

Your recertification programme

Handbook for Oral Health Practitioners

April 2021

Dental Council
Te Kaunihera Tiaki Niho

Introduction

Keeping your professional knowledge, skills, and competence up to date throughout your career is your professional responsibility¹ as an oral health practitioner. Continuous lifelong learning and maintaining your skills are the commitments you make as a health professional to provide competent, quality and safe care to the public.

Recertification programmes focus on maintaining and developing your competency to practise your profession and provide us with reasonable grounds to believe that you are. Maintaining your competence is a legal prerequisite to holding an annual practising certificate (APC) each year.

Professional development is not a one-size-fits-all for oral health professionals. It needs to be tailored to the individual requirements of your scope of practice, your practice setting and experience, and your patients. That is why your recertification programme is designed to be flexible, so you can plan to suit your own professional development needs and adapt your learning activities as required. These requirements will change over time and your practising career.

Our responsibility to set or recognise recertification programmes are defined in section 41 of the Health Practitioners Competence Assurance Act 2003 and Dental Council policy. Section 43 allows us to take actions if you do not comply with your programme requirements.

This handbook provides step by step guides, practical examples, and additional information to help you meet the requirements of your recertification programme.



If you have any questions about your recertification programme you can find more information on our website www.dcnz.org.nz.

Otherwise, please contact us:

Email: inquiries@dcnz.org.nz

Telephone: **+64 4 499 4820**

1 Dental Council Standards Framework for oral health practitioners

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Your recertification programme

Your recertification programme has six steps that oral health practitioners are required to complete each year.

STEP 1: CONNECT

Interact regularly with the professional peer you have nominated online



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STEP 2: PLAN

Create or update your professional development plan (PDP)

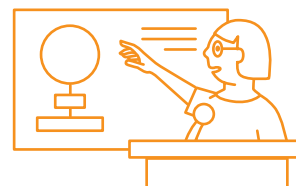


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STEP 3: DO

Complete your planned professional development activities (PDAs)



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STEP 4: REFLECT

Reflect on your professional development in writing



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STEP 5: CONFIRM

Your professional peer submits their online confirmation



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STEP 6: DECLARE

You submit your online declaration



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Overview

Your recertification programme supports you to maximise the benefit of ongoing learning activities and contact with your peers.

Your recertification programme is an annual programme and has six core components:

1. **CONNECT** and interact regularly throughout your 12-month recertification programme with a professional peer you have nominated online
2. **PLAN** using a professional development plan (PDP) with feedback from your peer
3. **DO** professional development activities (PDAs) that you chose to support your plan and review these with your peer
4. **REFLECT** on your professional development in writing and discuss with your peer
5. Your professional peer will **CONFIRM** that you have engaged with them and met the requirements of your recertification programme
6. **DECLARE** you have completed the requirements of your recertification programme.

Each of the components in your recertification programme encourage you to think proactively about your professional needs, scope of practice, practice setting, your patients, and the Dental Council *Standards Framework for oral health practitioners* when choosing professional development activities.

We want you to choose meaningful activities that apply to those areas of practice you have identified to maintain, improve or develop.

Each year, you need to assure us that you have met your programme requirements. You do this by:

- having your professional peer confirm that they have discussed your professional development plan, professional development activities and written reflection with you
- declaring that you have met each of the requirements of your recertification programme.

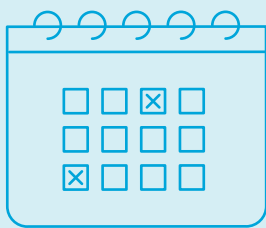
We will not routinely ask you to provide evidence of the steps you have taken to complete your recertification programme. But you may be required to produce evidence if:

- you are audited
- we receive a complaint, notification or expression of concern about you
- you or your professional peer declare that you have not met all requirements of your recertification programme.

We expect you to retain evidence supporting your completion of the programme requirements, for at least three years.

The Dental Council team is available to help you meet the requirements of your recertification programme. You can find information on our website or contact us by email inquiries@dcnz.org.nz or phone **+64 4 499 4820**.

When does the annual programme start?

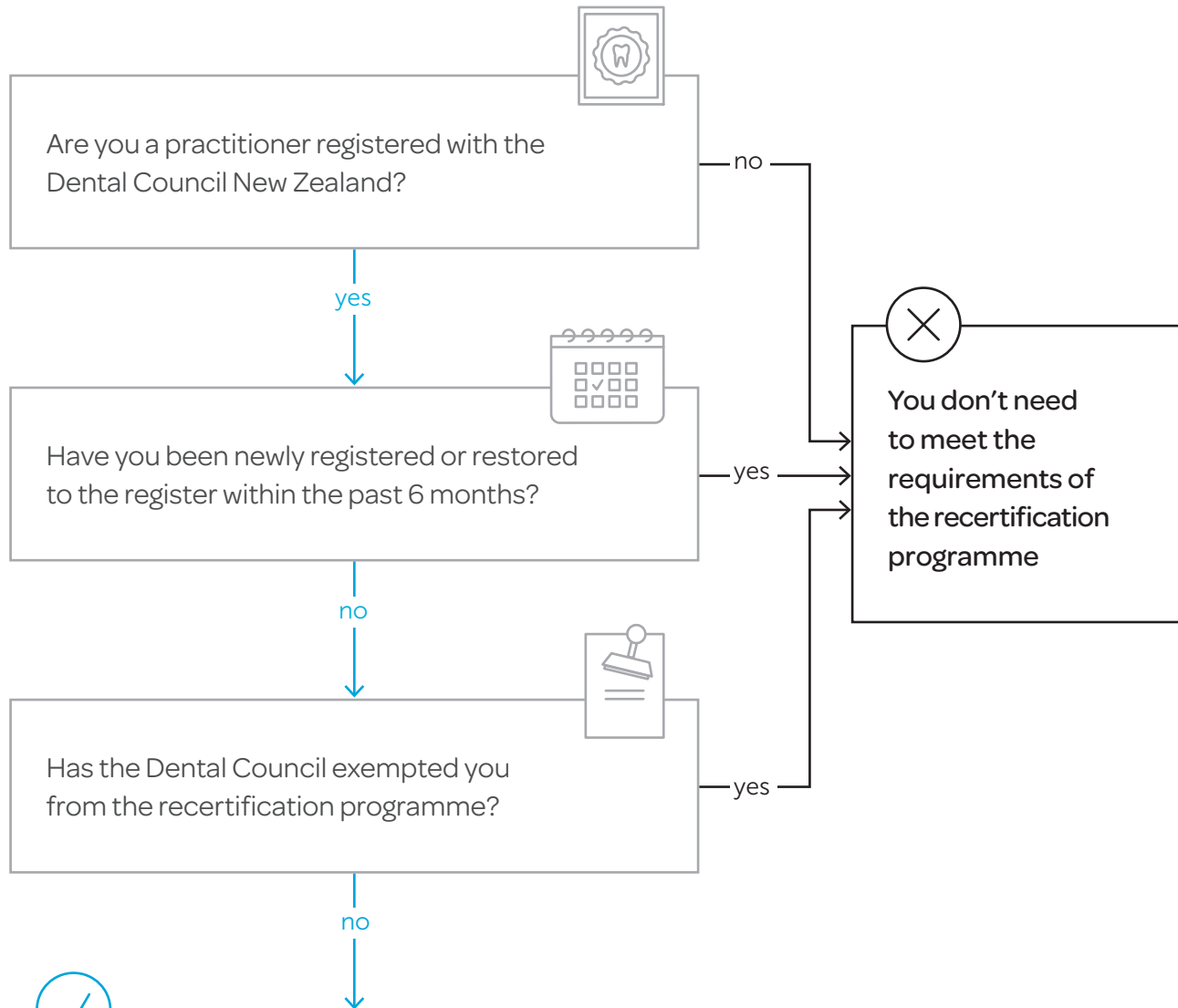


Your recertification programme cycle runs annually for 12 months ending on:

31 March for oral health therapists, dental hygienists, dental therapists, orthodontic auxiliaries, dental technicians and clinical dental technicians

30 September for dentists and dental specialists.

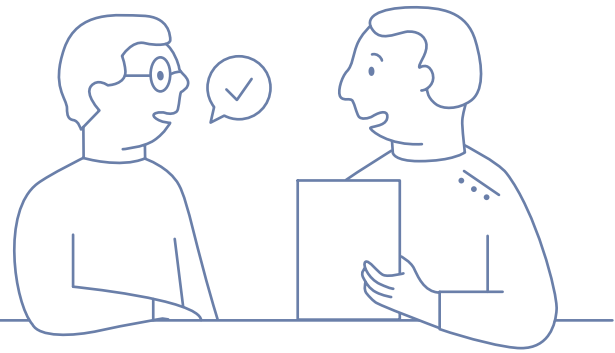
Do I need to complete the programme?



You need to meet the following requirements each year:

- **CONNECT** and interact regularly with the professional peer you have nominated online
- **PLAN** using a professional development plan
- **DO** professional development activities
- **REFLECT** on your professional development in writing
- Your professional peer will **CONFIRM** that you have engaged with them and met the requirements of your recertification programme
- **DECLARE** you have completed the requirements of your recertification programme

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STEP 1: CONNECT

Interact regularly with the professional peer you have nominated online

What you need to do

If you have been registered in New Zealand, or had your registration restored, for more than six months, you must:

- choose a professional peer and discuss with them whether they are suitable and want to act as your peer, and how your peer relationship will work — and when you have reached agreement, nominate your professional peer online
- interact with your professional peer regularly throughout your recertification programme cycle.

Your professional peer must be able to provide knowledge and credible feedback on your professional development, relevant to your scope of practice. Your professional peer will be asked to submit an annual confirmation that you have discussed, reviewed and sought feedback from them on your professional development plan (PDP), professional development activities (PDAs) and your written reflection.

Your professional peer can be an individual practitioner registered with us, or if you are a member of a peer group or study group, the group can be your professional peer. If you choose the study group option, you must identify a registered practitioner from that group to submit the annual confirmation on the group's behalf.

Your professional peer must have been freely chosen and have freely agreed to be your professional peer. No one can force you to nominate a particular professional peer, and you cannot be forced to be a professional peer for someone else.

If you want to change your professional peer (or withdraw from a professional peer relationship), you should let your current professional peer know in advance. You can then make the change online.

Once you have nominated a professional peer you need to interact with them regularly throughout your recertification programme cycle. Both you and your peer need to keep a simple record of your meetings and discussions.

Why you need to do it

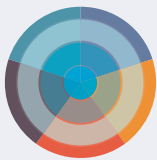
Our experience of managing practitioner cases over the years, and international research, indicate that professional isolation is a significant risk factor for oral health practitioners. The evidence suggests collegial relationships are an effective way to mitigate this risk.

The role of your professional peer is to provide:

- guidance and collegial support to you as you work through your recertification programme (your professional peer is not a supervisor)
- a level of assurance to us that you are not professionally isolated
- a level of assurance to us that in their professional opinion they reasonably believe you have engaged appropriately and constructively in your recertification programme.

Relevant professional standards

The requirement to have a professional peer supports the Dental Council *Standards Framework for oral health practitioners*:



Professional standard 11:

You must keep your professional knowledge and skills up to date through ongoing learning and professional interaction.

