[redacted]

COMPLETE

Collector: [redacted]
Started:
Last Modified:
Time Spent:
IP Address:

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

Q1 This submission was completed by:

Name	**Craig Campbell**
Company/organisation	[redacted]
Position	[redacted]
City/town	[redacted]
Email address	[redacted]

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::

I do not feel the case demonstrating harm from the current system is strong, but I do think we can undertake the process in a more simplified targeted way.

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 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	**5**
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::
I dont think that the public and patients cant already, I do not see evidence demonstrating that the patients and public cannot recognise poor practice already. Decisions of the HPDC are already published. Restrictions are available to the public on your own website.

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::
While the enabling Law has been omnipresent throughout the last decade, I have not ever seen clear evidence that the current system has not achieved the tasks set forward in legislation, nor evidence that the current system has not protected the public. The majority of incidents to date, have largely involved repeat offenders, for who I would ask for stronger outcomes to protect the public, rather than the current approach which seems to start with a position the public is not safe, rather than showing evidence of this.

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::
I absolutely think this right touch approach is a brilliant approach and should be commended, for giving the council the flexibility to intepret what has occured, and apply discretion in response, while also allowing the above mentioned repeat offenders to be more seriously dealt with.

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 ,

Competence and recertification programmes ,

Course of instruction

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::
I strongly feel that two areas of volume of care should be examined. 1. Practitioners with a larger volume of care, maybe those above the median, will naturally attract more potential, for a complaint, simply be cause this is like a car travelling a high mileage, but not necessarily representing increased risk to the public, e.g. truck driver who is simply careful. 2. Low volume practioners, those working 1 day a week, or new part time graduates will certainly pose higher risk to the public, but would not pose an intentional risk, a bit like elderly drivers, or learner drivers. It is sensible to have structures around these practioners like a restricted license.

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

Yes,
Please give your
reasons::
I feel questionnaires represent a non threatening approach which can favour more involved outcomes without the stress that can be involved in other approaches.

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::
I dont understand what evidence is available to make this a fair process, I dont see evidence supporting adverse event outcomes being reduced by this approach, I strongly feel the power of any approach (statistically speaking) would not approach a recognised level to make ethical conclusions.

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::
Give practitioners who have performed without risk to the public recognition of this, a bit like the food business who can demonstrate a A or A+ certificate in their front window, likewise, those who have a D or something like that have incentive to do better.

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

As above

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

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	**6**
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	**2**
Removing the requirement to have verifiable education and learning activities	**5**
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	**3**
Permitting practitioners to choose all of their education and learning opportunities from prescribed categories	**4**
Setting some mandatory education and learning opportunities based on the Dental Council's Practice Standards	**8**

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

No - it works well as it is

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?

I feel strongly, that once a recognised qualification is achieved, particularly one achieved in New Zealand, that this should result in little requirement for recertification unless the practiioner has had an incident which has specifically bought the practioners ability into question.