Dental Council
Te Kaunihera Tiaki Niho

24 November 2026

Tēnā koutou,

Consultation on proposed changes to the annual recertification programme

The Dental Council's annual recertification programme has been in place since 2021, and a five-year review has recently been conducted. Following the review, the Council is proposing updates to the programme to improve assurance and clarity, and we are inviting feedback through consultation.

Recertification programmes are set for "ensuring that health practitioners are competent to practise within the scopes of practice in respect of which they are registered."[1] The annual recertification programme enables practitioners to demonstrate that they are keeping up to date with contemporary practice and maintaining the required standard of competence, which is requirement for issuing an annual practising certificate (APC).

The review considered practitioner feedback, local and international regulatory developments, and current research on continuing professional development (CPD). This included:

- Two perception surveys of registered practitioners, comprising a baseline survey in 2024 and a follow-up survey in July 2026. A total of 1,331 practitioners responded from 5,677 practitioners invited to share their views in July 2026.
- Recent academic research on CPD for health professionals.
- Changes to recertification programmes implemented by other responsible authorities in New Zealand.
- Changes that overseas regulators of oral health practitioners have made, or are proposing to make, to their CPD requirements.

Key themes during the review were the enduring impact that COVID-19 has had on how health practitioners participate in CPD and how regulators monitor compliance, and the growing use of emerging technologies such as electronic portfolios (ePortfolios) and artificial intelligence (AI).

The current programme supports practitioners to take ownership of their professional development, recognising that maintaining competence and continuing learning cannot be approached in a one-size-fits-all way. It provides flexibility for practitioners to undertake learning activities that are relevant to their individual scope of practice, professional goals, and learning needs.

The review identified opportunities to strengthen the level of assurance provided by the programme and improve clarity for practitioners when planning, undertaking, and recording their professional development activities. The proposed changes are intended to provide a clearer framework for professional development while continuing to support practitioner-led learning.

The consultation document outlines the findings of the review and the rationale for the proposed changes.

Have your say

The Council invites your feedback on the proposed updates to the annual recertification programme by using the online survey.

[1] Section 41 Health Practitioners Competence Assurance Act 2003

We're also hosting **two webinars** to talk through the proposals and answer your questions on the consultation. We invite all practitioners and interested parties to attend:

- Tuesday 8th December, 5.00pm - 6.00pm
- Monday 14th December, 6.00pm - 7.00pm

To register for a webinar or submit a question, please use this **sign-up form**.

The consultation document is made available to all oral health practitioners, relevant associations and societies, the Ministry of Health - Manatū Hauora, Health New Zealand - Te Whatu Ora, educational institutions, and other organisations with an interest in this area. The consultation document is also published on the Council's website, with a similar invitation to comment.

Submissions

Your submissions must reach us by **5pm on 12 February 2027**.

Submissions received will be published on our website and will record the submitter's name and profession (for registered oral health practitioners). All personal contact details will be removed. We will not publish any derogatory or inflammatory content.

As this is a public consultation, "in confidence" information will only be accepted under special circumstances. Please contact us before submitting material in confidence.

If you have any questions about this consultation, you can contact us by email or phone 04 499 4820. I look forward to receiving your views on the proposals.