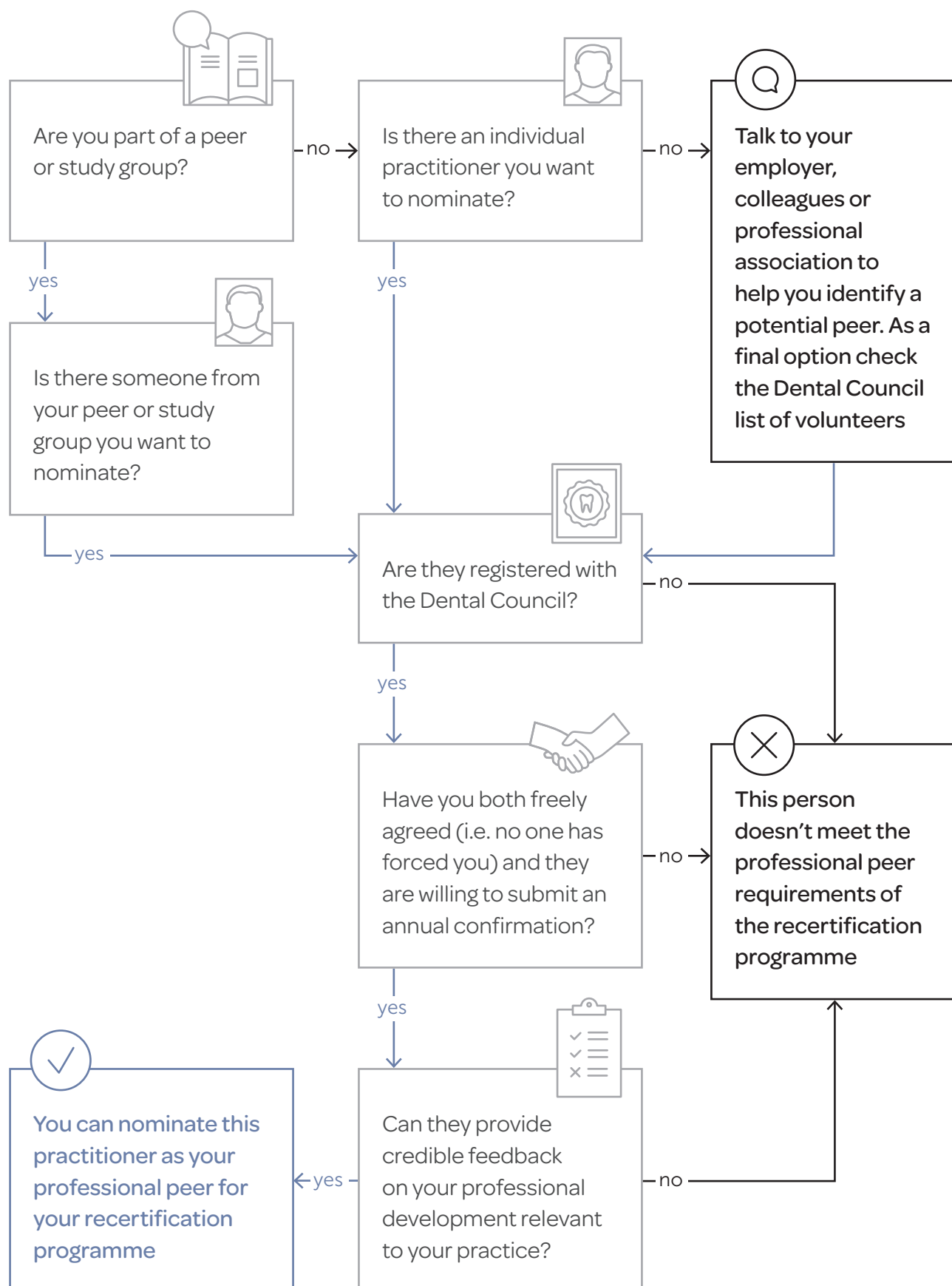
Finding your professional peer

To maximise your professional development, we recommend you select a professional peer who is:

- appropriate to your scope of practice, practice setting, and your development objectives
- capable of offering credible guidance, advice, and criticism
- prepared to spend the time required to act as your professional peer
- willing and able to submit an annual confirmation.

You must discuss and agree the relationship with the professional peer before you nominate them. Use our online services to nominate your professional peer once they have agreed.

The following diagram may help you to choose your professional peer:



Agreeing to be a professional peer

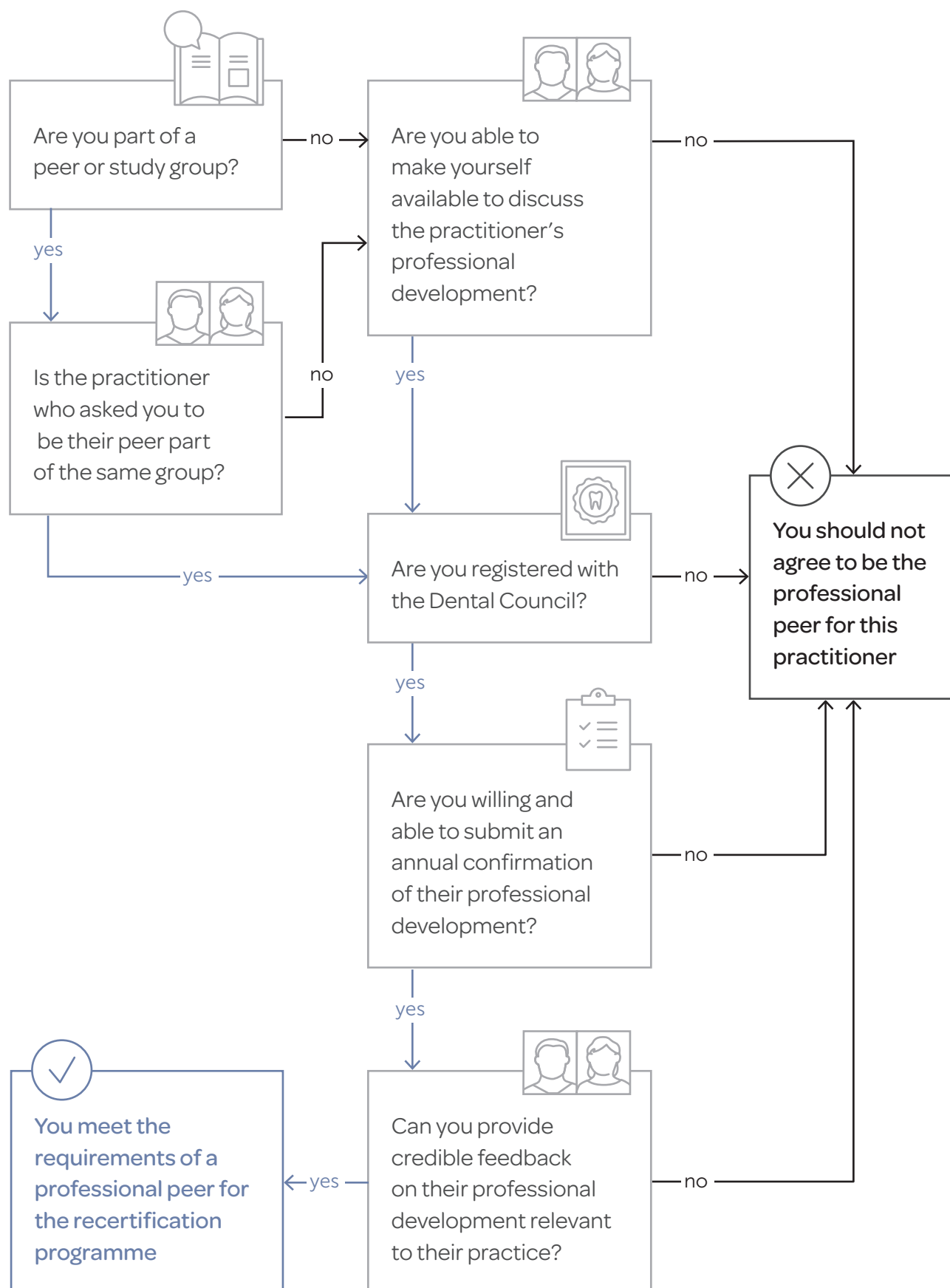
If a practitioner asks you to be their professional peer, you must be willing to act professionally at all times including:

- committing to the professional peer relationship for at least one year, unless unforeseen circumstances arise
- being accessible, and making yourself available for a reasonable level of peer interactions throughout the year
- providing an independent, concentrated, individual level of collegial attention and guidance to the practitioner on their professional development
- avoiding creating situations that may discourage open sharing of experience and feedback
- listening, discussing, and providing constructive feedback on their PDP, PDAs, and written reflection
- submitting a true and accurate confirmation to us of the practitioner's professional development.



There is no obligation to be a professional peer, but we strongly recommend that if you can, you make yourself available as a professional peer for another practitioner.

The following diagram may help you to decide whether to agree to be a professional peer:



When a practitioner nominates you online as their professional peer, we will send you an email asking you to either accept or decline the relationship. If you:

- accept the relationship, we will update our records and towards the end of the practitioner's recertification programme cycle we will send you a confirmation form to complete
- decline the relationship, we will advise the practitioner they need to find another professional peer
- do not respond to us, we will assume you are willing to be the professional peer until we hear otherwise. We will send you a confirmation form and if you complete the confirmation, we will treat that as acceptance of the relationship.

Volunteering to be a professional peer

We encourage practitioners to volunteer to make themselves available to act as a professional peer for others.

We will keep a list of professional peer "volunteers" to help those practitioners who haven't been able to find a suitable professional peer after exhausting all other avenues, for example personal networks, professional associations, employers, etc.

You can go online and add your name to the list of volunteers or search the list of volunteers.

If you search the list and identify a potential professional peer that you would like to work with, you must contact them and obtain their agreement **before** nominating them.

Ending a professional peer relationship

You or your peer can make changes to your professional peer relationship online. There are a number of ways that a professional peer relationship can end:

- You can change your professional peer – if you nominate a new professional peer it will automatically end the previous relationship
- You can withdraw from your professional peer relationship – ending the relationship without nominating a new professional peer
- Your professional peer can withdraw from the relationship
- If you or your professional peer is no longer registered, or we have made them ineligible to be a professional peer.

Before making changes to the professional peer relationship, you should discuss the changes with your professional peer and seek agreement.

We will email all affected parties to advise them of any changes to professional peer relationships.



Questions and answers for practitioners nominating a professional peer

Who can I nominate as my professional peer?

It's your choice – you can nominate either an individual or a group.

Any practitioner who is registered with the Dental Council is eligible to act as a professional peer.

A peer or study group may also undertake the professional peer role, but you need to identify a registered practitioner from that group to submit the annual confirmation on the group's behalf.

Your professional peer does not necessarily need to be registered in the same scope of practice as you are. The most important thing is that your professional peer can provide you with credible feedback relevant to your scope of practice.

What do you mean by “credible feedback”?

“Credible” means that the professional peer knows what they are talking about when it comes to your scope of practice and the PDAs you are undertaking. This gives you flexibility in choosing your professional peer, as they don't need to be more experienced than you (and in fact may be less experienced), but their knowledge needs to be current and relevant, and they need to be able to give useful, meaningful feedback to you on your professional development.

Does the peer have to be in the same scope of practice?

No, but they must be able to give credible feedback on your professional development, that is relevant to your scope of practice.

Does the peer need to be practising in New Zealand?

No, but they need to be registered with the Dental Council in New Zealand.

This means practitioners who are taking a break from practice or practising overseas can act as peer so long as they have retained registration with us. Remember, they still need to be able to provide relevant and credible feedback.

I'm a dentist specialist and there are only a handful of us in New Zealand. At a conference last year I met a world-renowned expert in my field based in the UK and they have offered to mentor me. Can I use them as my peer?

Only if they are registered with the Dental Council in New Zealand.

We encourage practitioners to build their professional networks, including with colleagues overseas. However, for your recertification programme your professional peer **must** be registered in New Zealand.

A practitioner can also be a peer for multiple practitioners, so that may be useful when there are a small number of specialists in a field.

Peer interactions can occur remotely, so you can choose another specialist in another part of New Zealand.

Or, you may be able to find a practitioner who is registered in the general dental scope of practice, but who knows enough about your specialty to be able to provide relevant and credible feedback.

How do I find a professional peer?

Use your professional networks to help you find a peer. You may belong to a peer group or study group that can act as your peer. If you belong to a professional organisation, then branch meetings and conferences will be good options.

If you're having trouble finding a suitable peer, you can review our online list of volunteers. We will invite practitioners to volunteer to make themselves available to be a professional peer for others.

How do I nominate my professional peer?

Once a practitioner has agreed to act as your professional peer, log in from our website and enter the professional peer's name online.

If your peer is a group, you can select the relevant box to let us know. You will need to name a registered practitioner from that group who has agreed to act as your professional peer in this case.

When should I nominate my professional peer?

We will send you automated reminder emails to nominate your professional peer. Once you nominate your professional peer, we'll send them confirmation forms to complete. This will usually be around 12 weeks before the end of your annual recertification programme cycle, which is:

- 31 March each year for oral health therapists, dental therapists, dental hygienists, orthodontic auxiliaries, clinical dental technicians, and dental technicians
- 30 September each year for dentists and dental specialists.

