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**NEW ZEALAND
DIETITIANS BOARD**

**CONTINUING
COMPETENCY SURVEY**

**SUMMARY OF
RESPONSES**

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NEW ZEALAND DIETITIANS BOARD

CONTINUING COMPETENCY SURVEY

SUMMARY OF RESPONSES

1 EXECUTIVE SUMMARY

The Dietitians Board surveyed Registered Dietitians on the Continuing Competency programme (CCP) early in 2009. A questionnaire comprising 20 items was distributed to dietitians electronically by Survey Monkey. A total of 228 dietitians responded.

Most responses indicated that CCP has been of good or greater value to dietitians. However there was general disappointment of the auditors' feedback letters, particularly as many dietitians found preparing their documentation for audit difficult.

Barriers and promoters to CCP were identified; a number of private practice and part-time dietitians expressed concerns about costs and access to continuing education opportunities, while practice review, the use of professional supervision and mentors, and being encouraged to reflect on practice were appreciated.

Seven major themes emerged from dietitians' responses.

- The process of CCP
- The audit
- Measuring and proving competence
- Cultural competency
- The manual
- On-line option
- Resources

From these, over 60 suggestions have been proposed. Some of these are unrealistic, but have been included as they may generate a starting point for problem solving.

2 INTRODUCTION AND TERMS OF REFERENCE

The New Zealand Dietitians Board is responsible under the Health Practitioners Competence Assurance Act 2003 to assure that Registered Dietitians are competent to practise their profession with due consideration for patient safety, using up-to-date and evidence-based practice. To this end, the Board has developed the Continuing Competency Programme, which requires dietitians to undertake a process of ongoing professional development. Dietitians are audited every five years, and, as part of their eligibility to procure an Annual Practising Certificate, are required to declare that they have participated in a range of professional development activities over the previous 12 months.

The programme has gone through a robust developmental process, and the current form was introduced in September 2004 after a two-year trial period. Some adjustments were been made in 2007. In early 2009, the Board conducted a survey of currently registered dietitians, seeking feedback on the Continuing Competency Programme.

Julian Jensen was commissioned by the Board to summarise results and provide some recommendations by June 8, 2009.

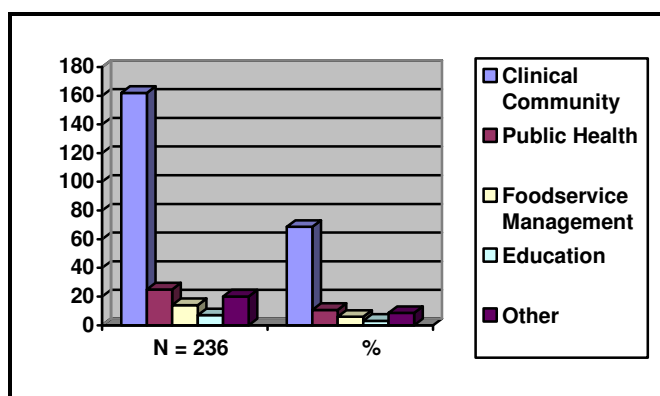
The questionnaire comprised 20 questions, and responses were received from 228 registered dietitians.

3 SURVEY RESULTS

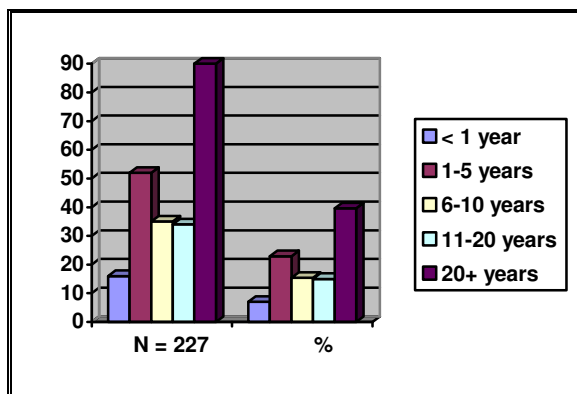
3.1 Demographics

The typical respondent worked in the Auckland region (33.1%)¹, was a clinical/community dietitian (68.6%), and had been a registered dietitian for more than 20 years (39.6%).

