

A discussion document on recertifying our oral health practitioners: considering the draft proposals

Issued: 13 August 2018

Submission closing date: 26 October 2018



Dental Council
Te Kaunihera Tiaki Niho

Purpose of this discussion document

Last year, we started a conversation with the sector about their experiences of our current approach to recertification.

Having analysed the initial feedback, we have developed some draft proposals and are now ready to share these with you.

As you consider these draft proposals, we ask that you keep the following factors in mind:

- our intent was to develop a responsive recertification framework capable of identifying issues from existing data we can address right now
- our understanding of risk will continue to improve, so we also want a recertification framework that will continue to evolve and enable us to identify and manage new and emerging issues that come to light in the future.

This discussion document is seeking your views and input into the draft proposals for issues we want to address right now. The questions in this discussion replicate the questions contained in the online survey.

If we proceed with these draft proposals we hope to implement them from 2020 onwards.

How you can participate

As with the first phase of consultation, your experiences and ideas about recertification are important and there are several ways you can share these with us. You can:

- come along to one of our [forums or webinars](#) between August and October
- complete a submission through our [online survey](#) by 5pm on Friday 26 October.

Timeline

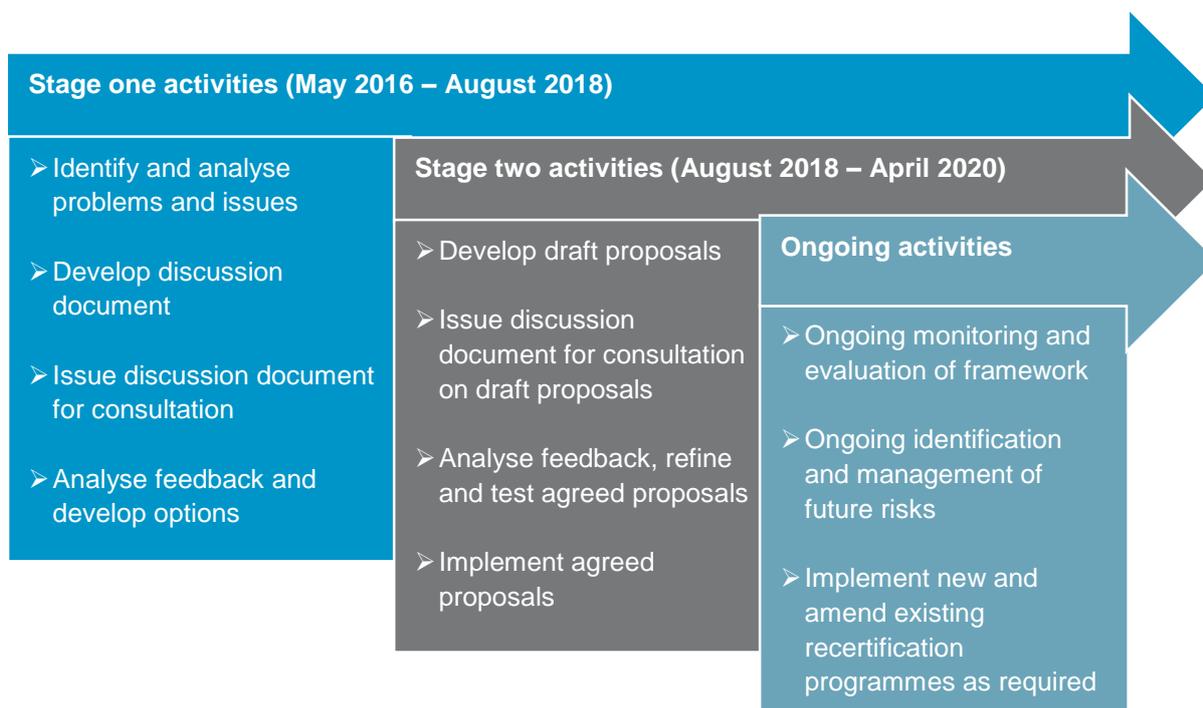
During phase one consultation, we estimated the review—from seeking out your initial views and experiences of recertification, through to being ready to implement a new framework—would take between 18 and 24 months to complete.

Developing draft proposals has taken us longer than anticipated.

We also have more work to do (especially about risk) to be able to identify and respond to future issues.

We have updated the projected timeframes to reflect these factors (see figure 1).

Figure 1: Updated timeframes for our recertification review



How to find out what happened during phase one consultation

Some people may be joining our conversation about recertification for the first time. Others may be joining in again and want to refamiliarise themselves with the material which informed the draft proposals in this discussion document.