Once you have nominated a peer, they remain your professional peer until you make a change, or your peer, withdraws from the relationship. Changes to peer relationships can be made online. You don't have to nominate a new peer every year.

Do new registrants need to nominate a professional peer?

New graduates and overseas-qualified registrants must nominate a professional peer using our online services within six months of registration.

Once you have agreed with your peer, you can nominate them online.

Can my colleague and I nominate each other as professional peers?

Yes, two practitioners can be professional peers for each other. If you decide on a reciprocal arrangement, remember that you both must be able to provide credible feedback on each other's professional development, relevant to your respective scopes of practice.

Can I nominate my spouse or a business partner as my professional peer?

Yes, but you both need to be aware of, and manage, any actual or perceived conflict of interest. All professional peers will be asked to declare any actual or perceived conflict of interest when they submit their annual confirmation for the other practitioner.

Although having a professional peer who is removed from your personal and business interests is beneficial, we don't want to preclude you from nominating your spouse or business partner if this is the best option for your professional development. Our advice is to carefully consider your options.

My employer has told me who to nominate as my professional peer. Can they do that?

No.

An employer, manager or clinical director can make suggestions and help you find a peer, but ultimately the final choice is between you and your peer. If your employer insists on a peer that you are uncomfortable with, then contact us for advice.

Can I nominate my employer or manager as my professional peer?

Yes, if that's your preferred choice and they meet the requirements of a professional peer.

However, you should be aware that this situation could lead to a power imbalance and unintended consequences. Professional peer relationships should be open, transparent, and candid. You should feel comfortable that it won't create awkwardness.

Also, as your employer has a financial interest in you successfully completing your recertification programme, they should declare the employment relationship as a potential conflict of interest when they submit their confirmation of your professional development.

Can I change my professional peer?

Yes, you can change your professional peer online at any time. If you change peers part way through a recertification programme cycle, you will be asked if you want the professional peer confirmation to be submitted by the previous or a new peer.

Do I need to nominate a professional peer every year?

No, you can have the same professional peer for as long as you like.

We expect most professional peer relationships would last between two and five years. Any shorter than that, and you may not be building a sufficient level of trust to gain a beneficial depth of feedback. And any longer than that, you may not be getting sufficiently varied feedback to gain the most out of your professional development.

Does interaction with my professional peer need to be face-to-face?

No, while face-to-face interaction is ideal, interaction with your professional peer can occur remotely by video call, email, phone, messaging apps and so on.

How regularly do I have to interact with my peer?

It's up to you and your peer to work out what works best for your peer relationship, and quite likely it will vary from one relationship to the next. Your professional peer is required to confirm that they believe you have met the requirements of your recertification programme so your interactions will need to be as regular as is necessary for them to be satisfied and provide us with that confirmation.

What records do I need to keep of my meetings and discussions with my professional peer?

We need to see evidence that the interactions have occurred. You may have taken notes during a meeting, there may be an entry in your diary (paper or electronic) or there may be a record of emails, text messages or other contact you have had. You and your professional peer should keep those records for three years.

I belong to a study group that is valuable, but I don't really want to discuss my PDP and written reflection with everyone. Can I have an individual peer as well?

Yes, you can belong to a peer group or study group, but have discussions about your PDP, PDAs, and written reflection with an individual professional peer. That individual professional peer may be part of the group or separate. It's your choice. Make sure you have nominated that individual and they have agreed to be your peer.

Is there a limit on the size of a peer group?

No, but if you are using a group as your professional peer there needs to be sufficient time available to discuss your PDP, your PDAs, and written reflection. If the group is too large, there may be insufficient time to provide useful feedback to everyone.

Does one member of a peer group have to submit confirmations for everyone in the group?

No, but they can if they choose to, and if they are comfortable making a true and accurate confirmation for each member. Alternatively, members of the group could come up with an arrangement to share this around. For example, members could pair up and agree to nominate and submit confirmations for each other.

If I already have a supervisor, do I need a professional peer as well?

If you have a Dental Council-appointed supervisor, for example, as part of a competence programme set for you or a condition on your practice, then the Dental Council may exempt you from the requirement to have a professional peer. Dental Council will make decisions about exemptions on a case-by-case basis, and communicate these to you.

If I'm on maternity leave or taking a break from practice, do I need to have a professional peer?

Yes, for most people in this situation, there will be two options:

- you can nominate a professional peer and interact with them as much as your personal circumstances allow while you're away from practice
- if it won't be possible for you to interact with a professional peer (for example, you might be taking an extended break for family or health reasons), you can declare online that you have not met the professional peer requirement for the year and provide an explanation.

I currently practise overseas but hold a "non-practising" APC in New Zealand. Do I need to have a professional peer?

Yes, if you are registered in New Zealand then you need to have a professional peer. That peer also needs to be registered with the Dental Council in New Zealand but does not need to be practising in New Zealand. This means you may be able to find a professional peer near you who meets that requirement.

Alternatively, peer interactions do not need to be face-to-face so it may be feasible for you to maintain a professional peer relationship remotely with a practitioner who is based in New Zealand.

We expect many different scenarios will apply to registered practitioners returning to work in New Zealand from overseas and the recertification programme has been designed to be flexible enough to take these differences into account.

If you could not maintain a professional peer relationship you would need to declare that to us, but that would not necessarily mean you could no longer continue to be registered with a non-practising status. However, you would be asked to give an explanation, including how you propose to meet your recertification programme requirements as quickly as may be practical for you.

What do I do if things go wrong with the relationship?

We expect you to be open, candid, and transparent in your communications with your professional peer. In the first instance, please talk to your professional peer about any concerns you have. If this doesn't work, you might try involving a neutral party such as a mutual colleague, or a professional organisation. If you cannot reconcile your issues, then you can withdraw from the relationship or nominate a new professional peer online.

Questions and answers for professional peers

Do I have to act as a professional peer?

No, it's your choice to be a professional peer. However, we strongly encourage practitioners to make themselves available as a professional peer for others if they can.

Can I act as a professional peer for more than one practitioner?

Yes, there is no limit on the number of practitioners you can be a professional peer for. However, you need to ensure that you can make yourself available and provide credible feedback to all the practitioners you are a peer for. Recognise the needs of your different practitioners and allow yourself sufficient time to commit to your agreed peer interactions and to complete the professional peer confirmation for each practitioner.

Is there anyone who can't act as a professional peer?

Yes, there may be some practitioners who are not eligible to act as a professional peer. Those decisions are made by the Dental Council on a case-by-case basis. If a practitioner has been made ineligible, then the online system will prevent them from being nominated as a peer.

Can a professional peer charge for their services?

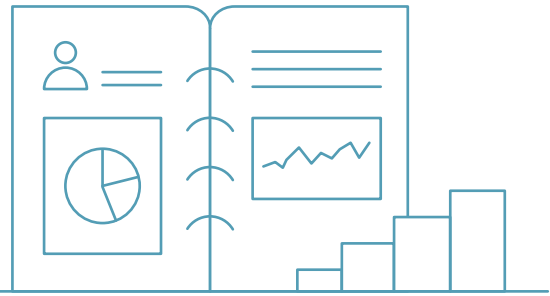
No, a professional peer cannot charge for the time they spend interacting with a practitioner as part of a professional peer relationship.

What do I do if the other practitioner won't meet or talk to me?

Talk to the practitioner about what the problem might be. If you receive an email from us asking you to submit a confirmation for the other practitioner, you should try again to contact them and if this doesn't work, you will need to "decline to confirm" when you fill in the confirmation form online.

If there's no further contact from the other practitioner and it's not a functional relationship, you can withdraw from the relationship online.

2



STEP 2: PLAN

Create or update your professional development plan

What you need to do

At the beginning of your recertification programme cycle you must create a professional development plan (PDP) or update your existing PDP.

A PDP is your own, individual planned programme of professional development aimed at maintaining or developing your competence to practise, relevant to your scope, practice setting and patient group. It is a “living” document. This means you should continuously review and update your planned programme.

Your PDP must include:

- Your learning objectives, based on your assessment of your learning needs
- How you will meet these objectives through professional development activities (PDAs)
- A record of your written reflection.

You must review your PDP with your professional peer, preferably before you embark on the PDAs identified in your plan.

The PDP is for your personal use. You do not need to attach a copy of your PDP when you submit your annual declaration. Having a PDP in place assures us that your PDAs support your ongoing professional learning and competence as an oral health practitioner.

You must keep a copy of your PDP for at least three years, in either handwritten or electronic form. We may ask to see your PDP to check you are meeting the requirements of your recertification programme.

Why you need to do it

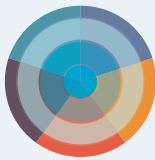
A growing body of evidence in New Zealand and overseas indicates that “counting CPD hours” is not an effective way to safeguard practitioner competence. We have researched how regulators around the world are addressing this and, are have adopted a planned approach to professional development that is considered good practice here and internationally.

A written PDP is intended to help you to think about your learning needs and objectives, professional development opportunities and the value and appropriateness of the proposed PDAs before and after, they are undertaken.

A PDP is a tool designed for you to carefully consider your role as an oral health professional, and PDAs that will give you maximum benefit for prioritising your learning needs and maintaining and developing your practice in your current and future areas of work.

Relevant professional standards

The requirement to have a PDP supports the Dental Council *Standards Framework for oral health practitioners*:



Professional standard 8:

You must practise within your professional knowledge, skills and competence, or refer to another health practitioner.

Professional standard 11:

You must keep your professional knowledge and skills up to date through ongoing learning and professional interaction.

One size doesn't fit all

You can create your own PDP or you can develop it with your professional peer.

We encourage you to undertake a self-assessment or learning needs analysis at the beginning of your recertification programme cycle to help identify your maintenance and learning needs. Examples of other sources you might use to drive your planning and activity include information from patient feedback, complaints, clinical audit, peer review, multi-source / 360° feedback, significant event analysis, case-based review, or practice evaluations.

Your PDP may cover more than one recertification programme cycle. This is fine, so long as you complete your PDAs and review your PDP and the progress you have made to complete it on an ongoing basis.

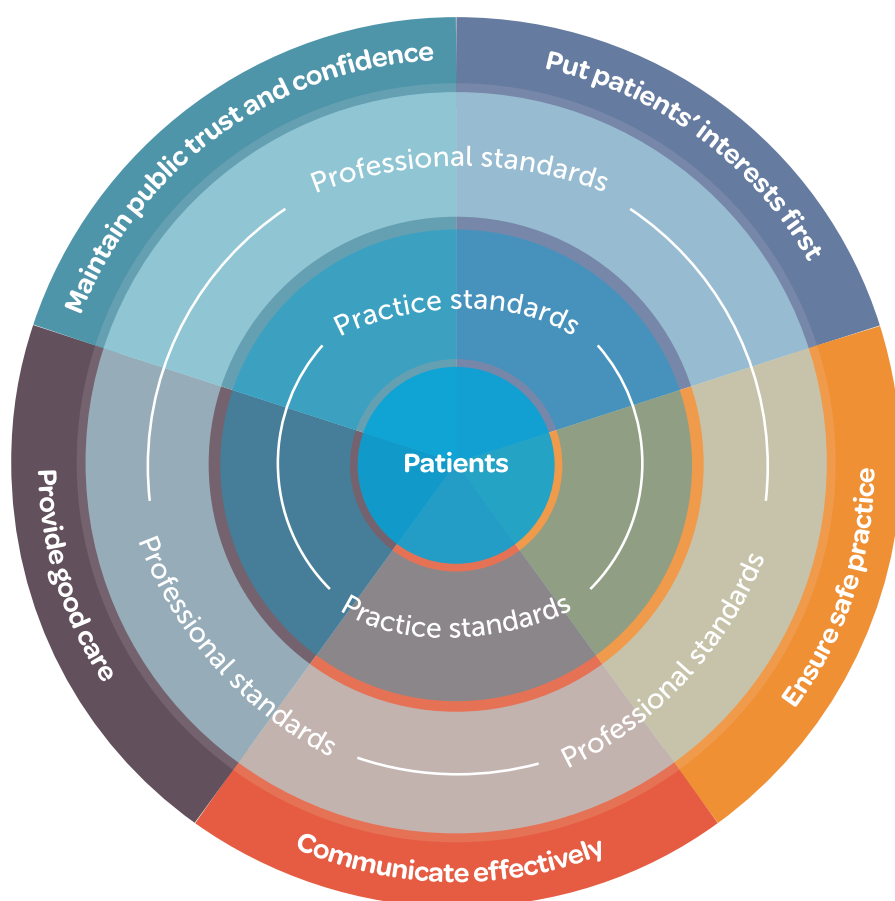
You might find that your scope of practice or learning needs change, and you should adjust your plan and PDAs accordingly. Your PDP is intended to be a living document that you refer to and update throughout the year. It's not something you complete at the start of the year and then put on the shelf for 12 months.