3.1.1 Question 1. Please indicate your main area of dietetic work



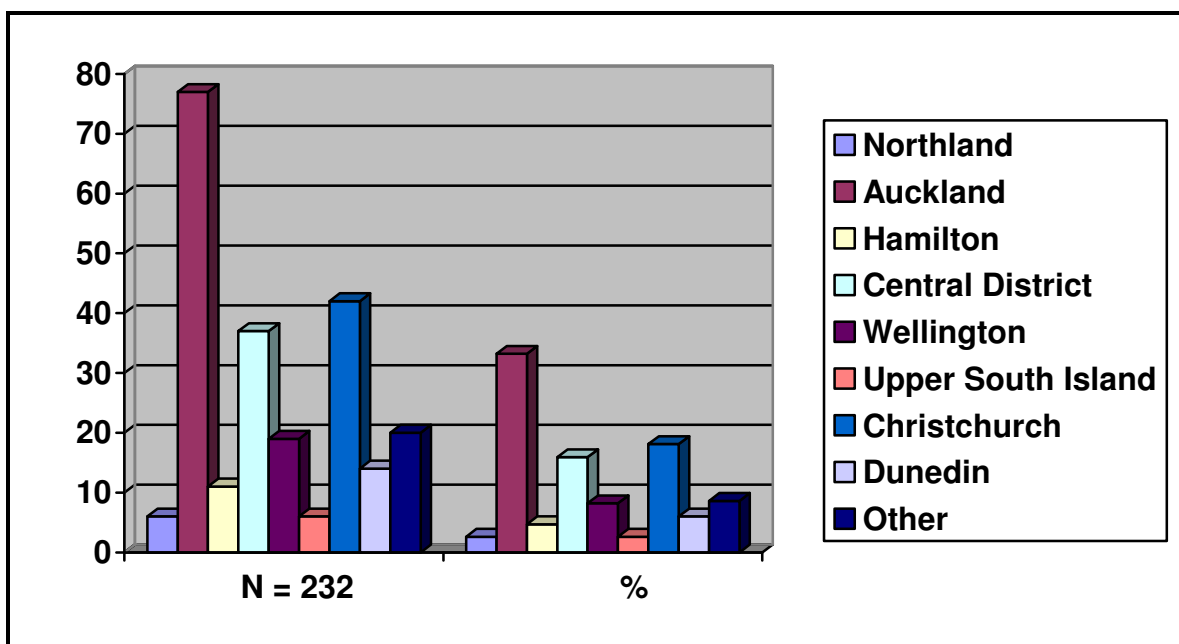
3.1.2 Question 2. How long have you been a registered dietitian?



Fifty-five percent of respondents had worked for eleven or more years; 45% for 10 years or less. Forty percent have worked for 20 or more years.

¹ Percentages for type of work and location have considered 'others'; in the data set received, 'other' were omitted from the calculations.

3.1.3 Question 3. Where in NZ do you work?



One-third of responding dietitians worked in Auckland and 18% in Christchurch. Over 50% (51.3%) work in these two main centres.

3.2 Continuing Competency Programme – documentation

Questions 4 & 5 sought to identify respondents' views on the CC documentation and booklet and the time taken to complete documentation. My overriding perception was that responding dietitians did not want to 'get it wrong' and were unsure of exactly what was required.

3.2.1 Question 4. How supportive do you find the Continuing Competency Programme (CCP) documentation?

While almost 59% said the Continuing Competency documentation was adequate or needed improvement, only 17.7% gave suggestions. Just over 40% said it was good or extremely good.

3.2.1.1 More examples wanted

Most of the comments (19) for improving the documents related to providing more examples:

- completed templates
- descriptions about how an activity impacted on practice
- evidence for activities drawing 3-5 credits credit allocations (including a request to establish credit allocations)
- peer review.

3.2.1.2 More clarity and simplification wanted

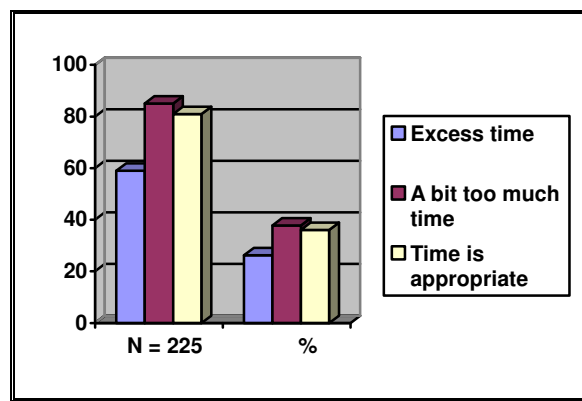
There were requests (9) for greater clarity around:

- what is required to keep current in all areas
- what to do when changing an area of practice
- keep the language simple, avoiding jargon and complex words.

Other comments are addressed in Section 4 of this report

3.2.2 Question 5. How would you rate the amount of time the current CCP documentation takes you to complete?

Just over one-quarter (26.2%) of those checking the three options given indicated that it took an excessive amount of time, and over one-third (37.8%) thought it took a bit much time. About the same number (36%) thought the time taken was appropriate.



