



DIETITIANS BOARD

Continuing Competence Programme

FOR THE
NEW ZEALAND DIETETIC PROFESSION

Revised: June 2010

Acknowledgments

The current Board acknowledges and thanks previous Boards, the current Continuing Competence Committee, the Continuing Competence Resource People and the numerous dietitians who have provided constructive feedback into the ongoing implementation of the Continuing Competence Programme (CCP) since its development in 2002.

The CCP Manual has been written for New Zealand registered dietitians as part of the Dietitians Board's commitment to enable dietitians to retain registration and their practising certificates. Dietitians are expected to consistently offer a safe, quality service to consumers and the public. Registered dietitians are required to regularly undertake continuing competence activities as part of keeping themselves up to date in their area(s) of practice.

This revised June 2010 edition has taken into account the feedback gathered from the profession in the 2009 survey, which resulted in the programme being simplified as from 1 April 2010. The manual incorporates improved forms, supervision information, samples of peer review/case studies, as well as cultural competence requirements.

This June 2010 edition of the Programme will be amended from time to time. Please refer under 'Practitioners' on the Board's website:

www.dietitiansboard.org.nz

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A BACKGROUND

1 Continuing Competence

Competence requires the appropriate application of current dietetic knowledge and skills. As an individual practitioner, you are responsible for your own practice and professional behaviour and to demonstrate this by constantly reviewing practice principles, seeking and acquiring new knowledge, skills and attitudes, and applying these in an environment that invites robust challenge, reflective practice, participation and openness. It incorporates the concept of a learner-centred approach and lifelong learning, where you as a Dietitian identify your needs and develop learning objectives to meet these.

The goal of competence is the delivery of best or evidence based practice to protect the health and safety of the general public at all times.

2 Purpose of Continuing Competence Programme

The New Zealand Dietitians Board Continuing Competence Programme outlined in this handbook is designed to:

- § Assist dietitians meet the requirements of, and their obligations under, the Health Practitioners Competence Assurance Act 2003, and the Medicines Amendment Act 1999
- § Enable dietitians to meet the Annual Practising Certificate requirements of the Dietitians Board, by providing a formalised procedure for dietitians to demonstrate their participation in professional development activities
- § Prescribe a programme that will help dietitians maintain and enhance their practice by:
 - ensuring involvement in a range of continuing education activities directed at enhancing practice standards throughout their professional careers, so that dietetic practice and client care is of the highest quality
 - demonstrating to clients, peers, government bodies, and the community that they are committed to quality improvement in their work
 - developing an approach that supports improvement of professional performance by encouraging review, reflection and evaluation of practice
 - committing to lifelong learning.

The programme is the responsibility of the Dietitians Board and is funded from Annual Practising Certificate revenue.

3 Dietetics

Dietetics is the discipline of applying scientific knowledge about food and nutrition to individuals and groups in states of health and disease to promote optimal health outcomes within the social, economic and cultural context of the New Zealand population and the prevailing health issues.

The dietitian is a reflective practitioner and lifelong learner, continually critiquing her/his own performance and improving standards of practice.

4 Dietetic Registration

The Health Practitioners Competence Assurance Act 2003 (HPCA Act) enables all suitably qualified persons to call themselves dietitians in New Zealand, provided they are New Zealand registered and hold a current practising certificate. They must demonstrate

ongoing competence and fitness to practise. This ensures the safety of consumers of dietetic services in New Zealand.

You can only call yourself/or hold yourself out as, a dietitian if you have a current Practising Certificate. This means that as a registered dietitian:

- You are able to practise dietetics in New Zealand,
- Your peers, professionals with whom you work and the general public know that you have met a high standard of accredited training and expertise,
- You work according to a Code of Ethics and assume accountability and responsibility for your own actions.

B THE PROGRAMME

This programme is compulsory for all registered dietitians, including those who work part time, full time, in a locum position, and in paid or voluntary roles.

5 Principles of the Programme

5.1 Quality Learning

Continuing competence is achieved by a commitment to learning. Effective quality learning encourages the intellectual, emotional and social growth of learners over time. Four dimensions establish the essential elements of quality learning. These are:

- Constant acquisition and maintenance of knowledge, skills and attitudes
- An understanding at a conceptual level
- An understanding of the legal, ethical and social implications of dietetic practice
- A lifelong process.