Your PDP and the *Standards Framework for oral health practitioners*

Your PDP will help you identify areas of your professional life which need consolidating or updating and in accordance with your obligations under the Dental Council *Standards Framework for oral health practitioners*, ensure you are able to demonstrate a commitment to lifelong learning.

Our *Standards Framework for oral health practitioners* sets out the ethical standards, professional standards and practice standards that govern your practice as an oral health practitioner.

If your learning needs assessment identifies this as an area for development you may wish to link your learning activity to the ethical principles and the professional standards, to embed them further in your working life. There may also be specific learning requirements within practice standards (for example, sedation).



Below is an illustration of how you might identify PDAs that are linked to one or more of the professional standards. Many PDAs can be linked to one or more professional standards:

Ethical principle	Professional standard	Example of PDA content	Example of PDAs
Communicate effectively	You must communicate honestly, factually and without exaggeration	Communication skills	Clarify e-learning <i>The Law & Informed Consent</i>
	You must listen to your patients and consider their preferences and concerns		Clarify e-learning <i>Treating Incompetent Patients</i>
	Give patients the information they need or request, in a way they can understand, so they can make informed decisions		
Put patients' interest first	Ensure informed consent remains valid at all times	Informed consent	Dental Protection
	Patients have the right to make their own decisions about their oral health. Ensure your patients are fully informed of their oral condition and proposed plan for care, so they can make decisions in their best interests	Treating elderly patients	<i>Mastering Consent and Shared Decision Making</i>
Ensure safe practice	You must maintain accurate, time-bound, and up-to-date patient records	Record keeping	Dental Protection <i>Dental Records for General Dental Practitioners</i>

Templates and examples

The examples provided are editable templates within this PDF or you can download individual editable templates from our website.

These templates are intended to help you think clearly about your individual learning and development needs, based on your scope of practice. Multiple different formats have been provided to make it clear that this is not a "one size fits all" process.

This is **your** plan. So long as you meet the programme requirements, you are free to choose any other tools or templates instead, to help you get the most out of your PDP and PDAs. You can create your own, download an app, or use one created by others including your employer, colleagues, associations, or professional bodies. We encourage practitioners and professional organisations to innovate and try different approaches and share these with their colleagues and members.

PDP example 1 – the one-pager

This example illustrates that PDPs do not need to be long, and you may be able to fit yours on a single page:

Name:	Registration number:
<h3>Learning goals / practice review</h3> <p>Examples:</p> <ol style="list-style-type: none">1. Treatment planning for dementia patients – a high number of my patients are elderly and suffer from dementia2. Infection prevention and control – team leader, want to be sure I am modelling and reinforcing best practice3. ME / CPR training – not a recertification activity, but a biannual requirement for safe practice4. Build skills in complaints handling – I am the first line of management responsible for complaints.	
<h3>Planned PDAs</h3> <p>Examples:</p> <ol style="list-style-type: none">1. Lecture/course; my own research (journals, online); visit age-care facility and engage with nursing staff; no additional resource needed2. Arrange for external provider to deliver on-site IPC training for myself and team; apply for funding and time release3. Attend CPR course, do pre-reading; apply for leave/finance4. Attend course; no additional resource needed, run in-house.	
<h3>Expected outcomes</h3> <p>Examples:</p> <ul style="list-style-type: none">• Improve care I deliver for dementia patients; ensure care offered is appropriate for the patient's circumstance• Ensure following best practice and meeting expected standards; reflected in practice procedures; improved audit outcomes• Protect patient safety; meet regulatory requirements• Ensure appropriate and efficient management of complaints.	
<h3>Timeframe for completion</h3> <p>Examples:</p> <ul style="list-style-type: none">• 13.3.2022 (course); own research / visit Feb – end April 2022• May 2022• Emcare course before September 2022• Scheduled October 2022.	

PDP example 2 – diagrammatic representation

This example illustrates that you can use diagrams to develop a PDP if you prefer:

Name:	Registration number:
<p>Self-assessment</p> <p>What do you want or need to learn about and/or become more proficient at? (learning goal)</p> <p>How does this relate to your practice?</p> <p>Examples:</p> <ol style="list-style-type: none"> 1. Treatment planning for diabetic patients – a high number of my periodontal patients also have diabetes 2. Infection prevention and control – team leader, want to be sure am modelling and reinforcing best practice 3. ME/CPR training – not a recertification activity, but a biannual requirement for safe practice 	<p>Planned PDAs</p> <p>What PDA/s could you do to help your learning needs?</p> <p>What resources do you need?</p> <p>Examples:</p> <ol style="list-style-type: none"> 1. Lecture/course; my own research (journals, online); no additional resource needed 2. Arrange for external provider to deliver on-site IPC training for myself and team; apply for funding and time release 3. Attend CPR course, do pre-reading; apply for leave/finance 4. Attend course; no additional resource needed, run in-house
<p>Timeframe for completion</p> <p>What is the target date for completion of your PDAs?</p> <p>Examples:</p> <ol style="list-style-type: none"> 1. 13.3.2022 (course); own research Feb–end April 2022 2. May 2022 3. Emcare course before September 2022 4. Scheduled October 4th 2020 	<p>Expected outcomes</p> <p>How will PDAs in this area help you improve your daily work and/or care for your patients?</p> <p>Examples:</p> <ol style="list-style-type: none"> 1. Improve care I deliver for diabetic patients; potential for improved care outcomes 2. Ensure following best practice and meeting expected standards; reflected in clinic procedures 3. Protect patient safety 4. Ensure appropriate and efficient management of complaints

PDP example 3 – step-by-step process

You may prefer to take a more detailed, methodical, step-by-step approach. This example illustrates how you might do that.



This example includes illustrative content across a range of professions, it is not intended to be an example of an individual's PDP.

Name:			Registration number:		
What do I want or need to learn about, and / or become more proficient at?	How does this relate to my practice?	How will I meet this learning need? PDA/s planned:	What resources do I need to perform the PDA/s?	What benefit will this have for my practice?	Target date for completion
What skills or knowledge have you identified that need developing or maintaining? Are there any gaps in your knowledge or skills that need addressing?	Why have you identified this, how does it relate to your daily job, patients, or tasks?	What PDAs could you do to help meet your learning need? (for example, research / reading, courses, lectures, hands-on workshops, clinical observation, case reviews, non-clinical practice related activities)	What or who can help you perform this PDA?	How will PDAs in this area help you improve your daily work and / or care for your patients?	By when do you expect to have completed the planned PDAs?
<i>Examples:</i> Management of the older dentate patient	Many of the patients in my practice are older adults	Attend day course re management of the older dental patient Find or develop a template for assessment of the older patient Internet research on gerodontology	Professional peer – discuss potential online sources for template / gerodontology	Improved diagnosis, prevention, and treatment planning for the older dentate patient	Day course 15.10.2022 Online research, 2 – 3 sessions before course Assessment template by 1.11.2022

What do I want or need to learn about, and / or become more proficient at?	How does this relate to my practice?	How will I meet this learning need? PDA/s planned:	What resources do I need to perform the PDA/s?	What benefit will this have for my practice?	Target date for completion
<i>Management of non-carious tooth tissue loss</i>	<i>Patients increasingly presenting with extreme erosion and attrition – would like to be able to offer a conservative functional and aesthetic solution</i>	<i>Lecture Internet research on causes of tooth wear and management</i>	<i>N/A</i>	<i>Confidence in restorative management for moderate to severe cases of non- carious tooth tissue loss.</i>	<i>'Management of the worn dentition' 7.2.22 Online research week before lecture</i>
<i>Update in endodontics</i>	<i>No local endodontist, travel prohibitive for many of my patients</i>	<i>Course – one day lecture and one day hands on workshop Practice visit to endodontist</i>	<i>Endodontist – practice visit to observe</i>	<i>Improve skills in endodontic technique. Reassurance that technique is up to date</i>	<i>Course 3.4.22, workshop and 4.4.22 Practice visit in May</i>
<i>Implant surgery and restoration</i>	<i>Am seeing a greater number of patients interested in implants</i>	<i>Lecture Hands on workshop Request observation of implant surgery</i>	<i>Oral surgeon and / or periodontist – for surgery observation</i>	<i>Broaden exposure to implant restoration cases and techniques Develop skills in implant restoration Gain insight into implant surgery</i>	<i>Lecture 5.6.22 Workshop 3.7.22 Observation – aim for a day in July, and a day in August</i>
<i>Oral cancer detection</i>	<i>Want to be sure my knowledge of risk factors, methods of detection etc. is up to date</i>	<i>Lecture</i>	<i>N/A</i>	<i>Confidence in detecting potentially cancerous lesions and knowing referral pathways</i>	<i>Lecture 4.5.22</i>

What do I want or need to learn about, and / or become more proficient at?	How does this relate to my practice?	How will I meet this learning need? PDA/s planned:	What resources do I need to perform the PDA/s?	What benefit will this have for my practice?	Target date for completion
<i>Maintenance of CPR skills and use of defibrillator; and managing medical emergencies</i>	<i>Not a recertification activity, but a biannual requirement by Dental Council for safe practice Important for patient safety</i>	<i>Emcare CPR refresher course Reading before course – ME practice standard appendices and course manual</i>	<i>Apply for leave / financial assistance to attend course</i>	<i>Ensure appropriate management in the event of a medical emergency / collapse</i>	<i>Refresher course 18.9.22</i>
<i>Clinical photography</i>	<i>Part of my new role is to take the photographs the orthodontist requires for treatment planning</i>	<i>Half day course – lecture and hands-on</i>	<i>Apply for leave / financial assistance to attend course</i>	<i>Enable me to take clinical photographs competently</i>	<i>Course 9.8.22</i>
<i>Infection prevention and control</i>	<i>Am the practice owner, and want to be sure that I'm up to date with best practice in this area, so that can be reflected in the practice procedures</i>	<i>External trainer comes to the practice to go through IPC procedures with all team members</i>	<i>External trainer</i>	<i>Will ensure practice IPC procedures are consistent with best practice, and that all team members know them (for patient protection)</i>	<i>Arrange for external trainer to come into practice November 2022</i>
<i>Maintain skills in clinical teaching</i>	<i>I work as a clinical tutor for undergraduate students</i>	<i>Refresher course on skills and techniques for teaching undergraduate students</i>	<i>N/A</i>	<i>Will ensure that my teaching skills are in line with current best practice standards</i>	<i>By end September 2022</i>

What do I want or need to learn about, and / or become more proficient at?	How does this relate to my practice?	How will I meet this learning need? PDA/s planned:	What resources do I need to perform the PDA/s?	What benefit will this have for my practice?	Target date for completion
<i>Record keeping</i>	<i>Essential daily activity – want to be sure am following best practice</i>	<i>Workshop</i>	<i>N/A</i>	<i>Make sure I'm completing sufficient notes for my patients that meet Dental Council standards</i>	<i>Workshop 8.5.22</i>
<i>Material update: ceramic, metal alloys and composites</i>	<i>In my role (dental technician) it is vital that I keep up to date with the latest materials and technologies</i>	<i>Online courses and lectures</i>	<i>Discuss with professional peer their experience of online courses in this practice area</i>	<i>Ensure I'm providing high quality, appropriate products</i>	<i>By end August 2022</i>
<i>Stainless steel crowns for deciduous molars</i>	<i>A lot of the children I see have high caries experience in their deciduous dentition – I want to maintain and update my skills and knowledge in this practice area to continue offering SSCs as a restorative option</i>	<i>Lecture and hands on workshop</i>	<i>Talk with manager re arranging cover so I can attend course for the day</i>	<i>Build on my clinical skills in this practice area, make sure my knowledge and technique are current</i>	<i>18.9.22</i>



Questions and answers

Why doesn't the Dental Council issue a standard PDP template that everyone uses?