Of the 225 who responded to this question, 144 (64%) indicated that the time taken was in excess of appropriate. Respondents tended to blame themselves for this – commenting that if they were better organised, it may not be such an effort. They commented that if they kept up to date, it would be more time efficient. Some however felt that their diffidence about the project contributed to more time being taken than was appropriate.

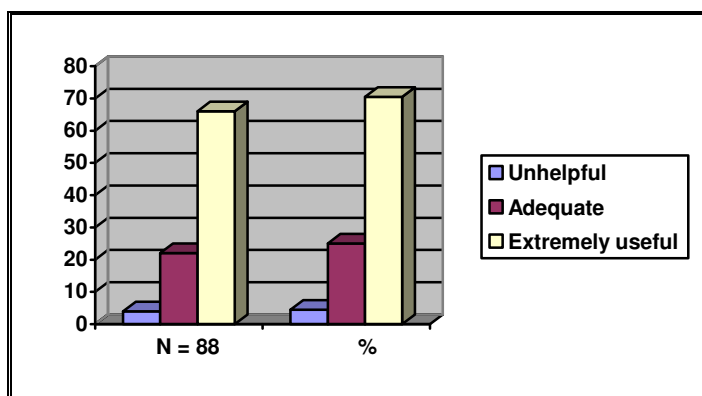
Several considered the time taken to prepare their documentation for audit was excessive, especially when there were other priorities and time pressures at play. *'Many nights and weekends', 'out of work time', 'like a second job', 'worked several nights to exhaustion'* were among the comments made.

3.3 Support Systems for Continuing Competency

This section addresses the issue of Continuing Competency Resource People, Professional Supervision and Mentoring (Questions 8, 13, 14, 15, 16 & 18)

3.3.1 Question 8. If you have used the NZDB Continuing Competency Resource People, please indicate how useful you found this support.

Of the 201 respondents to this question, 113 (56.2%) had not used this resource. Of those who had (88), 70.5% had found them extremely useful, and 4.5% found them unhelpful.



The next questions on professional supervision and mentoring should be prefaced by checking the understanding of these two terms.

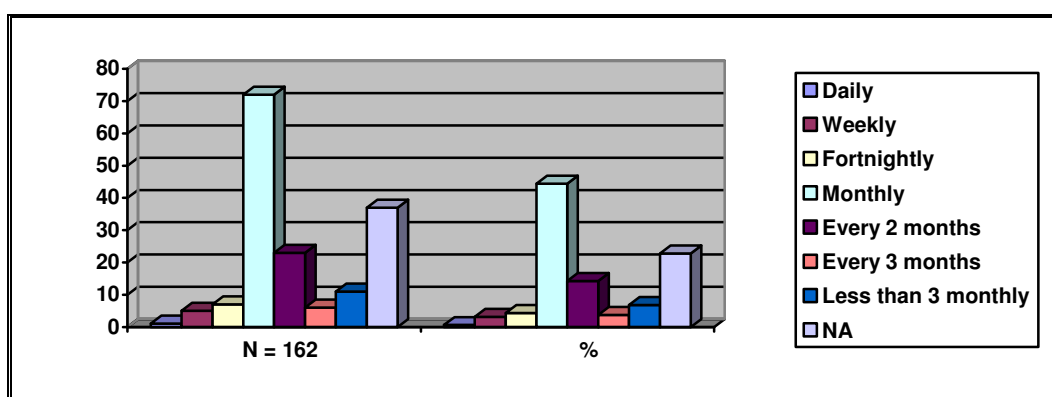
3.3.2 Question 18. Do you understand the difference between professional supervision and mentoring?

Of the 223 dietitians who responded to this question, 86.5% answered in the affirmative. Comments indicated that most people had an accurate perception of the differences and the way in which each can be used. In a number of cases, one person fulfilled both roles for a dietitian. In some cases, it appeared that a 'supervisor' was really more of a mentor, in that it did not seem as if the supervisor actively supervised the Dietitian in the broad sense of the role.

3.3.3 Question 13. Do you currently have professional supervision?

Almost all (98.25%) answered this question. Of these, 48.7% had professional supervision, and 51.3% did not. Most comments were very positive about their experiences with professional supervision, although there were some concerns about finding a suitable supervisor and costs associated with it.

