

Policy on continuing professional development activities

Category	APC and Recertification
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- 1 This policy provides an overview of continuing professional development (CPD) and the criteria used to assess activities for verifiable CPD purposes. It includes peer contact activities but does not include the criteria for approval of providers and/or verifiers of CPD.
- 2 This policy replaces the following policies and guidance:
 - Policy on the approval of CPD activities – April 2006
 - Interactive peer contact activities – undated
 - Guidance on peer groups – undated
 - Guidance on recording recertification activities – April 2006

Introduction

- 3 The principal purpose of the Health Practitioners Competence Assurance Act 2003 is to protect the health and safety of the public safety by ensuring practitioner competence and fitness to practice. The Act provides the Council with mechanisms to ensure that oral health practitioners are competent and fit to practise, not just at the point of registration but on an on-going basis. It is the practitioner's responsibility to ensure that they are maintaining their competence through the participation in CPD activities, including interactive peer contact (Appendix 1).
- 4 The issue of a practising certificate each year is not automatic upon receipt of payment. The Council must be satisfied that oral health practitioners have maintained their competence and fitness before they are recertified to practise through the issue of the annual practising certificate.

Definitions

- 5 **Continuing professional development (CPD)** is defined as educational activities and interactive peer contact activities aimed at ensuring an oral health professional's continuing competence to practise. The activities must reflect the content of the scope in which the practitioner is registered.
- 6 In order for a CPD activity to be verifiable, the participant must be able to provide documentary evidence of attendance and details of the CPD activity assessment criteria outlined in paragraphs 27-30 below. The activity or the provider must be approved for verifiable CPD purposes by an approved CPD provider or verifier (see paragraph 11 and 12 below).
- 7 Examples of verifiable CPD include:
 - conferences, courses and workshops
 - approved in-service training or peer contact activities
 - postgraduate study leading to a qualification relevant to the practitioner's scope of practice
 - web-based learning with verifiable outcomes

- publication of a scientific paper.
- 8 There are CPD activities that are learning opportunities that are beneficial to practice, but do not generally have specific outcomes. These activities are **not** verifiable CPD. Examples include:
- reading relevant books, journals or websites without verifiable outcomes
 - examining candidates for registration
 - supervision and mentoring of colleagues
 - in-practice training and instruction from colleagues
 - peer contact activities that have not been approved as verifiable CPD
 - informal discussions and debate of clinical and professional issues with colleagues and background research.
- 9 For the purposes of CPD compliance, the Council expects oral health practitioners to record only verifiable activities, but it also expects practitioners will continue to participate in non-verifiable CPD activities.
- 10 **Peer contact activities** are defined as interactive contact with peers with the specific objective of professional development. The activities should be outcome-oriented and promote reflective practice. Depending on the nature of the activity, **peer contact activities can be verifiable** if they meet the criteria in paragraph 6 above. Peer contact activities are not restricted to practitioners in the same scope of practice. Examples of peer group activities include:
- participation in study groups (see Appendix 2 for guidelines on setting up a study group)
 - hands-on clinical courses
 - professional association branch meetings where peer interaction and collective participation comprises part of, or the entire, meeting
 - attendance at in-service training formal presentations, lectures and conferences where group discussion and/or a question and answer session comprises part of the session
 - peer discussion and review activities within a group dental practice
 - joint treatment planning/patient management sessions
 - practice appraisal including clinical audit and peer review activities
 - providing or receiving mentoring or supervision¹.

CPD approved providers

- 11 CPD activities must be offered by a DCNZ CPD approved provider. A list of approved CPD providers is available on the Council's website. These include:
- Dental Council of New Zealand (DCNZ)
 - New Zealand Dental Association (NZDA)
 - New Zealand Dental Therapists' Association (NZDTA)
 - New Zealand Dental Hygienists' Association (NZDHA)
 - New Zealand Institute of Dental Technologists (NZIDT)
 - New Zealand Association of Orthodontists (NZAO)
 - Some District Health Boards
 - The University of Otago
 - The Auckland University of Technology (AUT)
 - Those organisations approved by prescribed qualification providers² as an approved provider of verifiable CPD

¹ A meeting between the two people involved is regarded as verifiable CPD if it has set outcomes is documented and both people retain evidence in their portfolios.