We were concerned that previous recertification programmes became a “tick box” exercise of collecting CPD hours. We don't want to replace one tick box exercise with another.

Issuing a standard template risks people focussing on the template rather than the overall objective which is, for practitioners to think meaningfully about the professional development they need. It also means that if you have another development plan, for example, with your employer or with another organisation, you can adapt this plan rather than having to maintain multiple plans.

We want to allow practitioners to use third-party software or apps that work for them. We also hope that professional organisations will help share good practice and develop tools and templates that work for their professions.

I know what I need to do. Do I really need to write it down?

Yes, you do need to write it down as it is part of the professional development planning process. Having it written down gives you a reference point and will make it easier to discuss with your professional peer. You also need to keep a written PDP in case we ask to see it.

When do I need to have a plan by?

Initially, as soon as you have nominated a professional peer you should start to think about your PDP. Once you have a plan it's likely that you will be making minor changes during the year, and then do a major review at the start of the next recertification programme cycle.

I'm stuck, who can help me prepare a PDP?

Start with your professional peer, and work through the guidance material provided by us – in this handbook and on our website.

If you're still stuck, other options are to try talking to your colleagues or your wider professional networks, professional organisations, employers, or education providers.

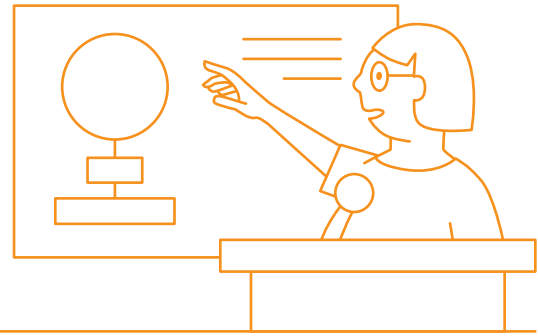
Some other responsible authorities in New Zealand have built an online PDP for their practitioners to use, why didn't the Dental Council do that?

We want you to take ownership of your PDP and do what works for you.

We also know that many practitioners already have a development plan. If we prescribe a PDP template online, that would reduce flexibility and would require some practitioners to maintain multiple plans. If practitioners were worried that we could see the contents of their PDP, then that may reduce the level of candour when practitioners are assessing their learning needs and reflecting on their practice.

We also know there is a range of third-party software products or apps already available and encourage you to explore these. If we were to develop custom software, the costs would be substantial, and would need to be recovered from APC fees.

3



STEP 3: DO

Complete your planned professional development activities

What you need to do

You must complete the planned professional development activities (PDAs) in your professional development plan (PDP). If things change over time you can update your PDP, but you must ensure that you are completing sufficient PDAs to maintain your competence in your scope of practice.

PDAs are the variety of activities that maintain and build your clinical skills and judgement, maintain fundamental knowledge, and enable you to gain experience.

You must review your PDAs with your professional peer, preferably before you embark on them.

You must keep a record of each PDA you undertake, the name of the provider, the date and location of the activity undertaken, and the length of time the activity took. For an activity that you set up for yourself for example, a practice visit to a specialist, you must record similar information and keep a copy of the notes you take.

This information must be retained for at least three years and provided to us if requested.



Please note:

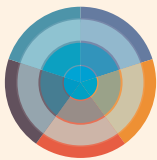
- There is no mandatory requirement to meet a quota of PDA hours or credits
- There is no requirement for PDAs to be verifiable activities, or delivered by approved providers.

Why you need to do it

When our continuing professional development (CPD) requirements were first put in place, we believed they would provide assurance practitioners were maintaining their competence and fitness to practise. However, we have since learned that hours of CPD are not a valid proxy for competence and assurance, and typical forms of CPD (for example, attending lecture-style courses and conferences) alone may not be an effective way to maintain competence.

Relevant professional standards

The requirement to participate in PDAs supports the Dental Council *Standards Framework for oral health practitioners*:



Professional standard 11:

You must keep your professional knowledge and skills up to date through ongoing learning and professional interaction.

Examples of PDAs

Examples of types of PDAs may include (but are not limited to):

- Courses and lectures
- Training days
- Hands-on clinical training or workshops
- Clinical observation
- Case-based review as part of a peer group or study group
- Conference and branch learning sessions
- E-learning activity
- Self-directed literature review of contemporary research papers and articles
- Postgraduate study
- Research
- Publication of a peer reviewed article in a professional or scientific journal.

We recommend that you carry out a diverse range of activities, with an emphasis on opportunities for discussions and interactive learning with fellow practitioners.

Designing your own PDA

If you are interested in designing your own PDA, then a peer group, study group or professional organisations such as associations and colleges may be able to help. An online search will also give you some ideas. However, designing an effective PDA will usually include:

1

Learning needs assessment

What exactly do you want or need to learn? Can you express your learning objectives in measurable terms, for example, "At the end of this activity I will be able to..."

2

Evidence-based design

Explore different options for achieving your learning objectives, for example, structured questions, case-based discussion, direct observation, hands-on experience. Ideally your PDP will include a variety of learning methods.

3

Implementation

What is the actual activity? For example, conducting the practice visit.

4

Assessment

At the end of the activity did you achieve the learning objectives you set for yourself? Do you need further learning, or other activities to fully achieve the objective?

5

Evaluation / reflection

How did it go? Was it more useful, less useful or about what you expected? Would you recommend that approach to others? If you were doing it again what would you continue doing, stop or do differently? What lessons can you share with your professional peer and other colleagues? Has this activity identified other areas of learning needs for the future?

Other learning and development activities

Practitioners will engage in learning and development activities that do not meet the definition of a PDA. Examples include:

- Business and financial management for those in private practice
- Health, safety, and well-being activities
- Biennial core medical emergencies training – this is a separate prerequisite for the issue of an annual practising certificate and must be completed every two years independently of your recertification programme obligations.

These other activities can be included in your PDP to help you schedule and keep track of your full range of development activities throughout the year. However, to meet the requirements of your recertification programme you must also engage in other activities that meet the definition of a PDA.

Example

An example of a PDA and feedback record appears on the following pages.

Log of PDAs and PDA feedback example

Name:		Registration number:	
PDA performed	Date PDA performed	Location where PDA performed	PDA Feedback
<i>Examples:</i>			
<p>Course attended: Dental records for general dental practitioners, Dr Jane Doe, Dental protection; 3 hours</p> <p>Lecture and workshop</p>	31.5.22	<p>New Zealand Dental Association, 195 Main Highway Ellerslie, Auckland</p>	<p>The course covered how to keep concise, relevant, accurate, and up to date patient records. Confirmed for me that I'm meeting expected standards, and that my notes tend to be comprehensive and detailed – but could be more concise.</p> <p>As a result, notes more concise and structured – routinely follow the sequence of events in the appointment.</p> <p>Notes now easier for another practitioner, or the patient, to follow. Also makes it easier for me when looking at past care provided.</p>
<p>Wearing away – recognising the cause and prevention, Professor Joe Bloggs, NZDA conference, Lecture, 1 hour</p>	10.8.22	<p>Sky City Conference centre, Auckland (NZDA conference)</p>	<p>Lecture looked at common causes for tooth wear, and strategies for prevention.</p> <p>Confirmed my understanding of the common causes and approach to prevention, no real changes to my practice as a result.</p> <p>Good to confirm my knowledge is up to date and my approach to prevention sound.</p>

PDA performed	Date PDA performed	Location where PDA performed	PDA Feedback
<p>Practice visit Periodontist to watch implant surgery, 2 hours</p>	<p>11.6.22</p>	<p>Greenlane, Auckland</p>	<p>Observed implant placement for one of my own patients. Was good to see first-hand the process the periodontist followed, use of stent for guidance etc.; advice re what the patient could expect post-op.</p> <p>Gave me better insight into the care my patients would receive during the surgical phase of implant treatment – increased my understanding of the patient's experience.</p> <p>Helped strengthen my working relationship with the periodontist, to the benefit of my patients.</p>
<p>Online research – gerodontology Looked into effects of ageing on oral health; tools for assessing risk of oral disease and guiding management and prevention for this population</p>	<p>2.3.22 5.3.22 6.3.22d</p>	<p>Home</p>	<p>Looked into factors influencing oral health in the older population – medical conditions, polypharmacy (decreased saliva), potential for increased risk of dental caries (root caries) and periodontal disease (OH compromised); mobility issues- access to care.</p> <p>In my assessment of patients 60 years and over, now consider more fully the broader picture of what might be influencing the patient's oral health – and make the patient aware of potential risks to their oral health that come with age.</p> <p>Has improved my diagnosis, prevention, and treatment planning for my older patients. Patients better informed – can see the benefits of prevention.</p>



Questions and answers

What is the difference between a PDA and CPD?

PDA's are generally more flexible and include a wider range of activities than what has previously been interpreted as verifiable CPD.

We are using different terminology to emphasise that PDA's are flexible, that there is no annual quota of PDA's to be completed and that PDA's don't need to be verifiable or delivered by an approved provider.

Why isn't there a quota of PDA hours?

There is a growing body of evidence in New Zealand and overseas that "counting hours" is not an effective way to assure competence. We want to send a strong signal to practitioners that your new recertification programme is about quality, not quantity.

A focus on counting hours puts too much emphasis on the inputs to the process and not the learning outcomes that will lead to ongoing competence. Each practitioner needs to take ownership of their lifelong learning, and your recertification programme gives you the flexibility to do so.

With no quota of PDA hours and no verification of PDA's, won't some practitioners game the system or just opt out?

Experience from overseas shows that professional peers provide a powerful motivation for practitioners to do the right thing and we expect most practitioners will act professionally.

Anecdotally, we know that some practitioners 'gamed' the old quota system and a small number may continue to test limits. However, making a false declaration is an offence under section 172 of the Health Practitioners Competence Assurance Act 2003.

Won't conferences and branch meetings be negatively impacted if there is no quota of PDA hours?

We expect that conferences and branch meetings will continue to offer important PDA's for many practitioners. They will also be important forums for practitioners to meet with their professional peers, find a professional peer, build understanding, and share best practice for elements such as creating a PDP and reflecting in writing.

As practitioners increasingly plan ahead, there should be opportunities for professional organisations to get feedback and design conference programmes with invited speakers that are relevant to their members' interests.

What will this mean for education providers?

Generally, education providers will need to plan and advertise their offerings further in advance, as practitioners will want to map out a schedule of PDAs when they are preparing or updating their PDP.

At the same time practitioners are likely to be more aware of what their future learning needs will be, and so providers should be better able to plan and tailor activities to meet those needs.

It's widely known that oral health is a stressful profession and many practitioners suffer from poor mental health. Can I include well-being classes such as yoga or mindfulness as a PDA?

You can include those as activities in your PDP, but they don't meet the definition of a PDA. You are encouraged to take a holistic approach to your wellbeing, learning and development. However, you must ensure you engage in appropriate levels of learning that are relevant to maintaining and building your competence in your scope of practice.

I own my practice and do a range of training including the financial side of things with my accountant, plus other things like health and safety. Do these count as PDAs?

No, but you can still include those as activities in your PDP if that will help you keep track of the full range of activities you're doing. PDAs are relevant to maintaining and building your competence relevant to your scope of practice.

Does writing or peer reviewing a paper that gets published in a professional or scientific journal count as a PDA?

Yes, if it's relevant to maintaining and building your competence in your scope of practice.

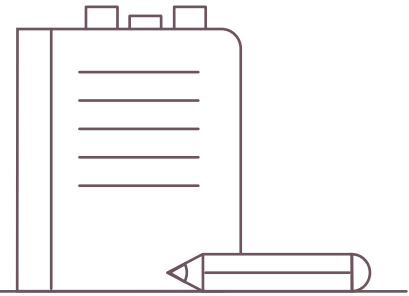
Does an overseas conference or training course count as a PDA?

Yes, you can complete your PDAs in any country, as long as they are relevant to maintaining and building your competence in your scope of practice. You should also consider how you can apply overseas practices in the New Zealand context.

My professional organisation keeps a log of my CPD. Will that continue with PDAs?

Yes, it should. We have been working with professional organisations on the design and implementation of your recertification programme. Generally, professional organisations are updating their systems and the tools they provide to their members to help them meet the new recertification programme requirements.

4



STEP 4: REFLECT

Reflect on your professional development in writing

What you need to do

Each year you must reflect in writing about your professional development, whether your learning objectives were achieved and the impact on your practice.