3.3.4 Question 14. If you have professional supervision, how regular is it?

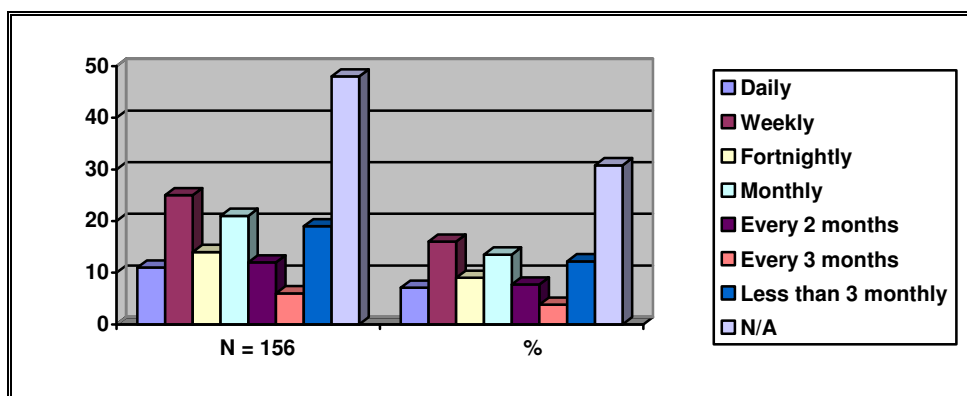


Of the 125 respondents engaging in professional supervision (excluding the NA category in the graph above), 76% have it either monthly or two monthly.

3.3.5 Question 15. Do you currently have a mentor?

There was an almost 50-50 split from respondents to this question – 48.9% did; 51.1% did not. Several respondents reported having more than one mentor, depending on the issues, and others expressed difficulty in finding a suitable mentor (one respondent reported being turned down three times when seeking a mentor; another cited professional conflict of interest – competition – so did not divulge all; others said their mentor and supervisor were the same person).

3.3.6 Question 16. If you have a mentor, how often do you have communication with them?



About 30% of respondents to this question checked the N/A selection. Of the remainder, there was an almost even split between weekly (23%), monthly (19%) and less than 3 monthly (17%) meetings with a mentor. This accounted for 59% of all dietitians who specified frequency of mentor meetings.

3.3.7 Question 19. Do you think the Board should require all dietitians to engage in regular professional supervision (i.e. compulsory supervision for all dietitians throughout their careers)?

About one-third of those responding were unsure about this issue, while 41.2% said Yes and 26.2% said No.

Supervision was seen as important for

- New Graduates (18-24 months post registration)
- First 5 years of practice
- Overseas trained
- Mental Health 2 (required anyhow)
- Investigation/disciplinary issue
- If CCP was 'relaxed'
- New position, major change to practice area
- Clinical dietitians
- As an option to CCP records (supervisor reports, responsible for assessing competence) – several suggested this
- Isolated dietitians
- As required on recommendation of auditor
- Not appropriate/practical for all dietitians – needs to be a choice; depends on the environment

-
- Strongly recommended for all, throughout their careers (2)

Respondents also raised a number of practical issues relating to supervision, including

- Cost a significant concern (14) No more compliance costs please
- Difficulty in finding a supervisor
- Over-regulated/don't need another barrier/would reduce autonomy
- Impossible – huge workload; difficult to manage, too many rules
- If compulsory: loss of value; more dietitians may drop out of registration; undermining of dietitians' professional integrity .
- May be OK for hospital dietitians, - seen as an employer issue, not Dietitians Board
- Practicality.
- Accessibility (2); rural/casual position (2); professional isolation
- Availability of enough suitably trained supervisors (2), and who supervises the supervisors?
- Need the right person, not enough experts
- Would it improve practice (would likely increase work and stress for dietitians)
- More time, and if a PT worker, eats into the time available.

However, there were reports of professional supervision working very well in Auckland, and this model may be able to be modified/implemented in other practice settings.

3.4 Value of the Continuing Competency Programme

This section reports on dietitians' responses to question 7, regarding the auditors' reports, and question 10, the programme generally.

3.4.1 Question 7. When you were audited, how did you find the Audit report and auditors' letters?

One hundred and seventy-six dietitians responded to this question. The majority, 58%, said the letter was 'OK' or 'needed improvement' in terms of being constructive or helpful; and 64% said it was 'OK' or 'needed improvement' in terms of relevance to one's practice. Those who rated the letters as 'good' or 'extremely good' were 41.9% and 35.8% as being constructive and helpful, or relevant to practice respectively.

A general feeling of disappointment was expressed. Respondents felt that the letter was not very helpful, the comments were confusing (people did not know whether comments were endorsing their work or suggesting they should do it better, or more of it). They felt that the feedback letters did not do justice to the huge amount of work that practitioners had put in to get the audit ready. A number commented that they were early subjects for audit, and that the system may have changed since they were audited.

Five years was considered by two respondents to be a long time to be able to get feedback on things identified in the audit as needing more work.