Ngā mihi,



Marie MacKay
Chief Executive

Consultation on proposed changes to the annual recertification programme

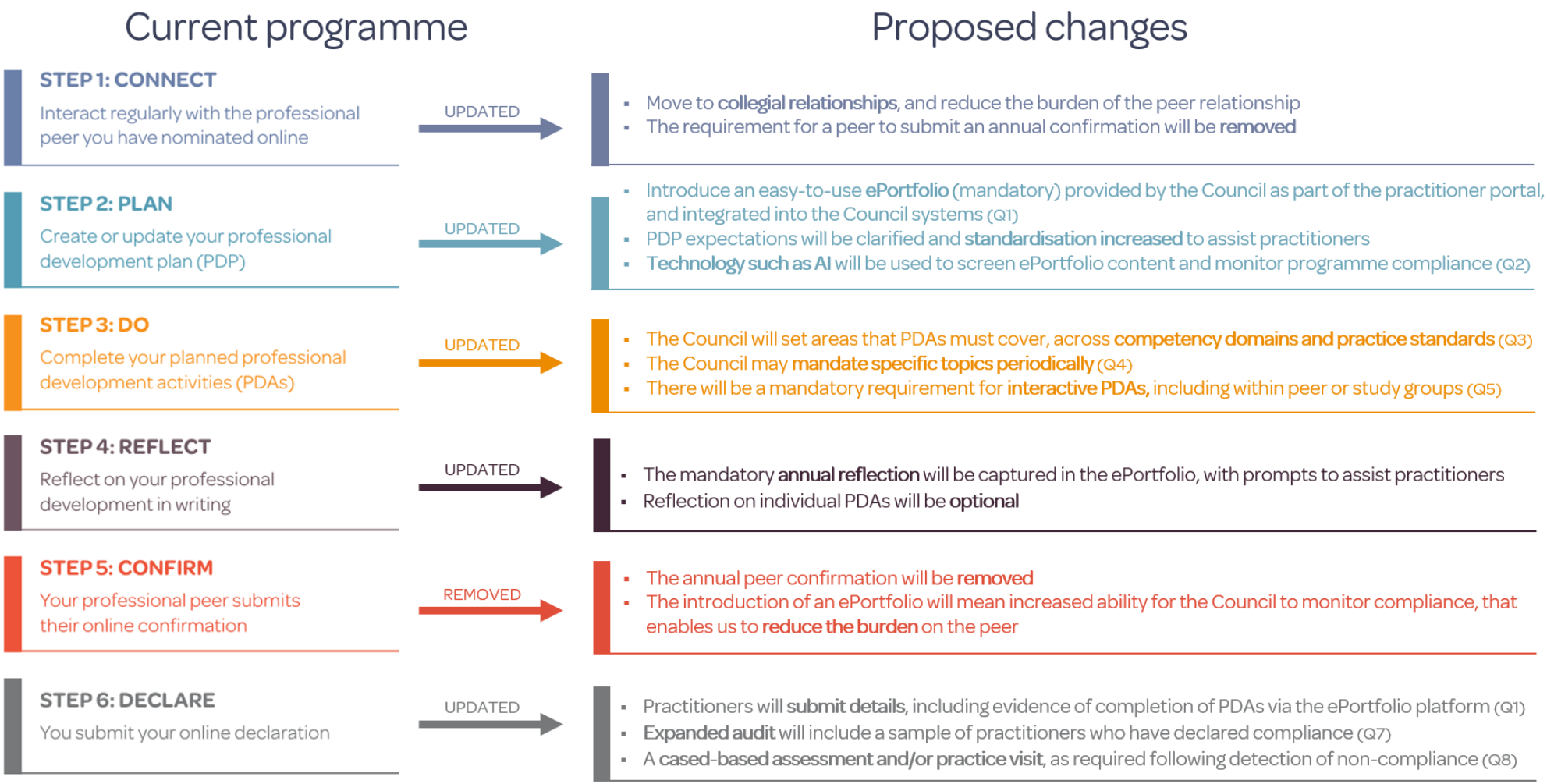
Issued: 24 November 2026

Closing date: 12 February 2027

Dental Council
Te Kaunihera Tiaki Niho

1. Executive summary

The following changes to the Dental Council's annual recertification programme are proposed:



Stakeholders are invited to comment on the proposed updates to the annual recertification programme by responding to the following questions:

Q1. Do you agree/disagree with the proposal to mandate that practitioners use an ePortfolio platform provided by the Council to record, for each APC cycle, their annual PDP, learning objectives, planned and completed professional development activities (PDAs), evidence of completion and reflection, and submit this information to the Council? If you disagree, please detail why.

Q2. Do you agree/disagree with the proposal for the Council to use technology, for example artificial intelligence (AI), as a tool to screen ePortfolio content for potential non-compliance with annual recertification programme requirements, for follow up by Dental Council staff? If you disagree, please detail why.

Q3. Do you agree/disagree with the proposal for the Council to require practitioners, each year, to complete one or more PDAs in each of the following areas: (a) Scientific and clinical knowledge / patient care, (b) Practice standards, and (c) Professionalism / communication? If you disagree, please detail why.

Q4. Do you agree/disagree with the proposal that the Council may periodically mandate PDAs on a specified topic that practitioners must complete within a specified period of time? If you disagree, please detail why.

Q5. Do you agree/disagree with the proposal for the Council to require practitioners, each year, to complete at least one PDA that is interactive, involving a two-way exchange of information with other practitioners (either face-to-face or online) on a topic related to scientific and clinical knowledge, or patient care? If you disagree, please detail why.

Q6. Do you agree/disagree with the proposal to remove the annual peer confirmation, but retain collegial relationships including within peer and study groups? If you disagree, please detail why.

Q7. Do you agree/disagree with the proposal that, to increase accountability, the Council expand the audit process to include a sample of practitioners who have declared that they are compliant with the annual recertification programme? If you disagree, please detail why.

Q8. Do you agree/disagree with the proposal that the Council may, from time-to-time direct or require practitioners to undertake a case-based assessment, at their own cost, if they have failed to demonstrate that they have maintained their competence through the annual recertification programme? If you disagree, please detail why.

2. Introduction

Section 3(1) of the Health Practitioners Competence Assurance Act 2003 (HPCA Act) states "*The principal purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions*".