Written reflection is a critical self-appraisal of your professional development, as it relates to building and maintaining your competence relevant to your scope of practice.

You must not include confidential patient information in your written reflection.

You must keep a copy of your written reflection for at least three years. It may be in handwritten or electronic form.

You must discuss your written reflection with your professional peer.

Why you need to do it

The aim of reflection is for you to think about the *results* of your professional development plan (PDP) and professional development activities (PDAs), focusing on what you have learned from the activities and how this influences your daily practice.

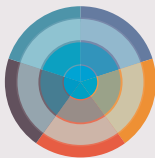
Reflection is an important process for you to evaluate how effectively your PDP is meeting your professional need to maintain and develop your professional knowledge and skills. Taking time to reflect on your PDP and your PDAs allows you to consider the progress you have made, what you have learned and the impact of that learning on your practice.

It also allows you to reconsider your learning needs – are they the same as when you developed your PDP? Have you gained the knowledge and skills you aimed to through the PDAs you have performed? Have you identified additional areas you want or need to learn about and / or become more proficient at since developing your PDP?

We recognise that most practitioners reflect regularly as part of their day-to-day clinical practice. However, reflecting on your professional development, writing the reflection down and discussing it with a professional peer may be new for some.

Relevant professional standards

When reflecting in writing you should consider the Dental Council *Standards Framework for oral health practitioners*:



Professional standard 7:

You must protect the confidentiality of patient information.

Professional standard 11:

You must keep your professional knowledge and skills up to date through ongoing learning and professional interaction.

Professional standard 13:

You must communicate honestly, factually and without exaggeration.

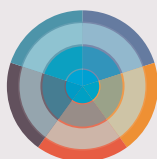
Professional standard 18:

You must behave respectfully in communication to and about colleagues or other health professionals.

Professional standard 25:

You must act with honesty and integrity at all times with patients, colleagues, and the public.

If your reflection makes you aware of a potential health, conduct or competence issue, the following also apply:



Professional standard 27:

You must protect the interests of patients and colleagues from any risk posed by your personal issues or health, or those of a colleague.

Professional standard 28:

You must protect the interests of patients and colleagues from any risk posed by your competence or conduct, or that of a colleague or an employee.

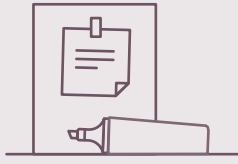
Reflect in a way that suits you

Reflection is an individual process and you should reflect in the way that suits you best. This might be after each individual activity, or more periodically throughout your recertification programme cycle. You may wish to reflect on your own or with a colleague, your professional peer, study group, supervisor, or manager. It is totally up to you.

The recertification programme is not prescriptive about how you reflect or how you record your reflection. Depending on your individual preferences for reflection, you can tailor your records accordingly. You may like to use our template which includes the PDP (incorporating your PDA record) and reflection, adjust the template or develop a separate reflection record altogether.

You may wish to record some reflection after each activity, or you may find your reflection is more effective when it is less structured. For example, you might like to reflect on your PDA activity and your PDP toward the end of the cycle by writing a summary of your reflection. Or you may prefer to have a discussion with your professional peer and summarise your reflections afterwards.

Throughout your recertification programme cycle, you should also consider how your reflection impacts upon your current PDP and whether it needs adjusting, or how it might influence your next PDP.



Tips for reflecting in writing

Reflection would typically happen towards the end of your annual recertification programme cycle and would help you develop or update your PDP for the next cycle.

Think about the PDAs you performed:

- what did you learn (or confirm)?
- what changes have you made in your practice as a result of that learning (if any)?
- what was the benefit to your practice and / or your patients in performing this PDA?

Did performing the various PDAs:

- help your practice and your patients in the way you predicted, or in other unexpected ways?
- contribute to achieving the learning objectives you identified in your PDP?

Have you identified additional learning objectives since developing your PDP:

- through feedback from your professional peer?
- through practice experiences, including any clinical or interpersonal communication issues that might have arisen?

Have you met some or all of the learning objectives in your PDP?

- if not, do you need to identify additional PDAs to meet your existing learning objectives or do you consider the currently planned PDAs will be adequate?
- if yes, do you need to identify new learning goals?

How have your interactions with your professional peer contributed to your professional development over the previous year?

Examples

On the following pages are three examples of written reflection. Different formats have been provided to make it clear that this is not a "one size fits all" process.

You are free to choose any other tools or templates instead. We are aware that written reflection will be new for many practitioners and we encourage practitioners and professional organisations to innovate and try different approaches and share with their colleagues and members what works well.

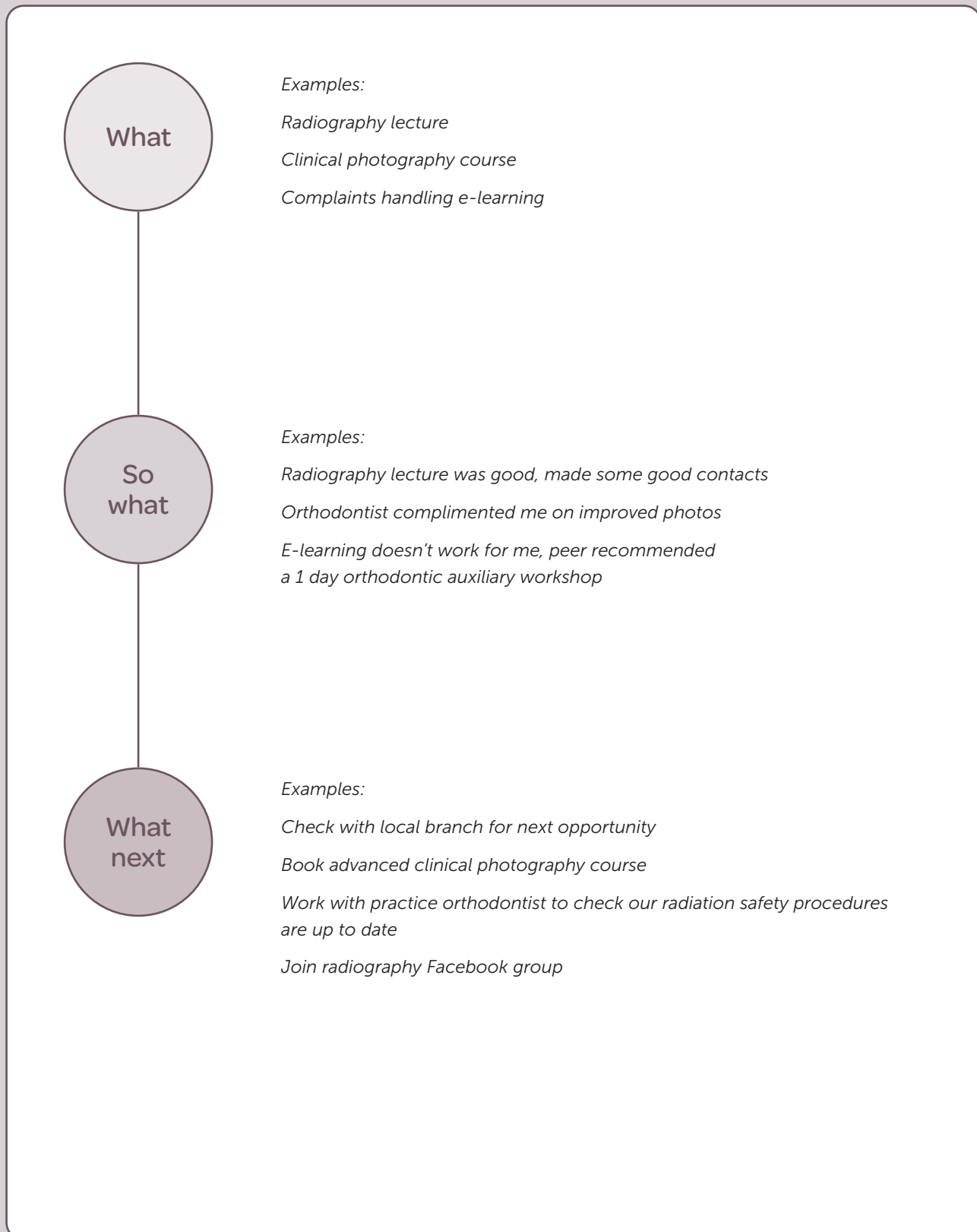
Written reflection example 1 – PDP-based

This example illustrates thinking about the range of PDAs you have undertaken as part of your PDP, and what the implications are for your ongoing professional development:

What I did
<p><i>Example:</i></p> <p><i>I tried to make sure I did a variety of PDAs (both style and content) this year and spread them out during the year. I also did a practice visit as a PDA for the first time, observing a periodontist doing implant surgery.</i></p>
Why I did it
<p><i>Example:</i></p> <p><i>Last year I went on a 5-day training course overseas and so I had a bit of catching up to do in a number of areas. My professional peer had done a practice visit last year and recommended I try it.</i></p>
How I feel about it
<p><i>Example:</i></p> <p><i>It was good to tidy up some aspects of my practice, but to be honest the thing that sticks with me is that I feel kind of inspired to develop as a specialist.</i></p>
What I have learned about my professional development
<p><i>Example:</i></p> <p><i>At the time, the main thing I took from observing the surgery was how it improved my understanding and built a personal relationship with the periodontist to improve the outcomes for my patients. But now I'm starting to think about whether I should be specialising more.</i></p>
What I will do next year
<p><i>Example:</i></p> <p><i>The periodontist I observed in surgery has agreed to be my professional peer and we are going to work together on my PDP for next year to look at what I need to do to develop my practice in this area. That will help me decide whether I want to take this further, and perhaps enrol in a specialist qualification.</i></p>

Written reflection example 2 – mind map

Your reflection doesn't need to be a lot of words.
This is an example of how a mind map can be used:



Written reflection example 3 – event-based

Reflection can also be about events that have influenced your thinking about your professional development needs. If you use this sort of approach, remember to link your conclusions back to your PDP and possible future PDAs.

The following example of event-based reflection is taken from the *Dental Foundation Training Handbook* published by Health Education England, part of the National Health Service:



It is with the passage of time in my foundation training year that I have come to the realisation that there are often many treatment options for patients and sometimes patients have not made up their mind in the surgery. Furthermore, when I have discussed cases with my peers on study days and also associate dentists in the practice, I soon realised that there is not an outright agreement on the favoured treatment option. This difference in opinions I accept does not matter greatly so long as there is justification behind each option then it is a valid option.

I have now been providing my patients with all options, risks, benefits, costs etc. I do not believe it helps the patient if there is confusion from too much information. So for complex treatment options I try and present accordingly and I do not rush my patients to tell me their choice.

For example, I had a patient earlier this week who had a significant amount of pain and the diagnosis of irreversible pulpitis

established. The patient was visibly suffering and could not see beyond the elimination of pain through tooth extraction.

With severe pain like this I observed that he was not thinking straight and not in a position to arrive at a sound or sensible decision. I reassured and we agreed that treatment of some form will be done but we could discuss the pros and cons following administration of a local anaesthetic which I did. As soon as his pain diminished, he could concentrate and was partially amenable to the idea of root canal treatment although not completely certain on that day if that was the right way forward for him. So immediately I came up with the idea of dressing the tooth to manage his pain and symptoms whilst he thought more about what he actually wanted over the coming week. He was very pleased about this option and gave him the opportunity to discuss this with his partner before committing to either irreversible extraction or a complex restorative option, both with very different outcomes for my patient.

I gained experience in the process of consent. However, I do need to find out about how dentists determine the point at which they feel there is sufficient information for the patient to make their choice of treatment.



Questions and answers

Do I need to write it down, or can I just think about it?

Yes, you need to write your reflection down as that is part of the reflective process. Having something written down allows you to refer to it in the future and will also make it easier to discuss with your professional peer. You also need to keep a record for three years in case we ask to see it.

What does “critical appraisal” mean?

You need to make a candid assessment of the strengths and weaknesses of your professional development. Don't be too hard on yourself, but be honest.

Do I need to have a reflective statement for each PDA that I participated in?

No, the written reflection is about your professional development more generally. However, if it helps you to reflect on individual PDAs then that is OK too.

Are you asking whether I'm competent?

No, the requirement is to reflect on your professional development, not assess your competence.