The easiest way for you to do this is to visit the [recertification review page](#) on our website.

For more information about the review or to get in contact with us

As you work your way through the discussion document you will see we have included hyperlinks so you can access more information about the topic or issue being discussed.

You can contact us for further assistance if you:

- have difficulties with the hyperlinks or other information in the discussion document
- have questions about the review
- prefer to submit your submission response in an alternative format to the online survey

Website	http://dcnz.org.nz/i-practise-in-new-zealand/recertification-review-documents-and-background/
Email	recertification@dcnz.org.nz
Phone	+64 4 499 4820

Purpose for this review

We have talked to our practitioners and stakeholders. We have also reviewed New Zealand and international evidence and information and concluded our approach to recertification needs improvement.

We have identified areas where we think our practitioners can improve their performance. Just as importantly, we have identified areas where we can improve our performance too.

Our approach to recertification

We have developed a framework (see figure 2) to foster an awareness and common understanding about recertification. It incorporates the policy objectives we developed to guide and assess the robustness and fitness for purpose of our approach to recertification. These policy objectives are:

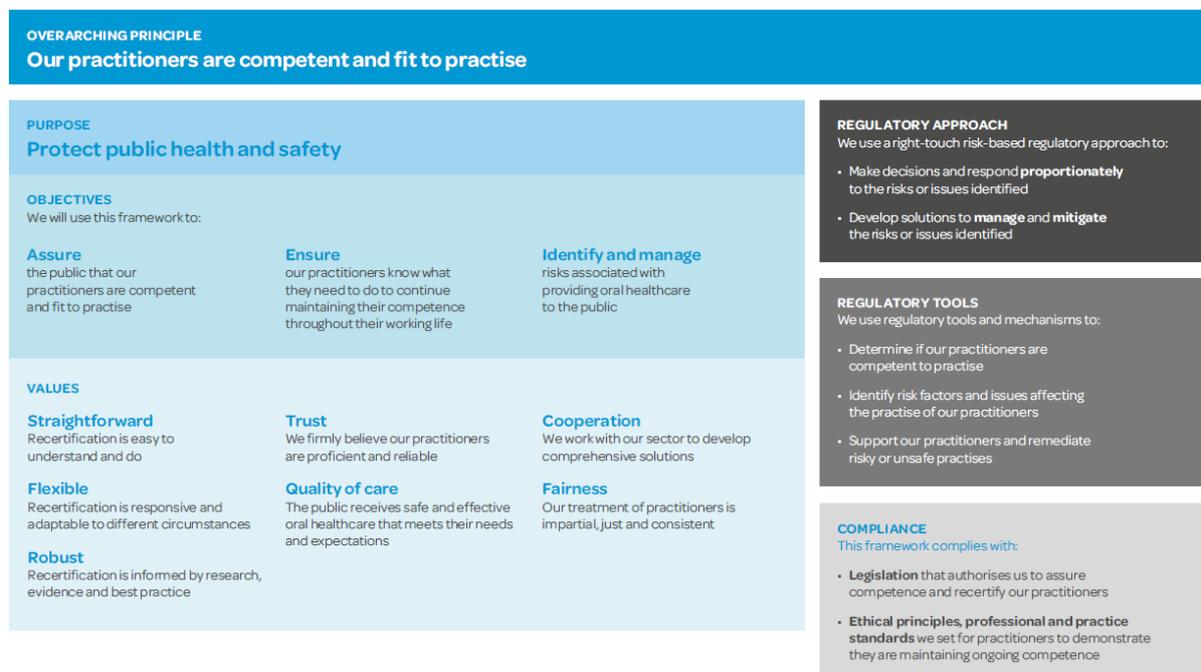
- **assuring** the public their oral health practitioners are competent and fit to practise
- **managing** practitioner competence and the prevention of competence decline
- **identifying** at risk or unsafe practitioners.

In addition, the framework:

- signals the use of a more flexible range of regulatory tools and mechanisms to determine our practitioners are continuing to maintain their competence and fitness to practise
- provides transparency for our practitioners and stakeholders about how we will act and behave when considering recertification.

For more information about our policy objectives and our approach to recertification see Appendix 1.