Recertification programmes are one of those mechanisms and are set by the Dental Council under section 41 of the HPCA Act "*for the purpose of ensuring that health practitioners are competent to practise within the scopes of practice in respect of which they are registered*". Our annual recertification programme allows a practitioner to demonstrate that they are maintaining their competence to practise, which is a requirement for issuing an annual practising certificate (APC).

The current annual recertification programme[2] was developed through a robust process. It started with a symposium with key stakeholders in 2016, a first round of consultation and a literature review in 2017, and a second consultation in 2018 with a planned implementation in 2020. Implementation activities included focus groups with practitioners and regular updates with key stakeholder groups, but implementation was interrupted by COVID-19, and the start date was deferred by a year.

The programme was set by the Council in April 2021. It started on 1 October 2021 for dentists and dental specialists and 1 April 2022 for all other oral health professions. Key features of the programme include the requirement to have a professional development plan (PDP), complete professional development activities (PDAs), reflect in writing and have a professional peer. All practitioners are required to make annual declarations to the Council about recertification programme requirements having been met. All professional peers are also required to submit an annual confirmation that requirements have been met. There is no minimum number of hours of PDAs that must be completed.

In January 2024 the Council issued a survey to all practitioners to establish a baseline of perceptions of the programme. In July 2026 a further survey was sent to 5,677 practitioners and 1,331 responded. Of those that responded, 61% said that they faced no barriers in meeting recertification programme requirements. This was offset by a portion who preferred an hours- or points-based system.

In addition to the surveys, a desktop review was conducted to identify key developments since 2021. This has included a review of recent academic research into continuing professional development (CPD) for health professionals, changes that other responsible authorities (RAs) in New Zealand have made to their recertification programmes, changes that overseas regulators of oral health practitioners have made or were proposing to make to their CPD requirements, and emerging technologies such as the use of electronic portfolios (ePortfolios) and artificial intelligence (AI). In the post COVID-19 world we know that online learning, remote overseas programmes (with or without travel) gives all practitioners, regardless of their scope of practice, greater opportunity and flexibility than they have ever had before.

3. How the current programme is working

A flexible, practitioner-led programme

Recertification programmes are one of our primary proactive mechanisms for practitioners to demonstrate ongoing competence.

The current programme is outcome-based, designed to be flexible, and allows practitioners a wide scope in planning their professional development. It also requires practitioners to critically self-reflect to identify their learning needs and objectives that will drive their learning activities. It gives the Council and the public assurance that the profession has engaged in ongoing learning to maintain competence. By taking part in the Council's annual recertification programme, practitioners also show they're staying connected with their profession, and importantly, not working in isolation.

Outcomes-based continuing professional development requires practitioners to critically reflect on their practice to identify learning needs to address skill gaps or targeted refreshers. Then having completed the activities, reflect again on the difference the learning has made to their practice.

[2] https://dcnz.org.nz/assets/Uploads/Recertification/Recertification-programme-handbook.pdf

Our annual recertification programme is practitioner-led, allowing practitioners to identify the best activities and courses to support their ongoing learning, and commit to an agreed plan with a professional peer.

A right-touch programme

As a regulator, the Council only intervenes when necessary to gain appropriate assurance and to protect the public. The annual recertification cycle enables us to identify gaps in engagement with the programme in a timely way, to engage with practitioners and minimise any potential risk to patients.

Our first approach is to support practitioners to meet their recertification requirements through guidance and education. Where this is unsuccessful, the Council will use the regulatory tools available to it to address non-compliance. This may include providing more formal educative support with an individual recertification programme or, more rarely, taking steps under s 43 of the HPCA Act to impose conditions or prevent ongoing practice until the requirements of the programme have been met.

Recertification programme activity over the past three cycles

Over the past three years, the Council has directly engaged with approximately 33% of practitioners utilising a range of regulatory tools, proportionate to risk, to ensure ongoing participation in professional development to maintain competence.

The types of compliance activities have included:

- 1,349 contacts with practitioners and their peers for non-compliance with the programme requirements by the end of an annual cycle.
- 102 desktop audits of recertification programme records.
- 167 individualised educative letters to support practitioner learning and compliance.
- 19 individual recertification programmes set under s 41 of the HPCA Act to support practitioners with their understanding of the requirements and to get them established with an appropriate PDP.
- 6 proposed orders for conditions issued under s 43 of the HPCA Act where educative responses have not been successful. Conditions are published on the register and generally require an appropriate PDP to be provided within a set timeframe.

4. Focus of the review

Practitioner surveys

The 2026 survey[3] was sent to 5,677 practitioners. 1,331 practitioners responded, a 23% response rate, and of these 71% completed the survey.