For a Continuing Competence programme to be effective, these elements must be incorporated into the learning activities chosen by the individual. (See **Appendix 1** for an explanation of the dimensions of quality learning and associated rationale, indicators and outcomes).

5.2 Core Competence

The core competence of dietetics is entry-level knowledge of food and nutritional science and its current application.

Dietetic competence is the ability of a person to fulfil the dietetic role safely and effectively. The three domains of dietetic practice competence are:

- § Applied Nutrition
- § Public Health Nutrition
- § Foodservice Management

These competencies are achieved at graduation from the Postgraduate Diploma in Dietetics in New Zealand. All dietitians are expected to demonstrate and apply up-to-date knowledge of food and nutritional science.

5.3 Self Responsibility

The Programme is based on a self-developed learning plan incorporating learning goals and objectives based on your stage of career development and area of employment. You then self-assess the impact of the learning on your practice, and are accountable for this assessment.

Learning objectives must be completed on an annual basis and submitted with your five yearly audit. They may cover learning activities for more than one year, (e.g. a course of study).

Goals of learning objectives:

- § Reflect your food and nutrition-related area of dietetic practice
- § Identify specific learning needs to enhance your practice in this area of work

Learning objectives can be based on learning plans or professional development plans that you develop for your work setting (**Section C, 7.1**).

5.4 Time Frame

Every dietitian holding an Annual Practising Certificate manages and engages in a Continuing Competence Programme over a five-year cycle. This begins at the point of registration for newly registered dietitians.

5.5 Programme tenets

The Programme recognises:

5.5.1 Impact of research

§ The volume of new and changing knowledge arising from research challenges dietitians to keep their dietetic knowledge up to date. For dietitians to be effective practitioners in this context, a learning strategy is promoted that involves:

- Identification of actual learning needs
- Addressing these needs in the most time/cost effective manner
- Ensuring that the knowledge being obtained is evidence based.
- Developing robust critical thinking skills

5.5.2 Value of reflective practice

§ Professional practice decisions result from the integration of theory with experience. Reflective practice is associated with learning from experience and dietitians develop their professional expertise through this process. Reflective practice enhances the development of professional competence, and enables the development of autonomous and self-directed dietitians and life-long learners. The Continuing Competence Programme requires that participants use reflective practice (for ideas to help with writing reflective summaries see *'Reflective writing: a basic introduction'* – by Martin Hampton, Academic Skills Unit, Department for Curriculum and Quality Enhancement, University of Portsmouth – on the Dietitians Board website under 'Practitioners': www.dietitiansboard.org.nz).

5.5.3 Supervision and Mentoring

§ Supervision is an agreement between the supervisee (dietitian) and supervisor wherein the Dietitian can reflect on practice with a view to consolidating competence and identifying areas for development through feedback and guidance of the supervisor. Supervision is seen as a way to check that professional competencies are being met to ensure the health and safety of the public. Supervision can also be the establishment phase of continuing competence and lifelong learning.

The Dietitians Board requires practice supervision for:

- § dietitians returning to work after 3 years or more,
- § all overseas trained dietitians for the first year of practising in NZ
- § newly trained dietitians in their first year of practice (**Appendix 2A**)

and may require supervision for:

- § dietitians changing their area of practice.

§ A mentoring relationship is collaborative in nature, based on trust and devoid of control or power of one over the other. Learning objectives are set by the mentee and mentor and are based on the mentee's needs. Mentors work with mentees to identify areas of development and work out ways to meet goals. The mentor guides, rather than dictates what mentees do. The balance of the relationship is perceived as equal, as the two work as partners on goals to develop the mentee.

The Continuing Competence Programme recommends that all dietitians have a mentor, although this is only compulsory for entry level dietitians. (**Appendix 2B, 2C & 2D**)

6 Key Requirements

The Programme has two essential components:

- Programme activities
- Recency of practice.

6.1 Programme Activities

- Develop and maintain personal learning objectives
- Undertake learning activities to meet a minimum of 10 credits in one year and 75 credits in 5 years (maximum of 150 credits over 5 yrs or pro rata - see Table 1 for more detail)
- Maintain personal records of the activities to be reported
- Submit records for audit, this is likely to be at least once every five years (**Appendix 4A**).