Figure 2: Our recertification framework

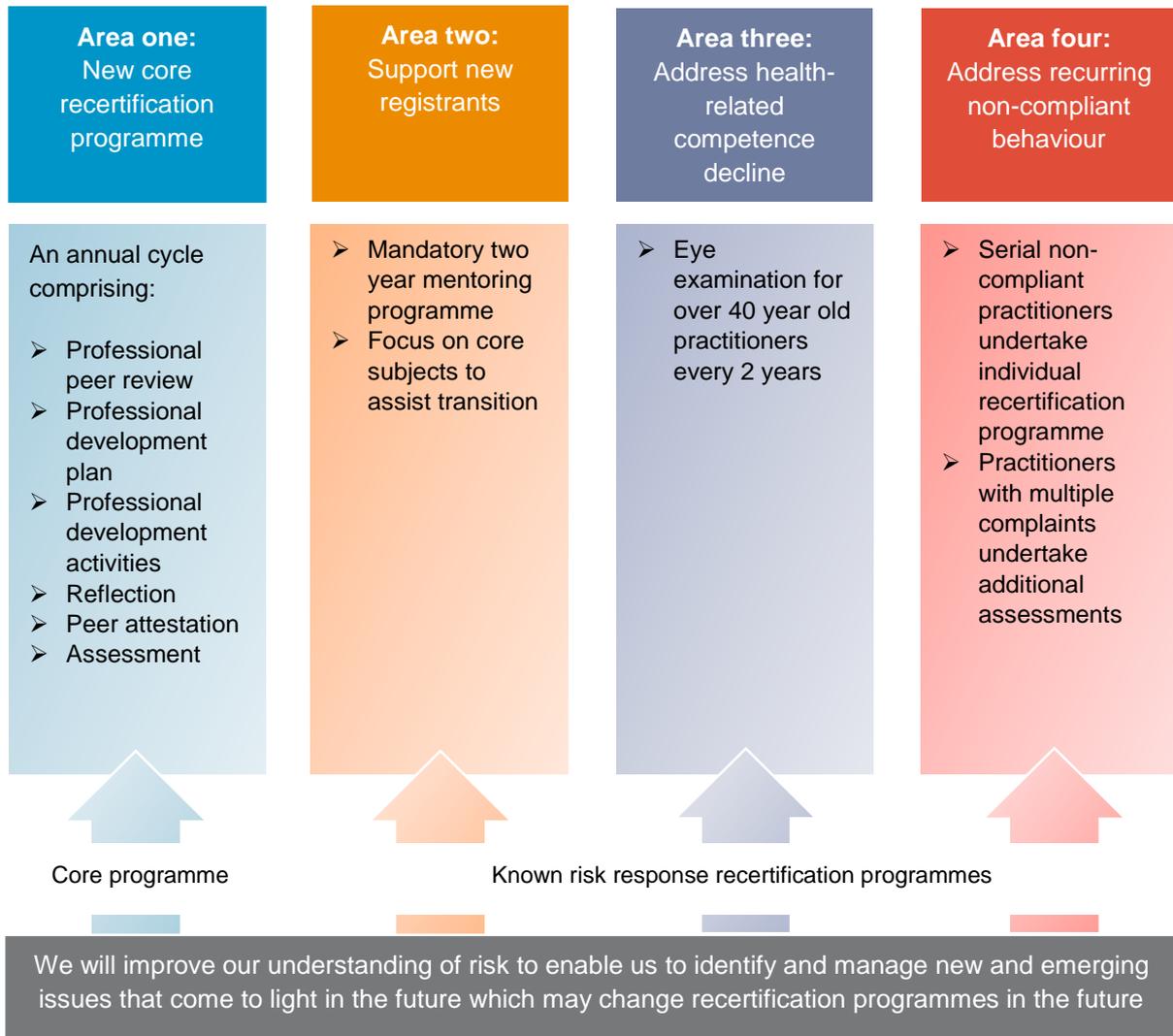


Summary of draft proposals

Figure 3 summarises the draft proposals set out in areas 1 – 4 of this discussion document.

Essentially, we are proposing to replace our current continuing professional development (CPD) requirements with a new core recertification programme. The draft proposals also address three known areas of risk by introducing new ways to support new registrants, address health-related competence decline and address recurring non-compliant behaviours.

Figure 3: Draft proposals for new recertification programmes



Please note some of our draft proposals will be easier to implement than others because we may need to:

- undertake further work (e.g. improve our understanding of risk)
- develop new or enhance existing systems, templates and guidelines to support our practitioners.

In addition to your feedback, these factors will form part of the process to decide which proposals we will proceed with.