However, if you are comfortable having competence conversations with your professional peer, they can be powerful tools to review your practice and identify new learning opportunities. There are a variety of tools you could use including patient feedback, complaints, clinical audit, peer review, multi-source / 360° feedback, significant event analysis, case-based review, or practice evaluations.

Do I really need to discuss my reflection with my professional peer?

Yes, you do. Even if you are at the early stages of the professional peer relationship you should feel comfortable discussing your thoughts about your professional development. As the relationship develops, both of you should feel more comfortable about giving and receiving free and frank feedback on your reflection, and the other aspects of your recertification programme.

5



STEP 5: CONFIRM

Your professional peer submits their online confirmation

What your professional peer needs to do

Towards the end of your recertification programme cycle, your professional peer must submit an online confirmation that you have interacted with them and declare that they reasonably believe you have met the requirement to have a professional development plan (PDP), complete planned professional development activities (PDAs) and reflect in writing.

Your professional peer must also declare any perceived or actual conflict of interest.

If your professional peer believes that some or all of the requirements have not been met and they are unwilling to confirm you have met the requirements, then they need to provide a reason and an explanation to us.

Under section 172 of the Health Practitioners Competence Assurance Act 2003 it is an offence for a professional peer to make a false declaration.

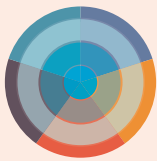
Why they need to do it

Professional peer confirmation provides a level of assurance to us that:

- you are not professionally isolated
- you have appropriately engaged in your recertification programme.

Relevant professional standards

When submitting the confirmation, your professional peer should consider the Dental Council *Standards Framework for oral health practitioners*:



Professional standard 7:

You must protect the confidentiality of patient information.

Professional standard 11:

You must keep your professional knowledge and skills up to date through ongoing learning and professional interaction.

Professional standard 13:

You must communicate honestly, factually and without exaggeration.

Professional standard 18:

You must behave respectfully in communication to and about colleagues or other health professionals.

Professional standard 25:

You must act with honesty and integrity at all times with patients, colleagues, and the public.

Leading up to the confirmation

Your professional peer should be involved with your professional development from the time you nominate them until they have completed the professional peer confirmation, and likely beyond that.

By the time you have completed your PDP your professional peer should have had critical input not only into your learning objectives for the year, but into the selection of the PDAs you have chosen to meet your learning objectives.

Your reflection, in whatever form you choose, must involve your professional peer. This may be on an individual PDA basis followed by a global reflection of all your completed PDAs, or you may rely on a single reflection toward the end of your recertification programme cycle.

The better engagement you have with your professional peer, and the more opportunities they have to provide feedback and contribute to your professional development, the more information they will have to base their confirmation on, and the better the outcome for you.

How the confirmation process works



Around three months before the end of your annual recertification programme cycle we will generate a professional peer confirmation form and send an email to your professional peer asking them to complete the form.



It is important that you keep your professional peer relationship up to date online so that we send the confirmation email to the right practitioner. If you change peers part-way through the year we will ask you if you want the old peer or the new peer to submit the confirmation.



We will also email you to let you know that it's professional peer confirmation time. If you realise that you haven't told us that you have a new professional peer, then you can go online and nominate or change your professional peer. This will automatically cancel any confirmation form that was generated and send out a confirmation email to your new professional peer.



If the professional peer clicks on the link in the email they will log in to our online services and see the confirmation form they need to complete.



Around six weeks before your APC expiry date we will generate your APC form and send an email asking you to renew your practicing intentions.



If your professional peer has already submitted the confirmation, then their responses will automatically be populated into your APC renewal form.



If they submit the confirmation after that, then we will email you when it is submitted and you can view the completed confirmation form using our online services.

Declining to confirm

Your professional peer may feel that some or all of the requirements have not been met, and they are unwilling to confirm you have met all the requirements. If that is the case they can “decline to confirm” on the online form, and they will need to provide a reason and an explanation to us.

You can see the reasons they gave and any supporting information they provided by logging on to our online services.

Before a professional peer declines to confirm they must discuss their concerns with you and give you a reasonable opportunity to respond to those concerns.

If your professional peer declines to confirm, that won't stop your APC from being issued. We will review the information provided and may get in touch with you to follow up if required.

Confirmation disputes

If your professional peer declines to confirm and you believe that they have done so unfairly, then you can raise that with us.

We will review the information provided by the professional peer and any information that you supply. At the end of the review the professional peer may voluntarily change their confirmation. Otherwise, the Registrar or the Dental Council will decide to either uphold or overturn the response provided by your professional peer.



Questions and answers for practitioners receiving the confirmation

I changed professional peer during the year. How will you know which peer to send the confirmation to?

If you change professional peers or withdraw from a relationship, the online form will ask you whether you want your confirmation to be provided by your previous or new peer.

If your professional peer withdraws from the relationship, we will ask them if they are willing and able to submit a confirmation. If they say no, then we won't ask them to confirm, even if you have said that is your preference.

My professional peer just withdrew and is refusing to submit the confirmation. What should I do?

This should not happen if you have had regular contact with your professional peer. However, if it does happen, you should find a new professional peer as quickly as you can and nominate them using our online services.

When you nominate a new peer, we will send them a confirmation form for them to complete. Even if they have only been your professional peer for a short time, you can still review your most recent PDP, PDAs, and written reflection with them.

If your new professional peer is happy that you have met your recertification programme requirements, they can submit the confirmation for you. If your new professional peer is not comfortable submitting the confirmation, then you will be non-compliant but on its own that that won't stop an APC from being issued.

My professional peer hasn't done the confirmation and it's only a few weeks before my APC renewal is due. Can I still get an APC?

Yes, ideally the professional peer should submit their confirmation before you submit your APC renewal application, but we can still receive confirmations after this and you should encourage your professional peer to submit the confirmation as soon as they can. Please contact us if your professional peer is having problems submitting the confirmation.

If your professional peer does not submit a confirmation, then you will be non-compliant with that requirement but on its own that that won't stop an APC from being issued.

What should I do if my professional peer declines to confirm without discussing it with me first?

Your first step would be to go online to look at the confirmation form that was submitted and the reasons they gave. You might want to discuss these with your professional peer first, and if they change their mind the professional peer can contact us and change their confirmation. If your professional peer doesn't change their mind, then you can contact us to discuss your options.

If my professional peer declines to confirm can I still get an APC?

Yes, in most instances a "decline to confirm" won't stop you getting an APC. However, depending on the reasons your professional peer gave, you may be considered non-compliant with one or more requirements of your recertification programme. If we see a total lack of compliance or an ongoing pattern of non-compliance, we may get in touch to investigate it further.

Is there a risk that two "outlier" practitioners will pair up and submit false confirmations for each other?

Yes, it is possible, but if they do so they will be committing an offence under section 172 of the Health Practitioners Competence Assurance Act. We are taking a risk-based approach to compliance and the confirmation isn't the only thing we will be relying on to detect non-compliance.



Questions and answers for professional peers

Am I confirming that this practitioner is competent?

No, the confirmation is about their professional development and whether they have met the requirements of their recertification programme.

However, if you have concerns about the competence, health or conduct of this or any other practitioner, you should contact us if you think their patients are at risk of harm.

If I submit a confirmation does that make me legally liable for anything?

You are not attesting that the practitioner is competent. You are confirming to us whether in your view they have met the requirements of their recertification programme. Your obligation is to make a true and accurate statement to the best of your knowledge.

I'm doing the confirmation, but I've only been a professional peer for part of the year. Can I still confirm?

Yes, even if you have only been a professional peer for a relatively short time you can still review a PDP, PDAs and written reflection with the practitioner. If you are satisfied that the practitioner has met their recertification requirements, then you can submit the confirmation if you feel comfortable doing so. If you have any concerns you should discuss these with the practitioner first, and only decline to confirm if they don't take steps to address your concerns.

Some things are kind of marginal, should I decline to confirm to be on the safe side?

No, we are asking for your reasonable judgement about whether the practitioner has met the requirements to interact with you, have a PDP, complete planned PDAs and written reflection. If you don't think they are doing enough you should discuss it with them first, and only decline to confirm if they don't take steps to address your concerns.

Why am I being asked about a conflict of interest?

We want the recertification programme to be flexible and allow practitioners to do what will work best for them. For this reason, we have not put any restrictions on business partners, spouses or other family members being professional peers for each other, so long as they meet the requirements of a professional peer.

However, there is potential for a conflict of interest to arise, for example, if you are doing a professional peer confirmation for your business partner and you are worried that if you "decline to confirm", then their practice may be restricted having a negative financial impact on you.

We have added a question to the online form to ensure that practitioners are aware of the potential for a conflict of interest and can manage that appropriately. We have based the definition of conflict of interest on the definition used in clause 11 of schedule 3 of the Health Practitioners Competence Assurance Act 2003.

I stopped being the professional peer for my colleague a while ago, but they haven't nominated a new peer and I keep getting reminder emails from the Dental Council to submit a confirmation. How do I make them stop?

First, try and contact the practitioner and remind them to change profession peers using our online services. If that doesn't work, you can go online and withdraw from the professional peer relationship yourself. You must let the practitioner know that you are going to do so and give them reasonable notice, so they have time to nominate a new professional peer. When you complete the online form you will be asked if you are willing and able to submit a confirmation for this practitioner.

How do I have the conversation about declining to confirm?

Ideally you will have had regular contact with the practitioner, built up a level of trust in the relationship and will know each other pretty well. If that's the case, it should be easier to tell your colleague about any concerns.

However, if you are thinking about declining to confirm, then that suggests that the relationship may not be functioning as well as it might be, and the practitioner has not been taking on board feedback you have given previously. It's important to avoid making it personal, so focus on the weaknesses in the professional development process, not their personal weaknesses.

It may also be easier to have this conversation in a group environment, so if you are part of a peer or study group then talk to the other members of the group. If you're not part of a group, then you could suggest joining one. Otherwise, if you belong to a professional organisation, they may be able to help with some tips, or you could contact us to discuss the situation.

I told the practitioner that I was thinking about “declining to confirm” and then I got an email from the Dental Council saying they had withdrawn from the relationship. What do I do now?

The practitioner should have let you know before they withdrew from the relationship. You may wish to contact us to discuss the situation, particularly if you have any concerns about the practitioner's competence, health or conduct.

We will monitor this sort of behaviour and if we see a pattern developing then we may contact the practitioner to check if there are potentially other underlying issues.

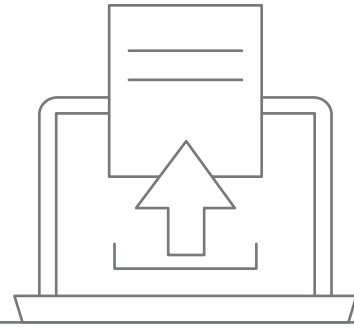
What happens if I don't submit the confirmation?

We won't take any action against you. However, we remind you of your duty to act professionally and collegially. If you are unwilling to submit a confirmation you should let the practitioner know as soon as possible to give them time to find a new professional peer who is willing.

What might happen if I make a false declaration?

Under section 172 of the Health Practitioners Competence Assurance Act 2003, it is an offence to make a declaration that to your knowledge is false or misleading. If convicted, you could be liable for a fine of up to \$10,000.

6



STEP 6: DECLARE

You submit your online declaration

What you need to do

At the end of your recertification programme cycle, when you apply for your APC online you must submit declarations that you have:

- interacted with your professional peer
- a professional development plan (PDP)
- completed planned professional development activities (PDAs)
- reflected in writing.

If you have not met one or more requirements, then you must provide a reason and an explanation to us, including how you propose to meet the requirement as soon as is reasonably practicable.

Under section 172 of the Health Practitioners Competence Assurance Act 2003 it is an offence for you to make a false declaration.



You do not need to upload or send to us:

- your PDP
- information about your PDAs or any evidence you have completed them
- your written reflection.

But you must keep copies of these documents for at least three years.

Why you need to do it

Annual declarations provide a level of assurance to us that you:

- have reflected on your practice and identified appropriate learning objectives
- have engaged in appropriate levels of professional development to ensure that you are competent within your scope of practice
- are not professionally isolated.

Relevant professional standards

When submitting your declaration, you should consider the Dental Council *Standards Framework for oral health practitioners*:



Professional standard 13:

You must communicate honestly, factually and without exaggeration.