6.2 Recency of Practice

- Demonstrate recency of practice; that is, having worked a minimum of 100 working days or 750 hours in the last five years in an area of dietetic practice. You are required to make a signed declaration on your audit template when you are audited. (**Appendix 4A**)

6.3 Extenuating Circumstances

If for any reason, you find that you are unable to meet the programme requirements in the allocated time, please contact the Dietitians Board at the earliest opportunity to discuss your situation. Individual requirements may be determined on a case-by-case basis.

6.3.1 Parental Leave

If you take parental leave, you do not have to submit credits for any period for which you do not hold an annual practising certificate. (At audit, your total credits will be pro-rata for the number of years for which you obtained an APC). If however, you have obtained an APC, where you have declared that you are participating in the Board's CCP, you should submit appropriate credits.

6.3.2 Illness

If you have a period of extended sick leave that precludes you from practising as a Dietitian and participating in continuing competence activities for a significant period of time for which you hold an APC, you are advised to obtain a medical certificate from your doctor to cover this period. Credits should then be submitted on a pro-rata basis.

6.3.3 Returning to practice after three years or more absence

If you have been out of dietetic practice for three years or more, you need to contact the Registrar to discuss the Board's Continuing Competence requirements. If you have continued working in dietetics while overseas, you will need to show proof of practice and of competence, for your next APC to be granted.

6.3.4 Significant change in area of practice

If you have had, or intend to have, a significant change in area of practice, you must advise the Registrar, in writing, of your intention to significantly change your area of practice.

An example of a significant change to practice would be a change from foodservice management to clinical or public health dietetics, or from clinical or public health dietetics to foodservice management, but not a change within a speciality. This will be confirmed by the Continuing Competence Programme committee convener on a case by case basis.

You will be required to identify a supervisor, (to be approved by the Continuing Competence Committee), in your new area of practice. Both you and your supervisor will jointly develop learning objectives for the next year, to be submitted to the Continuing Competence Committee for approval. The learning objectives must be signed and dated by you and the supervisor.

C DEVELOPING YOUR PROGRAMME

7 Develop a Learning Plan

Before you can develop learning objectives, it is important to take time to assess your current and long term learning goals and needs and to identify the gaps in your knowledge, skills and attitudes that you need to fill to achieve your objectives.

7.1 Develop learning objectives

The purpose of self-developed learning objectives is to give you some specific direction to address your identified learning needs or to enhance your practice in a specific area.

- § Learning objectives are vital tools and essential to enable you to focus your learning activities.
- § Learning objectives should be SMART
 - Specific – states exactly what you intend to do
 - Measurable – how will you know you have ‘got there’? Include a statement or action you will demonstrate, e.g. do a presentation or report, pass a course – something related to the action that can be checked off as ‘complete’
 - Achievable – you can do it; it’s not too difficult to fit into your schedule, you haven’t planned too much to achieve
 - Resourced – you have funding, time, appropriate assistance, training opportunities or support
 - Time bound – when will you do this, or by when will you achieve your goal?
- § Your learning objectives may be developed independently or in consultation with a senior colleague, professional supervisor or mentor.
- § Learning objectives should be written and reviewed annually with a senior colleague, professional supervisor or mentor.
- § Your learning objectives are now to be completed on an annual basis and submitted with your audit.

The format of your objectives may follow the examples outlined in **Appendix 3 A-C**, or may be based on the performance appraisal or management plan developed at your workplace and are to identify specific learning needs for your position.

7.2 Help is available

Most dietitians incorporate many continuing competence activities in their daily work / life, that can easily be included in their Continuing Competence Programme and five yearly audit, without too much extra work.

If you would like further support, please contact your local Continuing Competence Resource Person, who is available to assist. Check the website at www.dietitiansboard.org.nz for contact details, or email the Registrar on: dietitians@dietitiansboard.org.nz.

7.3 Templates (Refer Appendices 3A, 3B & 3C)

These are also available on the website:

- *Developing a Learning Plan*
- *Samples of 'Learning Objectives'*

8 Continuing Competence Programme Activities

Activities to meet your learning objectives must be chosen from the three categories described in Table 1 (page 14) and in the proportions specified over five years. A minimum of 75 credits must be accumulated over five years. Periods of less than five years shall be on a pro-rata basis.

To satisfy the needs of the Continuing Competence Programme you need only submit the minimum credits. No more than 150 credits are to be submitted for audit over a five-year period.

NB: An average of 15 credits each year is recommended, with a minimum of 10 credits annually, or on a pro-rata basis.

