



COMPLETE

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

Q1 This submission was completed by:

Name	Jo-Yao Cheng
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::

Recommend electronic application for re-certification: -
Paper take too long to process - No paper trail (i.e. no guarantee for application form to arrive by post) - Difficult for dentists practicing overseas to retain registration

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	2
Patients receive appropriate information about their treatment and care	1
Patients needs and concerns are discussed and addressed with their practitioner	3
Patients feel they are treated with dignity and respect at all times	4
Patients feel confident their practitioner has the knowledge and skills to treat them	6
Patients know how to complain about treatment they have received from their practitioner	5

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

Yes,
Please give your reasons::
However, it is difficult to determine what is poor practice. Each practitioner is different and approach patient care in different ways. If a practitioner is providing poor/unnecessary treatment or treat for personal gain, the public has the right to know

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::
Too much information is provided on the website. Recommend providing a simple version and a detail version for clarification

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 takes away the blame and shame and takes the focus back on patient care.

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 questionnaires,
Inquiries such as those under section 36 of the Health Practitioners Competence Assurance Act 2003,
Competence and recertification programmes

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

No

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

No,
 Please give your reasons::
 It is the combination of risk tools that will provide a broader picture. There is no single tool that is better or worse

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::
 All registered dentist should know to practice good dentistry. It is bad on the profession as a whole if we start suspecting everyone to practice poorly. Innocent until proven guilty

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,
 Please give your reasons::
 Communication is key, different dentist practice differently. Whilst best evidence practice is always changing, I believe that all dentist want to be the best they can for their patients. Encouragement is always better than punishment

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

Simplify the process, makes compliance document/procedures easier to submit

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

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

Whilst the hours are important, it is the quality of the activities that matters.

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

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

The CPD hours prescribed should be the minimum. I mainly exceed well beyond the recommended CPD hours because I want to be a better dentist. If the council start placing harsher restrictions, it will not encourage compliance. We should produce more quality CPD to encourage increasing CPD hours not set a number of hours.

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	8
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	6
Removing the requirement to have verifiable education and learning activities	2
Requiring practitioners to maintain an accurate record of their education and learning activities	1
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	5
Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards	3

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::

Make CPD courses easier to be verified especially overseas CPD

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

thank you
