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

Q1 This submission was completed by:

Name	**PETER BARWICK**

Q2 Are you making this submission	**as a registered practitioner**
Q3 Please tell us which part of the sector your submission represents	**a registered dentist or dental specialist**

Page 3: Area one: new core recertification programme

Q4 What, if anything, do you like about our proposed core recertification programme?

It is time for some improvement in how recertification is managed.

Q5 Is there anything about our proposed core recertification programme you would change?	**Yes,** Please explain.: 1. Replace the word "mange" from the 2nd paragraph on page 6 , below the heading "Draft proposals....." It should probably read "manage". 2. There is concern regarding self-nomination of a professional peer regarding validity and objectivity. Perhaps one way would be to support collegial study groups more by offering a greater loading when it comes to PDAs. In my experience, the smaller study group with a maximum of four members, meeting every six weeks or so offers the greatest degree of education, peer support and a non-threatening environment to discuss the whole range of issues that come up. Perhaps DCNZ could support facilitation of these smaller groups.

Q6 Do you support our proposal to change the recertification cycle to 12 months?	**No,** Please explain.: Annual reporting of PDAs might be logical, because it can be combined with the APC. However a minimum annual quota could well be discriminatory to women (childbirth), and those women and men that become ill for a majority of one period, but wish to, and are able to return for the following year(s). For these reasons, annual reporting with a minimum four year cumulative quota of PDAs expressed in hours would seem more feasible and less discriminatory
Q7 Do you think our proposed core recertification programme should include a requirement for practitioners to complete an online open-book assessment of their technical and clinical knowledge and skills?	**No,** Please explain.: Lack of evidence that this is more effective than a list of tick-boxes (the annual reminder) in the APC.
Q8 If a proposal about an online open-book assessment of a practitioner's technical and clinical skills and knowledge is supported, how often should practitioners be required to complete an assessment?	**Annually,** Please explain.: So it can be included in the APC
Q9 Do you have other proposals about our proposed core recertification programme you would like us to consider? Please explain.	**Respondent skipped this question**

Page 4: Area two: support for new registrants

Q10 What, if anything, do you like about our draft proposals for supporting new registrants?	**Respondent skipped this question**
Q11 Is there anything about the draft proposals for supporting new registrants you would change?	**No**
Q12 Do you think the proposed two year minimum period for the mentoring relationship is:	**just right**
Q13 Do you think all new registrants should participate in a mentoring programme, or are there some new registrants who should not be required to participate in a mentoring programme?	**Yes,** Please explain.: All or nothing.
Q14 Do you have other proposals about supporting new registrants you would like us to consider? Please explain.	**Respondent skipped this question**

Page 5: Area three: addressing health-related competence decline concerns

Q15 What, if anything, do you like about our draft proposals for addressing health-related competence decline concerns?

Possibly discriminatory to those 40 years and above

Q16 Is there anything about the draft proposals for addressing health-related competence decline concerns you would change?

Yes,
Please explain.:
Suggest a two-year eye-sight check for everyone applying for an APC. That way it is not perceived as discriminatory, and would also screen for those that have early eye-sight changes. It might be easier to manage at the DCNZ end as well.

Q17 Do you have other proposals for addressing health-related competence decline concerns you would like us to consider? Please explain.

Give a lot more thought into the assignment of peers. For example, an older practitioner might be best being in a peer group that includes younger members. Our peer group has four members, each about 10 years apart in age and stage. This provides the balance between experience and contemporary knowledge

Page 6: Area four: addressing recurring non-compliant practitioner behaviours

Q18 What, if anything, do you like about our draft proposals for addressing recurring non-compliant practitioner behaviours?

Respondent skipped this question

Q19 Is there anything about the draft proposals for addressing recurring non-compliant practitioner behaviours you would change?

Respondent skipped this question

Q20 Do you have other proposals for addressing recurring non-compliant practitioner behaviours you would like us to consider? Please explain.

Respondent skipped this question

Page 7: Final thoughts and comments

Q21 Do you have any other comments, suggestions or information you want to share with us about the draft proposals for improving our approach to recertification?

Please be mindful of the second-last bullet point on page 18 of the document. "not be intrusive for practitioners who consistently demonstrate their compliance and competence"