8.1 Continuing Education

- § Continuing Education activities must be undertaken annually and should provide a minimum of **50%** of credits for the year (i.e. 5/10 or 7/15 credits)¹
- § **For each 5 year audit period, at least one Continuing Education activity worth 3 or more credits** must be submitted, **along with** appropriate evidence.

8.2 Practice review

- § Practice review must be undertaken annually and provide a minimum of **20%** of credits for the year (i.e. 2/10 or 3/15 credits)
- § The required credits can be made up of a combination of activities including those with 1 and 2 credits
- § **For each 5 year audit period, at least one practice review activity worth 3 or more credits** must be submitted **along with** appropriate evidence
- § Practice review must always include feedback from another person. Ensure the reviewer is named and where applicable his/her signature is included on the peer review evaluation
- § Evidence must be submitted for **all** activities in this section including those with **1** and **2** credits

§ ¹ Activities that were previously listed under 'Additional Professional/Personal Development' category may now be included under this category, provided they are related to your area of practice

- § Evidence can include reflective statements with peer or supervisor review, copies of evaluations/feedback forms, email with feedback, or documents with reviewer comments.

8.3 Cultural Competence

- § One Cultural Competence activity must be undertaken annually at any level (1,2 or more credits). There is no set percentage of credits for this category.
- § At least one 'Treaty of Waitangi' activity must be undertaken for each 5 year audit period at any credit level
- § **For each 5 year audit period, at least one Cultural Competence activity worth 3 or more credits must be submitted, along with appropriate evidence.**

The Board set standards of cultural competence, now incorporated into the Continuing Competence Programme - M McKerchar's work on these is acknowledged. (Refer to **Appendix 7**)

For entry-level cultural competencies for dietitians, please refer to 4.0 in the 'Statement of Registration Competency Requirements, Transition January 2010, Full Implementation January 2011' (refer to 'registration' on the Board's website: www.dietitiansboard.org.nz).

TABLE 1 CONTINUING COMPETENCE PROGRAMME ACTIVITIES	
Categories of Learning	Learning Activities
<p>Total credits to be submitted i.e. <i>Minimum of 75 credits over 5 yrs or pro rata.</i> <i>Maximum of 150 credits over 5 yrs or pro rata</i> Annual average of 15 credits and a minimum of 10 credits, or pro rata. NB: Credits submitted on the APC credit summary form DO NOT need to equate with the credits submitted for the audit.</p>	<p>Those activities that enhance practice by a change in knowledge, skill or attitude.</p> <p>They include any activity that contributes to professional learning or growth.</p>

TABLE 1	
CONTINUING COMPETENCE PROGRAMME ACTIVITIES	
Categories of Learning	Learning Activities
<p>1. Continuing Education Purpose –</p> <ul style="list-style-type: none"> § to keep your dietetic knowledge up to date through the provision of timely and appropriate education and training. § to retain up to date knowledge of core nutritional science and its application <p><i>50% of 75 credits, i.e.: A minimum of 37 credits/5 years, of the total credits must come from this category or approx. 8 credits annually.</i></p>	<ul style="list-style-type: none"> § Courses taken or taught § Independent study into a specific topic § Lectures or seminars attended or provided § Journal clubs, study group activities § Grand rounds § Writing for publication § Special interest group activities § Reading a series of articles § Visits to Centres of Excellence § Teaching, examining and supervising students § Mentoring peers § Community service relevant to your area of practice § Courses such as public speaking § Working parties, steering or advisory groups § Reviewing high level documents, preparing submissions § Professional or Registration Board roles § Business Planning § Practice 'self-review'/development <p><i>Aim to get a fairly even mix of activities that you facilitate or present, and those you attend or learn from.</i></p>
<p>2. Practice Review Purpose –</p> <ul style="list-style-type: none"> § to have an independent person review aspects of your dietetic practice with the aim of improving the level of your performance. <p>This may include:</p> <ul style="list-style-type: none"> § Clinical issues § Communication issues § Systems or processes for the delivery of services § Audits <p><i>20% of the 75 credits, i.e.: A minimum of 15 credits/5 years of the total credits must come from this category or 3 credits annually.</i></p>	<ul style="list-style-type: none"> § Clinical audit § Peer review with suggestions § Practice (business) review § Practice systems review § Evaluating service performance § Presentation with feedback § Performance review § Documentation audit § Evaluation of cultural responsiveness § Establishing new policy, procedures, guidelines § Feedback from multi-disciplinary team § Report writing/essays (reviewed or marked) § Observation § Live supervision (See templates Appendix 6) <p><i>Include signed evidence for all Practice Review activities, despite the credits claimed</i></p>
<p>3. Cultural Competence Purpose</p> <ul style="list-style-type: none"> § To demonstrate professionalism and an understanding of culturally appropriate practice, which includes but is not restricted to age, gender, sexual orientation, occupations, socio-economic status, ethnic origin, or migrant experiences, religious or spiritual belief, and disability § To have a working knowledge of the principles of the Treaty of Waitangi § To conduct practice acknowledging one's own limits of cultural safety and respecting other 	<p>-Attending lectures, workshops or courses, and applying these to dietetic practice, e.g. Customs and culture of: Indigenous/First Nations/Aboriginal peoples, Tangata Pasifika, Older People, Asian and marginalised minority groups</p> <p>-Active reflection of practice and your ability to effectively support people of other cultures</p> <p>-Treaty of Waitangi' activities and other activities that may support improving cultural competency and Maori health, may include:</p> <ul style="list-style-type: none"> § Dietitians Board on-line courses § Mauri Ora 'Heathcare and the Treaty of Waitangi' on line modular course (contact pauline@mauriora.co.nz)

