Our current approach to recertification

Our current recertification processes and procedures broadly follow the statutory provisions of sections 26-29 (APC renewal process) and sections 41-43 (recertification programme) of the Act.

Recertification programmes (sections 41-43 of the Act)

As previously noted, for the purpose of ensuring practitioners are competent to practise, section 41 of the Act permits us to set or recognise recertification programmes. These may be for all our practitioners, a specified class of our practitioners, or an individual practitioner.

Since the implementation of the Act, we have taken the view that recertification programmes should provide the foundation for ensuring our practitioners are maintaining the required standard of competence.

In October 2004 (when the Act was implemented), we wrote to all practitioners, giving notice that the future recertification of our practitioners would entail meeting three prerequisites:

> Starting from May 2005, the issue of an Annual Practising Certificate (APC) will no longer be automatic upon receipt of payment. Rather, the Dental Council will have to be satisfied that you have maintained your competence before you are recertified to practise through the issue of an APC. Consequently, when you apply for an APC, you will have to meet certain minimum requirements. These will involve:
>
> - continuing dental education
> - peer contact – this means regular contact with other dental specialists with the specific objective of professional development
> - compliance with professional standards as set out in the joint DCNZ/NZDA Codes of Practice.[1]

Accordingly, a one-size-fits all recertification programme was set by us, the only differences being the number of required CPD (CDE) hours[2] to be completed by practitioners in each of the five oral health professions subject to regulation; the length of the cycle;[3] and the number of peer contact activities to be undertaken. Together with the requirement to comply with our practice standards, this has continued largely unchanged to date.

Verifiable CPD and peer contact activities

Our current recertification framework requires that the CPD completed by our practitioners be verifiable. While the vast majority of verification is completed by the practitioners' professional associations, our CPD sub-committee also fulfils this responsibility.

Regarding verification, it should be noted that:

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1 In 2014, we implemented our *Standards Framework. As a result, we* have been progressively replacing the joint DCNZ/NZDA Codes of Practice. This includes progressively replacing the term "codes of practice" with the term "practice standard."

2 See appendix 1 for a table containing our current CPD and peer contact requirements over the 4-year cycle.

3 Initially, therapists, hygienists and orthodontic auxiliaries were on a 2-year cycle.

- requests from practitioners to verify their CPD activities is higher at the end of the 4-year CPD cycle than at any other time

- regardless of who is verifying the CPD activities, the task itself can be onerous (due to lack of readily available information about activities undertaken)

- In 2013, in anticipation of a review of our current approach to recertification, verification was waived. This will remain in effect until a decision about CPD (including verification) and peer contact activities is made as part of this recertification review.

Recertification at APC renewal time (sections 26-29 of the Act)

The statutory restrictions that can prevent us from issuing an APC are set out in section 27 of the Act.[4] Although it focuses primarily on practitioner competence, it also addresses the provisions relating to recency of practice (which is a subset of competence) and fitness to practise.

Our section 27 recertification process:

- relies on our practitioners making a subjective judgment about whether they have maintained their competence and comply with our standards

- requires our practitioners to provide factual responses to questions about their recency of practice

- requires our practitioners to provide objective and truthful responses to questions about their fitness to practise.

As we have often found when dealing with issues of practitioner competence, insight is frequently lacking. While we believe, our practitioners endeavour to respond honestly to the questions we put to them in their APC application forms, where insight is lacking, a practitioner may not be in a position to provide an informed response.

Information from our Registry Team suggests some of our practitioners view APC renewal as an administrative process only. This can mean an inadequate amount of time and reflection is spent on a practitioner's APC application—especially the self-declaration form we require all practitioners to complete. The information from our staff challenges the veracity of our recertification procedures and raises questions about our ability to state definitively that every practitioner we issue an APC, is competent to practise.