Area one: new core recertification programme

Our current requirements for professional development

Our [Continuing professional development activities policy](#) and the [Standards Framework for oral health practitioners](#) (Standards Framework) sets out our current requirements for CPD. Subject to their specific scope of practice, we require our practitioners to:

- keep their professional knowledge and skills up-to-date through ongoing learning and professional interaction
- complete a minimum number of verifiable CPD and peer contact activity hours
- keep a record of verifiable activities dating back eight years
- hold a current emergency care training first aid certificate which must be revalidated every two years
- fulfil the requirements (set out above) within a four year CPD cycle.

Our concerns about the effectiveness of our current CPD requirements

When our CPD requirements were first put in place, we believed they would provide assurance our practitioners were maintaining their competence and fitness to practise. We have since learned:

- hours of CPD are not a valid proxy for competence and assurance
- typical forms of CPD (e.g. attending lecture-style courses and conferences) may not be an effective way to maintain competence
- the number of practitioners who participate in our random questionnaire and practice audits is not adequate to identify risky and unsafe practices
- self-declaration alone (i.e. without a practitioner engaged in reflection with the assistance of a peer or colleague) is not a valid proxy for assurance and identifying risk.

Draft proposals for a new core recertification programme

Our draft proposals for a new core recertification programme is characterised by a significant shift from quantitative to qualitative outcomes. We still want our practitioners to keep their professional knowledge and skills up-to-date through ongoing learning and peer interaction. We also want to retain the requirements for emergency care training.

However, the draft proposals also include an enhanced role for a professional peer because collegial relationships are important and mutually beneficial to all participants. They may also prevent professional isolation and assist practitioners lacking self-awareness and insight to identify and manage risky practices and behaviours.

At the heart of our draft proposals is a move from our current CPD activity-based requirements to a peer augmented reflective approach to professional development. This will require a change for some of our practitioners. Put simply, we want our practitioners to:

- focus on the quality rather than the quantity of professional development activities (PDAs) they participate in
- reflect on the impact their chosen PDAs have on their practise
- deliberately choose PDAs which address gaps or strengthen their professional knowledge and skills
- periodically assess or evaluate their professional knowledge and skills.

The details of our draft proposals are set out below. We would stress the proposals are interconnected and no single component is more important than another.

Our proposed new core recertification programme

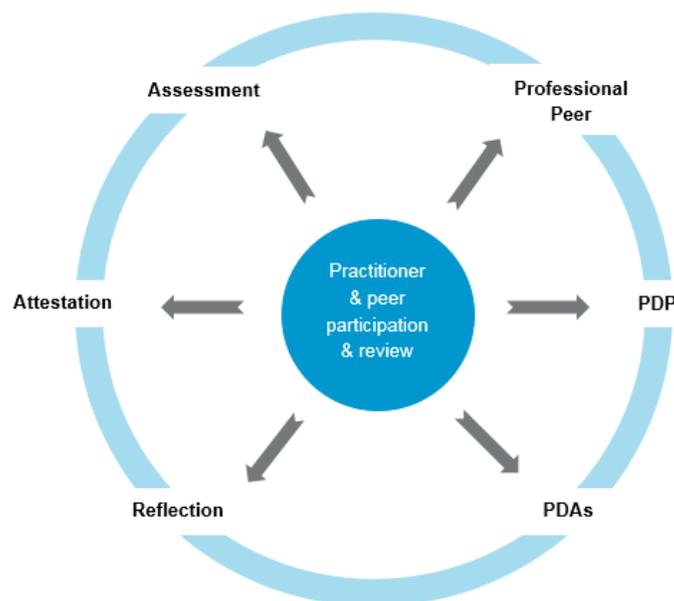
When we were developing our new core recertification programme, we drew on elements proposed by the Australian Medical Board. We also drew on the recertification requirements of the Psychologists Board of New Zealand, the Occupational Therapy Board of New Zealand and the Royal Ontario College of Dental Surgeons, amongst others.

With regards to the assessment element, you should note it is been used in two different but interrelated ways. Firstly, it is linked to the reflection element and is intended to encourage practitioners to review their own practise, knowledge and skills. Secondly, it is used in relation to a specific draft proposal for practitioners to complete an online assessment of their Standards Framework knowledge.

We also draw your attention to two matters relating to the administration of the new core recertification programme. We are proposing that:

- practitioners retain evidence of their recertification activities (i.e. professional development plan (PDP), PDAs and their professional peer attestation) for a period of eight years as these may be subject to audit or review by us, particularly if a practitioner's competence is questioned
- the recertification cycle be 12 months and will coincide with the APC renewal cycle for each profession.¹

Figure 4: Elements of our new core recertification programme



¹ The recertification period for dentists and dental specialists will commence on 1 October and finish 30 September. The recertification period for all other professions will commence on 1 April and finish on 31 March.