Professional standard 23:

You must ensure your professional and personal conduct justifies trust in you and your profession.

Professional standard 24:

You must be familiar, and comply, with your legal and professional obligations.

Leading up to the declarations

Although the declarations are made at the end of your recertification cycle, the work starts at the beginning of the cycle, or even earlier.

You should have no problems declaring that you have met the requirements of your recertification programme if you:

- have regular contact with your professional peer about your professional development
- complete, or update, your PDP at the start of your recertification programme cycle, and continue to refine it and discuss it with your professional peer throughout the year
- undertake an appropriate level of relevant PDAs throughout the year and discuss them with your professional peer
- reflect in writing on your professional development either throughout the year, or at the end of the recertification programme cycle, and involve your professional peer in the process.

Declaring that you have not met a requirement

You may feel that you have failed to meet some or all of the requirements of your recertification programme. If that is the case, you can declare that on the online APC renewal form, and you will need to provide a reason and an explanation to us. You can also attach additional supporting information.

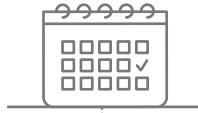
We recognise that sometimes unforeseeable things occur in life. If that has happened to you then please explain the circumstances to us when you submit your declaration.

We will be particularly interested to know how you propose to meet the requirement as soon as is reasonably practicable, and how you will ensure that you continue to be competent to practise within your scope.

You should also discuss requirements that have not been met with your professional peer as this may influence what they put in the confirmation form, and additional information they may provide to support your explanation.

If you declare that you have not met one or more requirements of your recertification programme, on its own that won't stop your APC from being issued. We will review the information you have provided and may contact you or your professional peer to follow up if required.

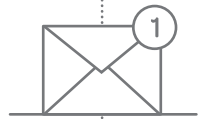
How the declaration process works



Around six weeks before the end of your APC expiry date we will generate your APC renewal form and email a link to you.



If your professional peer has already submitted the confirmation, then their responses will be automatically populated into your APC renewal form. You can also view the completed confirmation form and any supporting information provided using our online services, at any time.



If your professional peer submits the confirmation later, then we will email you when it is submitted, and you can view a copy of it using our online services.



When you are completing your APC renewal form there will be a recertification section which is where you make your declarations on your recertification programme.



Copies of both the professional peer confirmation and your annual recertification programme declaration, plus any supporting information provided can be viewed using our online services, at any time after they have been submitted.



Questions and answers

Do I need to complete the recertification programme declaration if I am applying for a “non-practising” APC?

Yes, if you are a registered practitioner and choose to be retained on the register while not practising, you are still subject to the recertification programme and must complete the declaration each year.

I’ve opened my APC renewal form and just seen for the first time that my professional peer has declined to confirm. What can I do about that?

Your first step would be to review the information on your APC renewal form as that will display the confirmation form that your professional peer submitted and the reasons they gave. You may want to discuss these with your professional peer, and if they change their mind the professional peer can contact us and change their confirmation. If your professional peer doesn’t change their mind, then you can contact us to discuss your options.

I only had one PDA planned for this year which was a 5-day residential course, but the course got cancelled just before my APC application was due. What should I do?

If you have not done any PDAs during your recertification programme cycle you should declare that the PDA requirement hasn’t been met. You will be asked to provide an explanation and how you propose to rectify the situation, for example, whether you will attend an alternative course at a later date.

This situation illustrates the benefit of engaging in multiple PDAs of different types throughout the recertification programme cycle. However, we acknowledge that sometimes these situations will occur.

If you have time to revisit your PDP, find and participate in new PDAs that are relevant to your scope of practice and discuss them with your professional peer before the end of your recertification cycle, then you can declare that this requirement has been met.

If I haven’t met a requirement can I still get an APC?

Yes, in most instances declaring you haven’t met a requirement won’t stop you getting an APC. However, depending on the reasons and explanation you give, you may be considered non-compliant with that requirement of your recertification programme. If we see a total lack of compliance or an ongoing pattern of non-compliance, we may investigate it further.

I'm a new registrant and have only been subject to the recertification programme for part of the year. Can I still meet the requirements?

Yes. Giving new registrants (and practitioners who have been restored to the register) six months before you are subject to the recertification programme is to allow time for you to find a professional peer and start thinking about your professional development needs.

Even if you have only been subject to the recertification programme for a relatively short time before a declaration is due, you should still have enough time to find a professional peer, prepare a PDP, start participating in PDAs and reflect in writing. If for some reason you have not been able to do one or more of these things, you should declare that the requirement has not been met and provide an explanation.

If I feel about 80 or 90% on some things, should I declare that I haven't met the requirement to be on the safe side?

Not necessarily. The goal is for you to engage in appropriate levels of professional development to ensure that you are competent within your scope of practice.

We are asking for your reasonable assessment of whether, on balance, you have met the requirements of interacting with a professional peer, having a PDP, completing planned PDAs and written reflection. If you are unsure whether you are doing enough, you should discuss that with your professional peer and they may be able to help you make that assessment.

What happens if I don't submit the declaration?

You won't be able to submit your APC renewal form without completing your annual recertification programme declaration.

What might happen if I make a false declaration?

Under section 172 of the Health Practitioners Competence Assurance Act, it is an offence to make a declaration that to your knowledge is false or misleading. If convicted, you could be liable for a fine of up to \$10,000.



Taking a break from practice

The recertification programme has been designed to be flexible to allow you to take ownership of your professional development and to ensure your ongoing competence even when changes occur in your work or personal circumstances. This may include an extended break from practice, for example due to parental leave, study, or overseas travel.

You and your professional peer will be best placed to determine what level of PDAs (if any) are required to ensure you are competent when you return to work.

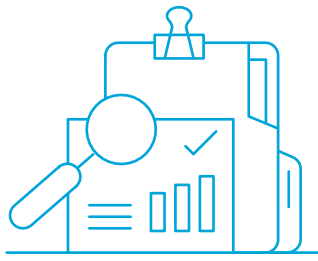
A PDP can span multiple years, so your plan can accommodate an extended break from practice. It's also a living document that can be updated at any time to allow for life changes.

Everyone's situation will be different. Some people will be able to continue to participate in a reduced level of PDAs during a practice break, but others won't. Similarly, some people will be able to keep in touch with their professional peer, while others may not.

If you have a PDP that spans the duration of your break and plan to continue PDAs, written reflection and peer interaction at a low level during that time, then at the end of your recertification programme cycle your professional peer could submit a confirmation, and you would likely declare that those requirements had been met.

If you had not been able to continue those activities then you and your professional peer would likely declare that those requirements had not been met for this cycle. You will be asked to give an explanation, including how you propose to meet the requirements when you return from your break. Declaring that you were not able to meet some or all requirements of your recertification programme would not prevent your APC being issued.

If you have been away from practice for more than three years, then our *Recency of practice policy* and the corresponding statutory provisions will apply.



Recertification programme audits

We will continue to undertake audits as we have done in the past. However, our audits will increasingly become targeted at practitioners who have come to our attention, as we focus our resources on the areas of highest risk.

You must retain all recertification programme documents for audit purposes for a period of three years. That is:

- your PDP
- evidence of the PDAs you have undertaken
- your written reflection
- evidence of meetings and discussions with your professional peer.

If you cannot produce adequate recertification programme documents to us when requested, we will treat this as non-compliance, and you will be subject to a graduated series of actions considered proportionate to the degree of your non-compliance.



What happens if I don't meet the requirements?

When we consulted on a proposed new recertification programme, we advised it would be an interim step toward a fully risk-based system, that is, a system that allows us to concentrate our resources on areas of greatest risk.

During the consultation phase, practitioners made it very clear to us that we needed to concentrate on those practitioners who were not maintaining their competence, and we intend to do so.

Duty to protect the public

We have a statutory duty to protect the health and safety of the public by providing mechanisms that ensure practitioners are competent within their scope of practice. It's the reason we exist.

We have adopted a risk-based, right-touch approach to regulation. In the interest of transparency, we have published *Council's regulatory principles* on our website.

Our response to a practitioner's failure to meet their recertification programme requirements will be the minimum action we believe is necessary in the circumstances. However, we are more likely to view non-compliant practitioners as a higher risk of not being competent than those who meet their recertification programme requirements. In the future, higher risk practitioners may be faced with more intensive recertification programme requirements.

Encourage compliance

The recertification programme has been designed to be flexible and is supported by online processes to make it as easy as possible for you to comply with your obligations.

Practitioners who do not meet their obligations under the recertification programme will be assisted to comply through a graduated series of responses that are proportionate to the degree of non-compliance:

- If you declare that you have not met a requirement, you will be offered the opportunity to explain your circumstances and most importantly, outline the steps you propose to take voluntarily to achieve compliance as soon as possible
- Declarations are a sub-set of the information we will use to detect patterns of non-compliance. We are less concerned about the occasional missed PDA, and more concerned when there is a total lack of compliance or a history of repeated non-compliance

- If we are not satisfied with your explanation, or the steps you have proposed to remedy your non-compliance, we will contact you for more information to understand your situation, and we may undertake a **recertification programme audit**. Either of those situations may lead to us asking you make a **voluntary undertaking** to take further steps such as participating in further PDAs
- If you do not take these further steps voluntarily, we can make them mandatory by setting an **individual recertification programme** under section 41 of the Health Practitioners Competence Assurance Act 2003 that requires you to complete certain PDAs
- If necessary we can use our powers under section 43 of the Health Practitioners Competence Assurance Act 2003 to limit your practice to protect the public until we are satisfied that you have met your recertification programme requirements set by us to ensure you are competent within your scope of practice:
 - We can place a **condition** on your scope of practice until our concerns are addressed, including a condition requiring **supervision** by another practitioner we appoint
 - If the conditions do not achieve the change we are seeking, then we can place a **restriction** on your scope of practice
 - Finally, if all else fails we can **suspend your registration**. Since the Dental Council was established in 2004 this power has been used once where a practitioner failed to meet the requirements of a recertification programme.

First step is to remediate

Our initial focus is on compliance with the requirements of your recertification programme, but during our interactions with a practitioner and their professional peer we may identify other potential issues. These potential issues may relate to competence, health or conduct.

We have additional interim responsibilities to act immediately if we think there is a risk of harm to the public. If we use these interim responsibilities that will also trigger our *Naming policy*.

As soon as we are satisfied that there isn't a risk of harm to the public, our focus turns to how we can support a practitioner to return to safe practice as soon as possible. Practitioners will be subject to a graduated series of proportionate responses to assist them to address any issues we identify:

- The first step is to understand the problem and we will support a practitioner to identify any competence shortcomings, and where possible work with them to remediate the issues
- If necessary, we have powers to require a **competence review** under section 36 of the Health Practitioners Competence Assurance Act 2003
- If the competence review identifies competence issues that need to be addressed, we are required by law to do one or more of the following:
 - set a **competence programme** under section 40 of the Health Practitioners Competence Assurance Act 2003 to remediate the issues
 - place a **condition** on the practitioner's scope of practice
 - require the practitioner to sit an **examination** or undertake an **assessment**
 - require the practitioner to be **counselled** or **assisted**.
- If a competence review identifies issues, then this will also trigger our *Naming policy*.

Powers to protect are a last resort, but will be used

Most practitioners want to do the right thing and will voluntarily comply with the requirements of the recertification programme. We have found that of those who are non-compliant, many are competent and are willing to voluntarily take remedial actions to achieve compliance.

A smaller group have competence issues relating to their scope of practice. Most of these want to take professional ownership of those issues and will voluntarily take remedial actions to regain competence or will at least participate in mandatory remediation set by a competence programme.

What is left is a very small group of practitioners who have competence issues and are not willing to undertake any form of remediation. For these practitioners it is our duty to use our powers to protect the public by limiting their practice through conditions, restrictions and, if all else fails, suspension.

Before taking action, we will check for unintended consequences and that the impact of the action is proportionate to the circumstances. A range of factors will be considered, such as:

- previous remediation or protection actions taken
- history of non-compliance
- previous good record
- practitioner insight and appropriateness of subsequent actions
- quality of the practitioner's processes and systems
- any other mitigating circumstances.



We are available to help

If you have any questions about your recertification programme you can find more information on our website www.dcnz.org.nz.

Otherwise, please contact us:

Email: inquiries@dcnz.org.nz

Telephone: +64 4 499 4820

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