61% of respondents to the survey said that they faced no barriers to completing the programme. Of the barriers that were encountered, the most common were written reflection and the PDP. The lack of availability of suitable courses was also a common theme.

Overall, practitioner confidence in the annual recertification programme fell from 63% in 2024 to 50% in 2026. A key theme from 2024 was a desire for more accountability and standardisation of the programme, and this continued in 2026 although the sentiment reduced slightly.

63% found the professional peer relationship useful, but this had reduced from 70% in 2024. Problems cited included difficulty finding a peer, peers retiring, and delays with peers submitting their confirmation to the Council.

When asked how the programme could be improved, the most common response (38%) was provision of an online recording system. Other suggestions related to increased prescription of requirements, including suggested learning topics, standard prompts for reflection and compulsory areas for

[3] https://dcnz.org.nz/assets/Uploads/Publications/Newsletters/2026/Recertification-Survey-Report-2026-Executive-summary.pdf

professional development. The most common free-text comment was a desire to return to the previous hours-based programme.

Academic research

In 2017 the Dental Council published a literature review *Recertifying our oral health practitioners.*[4] Other major literature reviews on ongoing competence were published by the College of Dental Surgeons of British Columbia in 2018 and the General Dental Council (GDC) in the United Kingdom in 2019.[5]

In 2023 the Australian Health Practitioner Regulatory Authority (Ahpra) Research Unit published *Evidence for continuing professional development standards for regulated health practitioners in Australia: a systematic review.*[6] This found very limited evidence for an optimal amount of CPD. However, it noted that CPD is most effective when it is interactive, focused on outcomes and considered important by practitioners. Research also suggested that interprofessional coaching, mentoring, use of reflection and other informal learning processes are important factors in improving clinician behaviour and patient / client outcomes.

The review found that the benefits of CPD include improved practitioner knowledge, clinical skills and patient/client outcomes. Other benefits include improved communication and business skills, improved self-confidence and self-esteem, career progression and better workforce retention.

Other RAs in New Zealand

The overall direction of recertification programmes in New Zealand has generally been towards qualitative models and away from quantitative approaches (counting CPD hours or credits). Outcome-based models focus on the quality, rather than quantity, of CPD and emphasise practitioners taking ownership of their professional development through a "plan, do, reflect" cycle.

The recertification programmes of 18 RAs were reviewed and compared to the Dental Council's annual recertification programme:

- Around three quarters mandate a PDP, just over a third mandate a portfolio, and over half mandate or offer an optional online platform for recording CPD
- All but one mandate some form of reflection
- Just over half mandate a peer or supervisor.
- Around two thirds mandate a minimum number of hours or credits, but this number is reducing over time.

Overseas regulators of oral health practitioners

Over the past 5 years the effectiveness of CPD has been a key focus for regulators of oral health practitioners internationally. Several comparable regulators of oral health practitioners have moved towards outcome-based models.

The GDC implemented its *Enhanced CPD scheme*[7] which mandated PDPs, prescribed four Development Outcomes, and increased the emphasis on reflection and relevance to scope of practice. A 2023 independent evaluation of the scheme[8] found CPD quality and relevance had improved, and registrants were more engaged with reflective learning, but administrative burden was a concern. Suggestions included "guidance, education and training on how to make best use of the PDP and how to reflect on learning" and "that consideration be given to a future scheme that requires no monitoring of

[4] Dental-Council-literature-review-recertification-March-2017.pdf
[5] https://www.gdc-uk.org/docs/default-source/research/181205-full-report-review-of-the-literature-on-cpd.pdf
[6] https://link.springer.com/article/10.1186/s12960-023-00803-x
[7] https://www.gdc-uk.org/docs/default-source/enhanced-cpd-scheme-2018/enhanced-cpd-guidance-for-professionals.pdf
[8] https://www.gdc-uk.org/docs/default-source/research/gdc-enhanced-cpd-final-report-june-23.pdf

hours or declarations, rather the maintenance of evidence by registrants of their learning. Such a scheme could include sample auditing by the GDC."

In 2025 the British Columbia College of Oral Health Professionals (BCCOHP) consulted on a Proposed Quality Assurance (QA) Program framework. Their recently finalised programme[9] requires practitioners to complete:

- Component A: a self-inventory, self-reflection, set a minimum of 2 professional goals, plan CPD activities and an optional patient / peer experience survey
- Component B: learning modules based on BCCOHP's standards
- Component C: online, telephone, or in-person audit process designed to determine who may benefit from further support.

In May 2026 Ahpra consulted[10] on a proposed CPD standard that includes introducing a mandatory portfolio that documents goals, planned and completed CPD activities and a reflection on how the activities are expected to improve or have improved their practice. Despite Ahpra's research finding very limited evidence for an optimal amount of CPD, their proposal includes a minimum of 20 hours of CPD per annum, of which five hours must be "*interactive CPD with other practitioners (this can be face to face or virtual)*" that involves a two-way exchange of information. A decision document has not yet been published.

