



**COMPLETE**

**Collector:**

**Started:**

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

**Q1** This submission was completed by:

Name

**Joanne Wallace**

Company/organisation



Position



City/town



Email address



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**Q2** Are you making this submission survey

**as a registered practitioner**

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**Q3** Please tell us which part of the sector your submission survey represents

**a registered dentist or dental specialist**

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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::

1. All registered practitioners should have to work a minimum of 20 clinical hours per week in order to maintain clinical competence and remain on the register. 2. New graduates should have mandatory vocational training for their first year in practice 3. University must ensure all graduates are competent and safe to practice 4. Standard of NZDREX must be improved 5. Current level of required CPD is appropriate but should include more "hands on" courses.

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  
**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  
**6**

Patients feel confident their practitioner has the knowledge and skills to treat them  
**4**

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::

Patients have very different views and expectations so it would be very difficult to inform them how to recognise problems without causing confusion and/or unnecessary worry.

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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?

**No,**

Please tell us what additional information

you think you require::

The Dental Council seems to be concerned about the number of incompetent dentists in NZ but does give us enough detail to make informed decisions on how to address this. How serious is the problem? Are we talking about 162 cases of serious misconduct or a mixture of nebulous complaints? Which demographic of practitioners tend to be involved: new grads? overseas dentists? older, out of touch dentists? administrators who practice infrequently? All have different needs.

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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?

**No,**

Please give your

reasons::

Keep it simple

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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?

- 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?

**No,**

Please tell us about other tool/s or mechanism/s you are aware of::

I have ticked the tools listed above as means to manage practitioners who have been identified as requiring help in a field of practice, rather than to "manage risk" per say. The cost of canvassing all practitioners in this way would be prohibitive and unnecessary. The appropriate tool would depend on the level of help required. We all attend courses of instruction (CPD) and these aid further learning but can't be expected to address incompetence.

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

**Yes,**

Please give your reasons::

Different tools appropriate to different needs identified.

**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 is incumbent on the Dental Council to identify poor practise and take appropriate action

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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::

We are all professionals. If practitioners are not complying that should be sufficient for DCNZ to act

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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:

It is incumbent on all practitioners to comply. No encouragement should be necessary.

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#### 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**

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**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**

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**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

**7**

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

**8**

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

**4**

Removing the requirement to have verifiable education and learning activities

**6**

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

**1**

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

**3**

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**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**

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

1. All practitioners must maintain competence by working a minimum number of clinical hours per week to maintain skills required to be registered. 2. Many new graduates do not have the skills to work in private practice - these need to be learned without pressures of time and money. A salaried scheme needs to be introduced if we are to grow these young dentists wisely. 3. NZDREX needs to be improved to ensure overseas dentists coming into NZ have not only the clinical skills required but also time to adapt to a new system. 4. We are all aware that Otago University is under pressure to pass all dental students and this must not be allowed to continue. It degrades the value of the degree in this country and puts public safety at risk.

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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?

Dental Council must act against non-compliant practitioners.

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