TABLE 1	
CONTINUING COMPETENCE PROGRAMME ACTIVITIES	
Categories of Learning	Learning Activities
<p>cultures' customs</p> <p>§ To demonstrate the ability to communicate with people from different cultural backgrounds</p> <p>§ To demonstrate an awareness of ethical and cultural implications of dietetic research.</p> <p><i>At least 1 cultural competence activity annually, at any credit level; for each 5 year audit, at least 1 Treaty of Waitangi activity, and at least one cultural competence activity worth 3 or more credits.</i></p>	<p>§ University courses, lectures or workshops</p> <p>§ Reading and reflecting on information from a 'Treaty of Waitangi' website or other sources</p> <p>§ Discussion of cultural management issues and cultural competency and Maori health with Maori colleagues or colleagues of other cultures</p> <p>§ Mentoring/practice review from local Maori dietitians or local Maori health professionals or the local Maori Department at the local tertiary institution</p> <p>§ Completing a Tikanga Maori or Te Reo Maori course</p> <p>§ Networking with Maori Dietitians and working collaboratively on a project(s)</p> <p>§ Voluntary work for a Kohanga Reo/local Marae/Maori health and Social Services</p> <p>§ Assisting in literacy programmes at the local Kura Kaupapa or bilingual unit</p> <p>§ Obtaining recipes for Maori dishes, collecting, preparing, cooking and tasting.</p> <p>§ Learning local waiata/local history and the original names and stories behind them and taking a guided tour of the area.</p>

9 Reporting

The programme makes no assumptions about the value that can be gained by any particular activity.

The reporting process reinforces the central ideas of the programme

- The development of learning objectives pertinent to the needs of the individual
- The application of the learned material
- The need to clearly describe the evidence of the impact of the learning activities
- Self assessment or reflection of the total value of the learning experience to the individual's professional practice, and the assigning of a value to this experience
- Maintaining core dietetic competence.

Because it is often easy to access continuing competence activities, dietitians may need to be selective about what they submit, and be honest about what it is worth to them. Do not under-rate your activities, either to avoid producing the evidence or to be able to include more. This is not the purpose of Continuing Competence. Nor is it listing everything you do for your job – it is what you do to **enhance your practice** as a Dietitian. Some things you do for your job are new challenges that do enhance your performance as a Dietitian, and these should be reported.

The beauty of your learning objectives is that they help you focus your activities in an ongoing way (at least annually). You can then be more selective about what you do to maintain competence – it doesn't have to be everything! However, we do need to maintain core dietetic competence, and there should be activities included that demonstrate this – such as attending practice based lectures, seminars or journals clubs, journal reading, developing client resources.

Download the 'CCP Audit Template' form from the Dietitians Board website and document those activities that you intend to count towards your Continuing Competence Programme. (The preferred CCP Audit Template is shown in **Appendix 4A**)

9.1 Column A. Activity undertaken

Use the appropriate category: Continuing Education, Practice Review or Cultural Competence.

