



COMPLETE

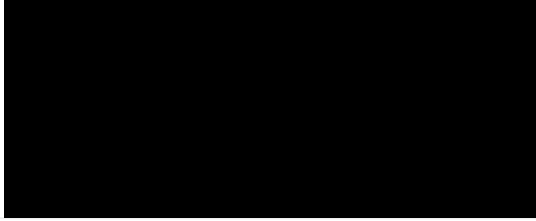
Collector:

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

Philip Holmes

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

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

4

Patients receive the appropriate treatment for their oral health concern or issue

1

Patients receive appropriate information about their treatment and care

5

Patients needs and concerns are discussed and addressed with their practitioner

3

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

2

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 far too complex for the dental council to pursue and will no doubt lead to an overwhelming flood of costly administration both for practitioners and Council. It also has the potential to erode public confidence in dental care.

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::

I think you need to re-word this question.

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? **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::

Dental practitioners are in the best position to identify treatment that is substandard or inappropriate. Council needs to develop a system whereby treatment of poor quality can be reported, independently assessed and appropriate management arranged. The practitioner who provided the treatment in consultation with the patient should be given the opportunity to rectify the situation to maintain their relationship with the patient or arrange referral or compensation as appropriate. This should not be a disciplinary system, more of a mediation and supervision to ensure that the issue is appropriately dealt with. The system should be audited so that practitioners who are frequently identified by this process can then have their practice more thoroughly scrutinized as required.

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

No

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::

As per my response above

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::

The repercussions of not complying should be incentive enough to comply.

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

Practitioners shouldn't be able to practice until they comply

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?

Respondent skipped this question

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
