



BOARD POLICY

Continuing Professional Development Recertification Programme

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1 Introduction

- 1.1 The Health Practitioners Competence Assurance Act 2003 (the Act) provides a framework for the regulation of health care providers. The principal purpose of the Act, as set out in section 3, is:
“to protect the health and safety of members of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their professions.”
- 1.2 Among other responsibilities set out in section 118 of the Act, it is the Chiropractic Board’s (the Board’s) role to recognise, accredit and set programmes to ensure the ongoing competence of health practitioners.
- 1.3 In order to meet this obligation, the Board has set a recertification programme under section 41(3)(f) of the Act, requiring all chiropractors who hold a practising certificate to actively engage

in continuing professional development (CPD) in accordance with the requirements set out in this policy.

- 1.4 Accordingly, the Board requires all chiropractors who hold a practising certificate (unless otherwise exempted) to engage in CPD, as prescribed by this policy, to maintain their competence. This policy will be known as the CPD recertification programme.

2 Key definitions

Audit	The Board process to assess a random selection of participants' compliance with recertification requirements following the completion of a recertification cycle. An audit will take place in the year following the completion of a recertification cycle (e.g., in 2017 the Board will audit a random selection of participants in the recertification cycle that ran from 1 January 2015 to 31 December 2016).
CPD hours	The Board's measure of participation in CPD activities. CPD hours can be claimed for participation in relevant CPD activities (see Appendix 1 for details). The minimum time that can be captured on the Online CPD Record for participation in an activity is $\frac{1}{4}$ of an hour. CPD hours are categorised in one of the following: <ul style="list-style-type: none">• Group A hours (15 hours are required, see Appendix 1 for list of Group A activities)• Group B hours (15 hours are required, see Appendix 2 for the list of Group B activities)• Non-specified hours (20 hours are required from any combination of Group A and Group B activities of the participant's choosing).
Online CPD Record	Previously known as the CPD recording programme; the online tool participants use to log their CPD plans and hours.
Participant	Any chiropractor who is participating in this CPD recertification programme. All chiropractors with a practising certificate are required to participate in the programme.
Recertification cycle	The two year CPD/learning cycle beginning on 1 January every odd-numbered year.

3 What is CPD?

- 3.1 While an appropriate qualification provides the knowledge and skills necessary to enter the profession, it is by no means the final step of the educational process. For the safety of their patients, chiropractors are obliged to remain current on advances and trends in delivery of relevant healthcare services. This is achieved through participation in a variety of activities that constitute CPD.

- 3.2 The Board has adopted the following definition of CPD, from the Health Care Professions Council, United Kingdom: *“a range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice.”*
- 3.3 CPD is a career-long obligation which must be responsive to the changing needs of individuals, groups and society. In this regard, the Board recognises that individuals learn in different ways. To address individual learning needs, the CPD recertification programme provides some freedom for each participant to self-direct their learning, however this is balanced against a need for evidence that meaningful and relevant learning is taking place.
- 3.4 The Board’s view is that all CPD has some value. However, while most forms of CPD generally improve *knowledge*, some forms of CPD are more effective at improving *practice* than others. CPD activities that encourage participation and self-reflection are most likely to have a positive effect on a practitioner’s practice. For this reason, the Board requires all participants in the CPD recertification programme to engage in a minimum amount of such activities.

