

## Summary of feedback from recertification focus groups 31 October to 13 November 2019

Topic	Focus group feedback
Start of the new programme	Focus group participants felt that if Council sets the new programme in March 2020 then the proposed start dates and lead-in times were reasonable and would give practitioners enough time to meet the requirements.
Annual declarations	<p>Generally supportive of the approach of annual self-declarations, while retaining documentary evidence for 3 years, although some thought that it should be longer.</p> <p>Some concerns were raised about “outlier” practitioners making false declarations, and how would Council identify these. Some practitioners said they thought that Council should be focussing on assessment and non-compliance as priorities to improve the recertification programme. Practitioners generally acknowledged that no system would be able to identify all outliers.</p>
Professional peer nomination	<p>Supportive of the concept, but some thought the materials emphasised one-to-one peer relationships too much. Generally thought that use of peer groups would be widespread but acknowledged the need for one person to submit the annual confirmation.</p> <p>Overwhelmingly agreed that professional peers should actively confirm to the Registrar that they have agreed to be the peer.</p> <p>Generally thought that there wouldn't be too much difficulty in finding a professional peer. There may be challenges for those who are geographically remote or in highly specialised fields, but technology was considered a tool that would assist with this. Practitioners thought the biggest challenge would be for those who are perceived to be difficult to work with.</p> <p>There were mixed views about the ability for professional organisations to assist practitioners in finding a peer. Some practitioners didn't think that associations had capacity to do this, while others thought this would be a relatively easy task. It was generally felt that the Registrar would be better placed to maintain a list of “volunteers”.</p> <p>Agreed that there should be guidance and potentially training on how to be a good professional peer.</p> <p>Some practitioners expressed views that Council should set certain limits e.g. a maximum number of practitioners that someone can be a peer for at a time, a maximum duration of a peer relationship.</p>
Peer interactions	<p>Generally, practitioners thought that if an issue arose in a peer relationship their first course of action would be to find a new peer, and it was unlikely that professional organisations would be able to assist.</p> <p>There was discussion about the nature and frequency of interactions and some practitioners expressed a preference for face-to-face interactions several times a year, including group sessions. However, other (particularly younger) practitioners expressed a preference for more regular and less formal interactions e.g. via social media groups.</p>

Topic	Focus group feedback
	<p>There were a range of views on how peer interactions might be affected by statutory and professional standards requirements to disclose concerns about a colleague's competence, health or conduct. However, generally practitioners thought they could manage this, and it wouldn't unduly affect peer interactions. Most understood that the obligation exists today, however it was suggested that some practitioners may have limited awareness of these obligations.</p>
Peer confirmation	<p>There was general agreement that if a peer "declines to confirm" then there should be some sort of disputes process via the Registrar, but little support for associations and/or specialist bodies having a role in these situations.</p> <p>There was general support for using the concept of conflict of interest to mitigate risks around practitioners nominating peers with close financial or personal links. However, practitioners pointed out that there are other factors at play including potential power imbalance and the benefit of gaining insights from someone who you don't see on a day-to-day basis.</p> <p>There was a range of views expressed about whether someone could be paid to be a professional peer. Most were against the idea, but some could see that it could be beneficial in some situations e.g. where a practitioner is perceived as being difficult to deal with and is struggling to find a peer.</p> <p>Concerns were raised that two "outlier" practitioners could pair up and make false declarations on behalf of each other and asked how Council would avoid this happening.</p>
Peer withdrawal	<p>There was general agreement that a peer should be able to tell the Registrar directly that they have left a peer relationship (rather than having the practitioner do it on their behalf), and that practitioners would keep each other informed of their intentions.</p> <p>Generally, there weren't concerns about peers withdrawing late in an APC cycle without giving sufficient notice, as a new peer should be able to review a PDP, PDAs and written reflection fairly quickly.</p>
Professional development plan	<p>Supportive of the proposal but thought that it should be emphasised that the PDP is a living document and should be reviewed and updated during the course of an APC cycle.</p> <p>Practitioners from the public sector generally already had a development plan, but some from the private sector said this was brand new and they had never had a development plan in their career. Therefore, simple templates were requested to make it easier for those new to the concept and a variety of examples to show that it's not a one-size-fits-all.</p>
Professional development activities	<p>The proposal to not have a quota of PDA hours was probably the most contentious topic, particularly for dentists and dental specialists. Views ranged from needing a mandatory quota; to having a guideline number of hours, PDAs or learning objectives; through to having no quota at all. Concerns were raised that if there was no quota there could be a negative impact on local branches and professional associations, the quality and availability of overseas experts who provide PDA opportunities, and the removal of a bottom line that some perceive to provide a degree of assurance.</p>

Topic	Focus group feedback
	<p>Generally supportive of allowing a wider range of activities but noted that this would be a big change for some practitioners. Some practitioners were unaware that approved CPD providers and verification of CPD would not be part of future programmes and some (mainly dentists and dental specialists) expressed a preference for activities to be verified.</p> <p>Practitioners thought that there was an opportunity for some associations (e.g. NZDA) that provide online support for tracking CPD activities to adapt these systems to support PDPs, PDAs and written reflection. However, it was also noted that some smaller associations would not have the capacity or resources to facilitate this for their members. A smaller group indicated they did not think this was a role for associations.</p>
Written reflection	<p>Some practitioners (including those in the public sector who already have a PDP and a peer group) said that this would be the biggest change for them. There was agreement that easy to understand guidance would be important, along with a range of examples to demonstrate flexibility that allows practitioners to do what works best for them.</p> <p>There was some feedback that there need to be a greater emphasis on “critical appraisal”.</p>
Eye health	<p>This topic generated a lot of discussion and a wide range of views were expressed: from everyone should have their eyes tested, to we should follow the advice of optometrists and ophthalmologists and set a lower age threshold, through to no one should be required to have their eyes tested.</p> <p>There was agreement that the examination should be performed by a practitioner from a relevant profession i.e. an optometrist or ophthalmologist, rather than a general practitioner.</p> <p>There was discussion about whether Council should be requesting further declarations e.g. if an eye condition is identified should the practitioner: declare that they are taking adequate steps to address it? tell the Registrar what the condition is? tell the Registrar what steps they are taking to address the condition? provide the Registrar with evidence of their diagnosis?</p> <p>There was also discussion about whether there should be a prescribed eye examination for oral health practitioners that specifically looked at relevant factors (e.g. focus, depth perception, shades, contrast).</p> <p>Some practitioners referred to recent research conducted by Nick Chandler from the University of Otago that suggests that a number of practitioners are graduating with eye conditions that haven't been detected during their studies.</p>
Other	<p>Practitioners emphasised that they are busy people and don't have time to read large volumes of written material. They asked that guidance be brief and simple, with a general preference expressed for bullet points.</p>