² Approved prescribed qualification providers include the General Dental Council (GDC) - United Kingdom, the Australian Dental Council (ADC), and the Commission on Dental Accreditation (CDA) – Canada and the USA.

- 12 Organisations wishing to seek CPD provider status should refer to the Dental Council's separate policy on the approval of providers and/or authorisers of continuing professional development (CPD) activities.

CPD verifiers

- 13 CPD activities may be verified by an approved CPD verifier. CPD verifiers include:
- NZDA
 - NZAO
 - NZIDT

Study group activities

- 14 Setting up a study group will assist with achievement of the number of peer contact activities required for recertification. Study groups should comprise a majority of those registered in the same scope of practice, but they may also include other registered oral health practitioners such as dentists, dental hygienists, dental technicians and others affiliated to dentistry such as practice managers and dental assistants.
- 15 Study group activities count may count towards verifiable CPD hours. Refer to paragraph 6 above to determine if the activity is verifiable.
- 16 Further details about setting up a study group are attached as Appendix 2.

Verifiable CPD entitlement

- 17 The types of activities that can be considered as verifiable CPD are outlined in paragraph 6 above. Most activities will be approved on an hour for hour basis. That is, one hour of activity is approved as one hour of verifiable CPD.
- 18 If any of the following activities are approved, the Council has determined the maximum number of CPD hours that apply are as indicated:

Type of activity	CPD entitlement
Presentations	For every hour of presentation time, the practitioner can also claim up to three hours of preparation time as verifiable CPD. The same presentation can only be claimed once as a verifiable activity.
Published articles in a peer reviewed scientific journal	Principal authors can claim up to ten hours of verifiable CPD. Contributing authors can claim up to four hours verifiable CPD for each article.
Published articles in non-refereed/ peer reviewed technical journals	Authors can claim up to four hours of verifiable CPD for each article.
Post-graduate study	The successful completion of a post-graduate qualification (in a relevant subject area) may be recognised by DCNZ as satisfying the required CPD hours for any given four year cycle.

CPD activity assessment

- 19 The professional associations (NZDA, NZAO, NZIDT, NZDTA and NZDHA) are responsible for evaluating and approving applications for an activity to be approved for verifiable CPD purposes for their members. The NZDA provides this service for all dentists, regardless of membership. Where an oral health practitioner (apart from dentists) is not a member of their professional association, the relevant professional board is responsible for evaluating and approving CPD applications.

- 20 For dental technology, if the course is hosted overseas, the Dental Technicians Board will evaluate the application.
- 21 The professional boards have established CPD advisory committees to evaluate and approve applications for verifiable CPD activities. The advisory committees consist of:
- a dental academic who has the educational competencies to evaluate the applications submitted
 - an experienced oral health practitioner who is registered and competent in the scope of practice to which the application relates
 - a member of the relevant DCNZ professional board.
- 22 If a practitioner is planning on undertaking or has undertaken an activity that has not been approved as verifiable CPD by an approved verifier or given by an approved provider, it will need to have this activity assessed by the relevant professional association, or Dental Council professional board. Practitioners will need to make a submission including the following:
- 22.1 The educational aims, objectives and outcomes of the course. These must relate to the educational needs of the participants.
- 22.2 Details about the presenter(s) of the course including experience and relevant qualifications.
- 22.3 An outline of the course including an overview of the programme and the teaching methods used (eg lecture, hands-on workshop, group discussion).
- 22.4 Number of hours involved (excluding meal breaks) and course venue.
- 22.5 A copy of the certificate of attendance (including attendee's name, name of provider, name of activity, date, time and location of activity and the number of verifiable CPD hours).
- 23 If the submission for approval of a CPD activity is made to the Dental Council professional board, then the CPD advisory committee will conduct a paper review of the submitted documentation against the criteria outlined in paragraph 27 below. The committee will then select one of the following options:
- **full approval**
 - **full approval subject to conditions** (the committee may, for example, require the submission of further materials for review or reduce the number of verifiable hours that may be claimed if not satisfied that the proposed course or conference meets all the required criteria)
 - **no approval.**
- 24 Practitioners should seek approval prior to the commencement of an activity. However, a course may be approved retrospectively by the relevant CPD advisory committee.
- 25 Practitioners should allow up to eight weeks from the date of submitting the documentation to Council and receipt of the committee's decisions. Additional time may be required if the documentation submitted is not adequate to allow the committee to assess the sufficiency of the activity against the defined criteria.
- 26 The cost of the approval process will be funded by the Council from the APC fees of the relevant oral health practitioner group.