Activities credited with 1 or 2 credits (Continuing Education and Cultural competence)

- § Provide a brief description, but not reflection, of the activity
- § Evidence is not required for these activities

Activities credited with 3 or more credits (Continuing Education and Cultural Competence and all Practice Review activities)

- § Provide a detailed description, reflection and/or evidence of the activity.
- § Evidence, that may include reflection, is required for all Practice Review credits and all other higher level credits (3 or more)
- § Include how you have applied the knowledge, skills or attitude gained from undertaking this activity
- § Consider and reflect on
 - New or enhanced knowledge and/or skills
 - How your attitudes, perception, awareness and practice have changed
- § Reflective reports, if written in detail and demonstrating reflective thinking, can be used as the sole source of evidence for higher level credit activities

9.2 Column B. Credits

Credit allocation (Table 2)

- § Credits are rated 1 – 5, where level 5 credits are those requiring greatest effort, resulting in substantial innovative actions and/or greatest impact on clients or appropriate others.
- § If an event or activity did not contribute to your knowledge, attitude or skill in any way, do not include it in your report.
- § Note the number of credits allocated in Column B on the audit template

9.3 Column C. Evidence provided

- § Evidence is required for activities of 3 credits or more (Continuing education and cultural competence), and all practice review credits.
- § To facilitate the auditors' assessment of your evidence, use a numbering system in Column C to link your evidence with each activity.

TABLE 2 SCALE SHOWING CREDIT ASSIGNED TO VALUE OF LEARNING TO YOUR PRACTICE				
CREDIT RATING SCALE				
1	2	3	4	5
<ul style="list-style-type: none"> • Refresher/basic information • Minimal effort • Little or no change in practice 		<ul style="list-style-type: none"> • New knowledge, attitude or skill requiring moderate effort • Moderate change to practice 	<ul style="list-style-type: none"> • New knowledge, attitude or skill resulting in substantial innovative actions • Change to practice • Requires major effort • Noted by colleagues/peer • Confirmed impact on client or appropriate others 	

10 Supporting Evidence

The **evidence** you provide for Continuing Competence is critical to the success of your audit. The more credits you claim, the more robust the evidence you provide must be. Evidence must also reflect your level of experience and the quality of your learning that has taken place.

For audit, you will be asked to submit outcome evidence in support of activities worth 3 or more credits, i.e. you need to show actual evidence of the impact of an activity, to support the rating you have assigned to it. Outcome evidence could include e.g. power-point presentations you have prepared and delivered, a resource developed, a personal summary of a course or conference you have attended, or a short report using your own words to summarise a lecture, which could outline new knowledge and skills and how this might influence your practice (**Table 3**).

N.B. Certificates of attendance, photocopies of other people's power-point presentations or a conference programme are **not** suitable forms of evidence as they do not show evidence of learning.

Practice review activities must have a peer review component. The peer reviewer must be named, and preferably have signed off the activity. Activities could include feedback from colleagues on changes made to policies and procedures documentation, papers written for publication, peer review of clinical case notes, clinical consultations, teaching

sessions, or audience feedback from presentations. Evidence could be a signed report from the peer reviewer. (**Appendix 6** includes examples of peer review feedback).

TABLE 3 EVIDENCE REQUIRED	
Dietitians Board does want	Dietitians Board does NOT want!
Continuing Education - A short report in your own words of a meeting or a conference session you attended. Summarise the content and describe what information influences <i>your</i> practice. Can use bullet points.	Photocopy of conference programme. Certificate of attendance without accompanying report.
Short report using your own words to summarise a lecture you attend, highlighting the key points.	Photocopy of other people's power-point presentations.
Power-point summary or lecture outline of a lecture you have prepared and delivered.	Not as a DVD - please print out relevant slides - there could be 6-8 slides on a page.
Summary report of journal articles used to give a lecture or journal club presentation. List the references read.	Photocopy of journal article.
Practice review – consultation on resource development. Provide a written summary of consultation or summary of reviewers' comments and show where changes were made to resource after consultation. Could also provide a before and after pamphlet.	Copy of new pamphlet without details of reviewers' comments or consultation.
Audience feedback from workshops, talks, presentations and case reviews. Reflection of how these comments may alter your practice.	
Business planning – provide summary of key points or minutes from meetings. Minutes of business meeting.	Agenda of business meeting.
Peer review of clinical consultations - peer reviewer to sign comments and recommendations (Appendix 6)	Review written by dietitian without peer reviewer's comments.
Cultural competence – Reflection on courses, including Dietitians Board online courses, indicating enhanced awareness and implications for current practice	Attendance certificates (achievement certificates OK – but better evidence will include some reflection)
Case study, highlighting considerations made to meet cultural needs	
Summary and reflection or review of books or articles read	
Evidence of resource development and consultation engaged in	Copy of new resource without evidence of appropriate consultation

NB. If information is confidential, provide a summary of general points.

