

**COMPLETE****Collector:****Started:****Last Modified:****Time Spent:****IP Address:****Page 2: Information about the person or organisation completing this submission survey****Q1****This submission was completed****by:**

Name

Linda Ripley

Company/organisation

Position

City/town

Email address

**Q2**

as a registered practitioner

**Are you making this submission survey****Q3**

a registered dentist or dental specialist

**Please tell us which part of the sector your submission survey represents****Page 3: General question about recertification**

**Q4**

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

Yes - but only minor changes,

Please give your reasons:

Basically the current framework works well as it is. May be there does need to be a more vigorous follow up on new Graduates . I do believe as a UK Graduate that the 1 year mentoring programme that has been in place there for many years, works well to give a good grounding into the jump from Dental School to Practice .I have worked with new Graduates in New Zealand and competency levels vary greatly There are very some high risk areas of Practice and single practitioners are not necessarily high risk if the treatment that is being carried out is basic pain relief i.e. Prison Dentistry or emergency clinic work in a Pain relief clinic Please do not target this type of single practitioner I work in a multi faculty medical centre , alongside other medical practitioners therefore not technically 'alone' . I am part of a team providing a holistic approach to patient health, and providing that I fulfil my on going CPD I do not feel that I am a higher risk than a practitioner in a group practice who has little communication with his/her Colleagues

## 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	1
Patients receive the appropriate treatment for their oral health concern or issue	4
Patients receive appropriate information about their treatment and care	6
Patients needs and concerns are discussed and addressed with their practitioner	5
Patients feel they are treated with dignity and respect at all times	2
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:

I feel that there is already enough information out there for Patients to access if they have a genuine complaint I do believe that many complaints are cost related There is a perception that Dentistry is too expensive, and no concept of why costs are high

## Page 5: Area for change two: right-touch risk-based regulation

**Q7**

Yes

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

**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:**

At the meeting you mentioned that there are certain situations that sound warning bells i.e late payment of APC fee, not complying with current CPD requirements. You also mentioned single practitioners but gave no evidence of why you consider them more high risk There will always be the rogue element in any profession

## Page 6: Area for change three: risk identification

**Q9**

Risk factors for practitioners,

**Which (if any) of these tools and mechanisms do you think the Dental Council should be using to identify and manage risk?**

Competence and recertification programmes,

Supervision, counselling and/or mentoring

**Q10**

Yes,

**Are you aware of any other tools or mechanisms the Dental Council should be using to identify and manage risk?**

Please tell us about other tool/s or mechanism/s you are aware of:

Practice audits can be expensive , very time consuming and stressful . They should not become routine . they should only be done when there is a strong suspicion that there is something array in a Practice . There needs to be good strong communication with other agencies , as I do not feel that the Dental Council is the first agency approached if a member of the public has a complaint

**Q11**

Yes,

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

**Please give your reasons:**

Data base monitoring to see if there is a pattern developing for certain practitioners

## Page 7: Area for change four: early intervention

**Q12**

Yes,

**Do you think the Dental Council should explore the use of risk analysis and risk-profiling to identify poor practise sooner?**

**Please give your reasons:**

Yes but you need to communicate with other agencies involved in the Dental Profession

## 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:

Compliance i.e. having a APC is the law the only incentive you require is that you need to be registered to be able to practise your profession

**Q14**

Nothing

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

There is a cost involved in fulfilling the CPD requirement and it should not be increased

**Q16**

No - the cycle length is about right

**Do you think the Dental Council should change the current length of its education and learning opportunities (CPD) cycle?****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	5
Changing the current length of the education and learning opportunities (CPD) cycle	6
Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities	8
Removing the requirement to have verifiable education and learning activities	7
Requiring practitioners to maintain an accurate record of their education and learning activities	2
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	4
Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards	1

**Q18**

Yes - but only minor changes or improvements

**Do you think the Dental Council needs to make any other changes or improvements to the ongoing education and learning process?**

## Page 10: Final thoughts and comments

**Q19**

Respondent skipped this question

**Do you have any other comments, suggestions or information you want to share with the Dental Council about recertification?**