<p>Criteria for the approval of CPD activities</p>

- 27 The following criteria will be applied in assessing the suitability of the **course for approval** as verifiable CPD for individual practitioners:
- 27.1 The course must have concise educational aims, objectives or learning outcomes that relate to the educational needs of participants.
- 27.2 The qualifications and experience of the presenters must be detailed. Sufficient information must be provided to enable the evaluators to judge the suitability of the presenter(s) to teach the proposed subject.
- 27.3 An outline of the course must be provided including an overview of the programme and the teaching methods used (eg lecture, hands-on workshop, group discussion).
- 27.4 Course cost, number of hours involved (excluding meal breaks) and venue must be provided.

- 27.5 A certificate of attendance must be provided that includes the attendee's name, the name of the provider, the name of the activity, the date, time and location of the activity and the number of verifiable hours.
- 28 **Course providers** are expected to submit applications for course approval in advance of the course taking place. If a course provider is submitting an application for verifiable CPD approval, the above criteria (27.1 – 27.5) must be met, along with the following:
- 28.1 The content of the course must reflect accepted practice based on critical appraisal of scientific literature. Presentations of theories and techniques that are not supported by scientific evidence nor generally accepted by the dental professions may not be recognised.
- 28.2 The course provider should have sufficient educational expertise to develop and run the course. The status and impartiality of the providing organisation will be a consideration. Promotion of a particular product line by a commercial organisation may not be recognised.
- 28.3 The course must demonstrate continuing quality improvement processes. The use of post-activity evaluation to assess the effectiveness of the activity is encouraged.
- 29 If verifiable CPD approval is being sought for **study group** activities, the application should include the date, hours attended, the educational aim of the meeting, description of the content, and evaluation of the value to the individual and implications for practice.
- 30 A checklist for the criteria for the approval of verifiable CPD activities is attached as Appendix 4.

Keeping a record

- 31 Practitioners must keep a record of their CPD activities for two complete cycles (eight years). Copies of these records may be required by the Dental Council as part of the compliance audits associated with the recertification cycles.
- 32 As a minimum, the CPD record should include:
- a list of the continuing education and peer contact activities undertaken including date, time involved, location, description of the activity
 - supporting documentation – eg certificate of attendance.
- 33 The type, breadth and appropriateness of CPD undertaken will be examined if a practitioner is subject to a competency review.
- 34 Further details about keeping a record are attached in Appendix 3.

Appendix 1 – CPD hours (including peer contact activities) to be completed over the recertification cycle

	Minimum number of verifiable CPD hours	Minimum number of peer contact activities	Recertification cycle
Dentists/ Dental Specialists	80	12	1/1/2009 – 31/12/ 2012
Dental Hygienists	60	8	1/1/2010 – 31/12/2013
Dental Therapists	60	8	1/1/2010 – 31/12/2013
Orthodontic Auxiliaries	30	6	1/1/2010 – 31/12/2013
Dental Technicians	40	0	1/1/2010 – 31/12/2013
Clinical Dental Technicians	60	0	1/1/2010 – 31/12/2013

Appendix 2 – Guidelines for setting up a study group

It is recommended that study groups should comprise a majority of those registered in the same scope of practice but they may also include other registered oral health practitioners and others affiliated to dentistry such as practice managers and dental assistants.

Practitioners contemplating setting up a study group should discuss the need for interactive study group activity with colleagues and try to attend a successful group as an observer.

