Dental Council
Te Kaunihera Tiaki Niho

Continuing professional development activities policy

Approved by	Council
Date approved	June 2015
Reviewed by	Chief Executive (administrative review)
Date approved	June 2022
Scheduled review	After July 2022, depending on transition arrangements

Transition arrangements

Following the implementation of the new recertification programme for oral health practitioners, this policy is planned to be rescinded after review by the Council. Until it is rescinded, it continues to apply until:

a) oral health practitioners have transitioned to the new recertification programme; and

b) any management of non-compliance has been resolved.

Purpose

The purpose of this policy is to ensure oral health practitioners maintain and develop their competence to practise, and allow demonstration of this competence when applying for recertification through an annual practising certificate (APC). This is in order to protect the health and safety of the public.

Scope

This policy applies to all registered oral health practitioners, and approvers and providers of continuing professional development activities.

Policy

1. It is the practitioner's responsibility to ensure that they are maintaining their competence through participation in Continuing Professional Development (CPD) activities, including interactive peer contact.

   Council must be satisfied that a practitioner has maintained their competence and fitness to practise before he or she can be recertified and issued with an Annual Practising Certificate (see Policy on Recertification).

2. An oral health practitioner must undertake the minimum number of verifiable CPD activities and peer contact activities over his or her recertification cycle.

3. A CPD activity will be deemed verifiable if:

   a) It meets CPD activity assessment criteria; and

   b) It is provided by a CPD activity provider that has been approved by a CPD verifier, or the activity itself has been verified by a CPD verifier; and

   c) The participant is able to provide documentary evidence of attendance and details of the CPD activity assessment criteria.

4. Practitioners who do not meet CPD requirements may be considered non-compliant, and be subject to action by the Dental Council (see Policy on Non-Compliance).

5. Practitioners must keep a record of their CPD activities for eight years. As a minimum, records should include:

   a) A list of the continuing education and peer contact activities undertaken including date, time involved, location, description of the activity; and

   b) Supporting documentation – e.g. certificate of attendance.

   Further details about keeping a record are attached in Appendix 3.

6. Copies of CPD records may be required by the Dental Council as part of the compliance audits associated with the recertification cycles, or if a practitioner is subject to a competency review.

7. If a practitioner fails to complete a recertification programme, the Dental Council has the legal authority to suspend the practitioner's registration or to alter the practitioner's scope of practice by:

   a) Changing any health services that the practitioner is permitted to perform; or

   b) Including any condition or conditions that the authority considers appropriate.

8. The Council will determine on a case-by-case basis which of the above consequences will apply.

Definitions

Continuing professional development (CPD) is defined as verifiable 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.

Peer contact activities are defined as interactive contact with peers with the specific objective of professional development.

CPD activity providers are those who provide/offer verified CPD activities to oral health practitioners (see below).

CPD verifiers are the organisations who verify CPD providers and/or CPD activities.

Minimum CPD hours (including peer contact activities) to be completed over recertification cycle

The recertification cycle is publicised on the Dental Council website.

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

Examples of CPD and peer contact activities

1. Examples of verifiable CPD activities:

   a) Conferences, courses and workshops.

   b) Approved in-service training or peer contact activities.

   c) Postgraduate study leading to a qualification relevant to the practitioner's scope of practice.

   d) Web-based learning with verifiable outcomes.

   e) Publication of a scientific paper.

2. 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:

   a) reading relevant books, journals or websites without verifiable outcomes

   b) examining candidates for registration

   c) supervision and mentoring of colleagues

   d) in-practice training and instruction from colleagues

   e) peer contact activities that have not been approved as verifiable CPD

   f) informal discussions and debate of clinical and professional issues with colleagues and background research.

3. 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.

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

   a) participation in study groups (see Appendix 2 for guidelines on setting up a study group);

b) hands-on clinical courses;

c) professional association branch meetings where peer interaction and collective participation comprises part of, or the entire, meeting;

d) attendance at in-service training formal presentations, lectures and conferences where group discussion and/or a question and answer session comprises part of the session;

e) peer discussion and review activities within a group dental practice;

f) joint treatment planning/patient management sessions;

g) practice appraisal including clinical audit and peer review activities;

h) providing or receiving mentoring or supervision[1].

Verifiable CPD entitlements

1. 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.

2. 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 Dental Council as satisfying the required CPD hours for any given four year cycle.

