



**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

**Lakshmi Bhavani Burugupalli**

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 - but only minor changes** ,

Please give your reasons::

major changes can be confusing and can be stressful.As,dentistry itself demands lot of physical and mental attention. So, it is definitely necessary to bring minor changes regularly, such as guidelines or protocol how to approach a patient with certain conditions. Guidelines on how to document the information. Informed consent should be mandatory for every procedure.

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

7

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

6

Patients receive appropriate information about their treatment and care

3

Patients needs and concerns are discussed and addressed with their practitioner

2

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

4

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

1

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

**Yes,**

Please give your reasons::

Patients definitely needs to be educated to identify poor practise which enhances safety and standards of the treatment.

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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?

**Yes**

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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::

Yes, it is definitely good guideline for both practitioner and patient, having said that injuries can happen accidentally. However, if injuries are getting repeated action needs to be taken.

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** ,
- Practical training/experience for a period of time** ,
- Supervision, counselling and/or mentoring,**
- Course of instruction**

**Q10** Are you aware of any other tools or mechanisms the Dental Council should be using to identify and manage risk?

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

New graduates should be mentored for the first five years by an experienced clinician in their work place. New graduates should definitely work in a group practice. Only experienced clinician should be allowed to work in solo or rural practice.

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

**Yes,**

Please give your

reasons::

Examinations can only assess practitioner's knowledge only at that point of time. There can be many reasons which can affect practitioner's performance in an exam. More over, examinations and assessments can't provide continuous clinical knowledge for a practitioner.

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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 practise sooner?

**No,**

Please give your

reasons::

It is a time taking process.

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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?

**Yes**

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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:

Mentoring, supervision, gaining experience for a period of time.

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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?

**Yes - the hours should be increased**

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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

6

Removing the requirement to have verifiable education and learning activities

5

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

1

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

3

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

2

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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 - but only minor changes or improvements**

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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?

Minor changes are mandatory

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