When a firm commitment is made, recruit other practitioners in the area. Give them the date, venue, start and finish time. Consider inviting other oral health practitioners and/or others affiliated to dentistry to be part of the group, especially if you are in a rural area. It may be necessary to establish an alternative structure for those geographically isolated. Such a study group could be linked via the internet or by tele-video conferencing means.

At first study groups can be intimidating. However, experience shows that once initial inhibitions are overcome, study groups can produce frank and constructive discussion that supports continuing professional development. It will take time for trust to develop within a group and good facilitation is required to ensure initial and ongoing participation. No individual should be allowed to dominate the group. Group members **are equal**, but not the same.

Study groups can also provide social support, growth in the professional role and protection against burnout. It can be an opportunity to socialise with colleagues, and discuss ideas that may be difficult to express to laypersons. It is important, however, to ensure that the group does not allow these needs to dominate the whole group's educational structure.

Guidelines for meetings

- 1 Study groups should comprise approximately six to ten members (minimum four and maximum twelve is recommended as evidence shows that fewer than four does not normally allow for maximising the positive aspects of group dynamics whereas a large number usually results in someone feeling left out or sub-groups forming).
- 2 Meetings need to be held regularly. Establish a regular cycle at the beginning of the year. The timeframe and time limits should be decided by the group and adhered to. Consideration should be given to the other commitments of group members. The frequency of meetings should be decided by the group, but a minimum of four meetings per year is recommended.
- 3 Move the venue around amongst the group.
- 4 Give the host clinic/practice/laboratory the responsibility for facilitating the meeting.
- 5 Set and keep to a strict time limit.
- 6 Keep meetings constructive and educational.
 - Establish the principle of no direct criticism of a colleague.
 - Never mention names of patients.
 - Agree to encourage all participants to contribute at each meeting.
- 7 At the start of each year, and for new members, study groups should collectively determine their continuing professional development aims. These aims should be documented and available to all members of the group after the first meeting.
- 8 Try to end each meeting with a brief feedback session.

Facilitation

Facilitation of the study group meeting should rotate amongst the practitioners, and should not be dominated by one individual. It is important that every practitioner participates and has their say. One

practitioner should be responsible for hosting and facilitating each meeting and all group members should be encouraged to develop their facilitation skills.

The facilitator's role is to focus on how well the group functions and to ensure that the group maximises its opportunities and strategies for learning.

When participating in a group, most group members are focused on content issues. A key feature of the facilitator's role is to monitor the group's processes and the quality of interactions between participants. If the facilitator becomes aware of a "blockage" in these components, he or she can bring it to the attention of the group to be resolved.

Recommended activities

Meeting themes should be constructive and educational. Recommended activities include:

- Consideration of practitioners' educational needs (eg procedural skills, diagnostic skills or knowledge, communication, codes of practice). Evidence is available that practitioners may be choosing CPD activities on the basis of interest and not on need. Setting a CPD plan for the coming year could be a collaborative activity within the study group.
- Case presentations with peer review. Appoint one member to present a difficult or interesting case.
- Consideration of patients' unmet needs.
- Specific learning activities. Invite a resource person to discuss relevant issues. Use such help on a question and answer learner-driven basis rather than a lecture.
- Review of significant events, for example, emergencies or complications during clinical procedures. Appoint one member to present a significant event that occurred in his or her practice.
- Practice management issues.
- Presentation and discussion of outcomes of self or peer review eg review of patient records and recall periods, assessment of safety procedures, evaluation of cross infection procedures, review of pharmacology, and review of patient management skills.
- Presentation and discussion of outcomes of a peer review exercise or a practice appraisal (clinical audit) in the case of dental therapists.

Study Group Approval and Documentation

Approved study group activities will count towards verifiable hours under the recertification programme. Study groups established under the auspices of an approved CPD provider and verifier do not need to be approved by the relevant professional board of the Dental Council.

In other situations the documented aims of the study group should be set at the first meeting of the group and forwarded with details of the group make-up to the relevant professional board for approval of the group's activities as verifiable CPD. The Board will also require an annual summary of the group's activities as part of the ongoing approval process.