Study group activities

1. 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.

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[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. Study group activities count may count towards verifiable CPD hours if it meets the criteria referred to in the Policy section above.

3. Further details about setting up a study group are attached as Appendix 2.

CPD approved providers

1. CPD activities must be offered by a Dental Council approved CPD provider. A list of approved CPD providers is available on the Council's website.

2. 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 activity verifiers and activity assessment

CPD activity verifiers

1. 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 member.

2. 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, Council is responsible for evaluating and approving CPD applications.

3. For dental technology, if the course is hosted overseas, Council will evaluate the application.

4. The Dental Council also has a CPD advisory committee to evaluate and approve applications for verifiable CPD activities. The advisory committee consists of:

    a) A dental academic who has the educational competences to evaluate the applications submitted; and

    b) The Dental Council contracted professional advisors of the respective practitioner groupings.

    The committee make-up will reflect the professional grouping of the applicant e.g. a dental technician's submission will be reviewed by an academic involved in dental technology and Council's Professional Advisor for Dental Technicians.

Criteria for the approval of CPD activities

1. The following criteria will be applied in assessing the suitability of the course for approval as verifiable CPD:

    c) The course must have concise educational aims, objectives or learning outcomes that relate to the educational needs of participants.

    d) 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.

    e) An outline of the course must be provided including an overview of the programme and the teaching methods used (e.g. lecture, hands-on workshop, group discussion).

f) Course cost, number of hours involved (excluding meal breaks) and venue must be provided.

g) 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.

2. Applications by a course provider for verifiable CPD approval must also meet the following criteria:

a) 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.

b) 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.

c) The course must demonstrate continuing quality improvement processes. The use of post-activity evaluation to assess the effectiveness of the activity is encouraged.

Course providers are expected to submit applications for course approval in advance of the course taking place.

3. Applications being sought for a study group 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.

4. A checklist for the above criteria is attached as Appendix 4.

Activities that have not been approved as verifiable or given by an approved provider

1. 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's CPD advisory Committee.

2. Practitioners should seek approval prior to the commencement of an activity. However, a course may be approved retrospectively by the CPD advisory committee.

3. Practitioner's will need to make a submission that includes the following:

a) The educational aims, objectives and outcomes of the course. These must relate to the educational needs of the participants.

b) Details about the presenter(s) of the course including experience and relevant qualifications.

c) An outline of the course including an overview of the programme and the teaching methods used (e.g. lecture, hands-on workshop, group discussion).

d) Number of hours involved (excluding meal breaks) and course venue.

e) 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).

4. If the submission for approval of a CPD activity is made to the CPD advisory committee, then the committee will conduct a paper review of the submitted documentation against the CPD activity assessment criteria. The committee will then select one of the following options:

   a) Full approval;

   b) 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); or

   c) No approval.

5. 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.

6. The cost of the approval process will be funded by the Council from the APC fees of the relevant oral health practitioner group.

Process: Continuing Professional Development noncompliance

Step	Action
1	The Council becomes aware of the case of non-compliance and makes an order on what consequence the practitioner will face.
2	The Council notifies the practitioner concerned of: a. the reasons for the above order(s); and b. that he/she has a reasonable opportunity to make a written submission and to be heard on the matter, either personally or by their representative. The Council must provide the practitioner with a copy of any information upon which the Council is relying in proposing to make order(s). This notice must contain sufficient detail to inform the practitioner clearly of the particular grounds for the proposal to make the order and remains in effect until the practitioner has satisfied all the requirements as specified by the Council.
3	An order once made remains in effect until it has been satisfied by the practitioner.

Responsibilities

Council	To verify CPD activities and providers.
Oral health practitioners	Undertake the minimum number of verified CPD activities.
CPD Verifiers	Verify CPD activities and providers.
CPD Providers	Provide verified CPD activities.

Other relevant documents

1. Dental Council Policy on Recertification.

2. Dental Council Policy on Non-Compliance with Continuing Professional Development.

3. Dental Council Policy on Approval of Providers of Verifiable CPD Activities.

Appendix 1 – 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 (e.g. 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 e.g. 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 Dental Council CPD advisory committee.

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 Council's CPD advisory committee for approval of the group's activities as verifiable CPD. Council's CPD advisory committee 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 2 – 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 e.g. 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 e.g. 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 3 – 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.	