



COMPLETE
 [Redacted text]

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

Q1: This submission was completed by:

Name	Chris Anderson
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 - but only minor changes,

Please give your reasons:
 For the vast majority of dental practitioners the present system is adequate and provides the needed framework for public safety and professional competence. The system does however need to identify those practitioners who are not competent and who may currently fall through the cracks.

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	2
Patients needs and concerns are discussed and addressed with their practitioner	3
Patients feel they are treated with dignity and respect at all times	7
Patients feel confident their practitioner has the knowledge and skills to treat them	5
Patients know how to complain about treatment they have received from their practitioner	6

Q6: Do you think the Dental Council needs to equip patients and the public to recognise poor practise?

No,
Please give your reasons:
This involves exquisitely challenging and refined judgement that CANNOT be attained by lay persons

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 am a practitioner of 30 years and even reading that statement give me a nosebleed. Complete PC nonsense.

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?

Respondent skipped this question

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:
 1) It should be easier and more straightforward for members of the public AND other practitioners to initiate complaints about substandard treatment or practitioner behaviour - such as online 2) Any practitioner who shows a pattern of complaints (e.g. >1 complaint per year) or more significant complaints should be red-flagged and given additional scrutiny and compliance requirements including supervision, formal assessments and re-certification

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

No,

Please give your reasons:
 Incompetent practitioners will completely and easily circumvent these mechanisms while increasing compliance costs and causing no net benefit for the vast majority of competent practitioners

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:
 Red-flagging practitioners who are the subject of frequent or severe complaints should be used to identify poor practise

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:
 Ability to continue practising is incentive enough

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

Make it easier and quicker for members of the public and other practitioners to complain or raise concerns

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