Compliance with professional standards

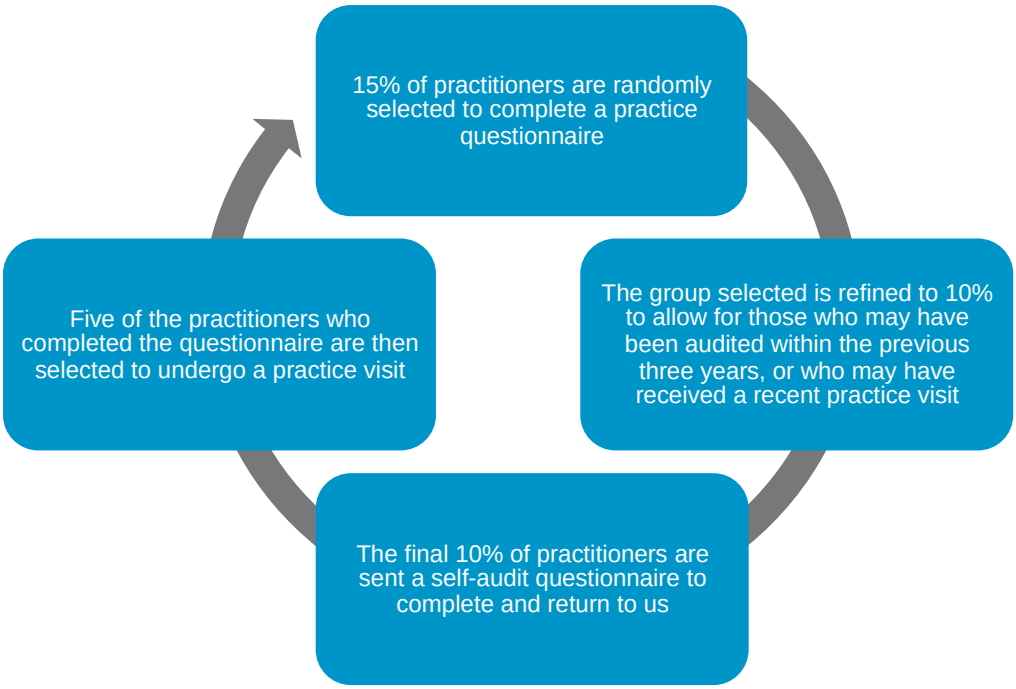
When we wrote to practitioners in October 2004 about the proposed new recertification requirements, we said this would involve, amongst other things, a requirement to comply with our professional standards. This was envisaged as providing an indicator of whether practitioners were meeting the required standards of competence. This has been an ongoing requirement.

[4] See appendix 1, which contains a table comparing the requirements of the Act with information we require a practitioner to provide when applying for an APC.

Our current APC application form requires practitioners to declare they comply with a number of named practice standards and with their obligations under our *Standards Framework* (see appendix 5 for further detail).

The process, as it relates to practice questionnaires and audits for the APC cycle, is set out in figure 1, below.

Figure 1: use of practice questionnaire and audit in the annual APC cycle



We use a random selection process to identify the practitioners who are required to complete the practice questionnaire. A subset of these practitioners will also have to undertake a practice audit as part of our APC renewal cycle.

This can mean a practitioner may never be selected to complete a questionnaire or undertake a practice audit. Just as it is likely that a practitioner may be selected more than once, or in consecutive APC renewal cycles. Perhaps more significantly than this anomaly is the fact that under our current process, only a very small number of practitioners are ultimately audited.

It should be noted it is possible that a practice visit (arising from our recertification process) from one of our Professional Advisors may result in a competence review. However, this is unlikely and has not occurred to date.[5]

Where an individual discloses a practitioner is not complying with our practice standards and/or their obligations under our *Standards Framework*. The starting point is to adopt a remedial approach, so a practitioner can meet their obligations.

[5] The intensive nature of practice visits invariably mean competence issues are identified. However, to date, they have not been of a serious enough nature to meet the threshold to initiate a competence review.

Does our current approach to recertification help us achieve our statutory responsibilities?

Issuing an APC to our practitioners is one of our critical functions and we have a responsibility to the public to ensure our processes safeguard and protect their health. This means that before our practitioner's receive an APC we must be satisfied they have met our required standards of competence to practice.

An analysis of the data and information on our current recertification framework indicates there is room for improvement. This includes:

- Our current recertification framework not giving us assurance all our practitioners are competent to practice.

- Our current approach to education and learning opportunities being problematic for us because:

    - it is not the only component of our recertification framework—yet, it is what many of our stakeholders equate our framework to be
    - the research indicates that counting (and verifying) CPD hours and peer contact activities does not give assurance a practitioner who completes their CPD requirements is any more competent to practise, than a practitioner who does not complete these requirements.

- If we know what the risks and challenges are preventing and impinging on compliance, then we can intervene earlier and direct our practitioners towards the help they need to meet their compliance obligations.

- Our current framework is inconsistent with the evidence[6] indicating the majority of our practitioners comply with our requirements and we should have mechanisms that reward and continue to encourage this behaviour.

Going forward, what we need is a recertification framework that is effective, fair to all of our practitioners, robust and evidence-based.

[6] See the literature review on recertification for additional information.

Appendix 1: Recertification of Oral Health Practitioners Policy

Our current approach to recertification is supported by 13 recertification-related policies that give strategic effect to our statutory responsibilities.[7] When used in conjunction with our accompanying procedures, processes and programmes, these 13 policies give practical effect to our recertification framework.