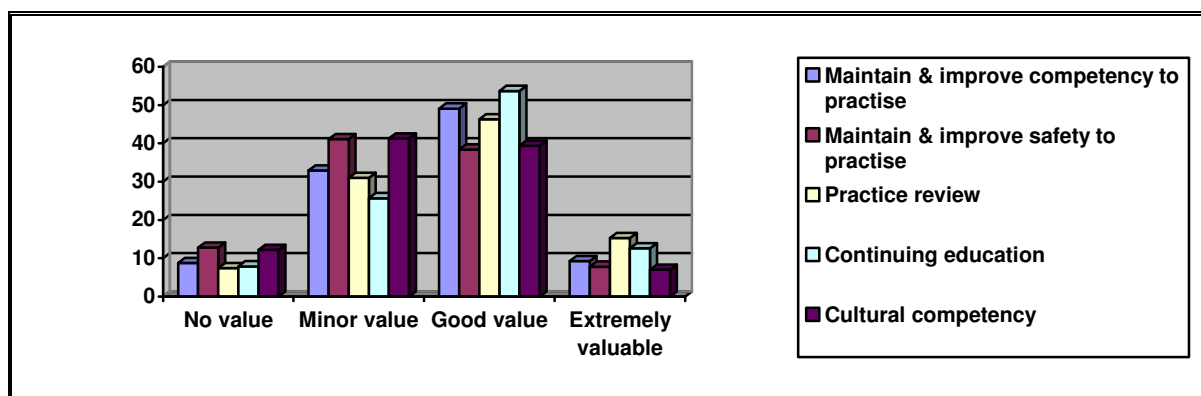
There was a comment that there should be a concept about what was ‘good enough’, rather than having to strive to do more or better.

There were some comments on the feedback about having to put more focus on core competencies, especially for those working at a higher level. One said that (s)he would gear her documentation to this next time, at the expense of limiting proof of competency at the higher level (s)he worked at.

The feedback letter was perceived to be made up of stock phrases that were cut and pasted, and this diminished the apparent value of the feedback.

People really wanted constructive feedback. ‘Needs improvement’ is not specific enough. One respondent said that the comment ‘a mentor is recommended’ was taken by his/her manager to mean that the dietitian was not working safely enough,,,,, and such comments needed to be used judiciously.

3.4.2 Question 10. In your view, how valuable has the CCP programme been to you personally?



As can be seen in the graph, most responses indicated that CCP has been of good value to dietitians. Practice review and continuing education components were ‘good’ or ‘extremely good’ to 61.5% and 66.3% respondents respectively. Safety to practice and cultural competence were of ‘no’ or ‘minor value’ to 54% and 53.5% respondents respectively, yet these are primary reasons for the programme.

At least 43 respondents said they were doing CCP anyway. Only 10.4% (average) found the programme extremely valuable, and 9.8% (average) found it of no value. It is considered that the low rankings regarding value reflects the fact that many dietitians were already working on maintaining competence, so the gains were not great. A number commented on the extra stress of documenting their CE, and this may also have devalued the programme *per se*.

4 BARRIERS AND PROMOTERS TO THE CONTINUING COMPETENCY PROGRAMME

The questionnaire afforded dietitians with an opportunity to identify the problems and the positives of the CCP. Several themes came through

4.1 Barriers

4.1.1 Documentation of CCP activities

There was a very strong theme running throughout that people wanted the documentation process simplified to save time and paper.

A number of dietitians noted that there was no time at work to complete documentation.

Writing evidence reports and reflective statements felt to be a waste of time, which may be better spent doing continuing education.

Does documentation of activities prove competency?

4.1.2 Cost

Cost was seen as a barrier, especially with regard to setting up a supervision relationship, particularly for private practice dietitians.

Cost and time to attend continuing competency activities can be difficult for part-time dietitians, especially those with young families.

This was supposed to be a cost-neutral activity, but it is not, especially for people who are self-employed.

4.1.3 Private practice dietitians

There is a perception that the CCP programme is much easier for hospital dietitians to manage, as there is already a structure in place. In private practice, it can be difficult to acquire a mentor, and even more so, a supervisor. Opportunities for professional development as part of one's working day are fewer than in a hospital, as are opportunities for peer review and performance appraisal.

4.1.4 Part-time dietitians

Dietitians working only a few hours per week, especially those with young families, find it difficult to fit in professional development activities. Timing of these often does not suit family life, and the part-time nature of work means that time during the work day for these activities is often not forthcoming.

Some part-time dietitians feel disadvantaged in that they are expected to meet the same Continuing Competency requirements as full-time dietitians. It can be a disincentive to return to work.

4.1.5 Maintaining core competency

A number of dietitians working at high levels of expertise considered that demonstrating that they were maintaining core competency was inappropriate, and that this should be a given. It was felt that demonstrating competence at the higher levels of skill and knowledge was more beneficial for the professional as a whole, and better use of the programme whose stated purpose is to protect the health and safety of the public by ensuring that dietitians are up-to-date in their area of practice.

