive appropriate information about their treatment and care	2
Patients needs and concerns are discussed and addressed with their practitioner	4
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	3
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:
This is a very broad statement and difficult to interpret. The NZDA and Dental Council do have good processes in place for patients to explore whether their treatment is appropriate. Dental treatment can be complex so I am unsure how this could be achieved beyond a broad 'if you are unhappy with the treatment received contact ...'

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:
It is difficult to respond to NZDC documents within the timeframe given. Due to tight timeframes it is often difficult to assimilate information from the DC & respond therefore DC information is often ignored.

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:** **Clear guidance on risk behaviours & when the DC needs to take an active approach would be helpful**

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,** **Risk factors for practitioners,** **Competence and recertification programmes,** **Examinations and assessments,** **Supervision, counselling and/or mentoring,** **Practical training/experience for a period of time**
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:** **Active supervision/training & mentoring are effective in the right circumstances. Also audits do identify areas which need addressing - but these should be structured so they identify 'risk behaviours' which effect patient care rather than instances when vague policy documents are missing**

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**

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:** **Surely keeping a current APC is incentive enough**
Q14 **What do you think the Dental Council could do differently to encourage practitioner compliance with its recertification requirements? Please explain:**	**Engage with the NZDA as branch members, local NZDA branch officers are aware of which practitioners are at risk of providing poor outcomes for patients**

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:** **It's not so much about the number of hours, but the quality of the hours. Currently most practitioners should find it easy to comply with the number of hours, but there needs to be tighter quality control over the type of activities claimed as CPD. The value of peer activities should not be underestimated, as these are very important for ensuring good practice. For practitioners who are outliers this is usually the activity which drops off.**
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:** **I feel a 2 yearly cycle is adequate to ensure regular attendance at CPD events**

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	4
Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities	5
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	3
Permitting practitioners to choose all of their education and learning opportunities from prescribed categories	6
Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards	2

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:
I feel activities should be 'weighted' so those likely to improve patient outcomes should be given more 'points' than those designed to help you manage a practice

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