4 CPD Recertification programme requirements

Core requirements

- 4.1. All chiropractors who hold a practising certificate must engage in at least 50 hours of CPD in every two year recertification cycle. The first recertification cycle under this policy begins on 1 January 2015 and ends on 31 December 2016.
- 4.2 15 of the 50 hours’ (minimum) CPD engagement must be Group A activities (see appendix 1).
- 4.3 15 of the 50 hours’ (minimum) CPD engagement must be Group B activities (see appendix 1).
- 4.4 The remaining 20 hours may be made up of any combination of Group A and Group B activities (non-specified hours).
- 4.5 Each participant is responsible for their own CPD recertification programme which must:
- be clearly defined
 - have sound rationales and relevant objectives
 - be carefully and accurately documented in the Board’s online CPD Record (the Online CPD Record).
 - be reviewed annually (at a minimum)
 - be relevant to the chiropractor’s practice
 - be relevant to the Board’s competence standards and/or Code of Ethics
 - take into account the specific cultural needs of New Zealand/ Aotearoa.
- 4.6 For guidance on setting, documenting and reviewing a CPD plan, see the Board’s *Guidance for setting a CPD plan*.
- 4.7 In the event that an individual participant is randomly selected for audit of their CPD participation (see section 5 - Audit), they must be able to support their records in the Online CPD Record with documentation, and must provide all requested information to the Board within the specified timeframes.

4.8 While not a requirement, the Board strongly encourages all participants to seek oversight from a professional peer as part of their CPD recertification programme. Oversight, as defined in section 5 of the Act is:

“professional support and assistance provided to a health practitioner by a professional peer for the purposes of professional development.”

4.9 The purpose of the oversight relationship is to develop a professional relationship with a trusted colleague who can provide an informed opinion on the development of the CPD plan. Oversight sessions can be claimed as Group A points by both participants, if conducted and documented appropriately (see Appendix 1 – Group A and B activities and documentation requirements).

Exemptions

4.10 Under section 41(5) of the Act, the Board may exempt any practitioner, or class of practitioner, from all or any of the requirements of a recertification programme. The Board has exempted all registered chiropractors who do not hold a current practising certificate (non-practising chiropractors) from all requirements of the CPD recertification programme.

4.11 Despite this exemption, the Board strongly recommends that non-practising chiropractors intending to return to practice continue to participate in the CPD recertification programme, and notes that maintenance of the required standard of competence will be relevant to the Board’s consideration of any future application for a practising certificate.

4.12 There is no exemption or reduction in requirements for chiropractors in part-time practice. All practising chiropractors must meet the required standard of competence, regardless of the number of hours they work.

4.13 The Board may consider individual applications from practising chiropractors for exemption from some or all requirements of the CPD recertification programme, where the applicant can provide evidence of extenuating circumstances limiting the applicant’s ability to meet requirements. Exemptions are likely to be granted only in exceptional circumstances, and are highly unlikely to be granted retrospectively. The Board strongly recommends that any application for exemption is made as soon as the individual becomes aware that he/she may have difficulty meeting requirements.

Pro-rating of requirements

4.14 Where a chiropractor obtains a practising certificate part way through a cycle, their CPD requirements will be reduced on a pro-rata basis, as follows:

Practising certificate issued	Group A hours	Group B hours	Non-specified hours	Total hours
Year 1: Jan – Mar	15	15	20	50
Year 1: Apr – Jun	13	13	18	44
Year 1: Jul – Sep	11	11	16	38
Year 1: Oct – Dec	9	9	14	32
Year 2: Jan – Mar	6	6	12	24
Year 2: Apr – Jun	4	4	10	18
Year 2: Jul – Sep	2	2	8	12
Year 2: Oct – Dec	0	0	0	0

5 Recording participation

5.1 All participants must maintain records of their participation in the online CPD Record.

5.2 The record will include:

5.2.1 *Rationale* – At the beginning of each year, the participant must decide on what they want to focus their learning on, and why. Rationales should be relevant to New Zealand practice. Initial rationales must be recorded on the Online CPD Record by 1 March each year, however they can be amended or added to during the year. More than one rationale can be recorded.

5.2.2 *Objectives* – At the beginning of each year the participant must record what they want to achieve for the year. All initial objectives should relate to the rationales set, and must be recorded on the Online CPD Record by 1 March each year, however they can be amended or added to during the year.

5.2.3 *Activities Log* – In order to receive credit, activities must be recorded in the Online CPD Record within three months of completion. Under exceptional circumstances the Board may waive the time constraint. When updating their record, participants should also consider adding contemporaneous comments in the related Review section, while their experience is fresh, as recency will improve the quality of reflection on the value of the activity. These notes can be used for reference when completing the full review at the end of the year.