To implement our new core recertification programme we are proposing the following:

Draft proposal

We will require every practitioner to nominate a professional peer to support and help them maintain or advance their professional knowledge and skills

What this means for practitioners

Practitioners who are not already participating in a collegial study group or collegial programme through their professional association or workplace (set up for the purpose of maintaining or advancing professional knowledge and skills) will:

- nominate a professional peer before the beginning of the recertification period

Practitioners will work with their professional peer (as appropriate) to:

- develop and review their PDP
- choose PDAs to meet the learning objectives identified in their PDP
- complete their written reflective statement of their PDP learning objectives and outcomes from participation in their chosen PDAs

Draft proposal

We will require every practitioner to complete a written PDP (which may have a longer time period than 12 months)

What this means for practitioners

Practitioners will prepare a written PDP:

- containing learning objectives
- identifying areas of competence which need maintenance, review, upskilling or development
- which may include areas of competence deficiency based on a practise incident or event they were involved in (in the previous 12 month period)
- which may include areas of competence deficiency identified through the annual online assessment

Draft proposal

We will require every practitioner to participate in PDAs that contribute to or support maintenance or improvement of their professional knowledge and skills

What this means for practitioners

Practitioners will participate in PDAs that help them to:

- achieve their PDP learning objectives
- facilitate reflection on their practise

It is anticipated each profession will have a minimum annual quota of PDAs expressed in hours

Draft proposal

We will require every practitioner to complete a written reflective statement

What this means for practitioners

Practitioners will prepare a written statement reviewing and reflecting on:

- achievements linked to the learning objectives in their PDP
- learnings and the impact participation in PDAs has had on their practise

Draft proposal

We will require every practitioner to upload a written attestation prepared by their professional peer when they renew their APC

What this means for practitioners

Every professional peer will provide a written attestation to their practitioner:

- setting out the details of guidance and assistance they have provided to their practitioner
- stating whether their practitioner achieved their learning objectives to a satisfactory standard and/or provide an explanation if these objectives were not achieved

Draft proposal

We will require every practitioner to undertake an assessment every year

What this means for practitioners

Every practitioner will successfully complete an online open-book assessment based on our Standards Framework

Some of our practitioners may have questions about the types of activities we would expect them to participate in as part of our proposed new core recertification programme.

We have also thought about this and have provided examples of activities in figure 5 (see Appendix 1).

To fulfil the requirements of the proposed new core recertification programme and to ensure alignment with our policy objectives, we envision our practitioners would choose activities from three categories.

These categories have:

- an educational focus to maintain or improve knowledge and skills in a practitioner's registered scopes of practice
- a focus on reviewing and critically reflecting on a practitioner's performance
- a focus on measuring the outcomes from participation in a practitioner's chosen PDAs.

What do you think about the draft proposals for our proposed new core recertification programme?

Questions

1. What, if anything, do you like about our proposed core recertification programme?
2. Is there anything about our proposed core recertification programme you would change? Please explain.
3. Do you support our proposal to change the recertification cycle to 12 months? Please explain.
4. Do you think our proposed core recertification programme should include a requirement for practitioners to complete an online open-book assessment of their technical and clinical knowledge and skills? Please explain.
5. If a proposal about an online open-book assessment of a practitioner's technical and clinical skills and knowledge is supported, how often should practitioners be required to complete an assessment (i.e. annually, every two, three, four, or five years)? Please explain.
6. Do you have other proposals about our proposed core recertification programme you would like us to consider? Please explain.

Area two: support for new registrants

Our current requirements for practising dentistry in New Zealand

To practise dentistry in New Zealand, an applicant is required to complete two separate but interrelated processes—registration and recertification. The first step, registration, requires every applicant to:

- have a prescribed qualification for the scopes of practice they are registering for
- be competent to practise in the scopes of practice they are registering for
- be fit for registration
- hold an APC in order to practise in New Zealand.

Helping new registrants successfully transition into the workplace

New registrants² face challenges if they are to successfully transition into their workplace. Our experience and information tells us new registrants need guidance and support to:

- build up confidence in their practical experience
- acquire information and practical knowledge about:
 - working as an oral health practitioner in New Zealand
 - the health practice environment in which they will work
 - basic clinical and administrative procedures
 - communicating with and treating patients and clients
- establish and foster professional and personal support networks for the duration of their practicing career.

