



COMPLETE

Collector:

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

Q1 This submission was completed by:

Name

Angus Campbell

Company/organisation



Position



City/town



Email address



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?

No - it works well as it is

Please give your reasons:

The percentage of cases the dental council deals with versus the number of yearly treatments by dentists shows the very low level of need for the recertification of every dentist in New Zealand at significant cost to the Dental council and thus every single dentist in NZ. There is not a system where dentists can be "proven" to be proficient or not. Any attempt is subjective.

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 feel confident their practitioner has the knowledge and skills to treat them

6

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?

Yes,

Please give your reasons::

Of course they do....that's part of the dental Councils role.... but there are good systems n place with the NZDA.

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::

It will be overlooked as being too regulatory...simple language please!

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**

Q10 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::

Assessments.... the use of case presentations every few years to show competence is useless at determining proficiency and standards... even "cowboys" have a few good cases to draw from. Thus making case presentations totally ineffective at protecting the public.

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

Yes,

Please give your reasons::

Audits at least show intent to comply.... an attitude to protect staff...the public and the dentist.

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::

Act on complaints...act on one day deals!!!!!!!act on bad advertising sooner!!!... act on complaints by peers.... acting on such does act on the fence at the "top of the cliff".
Recertification of all dentists only thins the funding and weakens the councils ability to act.

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

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

We don't need recertification...there's no evidence to do so.

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

6

Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards

4

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?

There is no evidence recertification is needed for every dentist in NZ. A higher standard should be gained by those entering NZ from overseas.