The current Dental Board of Australia (DBA) CPD requirements are a minimum number of hours that must be spent on clinically or scientifically based activities, with the remainder on non-scientific activities.

The following table summarises these recent developments with comparable overseas regulators of oral health practitioners:

	GDC	BCCOHP	Ahpra / DBA
Portfolio	Not specified	Mandatory	Mandatory
Online record keeping	Provided by regulator	Provided by regulator	Under development by regulator
PDP	Mandatory	Mandatory	Not specified
Objectives / goals	Mandatory	Mandatory	Mandatory
Reflection	Mandatory	Mandatory	Mandatory
Prescribed topics	A. Communication B. Management C. Clinical D. Professionalism[11]	Based on standards	▪ Clinical / scientific ▪ Non-clinical
Interactive CPD	Recommended	Not specified	Mandatory
CPD hours	50 to 100[12] per 5-year cycle	Not specified	20 per annum
CPD audit	Random	Risk-based	Random, reactive

Enduring implications of COVID-19

Several adaptations that emerged during COVID-19 have evolved into longer term trends. For practitioners these include increased comfort with and adoption of online tools, both for learning and for professional interaction with other practitioners. In addition, regulators locally and overseas were required to be more flexible in terms of recognising different types of CPD, and this has continued.

[9] https://oralhealthbc.ca/practice-resources/quality-assurance/
[10] https://www.ahpra.gov.au/News/Consultations/Past-Consultations
[11] The GDC encourages CPD to cover all four development outcomes in a CPD cycle. However, this is not a compulsory requirement.
[12] Depending on registrant title, varying from 50 for Dental Assistants to 100 for Dentists.

Emerging technologies

One of the key developments has been the increasing use of ePortfolios and other online recording systems. The benefits have been to reduce the administrative burden for practitioners, provide a structure for planning and recording CPD, clarify mandatory CPD requirements, and provide an enduring CPD record for practitioners to maintain throughout their careers. Several oral health professional associations in New Zealand offer online systems for recording PDAs, but according to the Council's 2026 survey fewer than one in three respondents were using templates or tools provided by associations.

AI is moving quickly. To date the Council's focus has been on how practitioners use AI within their practice. However, there is an increasing emphasis on how AI can be used as one of the tools to provide assurance that practitioners are maintaining their ongoing competence. In their 2025 annual report the Occupational Therapy Board of New Zealand note their use of AI validation of ePortfolios. This is coupled with human ePortfolio audits conducted by registered occupational therapists who evaluate and assess the information that practitioners have entered.

The Council will follow the AI guidance[13] issued in May 2026 by the Ministry of Regulation. The Council is committed to ensuring that AI is used responsibly, including fully protecting privacy and information security.

5. Proposed changes

ePortfolio

Draft proposal

We will require every practitioner to use an ePortfolio platform:

- provided by the Council via the practitioner portal
- to record, for each APC cycle, their annual PDP, learning goals, planned and completed PDAs, and reflection on how their activities have improved their practice

The Council will use technology such as AI as a tool to screen ePortfolio content to detect potential non-compliance with annual recertification programme requirements and to support and inform its regulatory functions and regulatory settings.

Why we need to change

We have listened to the concerns that practitioners raised through both surveys that there is not enough accountability and assurance in the programme. There were perceptions that some practitioners are not meeting the requirements and there is not enough Council oversight or validation of declarations and confirmations of compliance from the practitioner and peer. Confidence that the programme provides assurance of practitioner competence reduced from 63% in 2024 to 50% in 2026.

The Council is confident that the vast majority of practitioners are meeting the requirements of the programme. However, we currently rely heavily on the annual self-declarations made by practitioners and the confirmations made by peers.

We also heard concerns about the lack of structure and standardisation in the programme and that record keeping is time consuming and burdensome. We heard the 38% of respondents who asked for the Council to provide an online recording system.

We believe that providing an easy-to-use ePortfolio platform responds to this feedback from practitioners by introducing additional structure and standardisation and providing online record keeping. The use of AI as a tool will increase confidence in the programme's robustness and fairness, because the Council will be able to monitor that all practitioners are meeting requirements.