While all the challenges set out above impact on all new registrants, we need a flexible approach which recognises that each new registrant may require differing levels of support.

For example, we know New Zealand trained new registrants will acquire knowledge about the New Zealand practicing environment (including our regulatory requirements in relation to our Standards Framework) as part of their under- or post-graduate study.

However, overseas trained practitioners may have limited to no information and awareness of the New Zealand practicing environment.

We would therefore expect each new registrant's mentoring programme or relationship to reflect these types of factors.

Draft proposals to support new registrants

We want a flexible approach to recertification which enables new registrants to transition seamlessly into their workplace. We also want them to be supported through the early years of their practicing careers.

² For the purposes of this discussion document, the term “new registrants” applies to all New Zealand oral health graduates. All overseas-trained oral health practitioners—regardless of how long they have practiced in another jurisdiction prior to registration in New Zealand—are also included in the term “new registrants”.

To achieve this we are proposing the following:

Draft proposal

We will require new registrants to participate in a mentoring programme or mentoring relationship for a minimum period of two years

What this means for new registrants

New registrants will need to:

- participate in an existing mentoring programme if this is available through their workplace, professional association, specialist bodies or interest groups

New registrants who are not registered or enrolled in an existing mentoring programme will need to:

- identify a suitable or appropriate mentor
- establish a mentoring relationship with a suitable or appropriate colleague, peer or co-worker

New registrants will need to:

- participate in a mentoring programme for a minimum period of two years
- agree the frequency of meetings and topic discussions to take place over the minimum two year period
- actively monitor and review the level of mentoring required, including whether to extend the mentoring relationship beyond the minimum two year period

Draft proposal

We will require every mentoring programme or relationship to cover core subjects to assist a new registrant's transition into the workplace

What this means for new registrants

New registrants will need to ensure the mentoring programme they are enrolled or participating in, or peer relationship they have identified, covers the following core subjects:

- compliance with legislative and regulatory requirements (particularly the Health Practitioners Competence Assurance Act 2003 and our Standards Framework)
- understanding of the New Zealand health practice environment
- basic clinical and administrative procedures
- managing cultural barriers and biases
- establishing and fostering professional support networks

New registrants will participate in additional activities based on areas (not covered in the core subjects) identified in discussions with their mentor

Additional work required to support new registrants

In addition to the draft proposals set out above, we have additional questions about how the proposed mentoring programme or mentoring³ relationship will work. This includes considering how it will be administered and our expectations of mentors.

If we proceed with these draft proposals we will address these questions in the operational modelling and testing phase. We also anticipate developing guidelines and other information to support new registrants and their mentors.

What do you think about the draft proposals for supporting new registrants?

Questions

7. What, if anything, do you like about our draft proposals for supporting new registrants?
8. Is there anything about the draft proposals for supporting new registrants you would change? Please explain.
9. Do you think the proposed two year minimum period for the mentoring relationship is too short, too long, or just right? Please explain.
10. Do you think all new registrants should participate in a mentoring programme, or are there some new registrants who should not be required to participate in a mentoring programme? Please explain
11. Do you have other proposals about supporting new registrants you would like us to consider? Please explain.

³ For the purposes of this discussion document, mentoring means the provision of guidance and feedback on matters of personal, professional and educational development in the context of a practitioner's experience of providing safe and appropriate patient treatment and care.

Area three: addressing health-related competence decline concerns

Our current definition of a competent practitioner

Competence is one of the elements at the heart of our current approach to recertification and is one of the reference points we use to guide decisions about our practitioners. We currently define a competent practitioner as a person who:

Applies knowledge, skills, attitudes, communication and judgment to the delivery of appropriate oral health care in accordance with the scope of practices within which they are registered.

Our concerns about practitioner competence

The question of whether and when a practitioner is deemed competent to practise is complex. In part, this is because a practitioner's competence can, and does vary, over the life cycle of their career.

We also know competence rarely disappears overnight and over time, we are likely to see a gradual decline in a practitioner's technical and clinical knowledge and skills.

Research and information tells us:

- the decline of sensory, perceptual, cognitive, psychomotor and physical functioning may impact on a practitioner's ability to continue practising safely
- vision and hearing begin to diminish from ages 40-50 and visual-spatial ability, inductive reasoning, verbal memory and other cognitive functions also deteriorate with age, with the steepest decline occurring after age 65
- age-based regulatory requirements (e.g. undergoing physical and visual examinations) are usually based on the need to protect public health and safety.