Another concern of these more highly skilled practitioners was the dearth of other experts who could be taken on as supervisors, so making it more difficult to engage in meaningful dietetic supervision.

4.1.6 “Over-regulation”

There were several comments by respondents that the CCP programme created more regulation, over-justification of competency, another layer of oversight, over-the-top competency management, and lack of trust in the skills and competence, especially core competence, of the practising dietitian. Again, a few mentioned that it was tempting to deregister and work as a nutritionist, ‘doing much the same work’, especially if it was not in a hospital.

4.2 Promoters

4.2.1 Killing two (or more) birds with one stone

Dietitians whose managers enabled supervision, mentoring, credentialing and performance review to meet the needs of both the working environment and the Dietitians Board Continuing Competency Programme felt more positive towards to programme.

Buy-in by managers was also seen as a promoter for a positive experience with CCP.

4.2.2 Practice review

A number of dietitians had incorporated practice review into their departments as a result of the requirements for the CCP Programme. This was reported to be a very positive way of improving practice.

4.2.3 Developing a learning plan

This was reported as an advantage of the programme, giving the dietitian some direction for the next year’s professional development activities.

4.2.4 The use of mentors and supervisors

This was not mentioned amongst the value of the CCP, but about 48% of respondents had a supervisor and/or mentor(s). Organised supervision was seen as a very positive way of maintaining and enhancing competence,

4.2.5 Reflection

Despite the down-side of the burden of documentation in preparing for audit, the value of reflecting on practice has been useful.

4.2.6 Support from the Dietitians Board

Many respondents commented on the helpful support they received from the Board, its officers and resource people. One respondent felt it was important to encourage those considering returning to the workforce to undertake the programme – it is not difficult – to ensure good dietitians’ skills are not lost forever.

5 SUGGESTIONS FROM SURVEY RESPONDENTS

Dietitians submitted many suggestions with their responses. Many themes emerged, and this section is an attempt to define these. There is some evidence from the responses that some practitioners are not totally familiar with the CCP handbook and its explanations.

Questions inviting suggestions for improving the CCP Programme include questions 6, 9, 11, 12, 17, 19, and 20.

Themes that have emerged from these responses are:

- **The process of CCP**
 - The template
 - Documentation and recording
 - Review and simplify
- **Auditing**
 - Time-frame and frequency
 - Options to the portfolio
 - The audit report
- **Measuring/proving competence**
 - Credits and points
 - Links with workplace performance
- **Cultural competency**
- **The manual**
 - Examples
 - More explanations re supervision, mentoring
- **On-line options**
- **Resources**
 - Personnel
 - Activities

5.1 The Process of CCP

Most respondents agree with the principle of CCP, see value in reflecting on learning activities, and ensure that they achieve appropriate learning outcomes. However, the burden of documenting is excessive for most dietitians, many of whom admit to not documenting as soon as the activity has been done. It was pointed out that the benefits to practice from many activities do not become evident immediately – it is something that adds to the practice tool-box. Immediate documentation does not pick this up, but delaying allows a backlog.

5.1.1 The audit template

As mentioned above, there was an overriding theme on the burden of completing the template, because of the amount of writing and reflection required (Column B) and then having to provide evidence for higher rated activities.

5.1.1.1 Suggestion: Combine Column B with evidence requirement, and only complete this for credits of 3-5, or just level (4 or) 5 credits. Lower level credits should be able to be taken at face value. Review credits requiring evidence.

5.1.1.2 Suggestion: Remove the impact column (C). Actual impact is hard to measure, and may in fact come later

5.1.1.3 Suggestion: Link the audit process with workplace performance review, to save doubling up on documentation. This is happening in one DHB in the Auckland region.

5.1.1.4 Suggestion: State simply what you have done, its value to you, and give it a credit ranking.

5.1.1.5 Suggestion: More structure in the template – checklists, tick boxes, and allocations of credit rankings for different activities.

5.2 The Audit

5.2.1 Frequency

A number of respondents thought that five-yearly audit were too infrequent and too stressful!

5.2.1.1 Suggestion: Increase frequency of audits to annually (1 respondent), biennially (2); triennially (1) more often than five yearly.

5.2.1.2 Suggestion: Give people coming up for audit longer notice – say 4-6 months to allow time to plan their review process.

5.2.1.3 Suggestion: Use on-line technology and review more frequently.

5.2.2 Options to the audit form and evidence

There were a number of comments offering different solutions to the audit documentation.