[13] https://www.regulation.govt.nz/assets/Resource-Documents/Responsible-AI-in-action-Guidance.pdf

What this means for practitioners

- An ePortfolio platform will be available through the Council's existing practitioner portal.
- Within the ePortfolio platform an annual PDP template will be created for each APC cycle.
- At the start of an APC cycle, practitioners will record one or more learning objectives within the annual PDP and within each objective they will identify one or more proposed PDAs, including any mandatory PDAs that may be prescribed by the Council.
- For each PDA the practitioner will record the topic, type of activity, provider/source, duration and date.
- The annual PDP is a living document, and during the APC cycle a practitioner can add, change and remove learning objectives and/or PDAs if their practice or circumstances change.
- Completed PDAs and evidence of completion will also be recorded in the annual PDP.
- Reflection on individual PDAs will be optional, but annual reflection on professional development as whole will continue to be mandatory and this will be prompted in the ePortfolio platform.
- Before the end of each APC cycle a practitioner must ensure their annual PDP and record of PDAs are up to date, complete their written reflection, confirm the professional development activities completed for the cycle, and submit their annual PDP record to the Council via the ePortfolio platform.
- Technology including AI will be used as a tool to review ePortfolio recertification programme records to assist Dental Council Staff review compliance.

The AI screening process is intended to increase effectiveness and efficiency. It will be introduced in a phased and controlled manner, to ensure privacy is protected and information is secure, and to ensure that the integrity of the annual recertification programme and non-compliance processes are maintained. AI may also be used to assess recertification data to support and inform the Council's regulatory functions and settings. All decision-making will be done by people, not AI.

More information

Information, including demonstration videos, about the mandatory ePortfolios provided by the Occupational Therapy Board,[14] the Pharmacy Council[15] and the Royal College of Dental Surgeons of Ontario[16] is available on their respective websites.

Prescription of professional development

Draft proposal

We will require practitioners to:

- each year, complete one or more PDAs across each of the following groupings of competence domains and practice standards:
  - Scientific and clinical knowledge / patient care
  - Practice standards
  - Professionalism / communication
- from time-to-time, complete a mandatory PDA on a topic that may be prescribed by the Council, within a specified period
- each year, complete at least one interactive PDA which involves a two-way exchange of information with other practitioners (may be in-person or online) on a topic related to scientific and clinical knowledge / patient care

[14] https://otboard.org.nz/site/practitioner/eportfolio
[15] https://myrecert.pharmacycouncil.org.nz/view/view.php?id=18
[16] https://www.rcdso.org/en-ca/standards-guidelines-resources/quality-assurance-program/e-portfolio

Why we need to change

We heard your feedback through both surveys where practitioners raised concerns about the lack of structure and expressed a desire for more prescription from the Council. Aside from the online recording system, the next three most popular requests from practitioners were suggested learning topics, standard prompts for reflection and compulsory areas for development.

We also know from the competence and conduct cases we review that there are clear and recurring themes of those practitioners not maintaining their core competencies and foundations of practice.

What this means for practitioners

- Requiring PDAs across all competence domains and practice standards provides clarity about areas of learning and professional development and makes it easier to prepare a PDP.
- Directing practitioners on where to focus their professional development provides assurance that practitioners are maintaining competence across core competencies and foundations of practice.
- Interactive PDAs can be one-on-one, through a peer or study group or other group activity, so long as there is a two-way exchange of information.
- If the Council mandates a PDA, the topic will be selected using a risk-based approach informed by trends being observed through cases and investigations, or following the publication of new or updated practice standards.
- Examples of potential mandatory topics include ethics, cultural competence, infection prevention and control, communication, and record keeping.
- If the Council mandates a PDA on a specific topic, sufficient advance notice will be provided to allow time for education providers to ensure that appropriate courses are available.
- When the Council specifies the period within which mandatory PDAs must be completed, it will allow the completion of that PDA within the previous 12 months to meet the requirement.
- Practitioners will be required to provide evidence of having met the mandatory requirements via the ePortfolio platform.

More information

The proposed groupings are based on the Council's competencies,[17] standards framework and practice standards.[18]

Professional peer

Draft proposal

We will remove the annual professional peer confirmation process. We will move from a formal peer relationship to a collegial one, including within peer and study groups. Registered practitioners will be required to record these collegial relationships with the Council.

Why we need to change

We have listened to practitioner feedback about the professional peer relationship. Across both surveys, most practitioners found value in the peer relationship. However, the confirmation process has introduced tension into some peer relationships. This has also exacerbated some of the problems cited

[17] https://dcnz.org.nz/i-practise-in-new-zealand/scopes-of-practice-and-competencies
[18] https://dcnz.org.nz/i-practise-in-new-zealand/standards-framework

by practitioners including difficulty finding a peer, and delays in peers submitting their confirmation to the Council.

The two original objectives of the professional peer requirements were (a) to ensure a minimum level of professional interaction and (b) to provide some independent assurance to the Council that annual recertification requirements had been met. The first objective was about encouraging collegial relationships, especially for those who may be professionally or geographically isolated in practice, and the second objective was to assist the Council with its regulatory role.