Some of these policies will be more familiar to our practitioners and key stakeholders than others. For example, all registered practitioners should be familiar with the policies and procedures relating to our annual APC renewal cycle and four-yearly CPD cycle requirements.

However, they are not the only components that make up our recertification framework.

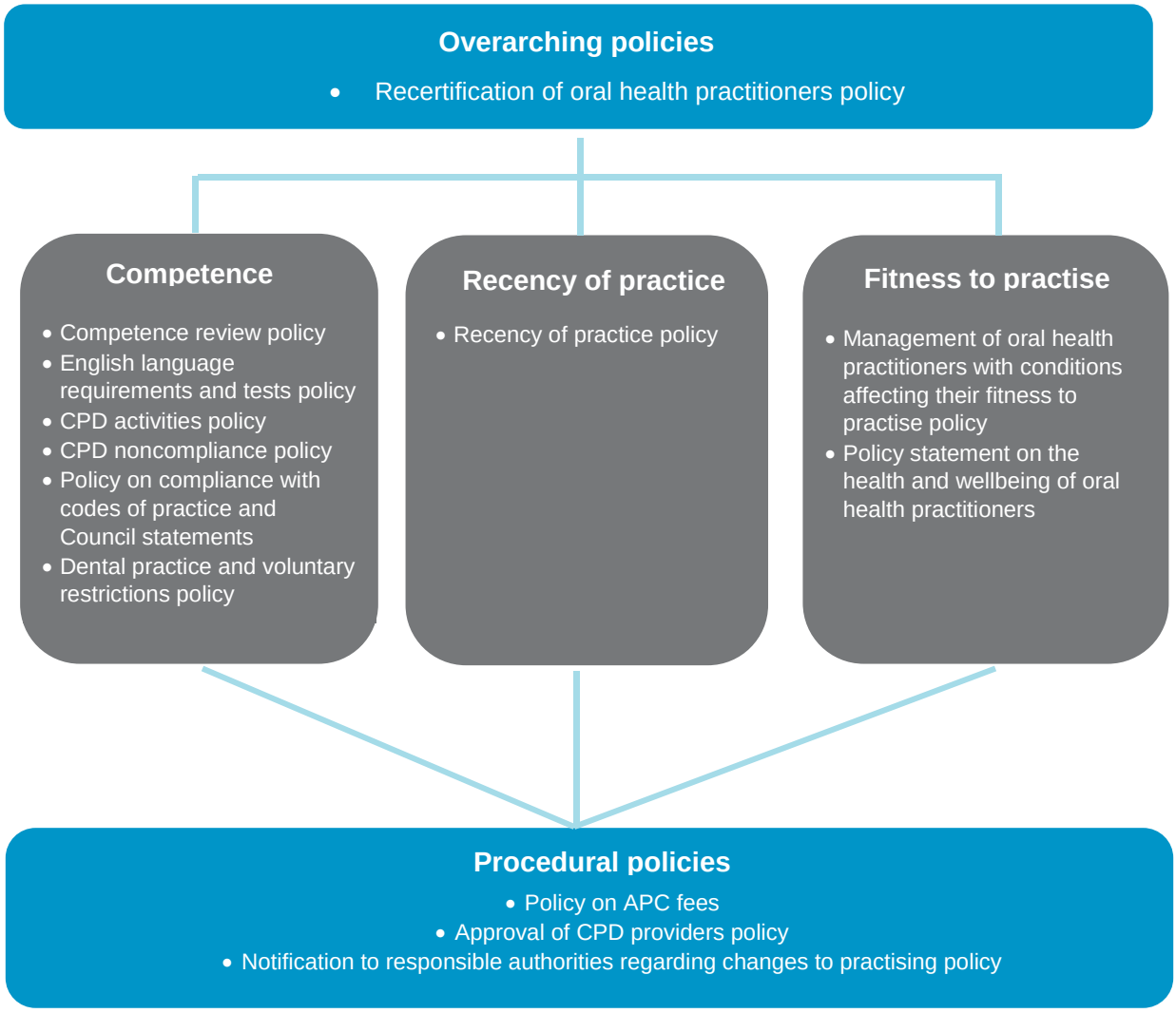
These policies are underpinned by three assumptions about our practitioners. The first relates to their entry into the profession and assumes they have the relevant qualifications and are registered to practice dentistry in New Zealand.