D CONTINUING COMPETENCE PROGRAMME AUDIT

11 Objective of the Audit

The objectives of the Continuing Competence Audit are to gain an opinion on the extent to which you are engaging in learning activities that maintain and enhance your Dietetic practice, to 'protect the health and safety of the public'. The audit is not a form of performance appraisal. (**Appendix 5 - Audit Report**)

There is an expectation of professional rigour and robustness in the reporting process. Likewise, the audit process is rigorously applied to ensure the dietitians are meeting their legal obligations under the HPCA Act in terms of safety of practice for the general public.

12 Criteria for Continuing Competence Programme Audit

During the audit process the following criteria are considered by the auditors. All must be met for a successful audit.

12.1 A congruent (fair) presentation of the circumstances relevant to the dietitian.

Current work experience, length of time in this work and level of experience are congruent with the learning activities and credits assigned to them.

The content of your Learning Objectives should apply to the area(s) of nutrition and dietetics in which you currently practise, or intend to practise.

12.2 Core dietetic competence requirements are met.

Core dietetic competence is achieved at graduation from the Postgraduate Diploma of Dietetics (PG Dip Diet) in New Zealand. All dietitians are expected to retain up-to-date knowledge of food and human nutritional science and be able to demonstrate its current application.

The **beginner practitioner** will be enhancing her/his application skills in a broad way, consolidating their knowledge base, taking learning activities at every opportunity and seeking feedback.

The **dietitian who has a moderate level of experience**, working in a non-specialist situation, will maintain knowledge across a broad range of issues, fostering excellence and professionalism.

The **dietitian who has considerable experience** and works in a focused area will be expected to take on leadership or expert practitioner roles, contributing to the development of new knowledge and research.

12.3 The dimensions of quality learning must be evident.

Activities from the Continuing Competence Programme, along with the written statement in column A of the CCP Audit Template, or a short self-reflective summary, should allow the Auditors to assess the demonstration of the four quality learning dimensions (**Appendix 1**).

12.4 Recency of practice must be demonstrated.

Demonstrate recency of practice; that is, have worked a minimum of 100 working days or 750 hours in the last five years in an area of dietetic practice. This will be declared by signed statement at the end of the five-year period and submitted with your audit material (**Appendix 4A**).

12.5 Categories of Learning

Learning activities must be undertaken in the categories detailed and at the levels specified (**Table 1, page 14**). A total of 75 credits (with a maximum of 150 credits) over 5 years must be achieved. A minimum of 10 credits per year (average of 15 credits) is mandatory to meet the five year credit level.

12.6 Evidence

Evidence must be submitted to support the level of credits claimed. The auditors will expect summary documentation to be supplied to support learning credits claimed at the 3, 4 and 5 level for Continuing Education and Cultural Competence activities. For Practice Review activities, evidence must be submitted for all credits, including 1 & 2 to show that practice has been reviewed by others. (**Table 3, page 19**).

Other aspects to be assessed include that:

- The quality and strength of evidence supports the credits assigned relative to the dietitian's experience.
- The evidence is appropriate i.e. outcome evidence.

13 Audit Time Frame

The audit cycle is five years.

- § Records need to be submitted dating from the either the end of your previous audit, or from the time you first gained an APC, until the time of your audit.
- § For new practitioners and overseas trained dietitians, this may mean that less than five years' documentation is being audited in your first audit cycle.
- § If you have not held an APC for part of your five year cycle, (if overseas or other approved extenuating circumstances – **see section 6.3**), you will be required to submit credits on a pro-rata basis for the audit period for which you held an APC, including the period **before** you went overseas (if you had not been audited at that time).