The professional interaction objective would now be met by the introduction of mandatory interactive PDAs, and the assurance objective is met by practitioners submitting their recertification programme records via the ePortfolio platform and the use of AI as a tool to screen for non-compliance.

Based on that we are removing the confirmation to strengthen the collegial nature of the relationship. This will lighten the regulatory burden on collegial relationships. Through the ePortfolio platform the Council will be able to assess compliance through a combination of AI screening and audit, overlaid with human decision-making.

What this means for practitioners

- Collegial relationships should create a constructive, trusted environment where two or more practitioners can engage in open and honest discussions to support their professional development and maintain their ongoing competence.
- The mandatory interactive PDA requirement can be met through collegial relationships. This can be one-on-one interactions with another practitioner, through a peer or study group, or other group-based learning environment. The key requirement is that there is a two-way exchange of information.
- All practitioners will record, via the practitioner portal, another practitioner with whom they will maintain a collegial relationship.
- There is no mandatory requirement for a practitioner to discuss their PDP, PDAs and written reflection with a colleague as part of their annual recertification requirements. However, peer discussion is strongly encouraged as part of the collegial relationship.
- There is no requirement for a colleague submit an annual confirmation that they have engaged with the practitioner on their professional development and that the annual recertification programme requirements have been met.

Compliance and monitoring

Draft proposal

We will expand the recertification programme audit to include practitioners who have declared that they are compliant with requirements.

The Council will:

- use AI as a tool for screening of ePortfolio content and other risk-based factors to identify the sample of practitioners to audit
- continue to perform recertification programme audits if practitioners declare non-compliance or do not have a peer registered, as required.

Why we need to change

We have listened to your feedback from the 2024 survey that the current programme lacks accountability and assurance, and that practitioner confidence in the programme has dropped from 63% on 2024 to 50% in 2026.

As a regulator, the Council encourages voluntary compliance by providing the tools and information to make compliance achievable. When practitioners are trying to comply, but are not succeeding, we generally use an educative approach to help them to meet their obligations. In other cases, and consistent with our overall responsibility to protect the public, we need to detect and remediate non-compliance including by using our regulatory tools. We want to be transparent that those who avoid compliance, or choose not to comply, with recertification will be detected through our audit processes. Being transparent allows us to "deter by detection".

The Council's current audit activities achieve what they were designed for, but do not specifically encourage compliance with recertification programme requirements:

- The current recertification programme audit process is triggered when a peer confirmation is not received, or if there is no peer relationship, or non-compliance has been declared by a practitioner or peer. It has been effective in enabling educational and remedial advice. However, it does not currently include any audit of practitioners and their peers who declare compliance.
- The practice standard audit questionnaire process sits outside the annual recertification programme. It has raised awareness of the standards framework and practice standards but does not provide assurance of ongoing clinical competence.

What this means for practitioners

- The purpose of the expanded audit is to identify practitioners who have declared compliance, but who may be non-compliant with their annual recertification programme requirements.
- AI will be used as a tool to screen all ePortfolio content and the results will be used to identify the sample of practitioners to be audited, along with other risk factors identified by the Council (e.g. a complaint or notification).
- If practitioners meet the requirements of the annual recertification programme, keep their ePortfolio content up to date and have not had any competence or conduct concerns raised with the Council, then they are unlikely to be selected for a recertification programme audit.
- At the end of each APC cycle the AI screening process will flag a sample of annual ePortfolio records to Dental Council staff as potentially non-compliant.
- If Dental Council staff confirm the practitioners within the sample are suitable, then a desktop audit of the selected ePortfolio records will be conducted to check whether requirements have been met.
- The desktop audit will check:
    - The contents of one or more annual PDPs
    - Whether PDA requirements prescribed by the Council have been met and evidence of completion has been provided (i.e. PDAs across the three categories, any mandatory PDAs and at least one interactive PDA)
    - Whether self-selected PDAs have been completed and evidence of completion provided
    - That a written reflection has been completed.
- Following the desktop audit one or more of the following may be recommended as a next step, listed in order of escalation:
    - Request additional information from the practitioner
    - Written direction and reminders, used as educative tools
    - Case-based assessment (see next section)
    - Practice visit
    - Regulatory actions under s 43 of the HPCA Act, including conditions or suspension of registration
    - If appropriate in the circumstances, other regulatory options such as competence review under s 36 of the HPCA Act.

- The current practice standard audit process, which currently sits outside of the annual recertification programme, will be decommissioned, as all practitioners will be required to include PDAs across the competence domains and practice standards.
- Practice visits, if they occur, will involve a Dental Council professional advisor, or an appointed and trained practitioner, who assesses whether a practitioner is meeting the competence and practice standards.

