



COMPLETE

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

Q1 This submission was completed by:

Name

Paul Morris

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?

Yes - it needs to make substantive changes ,

Please give your reasons::

Current framework is now outdated. "One size fits all " no longer works. There's a need for a more customised approach for individual oral health practitioners. For example new graduates v experienced practitioners ,have vastly differing requirements.

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

3

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

7

Patients know how to complain about treatment they have received from their practitioner

4

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

Yes,

Please give your reasons::

The more educated and informed the public is , the safer they and the clinician will be.

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,

Please tell us what additional information you think you require::

None

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::

It helps the practitioner to be self aware of their risk , dependent upon their position on the triangle ,thus enabling them to find the correct pathways to optimal action and behaviour.

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 ,
- Inquiries such as those under section 36 of the Health Practitioners Competence Assurance Act 2003 ,
- Risk factors for practitioners,
- Competence and recertification programmes ,
- Examinations and assessments ,
- Practical training/experience for a period of time ,
- Course of instruction ,
- 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::

There needs to be a sharing of information (statistics and access to information) between NZDC, NZDA, ACC, Health and Disabilities commission and other relevant organisations. This will give a more balanced, holistic approach.

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

No,

Please give your reasons::

Case dependant

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::

It's a logical course of action.

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::

You shouldn't have to incentivise professionals to perform best practice.

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

Customise them more to individual practitioners risk factors

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?

Please tell us what your preferred increase/decrease in hours is and why::

This question requires a fourth box. Prescribed hours and peer activities should be relevant to the scopes of practice the practitioner operates within. It should also be proportionate to that practitioners experience and risk level. There is absolutely a need for prescribed hours and peer activities.

Q16 Do you think the Dental Council should change the current length of its education and learning opportunities (CPD) cycle?

Please tell us what your preferred increase/decrease in cycle is and why::

As above CPD is absolutely relevant . Cycles to be customised to indiv

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

4

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

2

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

1

Q18 Do you think the Dental Council needs to make any other changes or improvements to the ongoing education and learning process?

Yes - it needs to make substantive changes or improvements

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Please tell us what other changes or improvements should be made and why::

Research has shown there are better , more robust methods , to monitoring competency.

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?

It's appreciated to have the opportunity to partake in discussion in this consultative process.