



**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

**Derryn Brunton**

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 clinical dental technician**

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::

There is no way to measure competency to practice with the current system. And it appears to be very generic, one size fits all type of framework.

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

5

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

3

Patients receive appropriate information about their treatment and care

4

Patients needs and concerns are discussed and addressed with their practitioner

2

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

1

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::

The public require a clear and simple guide line to follow should they feel that the treatment, both personally and professionally, is poor. The simpler the process is the more it will be used. The education of the public to the process they use to complain or register a concern should be documented in all practices, on the wall in the waiting area and it should be compulsory for a practice to display it.

**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::

These surveys are an easy tool to use. They should be sent out separately too as they can get lost in a larger email.

People tend to skim read and they can be easily over looked.

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**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::

people need to know the score. I think also that if this is the approach that the council is going to take then there needs to be plain and simple consequences for actions.

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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,**

**Examinations and assessments** ,

**Competence and recertification programmes** ,

**Risk factors for practitioners,**

**Practice audits**

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**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::

The use of the Associations and Institutes of the various groups under this DCNZ umbrella. You have organisations that are full of members of the profession you govern. I think the DCNZ do a poor job of associating themselves with the small organisations. You could have your finger on the pulse of the industry allowing you to identify and manage risk if you have a bigger presence at ground level.

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

**No**

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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 practice sooner?

**Yes,**

Please give your reasons::

Of course. But you need to be fair about it too. You can't expect city practices to be the same and a isolated country practice. So you need to be careful with your profiling.

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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::

No no no. Is it not the law that a practice/practitioner be compliant? If you have to offer incentives for compliance then you are doing your job well.

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

From a dental technicians perspective I think that competency and compliance are two separate things. Audits for every practice at least once in the cycle should be mandatory along with a practical compliance component. Also i think that the hours required for dental and clinical dental technicians is too high for the limited scope we practice in.

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?

**Yes - the hours should be decreased**

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

Especially with regards to my field of as a dental technicians. We practice under a limited scope and there is a lot of "filling in" on unrelated topics to acquire the hours need to comply. Decrease the compiling hours, but increase the competency hours. Audit everyone once in the 4 year cycle. This could be done in association with the dental, therapists associations and dental technicians institute.

**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?

Changing the current amount of prescribed hours and peer activities

2

Changing the current length of the education and learning opportunities (CPD) cycle

7

Permitting practitioners to set their own hours of education and learning opportunities and quantity of peer activities

3

Removing the requirement to have verifiable education and learning activities

8

Requiring practitioners to maintain an accurate record of their education and learning activities

5

Permitting practitioners to choose some of their education and learning opportunities from prescribed categories

4

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

1

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

**Yes - but only minor changes or improvements** ,

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

I think that is should not be a one size fits all when it comes to education and learning process. There are different professional under the one umbrella and they should NOT be treated the same. The smaller groups need to be accommodated and they differences in the industry recognised and thus be regarded as an individual itiaty. What is best for the dentists, is not necessarily the best for the technicians or therapists and vice versa. The biggest mistake the council can do is to not listen to the little guys.

**Q19** Do you have any other comments, suggestions or information you want to share with the Dental Council about recertification?

pretty much covered what i wanted to say.

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