Assessment

Draft proposal

The Council may, from time-to-time and at any stage of a recertification cycle, direct or require a practitioner to complete, at their own cost, a case-based assessment, if that practitioner has not responded to interventions or has failed to meet the requirements of the recertification programme.

Why we need to change

When we detect non-compliance, our initial approach is educative and remedial, and most practitioners engage constructively with those processes. However, when practitioners don't engage constructively that can raise concerns about whether they are meeting the requirements of the recertification programme and maintaining their competence.

At present, when educative options have not been successful, our only recourse is to use regulatory actions for a failure to satisfy the recertification programme under s 43 of the HPCA Act or other regulatory options such as a competence review under s 36. These actions may not be proportionate to the risk we are trying to mitigate.

The Council's 2018 recertification consultation document included a proposal to introduce a periodic assessment of all practitioners. However, the Council decided to pause the implementation of the assessment element. The Council is now proposing to introduce a case-based assessment, to be used risk-proportionally where non-compliance is established. A case-based assessment may be required at any stage of a recertification cycle, in response to non-compliance with the recertification programme, any ongoing non-compliance, and non-compliance following educative interventions.

What this means for practitioners

- If, after educative and remedial approaches, the practitioner has failed to demonstrate they have undertaken activities to comply with the recertification programme or if there is ongoing non-compliance, then an assessment could be required.
- A practitioner is unlikely to be selected for assessment if:
    - they meet the requirements of the annual recertification programme, or
    - they fail to meet the requirements of the programme but engage constructively with Dental Council staff when educative and remedial interventions are recommended.
- The cased-base assessment will involve a Council-appointed practitioner reviewing case examples of treatment the practitioner has provided.
- Case examples will be required to:
    - involve treatment that began within the previous three years
    - be cases where the practitioner was the lead clinician
    - demonstrate the practitioner's competence relevant to their practice.
- The practitioner will be required to meet the costs of the cased-base assessment.
- The assessment report will be provided to the practitioner to confirm accuracy and then be considered by the Council.

- Following assessment, the Council's approach will continue to be educative and remedial, but other regulatory options may be used as required or where necessary.
- A case-based assessment may be required at any stage of a recertification cycle and may be required where there has been non-compliance in a previous recertification cycle.

6. Elements that will not be progressed

In the 2018 consultation document the Council proposed introducing recertification programme elements relating to health-related competence decline and additional support for new registrants.

The Council has decided to not progress these elements.

7. Summary of feedback and our proposed response

The following table summarises what we heard from practitioners and how we have responded to it, considering the findings from the wider review:

What we heard	What we are proposing	What this means
Confidence that the recertification programme maintains competence is the lowest-rated measure and has fallen from 63% to 50% since 2024.	The introduction of an easy-to-use ePortfolio platform, the use of AI as a screening tool, additional prescription of PDAs, an expanded audit process and case-based assessment.	These elements will significantly increase the levels of accountability and fairness within the programme, and give greater assurance that practitioners are maintaining their competence.
Clarity on the role of a professional peer has fallen since 2024, and peer problems are a common concern.	The introduction of the mandatory interactive PDAs and the ePortfolio platform allow us to remove the peer confirmation process.	The role of the peer is simplified, and the focus moves away from compliance to a more constructive, collegial relationship.
The self-directed programme is heavy on paperwork, time consuming and burdensome, and an online recording system was the most favoured solution.	The easy-to-use ePortfolio platform allows practitioners to manage all their recertification programme records in one place.	The ePortfolio platform will provide more structure, be less time-consuming, and provide practitioners with an enduring record of their professional development throughout their careers.
Written reflection and the PDP are the two most common barriers to completing the programme and are also rated as the least useful components.	The ePortfolio platform will standardise and make it clear to practitioners how to develop a PDP, set learning objectives and reflect on individual PDAs (optional) and their overall professional development (mandatory).	Reflection and PDPs are core parts of international best practice regulation to maintain ongoing competence, and these changes will help remove the barriers that practitioners have experienced.
Increased standardisation was a key theme from both surveys, with a desire for suggested learning topics, standard prompts for reflection and compulsory areas for development.	Mandatory PDAs across groupings of competence domains and practice standards, mandatory PDAs on a topic set by the Council periodically and mandatory interactive PDAs.	These evidence-based changes aligned with international best-practice will give more direction to practitioners, while also retaining the flexibility that practitioners value in the current programme.
The most common suggestion from those who left a final comment in the 2026 survey was to reinstate the previous hours- or points-based CPD system.	We are not proposing to introduce an hours- or points-based system. However, we are introducing more structure to the programme and increased clarity of expectations on PDA types and topics.	Recent international research shows that there is very limited evidence for an optimal amount of CPD. However, the Council will continue to monitor whether new evidence emerges.