Individuals should keep a record of each meeting as part of their CPD portfolio. This should include date, hours attended, educational aim of the meeting, description of the content, evaluation of the value to the individual, and implications for practice. Unapproved study group activities will be recognised as non-verifiable hours (if applicable).

Appendix 3 – Guidance on recording CPD activities

As part of the ongoing recertification requirements the Council requires practitioners to keep a record of their educational, and peer contact activities and to make this available on request. Some professional associations provide an on-line service for recording CPD activities. The Dental Council recommends that practitioners use these services where available.

Compliance monitoring of the recertification requirements takes place in conjunction with the renewal of the annual practising certificates. Ten percent of practitioners will be randomly selected and asked to submit their records to the Council's office for assessment. Practitioners who have used an approved on-line CPD service and met the specified CPD requirements will be exempt from the audit process.

The Council also reserves the right to request evidence of compliance with recertification requirements at any time, for example during a competence review or in the investigation of a complaint. All practitioners must therefore keep full and accurate records.

As a **minimum** this record must include:

- a list of the continuing dental education and peer contact activities undertaken including date, time involved, location and description of the activity
- supporting documentation eg certificate of attendance, outline of the course
- a copy of the professional agreement which is in place (if appropriate).

A professional portfolio approach is recommended for the recording of ongoing recertification activities. This is a "personal, private collection of evidence which demonstrates the continuing acquisition of skills, knowledge, attitudes and achievements" (CPD, Royal College of Nursing 1994). The information in your portfolio should relate to your scope of practice. The University of Otago offers an e-Portfolio application that accommodates this approach.

The following is a list of suggested items to include in a professional portfolio:

A CV containing:

- personal information and qualifications
- registration and APC history
- practice history eg record of employment history including positions held
- membership of professional groups
- membership of any other relevant groups.

A Professional Development Plan (PDP) containing:

- personal objectives for the recertification cycle
- personal aims for each year.

Record of verifiable continuing professional development activities. When recording CPD activities, clearly identify the name of the course or activity and its relevance to the competency standards and objectives in your professional development plan.

Record of interactive peer contact activities, if applicable.

- Supporting documentation eg certificates of attendance, course outlines, or signed professional agreement.

Record of CPD activities

Course Details

- Verifiable CPD Peer contact activity

Date of Course	
Name of CPD Provider	
Number of Hours	
Name of Course/ Meeting Topic	
Study Group Details (if applicable)	
Venue	

Brief outline of course content:

- Lecture/seminar (attending)
- Lecture/seminar (presenting)
- Workshop
- Research/post graduate study (state qualification)

Journal review (name and issue of publication)

Other (please specify)

Documentary evidence of all verifiable peer contact activities should be attached.

Appendix 4 – Checklist criteria for the approval of CPD activities

Applications from individual practitioners for courses they attend

	Criteria	Yes/No
1	The course has concise educational aims, objectives and outcomes that relate to the educational needs of participants.	
2	The qualifications and experience of the presenters are provided.	
3	The outline of the course is provided and includes teaching methods used.	
4	Course cost, number of hours involved (excluding meal breaks) and venue provided.	
5	A certificate of attendance is provided that includes the required detail.	

Applications from CPD providers seeking approval for courses they offer

	Criteria	Yes/No
1	The course has concise educational aims, objectives and outcomes that relate to the educational needs of participants.	
2	The qualifications and experience of the presenters are provided.	
3	The outline of the course is provided and includes teaching methods used.	
4	Number of hours involved (excluding meal breaks) and venue provided.	
5	A certificate of attendance is provided that includes the required detail.	
6	The content of the course reflects accepted practice based on critical appraisal of scientific literature.	
7	The course provider has sufficient educational expertise to develop and run the course.	
8	The course demonstrates continuing quality improvement processes.	

Applications for study group activity approval

	Criteria	Yes/No
1	Date and number of hours provided.	
2	Educational aims or learning outcomes of the meeting(s) provided.	
3	Description of the content of the meeting(s) provided.	
4	Evaluation of the value to the individual and implications for practice provided.	