Once a practitioner has gained entry into the oral health profession, our policies assume our practitioners:

- have the abilities to complete tasks to our predetermined professional practice standards
- will continually participate in activities that keep their professional knowledge, skills, attitudes, communication and judgment up-to-date for the duration of their careers.

The diagram below depicts the connections between all thirteen policies. Unsurprisingly, these policies are inter-related and the majority of them can be directly linked to our core statutory responsibilities (i.e. competence, recency of practice and fitness to practise). The remaining policies either touch on all three-core responsibilities, or are procedural in nature. This means they support and/or give greater effect to the other recertification-related policies.

[7] See http://www.dcnz.org.nz/resources-and-publications/resources/policies/ for the details of all the policies that relate to recertification.



Our current CPD requirements over a 4-year cycle

	Minimum number of verifiable CPD hours	Minimum number of peer contact activities
Dentists/Dental Specialists	80	12
Dental Hygienists	60	8
Dental Therapists	60	8
Orthodontic Auxiliaries	30	6
Dental Technicians	40	0
Clinical Dental Technicians	60	0

Additional information about verifiable CPD and peer contact activities

Our current recertification framework requires that the CPD to be completed by our practitioners is verifiable. That is:

- The course must have concise educational aims, objectives or learning outcomes that relate to the educational needs of participants.
- The qualifications and experience of the presenters must be detailed. Sufficient information must be provided to enable the evaluators to judge the suitability of the presenter(s) to teach the proposed subject.
- An outline of the course must be provided, including an overview of the programme and the teaching methods used (e.g. lecture, hands-on workshop, group discussion).
- Course cost, number of hours involved (in excluding meal breaks) and venue must be provided.
- A certificate of attendance must be provided that includes the attendee's name, the name of the provider, the name of the activity, the date, time and location of the activity and the number of verifiable hours.

Some professional associations have provided course verification for those courses offered or administered by them, and a verification service for other courses. They have not however normally verified international courses and activities, nor the ever-increasing number of online activities that practitioners are undertaking. These services are usually only available to professional associations' members.

The professional associations verify the vast majority of CPD activities undertaken by their members. However, the task of verifying CPD activities is also completed by our own CPD sub-committee, with assistance from our staff.

For example, during the period, January to July 2013, at the end of the CPD cycle, 1300 individual CPD activities were reviewed by the CPD sub-committee. Each of the members invested a significant time contribution in reviewing the submission on each activity against the policy criteria, to determine an outcome for each.

At the end of the dentists and dental specialists 2009 – 2012 CPD cycle, where a practitioner was not recorded on their association's spreadsheet as having completed the requisite number of verified CPD hours, we of necessity spent a very significant amount of time in each case:

- manually matching those activities listed in the practitioners CPD schedule with the list of activities that had been verified during the cycle
- capturing individual activities submitted for verification
- manually tracking the status of verification requests, and reporting to Council, the CPD subcommittee and to practitioners.

As a consequence of our prescriptive approach we have learned the following lessons:

- the level of information which was available to verify an activity was often difficult to obtain and practitioners were sometimes reluctant to obtain and/or submit the necessary information
- a very low number of activities were declined – the overwhelming majority meeting the criteria for verified CPD, as stipulated in the policy
- verification is an intensive, time consuming, manual process
- practitioners were left in limbo for an extended period as to whether or not they had met their recertification programme requirements whilst waiting on their CPD activities to be verified
- notwithstanding the level of verification completed by professional associations a large number of activities, mostly international or online, were not verified by them
- the value of verifying CPD activities was questionable.

In September 2013, we moved to address the immediate verification issues, and as a stop-gap measure we decided that until such time as our whole approach to recertification had been thoroughly reconsidered, to waive the requirement for individual CPD activity verification and:

- to request a declaration from each practitioner that they had completed the minimum number of CPD hours and peer contact activities
- not require detailed CPD activities schedule/logs to be submitted to us at the end of the cycle, but to recommend to practitioners that they complete this for their own verification of the actual number of hours completed, and in preparation for a possible audit following the end of the CPD cycle
- perform the random CPD audits after the CPD cycle, and require those practitioners to be audited to submit their schedules together with evidence of completion or attendance.

Pending a review of our recertification framework, we have maintained this approach to date.

Peer contact activities

We have defined peer contact activities as interactive contact with peers with the specific objective of professional development, and in our *Continuing professional development activities policy* set out our expectations that:

- peer contact activities should be outcome-oriented and promote reflective practice.
- depending on the nature of the activity, peer contact activities can be verifiable if they meet the CPD activity assessment criteria
- peer contact activities are not restricted to practitioners in the same scope/s of practice
- examples of peer group activities include:

    a) participation in study groups
    b) hands-on clinical courses

c) professional association brand meetings where peer interaction and collective participation comprises part of, or the entire meeting
d) attendance at in-service training, formal presentations, lectures and conferences where group discussion and/or a questions and answer session comprises part of the session
e) peer discussion and review activities within a group dental practice
f) joint treatment planning/patient management sessions
g) practice appraisal, including clinical audit and peer review activities
h) providing or receiving mentoring or supervision.