Age-related changes in sensory abilities (including visual impairment) can affect a practitioner's ability to practise with reasonable skill and safety. Impairments can exacerbate existing physical and cognitive abilities and judgment. This includes a person's visual field functions; motion, contrast and colour sensitivity; and visual attention.

We sought advice from the New Zealand Association of Optometrists (NZAO) about when and why we might require our practitioners to undertake visual examinations. Given the types of work and close proximity to patients our practitioners have when delivering treatment, the NZAO advised that our practitioners should be undertaking an eye examination from 40 years of age and every two years thereafter.

Draft proposals to address health-related competence decline concerns

We know competence decline will impact on some of our practitioners and this includes their ability to perform tasks associated with their scopes of practice. We also acknowledge that the degree to which competence decline will impact on each practitioner will be variable.

However, we need an approach to recertification that manages the changing needs of all our practitioners. This includes having a system which addresses the factors impacting on competence decline over the life cycle of a practitioner's career.

To achieve this we are proposing the following:

Draft proposal	What this means for practitioners
We will require every practitioner over 40 years of age, to prove their vision is adequate to perform the tasks associated with their scopes of practice	<ul style="list-style-type: none">➤ Every practitioner over 40 years of age will undertake an eye examination every two years (or as required) <p>Practitioners whose vision is not adequate to perform the tasks associated with their scopes of practice will:</p> <ul style="list-style-type: none">➤ have to take appropriate steps to address vision issues identified➤ may have a condition of practice relating to their vision placed on their APC

Additional work required to address health-related competence decline concerns

Other regulators are also exploring or have already made decisions about some of the impacts of competence decline for their older practitioners. This includes requiring eyesight tests and medical and health assessments.

At the moment, we do not have enough information about age-related health concerns (e.g. psychomotor and physical functioning) and the impact these may have on our practitioners' competence and fitness to practise.

We want to undertake further work to better understand the impacts health-related competence decline concerns may have for our practitioners.

If we proceed to the operational modelling and testing phases, the following issues will need to be addressed (i.e. the use of age-related criteria to address competence decline concerns, testing and assessment regimes to identify health-related issues and the impact of any new criteria on our practitioners).

What do you think about the draft proposals for addressing health-related competence decline concerns?

Questions

12. What, if anything, do you like about our draft proposals for addressing health-related competence decline concerns?
13. Is there anything about the draft proposals for addressing health-related competence decline concerns you would change? Please explain.
14. Do you have other proposals for addressing health-related competence decline concerns you would like us to consider? Please explain.

Area four: addressing recurring non-compliant practitioner behaviours

Our current requirements for practitioner compliance

In addition to the policies and procedures relating to recertification, our practitioners are also required to comply with:

- all legal and statutory obligations
- our ethical principles
- our professional, competency and practice standards.

We use a range of mechanisms to determine whether our practitioners are complying with their obligations and many of these are attached to our annual APC renewal process. This includes the use of self-declaratory statements on the APC renewal forms and participation in practice questionnaires and practice audits.

Addressing recurring non-compliant behaviour in some practitioners

Research and literature indicates the vast majority of practitioners comply with or exceed the minimum standards and requirements set by responsible health authorities and regulators. Our own data and experiences are reasonably consistent with these findings.

Our regulatory experience also indicates a small percentage of our practitioners will require supports and interventions because they are not practising to an acceptable level. Moreover, they are likely to lack insight to know they are practising below an acceptable level. In these cases, our role is to identify these practitioners and to develop programmes and solutions to address their issues.

We have learned:

- poor compliance with mandatory requirements, such as timely APC renewal and notifications, can be an indicator of increased risk of poor compliance with other requirements (e.g. meeting CPD and practice standards)
- some non-compliant behaviours (e.g. failure to complete practice audit requirements) that may seem reasonably minor, can indicate a history of recurring non-compliance, competence and conduct issues for some practitioners
- we use a disproportionate amount of resources to improve and correct the issues of this small group of practitioners.

Draft proposals to address recurring non-compliant behaviours

We know some of our practitioners require additional support and interventions to address issues impacting on the quality of their practice and their ability to comply with our regulatory requirements.

We also know that if these recurring non-compliant behaviours are not proactively managed, they may lead to more serious issues, including substantiated notifications and persistent competence and conduct issues.

We want an approach to recertification that can identify recurring non-compliant behaviours. We also want a system that provides better-tailored and more supportive programmes and interventions which will prevent the escalation of poor compliance, competence and conduct issues by our practitioners.