5.2.2.1 Suggestion: Part-time workers could have a statement or reference sent from the professional supervisor or manager to the Board each year.

5.2.2.2 Suggestion: Supervisor's comments, peer or client comment, referee's report suggested as a safer way to audit practice than a desk audit as at present.

5.2.2.3 Suggestion: Verbal presentation of CCP – interview rather than paper.

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- 5.2.2.4 Suggestion:** Sign-off by mentor or supervisor – when achievements over the year have been discussed on a one-to-one basis, and a plan developed for the next year.
- 5.2.2.5 Suggestion:** Allow greater focus on area of speciality, and let core competencies for experienced dietitians be a ‘given’.
- 5.2.2.6 Suggestion:** One respondent would prefer to be audited on site and in his/her own practice.

5.2.3 The audit report

As reported in section 3.4, a number of respondents were disappointed with their auditor reports. A number of respondents considered that they received better feedback in practice review at work, than from the CCP programme.

- 5.2.3.1 Suggestion:** Comments be targeted more specifically to the individual, and clearly state the intention of the comment – whether improvement is required, of whether the comment is endorsement of the work being done.
- 5.2.3.2 Suggestion:** Use an academic auditor for research dietitians
- 5.2.3.3 Suggestion:** Recognition for ‘the extra mile’
- 5.2.3.4 Suggestion:** Constructive feedback is very important to dietitians, who put a huge amount of work into their audit documentation. They really want to know what to do to improve.
- 5.2.3.5 Suggestion:** Adopt a culture of ‘enough’ continuing education, as opposed to having to constantly find ways to be better or to do more. This is important to acknowledge when there is such a burden with the current system, with most respondents finding they spend more than appropriate time.

5.3 Measuring and proving competence

There were a number of expressed concerns about how to decide what an activity was worth, and the temptation to downgrade it to save having to write evidence. While we accept that it is good to be able to judge an activity based on its value to the person, some respondents did not feel confident to make this call.

5.3.1 Credits and points

- 5.3.1.1 Suggestion:** Establish credit points for different types of activity.
- 5.3.1.2 Suggestion:** Nurses and GP’s have CME points they collect for attending Continuing Education sessions. There could be the option of bonus points if the activity was especially relevant to one’s practice (provide reflection and evidence)
- 5.3.1.3 Suggestion:** Focus for measuring competence should be on the practitioner’s area of expertise, rather than on core competency.

5.3.1.4 Suggestion: Reduce the number of credits required for part-time dietitians and those who do not require and APC for their practice setting.

5.3.2 Proving Competence

A number of dietitians questioned the ability of the programme to be able to prove competency to practice or guarantee safety of practice, based on a five yearly desk audit. Writing up activities does not show learning. However, it was encouraging to note that despite the need to document, practitioners generally undertook and enjoyed a variety of continuing education opportunities, and had been doing so prior to the programme being established.

It was also noted by one respondent that dietitians as health professionals tend to set themselves very high standards, when dietetics carries a relatively low risk to patient safety.

5.3.2.1 Suggestion: Tie CCP in with work performance appraisal and review.

5.3.2.2 Suggestion: Find a way to incorporate practical experience [in cultural competency], live supervision and auditing of clinical practice.

5.3.2.3 Suggestion: Line up the Australian APD and the NZ CCP programmes, especially now with trans-Tasman reciprocity.

5.3.2.4 Suggestion: Consider peer auditing.

5.4 Cultural Competency

There was mixed understanding about cultural competency from respondents. A number of respondents believed cultural competency related to the tangata whenua and indicated that more was to be gained if cultural competency embraced all cultures, not only tangata whenua and the Treaty of Waitangi. The reason for this was given that New Zealand is now a multi-cultural society and a number of practitioners see more clients from other cultures than tangata whenua. Dietitians Board guidelines clearly state that NZ dietitians acknowledge the Treaty and the status of Maori, but also that NZ has a culturally diverse population, and that dietitians' own beliefs and culture will influence their practice. The suggestions in this section reflect the broader practice phenomenon.

5.4.1.1 Suggestion: Combine the cultural competency and Treaty of Waitangi activities and ensure at least one is included every five years.

5.4.1.2 Suggestion: Cultural competency should include all cultures, in order to reduce discrimination in our community and deepen the understanding of dietitians working in a multi-cultural society. All racial and religious groups should be included.

5.5 The Manual

Responses to the survey with regard to the manual highlighted a desire for more relevant examples, greater clarity and simplicity, and more explanations of the support systems – notably supervision and mentoring.

5.5.1 Examples

5.5.1.1 Suggestion: Include an example of a completed template and a completed audit report.

5.5.1.2 Suggestion: Include examples of evidence.

5.5.1.3 Suggestion: Include examples on how to rate activities.

5.5.1.4 Suggestion: Include examples from each section (continuing education, practice review, additional professional/personal development), from a variety of different work settings.