Our policies and our current approach to recertification

The table below sets out how Council applies section 27 of the Act. It compares the requirements of the Act to the information Council requires a practitioner to provide when applying for an APC. The left-hand column records the enquiry to be undertaken by the Registrar, whilst the right-hand column records the questions a practitioner is required to answer on our APC application form.

Section 27 requires:	APC Application Form requires:
Competence	
Has the applicant maintained the required standard of competence?	• Confirmation that the applicant maintained their competence in their scope/s of practice • A declaration that they comply with the following practice standards: - informed consent - patient information and records - infection prevention and control - conscious sedation - working relationships associated with other oral health practitioners - transmissible major viral infections (TMVI) - advertising - sexual boundaries in the dentist/patient relationship - medical emergencies • Confirmation that they hold a valid Resuscitation Certificate • A declaration that they comply with their obligations under the *Standards Framework for Oral Health Practitioners*.
Has the applicant complied with any condition included in their scope/s of practice?	• Checked by our staff – practitioners with conditions on their scope/s of practice are flagged in the register
Has the applicant satisfactorily completed the requirements of any competence programme?	• Checked by our staff – practitioners undertaking competence programmes are flagged in the register.
Recency of practice	
Has the applicant held an annual practising certificate within the last three years?	Has the applicant held an APC in New Zealand at any time within the last three years?

	• If they have been retained on the register for more than three years the applicant needs to contact us before completing and returning the application • If the applicant has not held an APC during the last three years, they should contact us.
Has the applicant, lawfully practised the profession within the three years immediately preceding the date of application?	Has the applicant practised overseas since they were last issued with an APC, or while they have been on retention? • If yes, the applicant must list all countries they have practised in since they were last issued with an APC from us, or while they have been on retention, and; • The applicant must arrange for an original certificate of good standing (COGS) from each jurisdiction in which they have practised since they were last issued with an APC from us (or if they have never held an APC since the date of registration with us), to be sent directly to us. The certificates must be no more than three months old at the time they are received. *Practitioners are also advised that without a COGS, their application will be treated as incomplete and an APC will not be issued* • Where an applicant is renewing a current APC and they are required by us to provide a COGS from the overseas jurisdiction(s) in which they have practised, such certificate(s) must be received within the prescribed timeframe, or their application will be deemed to be incomplete and they will be required to stop practising until such time as the required certificate(s) are provided to Council and an APC issued to them. • If an applicant does not hold a current APC at the time of their application and they are required by us to provide a COGS from the overseas jurisdiction(s) in which they have practised, their application will be deemed to be incomplete and an APC will not be issued to them until such time as we receives the required certificate(s). The applicant is reminded that the Act requires every health practitioner practising in New Zealand to hold a current APC, and it is accordingly unlawful to practise without one.
Fitness to practise	
Is the applicant unable to perform the functions required for their profession because of some mental or physical condition?	Since an applicant was last issued an APC in New Zealand, or while they have been on retention, have they been subject to any of the following (whether in New Zealand or overseas): • Any investigations or proceedings relating to any matter that may be the subject of professional disciplinary proceedings? If yes, the applicant

	must provide evidence relating to the investigations or proceedings? • A formal competence inquiry or a restriction or withdrawal of their credentials based on their clinical performance? • An adverse finding in any disciplinary action • A police investigation, pending court proceedings, and/or a conviction in any criminal proceedings, punishable by imprisonment for a term of three months or longer by any court (including traffic offences involving alcohol and/or drugs)? If yes, the applicant must provide evidence relating to the investigations, proceedings or convictions. • Any personal condition with the potential to affect an applicant's fitness to practise in the scope/s of practice in which they are registered, such as: - any addictive condition including, but not limited to, a drug and/or alcohol dependency and/or a gambling addiction - any mental health condition including, but not limited to, depression, anorexia and/or bipolar disorder - any physical condition including, but not limited to, TMVIs, injuries as a result of an accident, memory loss and/or any degenerative condition such as Multiple Sclerosis or Motor Neurone Disease - any other personal condition that might affect their fitness to practise • If the applicant has answered "yes" to any of the above, they must enclose a report from their doctor or specialist updating us on their condition.