To achieve this we are proposing the following:

Draft proposal

We will require practitioners with recurring non-compliant behaviours (e.g. those with a history of late APC renewals or failure to complete practice audit requirements) to participate in an individual recertification programme to address their non-compliant attitudes and behaviours

What this means for practitioners

Practitioners exhibiting non-compliant attitudes and behaviours will need to:

- demonstrate ongoing improvement in compliance with our regulatory requirements
- participate in a programme which addresses their non-compliant attitudes and behaviours
- participate in competence and/or conduct programmes to correct practice issues arising from the impact of non-compliant behaviours
- identify and work with a mentor (or other colleague/peer if appropriate) who will provide collegial support

Draft proposal

We will require practitioners with multiple complaints or notifications to undertake additional assessments to determine their potential risk to the public

What this means for practitioners

Practitioners who have received multiple complaints and/or notifications will:

- participate in a review of their practice and performance to confirm competence and conduct issues
- participate in competence and/or conduct programmes to correct practise and performance issues identified in a review
- identify and work with a mentor (or other colleague/peer if appropriate) who will provide collegial support

What do you think about the draft proposals to address recurring non-compliant practitioner behaviours?

Questions

15. What, if anything, do you like about our draft proposals for addressing recurring non-compliant practitioner behaviours?
16. Is there anything about the draft proposals for addressing recurring non-compliant practitioner behaviours you would change? Please explain.
17. Do you have other proposals for addressing recurring non-compliant practitioner behaviours you would like us to consider? Please explain.

Appendix 1: More information about our approach to recertification

Our statutory obligations to annually recertify our practitioners

Competence assurance is the cornerstone of our legislation. Its title speaks for itself—the *Health Practitioners **Competence Assurance Act 2003*** (the Act). In addition, section 3(1) of the Act states:

*The principal purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms **to ensure that health practitioners are competent** ... to practise their professions.*

The Act requires us to ensure our practitioners are competent from the time they first come onto the Register, until the time they are removed from the Register. It also requires us to create scopes of practice, each with an accredited prescribed qualification to:

- ensure applicants who complete their qualifications are competent to practise when first registered
- assess overseas trained practitioners' non-prescribed qualifications and experience for equivalence to a prescribed qualification to establish their competence to practice in New Zealand
- set remediation programmes when we consider a practitioner has a competence deficit
- annually recertify practitioners to ensure they have maintained their competence.

Section 29(1) of the Act expressly requires us to be satisfied a practitioner meets the required standard of competence before an APC is issued.

Policy objectives to guide our approach to recertification

Our current recertification approach, adopted in 2007/08, focuses on verified CPD and peer contact activities. It is an activity-based model.

Since it was introduced, there has been significant development (both internationally and in New Zealand) in recertification and revalidation thinking. This has resulted in activity-based models being increasingly replaced with qualitative models which focus on learning outcomes rather than learning activities.

Consequently, we have determined that while the intent of our current approach remains valid, the mechanisms we are using do not go far enough to assure the public their oral health professionals' are competent and fit to practise. If we are to be an effective regulator that meets our statutory responsibilities, we must address this issue.

We have adopted three policy objectives to help us assess the robustness and fitness for purpose of our future approach to recertification. These objectives are:

- **assuring** the public their oral health practitioners are competent and fit to practise
- **managing** practitioner competence and the prevention of competence decline
- **identifying** at risk or unsafe practitioners.

We have also identified additional factors we must address to achieve our policy objectives. Recertification should:

- more clearly align with the requirements of our Standards Framework
- not place unnecessary or excessive burdens on our practitioners
- not be intrusive for practitioners who consistently demonstrate their compliance and competence
- be more hands-on in order to support practitioners who may not be meeting their recertification requirements and who may be practising unsafely.

Examples of activities proposed in our new core recertification programme

Some of our practitioners may have questions about the types of activities we would expect them to participate in as part of our proposed new core recertification programme.

We have also thought about this and have provided examples of activities in figure 5.

To fulfil the requirements of the proposed new core recertification programme and to ensure alignment with our policy objectives, we envision our practitioners would choose activities from three categories.

These categories have:

- an educational focus to maintain or improve knowledge and skills in a practitioner’s registered scopes of practice
- a focus on reviewing and critically reflecting on a practitioner’s performance
- a focus on measuring the outcomes from participation in a practitioner’s chosen PDAs.

Figure 5: Examples of activities proposed in our new core recertification programme