5.2.4 *Review* – The review is a critical aspect of the CPD process. Before the end of each calendar year the participant must complete a review of the year's CPD activities and discuss progress in meeting the objectives set. Participants are encouraged to begin writing the review early in the year in order to capture reflections on practice at the time they occur. The review should include evidence of reflection on learnings through the year, including whether any changes have been made to the way the participant practices, or confirmation that the participant's current practice is in line with accepted standards. Where an objective continues across the end of the calendar year, the participant should comment on progress in working towards the objective. The review must be recorded in the Online CPD Record by 31 December each year, but ideally will be updated within a month of completing each activity (see 5.2.3 above).

5.3 Refer to the Board's *Guidance for setting a CPD plan* for further assistance.

6 Audit of CPD participation

Audit process

6.1 The Board will oversee the audit of up to 20% of APC holders in each recertification cycle. Participants will be selected at random from the Board's database. The Board may notify any participant of an audit of their participation in the CPD recertification programme at any time in the year following completion of the previous recertification cycle. For this reason, all participants in the CPD recertification programme must retain records of their CPD activities for at least one year after completion of the CPD recertification cycle to which they relate.

Participants are encouraged to retain records indefinitely, for reference when planning future CPD activities.

- 6.2 In addition to the random selection, the Board may conduct follow-up audits where low-level issues have been identified in a previous audit. The Board will notify these participants of the need for a follow-up audit at the time it completes the audit in which the concerns were identified.
- 6.3 Without limiting the scope of the audit, generally speaking, audits will usually involve:
- a review of activities recorded in the Online CPD Record, and related documentation, to ascertain whether minimum requirements have been met
 - a review of the objectives, rationales and CPD activities, to determine relevance to the participant's practice and stated goals
 - an assessment of the participant's review of their CPD, to establish the effect of the CPD on the participant's practice
 - an assessment of the apparent relevance of the activities selected to New Zealand practice and the Board's Competency Standards and Code of Ethics.
- 6.4. Where the Board (or its appointed auditor) requires further clarification/explanation in relation to any part of the audit, it will contact the participant for further information.

Audit results

- 6.5 Where the audit process finds that the participant has fully complied with recertification requirements, the participant will be notified of this in writing.
- 6.6 Where the audit process identifies minor issues with regard to the quality of information provided, or the quality of CPD being undertaken, the Board will provide feedback to the participant on how to address the issues before the end of the current recertification cycle. The Board may also advise the participant that a follow-up audit will be conducted after the end of the current recertification cycle, to satisfy itself that the participant has addressed the identified issue(s).
- 6.7 Where the audit process identifies a major departure from requirements, and/or an apparent lack of good faith on the participant's part to engage in the process, and/or substantive issues or concerns about the quality of information provided, or the quality or amount of CPD being undertaken the matter is likely to be referred to the Board to consider whether this amounts to failure to comply with CPD recertification programme requirements. See section 7 for further details on how the Board manages lack of compliance.

7 Failure to comply with CPD recertification programme requirements

- 7.1 The CPD recertification programme is a key aspect of the Board's obligations to ensure that chiropractors are competent to practise. The Board will take a serious view of any failure to comply with requirements.
- 7.2 Under section 43 of the Act, the Board has the power to make the following orders in relation to any participant who fails to satisfy the requirements of a recertification programme:
- that the health practitioner's scope of practice be altered –
 - by changing any health services that the practitioner is permitted to perform; or
 - by including any condition or conditions that the authority considers appropriate:
 - that the practitioner's registration be suspended.

- 7.3 Failure to satisfy the requirements of a recertification programme include, but are not limited to:
- lack of evidence of participation in the required type and amount of CPD activities
 - non-existent or incomplete records in the Online CPD Record
 - lack of co-operation or compliance with any aspect of the audit process
 - an unsatisfactory audit result.
- 7.4 Where it appears that a participant may have failed to satisfy the requirements of the CPD recertification programme, the participant will be invited to provide comments, and the matter will be referred to the Board for consideration of whether to exercise its powers under section 43 of the Act. The Board will consider each referral on a case-by-case basis, taking into account any relevant considerations with regard to the individual participant's circumstances and reasons for failing to meet requirements.