5.5.1.5 Suggestion: Include examples on peer review.

5.5.2 Explanations

5.5.2.1 Suggestion: Use less complex language and jargon.

5.5.2.2 Suggestion: Include more clarity around whether dietitians need to keep up to date in all areas of dietetics.

5.5.2.3 Suggestion: Include more clarity around what is required when a person changes the area of practice.

5.5.2.4 Suggestion: Include explanation on how additional professional development differs from continuing education.

5.5.2.5 Suggestion: Include clearer explanation on what and how much information is required.

5.5.2.6 Suggestion: Include more information on mentoring and supervision.

5.6 On-Line Option

The survey asked whether respondents whether it would be helpful to record Continuing Competence Activities on-line (Question 12). Two-thirds (68.1%) said Yes; almost one-third (31.9%) said No.

Remarks were guarded and qualified by many who commented in response to this question. People wanted the site to be secure, and not to require advanced IT skills, scanning; there were concerns about submitting evidence. It has worked with other groups, including GP's and OT's, the latter group of which has reported struggling with their on-line system.

As well as specific responses to Question 12, there were a number of responses throughout the survey indicating a preference for on-line submission, as an effective method of reducing the paper, allowing for more timely recording, and simplifying the audit process. Auditing could be done more frequently, and more randomly.

A recommendation from this question would be firstly, to learn and seek feedback from organisations using an on-line system and secondly, mount a trial for dietitians.

5.7 Resources

A number of respondents commented that they would like to see more resources made available. While this may not be a Dietitians Board responsibility, the information could be shared with the profession (New Zealand Dietetic Association) or the Educators (University of Otago or others). Suggestions for improving personal assistance using CCP resource people, mentors and supervisors were also given.

5.7.1 Personal Assistance : CCP Resource people

5.7.1.1 Suggestion: An annual teleconference for CCP resource people to ensure they are up to date and aware of the issues that need to be passed on to dietitians.

5.7.1.2 Suggestion: A CCP resource person available in every DHB, more are needed as sometimes it seems as if they are being overburdened with requests for support

5.7.1.3 Suggestion: Locally arranged workshops where CCP is discussed, with examples from dietitians who have been audited.

5.7.1.4 Suggestion: Some way of ensuring CCP people are available and able to cover if one is away from her location.

5.7.2 Personal Assistance : Supervision

5.7.2.1 Suggestion: Provide a framework for supervision and ensure dietitians are available for this role.

5.7.2.2 Suggestion: Use social work model of professional supervision

5.7.2.3 Suggestion: Align professional supervision to MECA and/or APCs so employers will take it seriously and pay for the supervision.

5.7.2.4 Suggestion: Training sessions for supervisors or professional advisors, especially for those required to make judgements on a new graduate or a person holding an interim practising certificate.

5.7.2.5 Suggestion: Some way to resolve the dearth of professional supervisors with specific expertise at a high level to provide support to others.

5.7.2.6 Suggestion: Supervision important/compulsory for new graduates (18-24 months), first five years of practice, overseas trained, mental health dietitians (required anyhow), a dietitian in a new position or making a major change to practice area, isolated dietitians, or on recommendation of auditor.

5.7.2.7 Suggestion: Supervision compulsory if CCP was relaxed, or as an option to CCP records, when supervisor would report, or take responsibility for assessing competence.

5.7.3 Personal Assistance : Mentoring

5.7.3.1 Suggestion: Training sessions for mentors; provide guidelines for mentoring.

5.7.3.2 Suggestion: Board provide assistance in finding an appropriate mentor, by having a list of people available for mentoring

5.7.3.3 Suggestion: Group mentoring/practice meetings

5.7.4 Material resources

5.7.4.1 Suggestion: General support for private practice dietitians, part-time dietitians, new graduates, and newly returned to work, people who work alone, any dietitian undergoing an investigation/disciplinary issue

5.7.4.2 Suggestion: On-line learning opportunities (e.g. cultural safety, ethics, documentation), work-shops and quizzes, continuing education quizzes (e.g. DAA, ADA, BDA)

5.7.4.3 Suggestion: Increase website's FAQs, Q & As.

5.7.4.4 Suggestion: Introduce a weekly or fortnightly CCP hotline.

5.7.4.5 Suggestion: Notification by email or web notice board of courses, Otago University teleconferences, education/training programmes

5.7.4.6 Suggestion: Greater access to cultural competency programmes

5.7.4.7 Suggestion: Use newsletter for a CCP storyline or case study

5.7.4.8 Suggestion: More clinical workshops



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