8 Accreditation of activities

- 8.1 The Board does not run a process to accredit Group B activities. For further information on Group B activities, please refer to Appendix 1.

9 Transparency and security

- 9.1 Transparency of procedure is an important principle of the CPD recertification programme. The Board has established the following rules and procedures to ensure transparency.
- 9.2 Information entered by the participant into the Online CPD Record can be edited and updated at any time in each calendar year until midnight on 31 December at the end of each year. This data will be captured and saved by the Online CPD Record at that time. Participants can continue to use the Online CPD Record as usual. Dates of access will be recorded, however edits to content made before the annual close-off date will not be tracked.
- 9.3 Board staff and Board appointed auditors can access participants' CPD data. These entries will be highlighted to differentiate them from the participant's entries. Individual Board members do not access participants' data in the Online CPD Record.
- 9.4 Whenever a participant's CPD data has been accessed by anyone other than the participant, the following shall be recorded:
- Who looked at the record.
 - The date and time the record was accessed.
 - The reason the record was accessed.
- 9.5 The participant's Board registration number will be their identifier. The participant's Board registered email address will be their Login name. The participant will set their password.
- 9.6 The participant will have online access to all data recorded about them on the Online CPD Record, and the Registrar will provide the participant with a hard copy of this data if requested to do so.

- 9.7 Participation or otherwise in CPD may be relevant to consideration of competence and conduct issues notified to the Board in relation to any individual practitioner. In such cases, this information will be accessed on the Online CPD Record by Board staff and provided to the Board, Professional Conduct Committee, or other appropriate delegate(s).

10 Review of policy

- 10.1 The Board will review this policy periodically. Minor amendments for administrative purposes may be made without consultation, however, where the Board considers that a proposed amendment(s) amounts to a substantive change in recertification requirements, the Board will consult with stakeholders before deciding whether to implement the proposed amendment(s).

Date of Board approval: December 2014

Related documents:

Guidance for establishing a formal peer group and recording formal peer group activities
Guidance for setting a CPD plan

Appendix 1 – Group A and B CPD activities and documentation requirements

Chiropractors must participate in a minimum of 50 hours of CPD over each two year cycle. At least 15 of these hours must be from the list of Group A activities and at least 15 must be from the list of Group B activities. The remaining 20 non-specified hours can be made up of any combination of Group A and Group B activities. Participants should select activities from the lists below. A maximum of 35 hours from each list (15 Group and up to 20 non-specified hours) will be counted towards each participant's total CPD requirements.

Evidence of appropriate participation is required for all activities.

GROUP A activities (previously known as “formal learning”) and documentation include:

Group A activities should be chosen from the list below. When selecting activities, participants should consider the relevance of the activity to the objectives they have set, and whether the activity is likely to meet the Board's audit criteria (set out in 5.3, above).

Group A	Evidence required
Seminars, events and activities relevant to the practice of chiropractic in New Zealand.	Self-validation and evidence of reflection on value and relevance of activity to the Board's Competency Standards or Code of Ethics.
Post-graduate study (Post-graduate Diploma, Masters, PHD) eligible for the full 50 hour requirement in the recertification cycle in which it is taken. Repeat study of the same qualification will not count.	Evidence of enrolment in post-graduate study, from the provider. Evidence of completion of post-graduate study, when available.
Professional leadership work, including advisory work relevant to the wider profession's development at a regional or national level (involvement in a working party on a review of practice standards could be included; facilitation of formal peer group activities could not be included). A maximum of 10 of the total 50 required hours will be credited for any combination of the above activities, per recertification cycle.	Confirmation of your role from the organisation for which you provided the expert work (relevant government department/the Board/the NZCA etc), together with evidence of the hours of your time claimed/covered.
Conducting research (substantive, referenced, evidence based, and peer reviewed).	Copy of the published article, and confirmation of the name, registration status and qualifications of the peer who reviewed the work. The peer does not necessarily need to be registered in New Zealand, but must be a registered chiropractor in the jurisdiction in which they work.
Presentation of seminars and training sessions on an aspect of chiropractic practice relevant to New Zealand.	Actual presentation time, plus two hours' preparation time per hour of presentation. Preparation time cannot be claimed for repeat presentations.
Reading journals and articles, viewing instructional DVDs and other material relevant to	A list of all learning undertaken which includes: <ul style="list-style-type: none"> • Appropriate references

the practice of chiropractic in New Zealand (a maximum of 15 of the total 50 required hours will be credited per recertification cycle)

- Source of the material
- Date the activity was undertaken
- Brief notes on the content and relevance of each activity.

GROUP B activities (previously known as “informal learning”) and documentation include:

Group B	Evidence required
Attendance at formal peer group/clinical case review/technique presentation sessions (in line with Board guidance).	See <i>Guidance for establishing a formal peer group and recording formal peer group activities</i> .
Preparation for presentation at formal peer group/clinical case review sessions (in line with Board guidance). 2 hours of preparation time per hour of presentation.	See <i>Guidance for establishing a formal peer group and recording formal peer group activities</i> .
Providing professional supervision, oversight or observation for a colleague.	Records of supervision or oversight meetings, summarising the session content and duration, feedback provided, and an agreed action plan.
Providing professional supervision for a student (maximum of 10 hours of the total 50 required will be credited per recertification cycle).	Records of supervision sessions.
Receiving professional oversight, supervision or observation from a colleague or appropriately qualified registered health professional, unless the supervision has been ordered by the Board as a result of a competence, health or discipline process.	Records of supervision or oversight meetings, summarising the session content and duration, feedback provided, and an agreed action plan.
Professional advisory work, including: <ul style="list-style-type: none"> • expert advice/witness work for government departments and court processes • competence review /professional conduct committee work (a maximum of 10 hours of the total 50 required will be credited per recertification cycle).	An approved claim form, or letter from the relevant body, or other documentation verifying the number of approved hours.
<p>Conducting an audit of an aspect of your practice (if properly conducted, evidenced, and documented this will account for full Group B requirements (15 hours) plus up to 10 additional non-specified hours. The participant must be able to justify the number of hours claimed. Only one audit may be conducted per cycle).</p> <p>Types of audit:</p> <ul style="list-style-type: none"> • Comparing the processes, or outcomes of health delivery or patient care with recognised benchmarks or standards. • Patient satisfaction • Audits of written outputs e.g. patient records, policy. • Implementing an appropriately referenced standard audit tool (EG, a relevant Standards New Zealand Health and Disability Services 	<ol style="list-style-type: none"> 1. The topic for the audit relates to an area of the Board’s Competence Standards and is relevant to the chiropractor’s practice. 2. An identified standard is used to measure performance. 3. An appropriate written plan on how the audit will be conducted is documented and dated. 4. Outcomes of the audit are documented and discussed with a colleague, and notes are taken of the discussion. 5. Where appropriate an action plan is developed, identifying and maximising the benefits of the process to patient outcomes. The plan should outline how the actions will be implemented and monitored. 6. Subsequent audit cycles are planned, where required, so that the audit is part of a process of continuous quality improvement.

Standard).	
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Confidentiality of patient information

Participants in peer-related activities should note that confidentiality of patient information is required, except under the circumstances listed below.

Under section 44 of the Health Practitioners Competence Assurance Act, any person who examines any clinical records of any health practitioner under a requirement of a competence review, competence programme or recertification programme may not disclose any information (being information about any identifiable individual) obtained by that person as a result of that examination except for one or more of the following purposes:

- Making a report to the authority [i.e. the Board] in relation to the health practitioner concerned
- Any criminal investigation or any criminal proceedings taken against that health practitioner
- Making the information available to the person to whom the information relates [i.e., the patient] in any case where the authority directs that the information be made available, or the person requests access to the information (this does not affect the Privacy Act 1993).

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