14 Submitting Audit Material

14.1 What shall I send in for audit?

- CCP Audit Template forms with **all** sections completed - download these from the website www.dietitiansboard.org.nz, or ask the Registrar to email these. Please type these directly on to the template. You need to fill in the first page, including the CCP Credit Summary for Audit with the Recency of Practice declaration, and sign this (**Appendix 4A**)
- Evidence submitted for all Continuing Education and Cultural Competence activities where you claim 3, 4 and 5 credits, and for all Practice Review activities, (whatever the credits allocated)
- Mentor/supervisor's signature. Please ensure that you have your mentor or supervisor sign your documentation if his/her name is noted
- Copies of all your documents / evidence (keep the originals yourself)
- A self addressed and pre-paid courier bag, preferably from Courier Post, if you would like your documentation back. The Board will not return your documents otherwise
- Present your documentation in lightweight plastic or manila folders that could fit in **A4** or **foolscap** size envelopes, for forwarding to the Auditors.

15 Audit Outcome

15.1 Feedback

Within six to eight weeks, the Board will provide feedback using the **audit assessment form (Appendix 5)** and a letter outlining:

- Feedback/suggestions to help improve your CC programme next time,
- An overall measure of assessment, i.e.:
C = "Complete" - you have met the audit requirement, or
A = "Advice to improve in future" or

IC= "Incomplete" - requirements have not yet been met and remedial work is required.

15.2 Incomplete assessment

If requirements have not been met, a **formative audit report** will be provided to the dietitian with details of individual remedial action required. This may include:

- Remedial work to be undertaken by a specified date
- Altered audit cycle
- Appointment/approval of mentor / supervisor
- Further competencies review if remedial work is unsatisfactory, which may result in suspension of her/his practising certificate.

15.3 New audit cycle

You will be required to begin a new CCP cycle, starting from zero credits.

16 Appeals

An Appeals procedure is available:

- Following the receipt of an audit report, a dietitian has 10 working days to lodge an appeal in writing with the Registrar of the Dietitians Board.
- The dietitian must cite specific issues or points of disagreement.
- The Registrar will pass the appeal to the Board's Continuing Competence Programme (CCP) Committee for consideration and notify the dietitian that she/he will be advised of the outcome as soon as possible, within 28 days.

E ANNUAL PRACTISING CERTIFICATES (APC)

All dietitians must be registered in New Zealand and have a current practising certificate to be able to practise dietetics. The HPCA Act - Section 7(2), refers.

17 Annual Credit Reporting System for the Issue of Annual Practising Certificates

17.1 Purpose of the Annual Credit Reporting System

- To assure the Dietitians Board that dietitians are engaged in the Continuing Competence Programme when renewing their Annual Practising Certificate.
- To identify trends or issues arising from the Continuing Competence Programme process.
- To support the practice of those who have not achieved minimum points.

17.2 Policy

- All documentation, including the payment, must be completed in full, signed and received by the Registrar by **31 March**
- The APC Credit Summary must meet all the reporting requirements, (**Appendix 4B**)
- Annual credits must achieve a minimum total of 10 points, or be worked out on a pro-rata basis (if you have started or resumed work as a dietitian within the last year).

17.3 Procedures

17.3.1 Renewing APCs

Documentation to renew APCs, including the APC Credit Summary and declaration of CCP participation, is sent out to currently practising dietitians in early February in any year, by the Registrar.

- APC documentation and payment must be returned to the Registrar by the notified date and **before 31 March**.
- Documentation must include the signed and correctly filled in APC renewal application, signed APC Credit Summary form and payment. It is expected that your mentor, supervisor or a senior colleague will co-sign your APC Credit Summary Form.
- Dietitians returning to work within three years of ceasing work (for example, for parental leave), may submit learning objectives instead of showing proof of keeping up with CCP, to be able to return to work.
- Dietitians who do not intend to practise immediately during the next year, or longer, are obligated to inform the Board in writing that they will be Inactive (non practising).
- Dietitians, who had been practising dietetics during the year, and who were sent a Renewal Package and do not:
 - i) renew their APC before 31 March, or
 - ii) inform the Board that they wish to be 'Inactive' on the Board's register, or
 - iii) ask to be removed from the register

will be deemed to be **practising illegally** as from 1 April.

- A late application for an Annual Practising Certificate (after 31 March) will incur an additional fee for dietitians holding a practising certificate for the previous year.

17.3.2 NZ trained graduates first dietetic position (Also refer to Appendix 2A – Supervision Guidelines)

- Newly registered PG Dip Diet graduates applying for their first Annual Practising Certificate, are deemed to be competent and do not have to complete an APC Credit Summary, unless it is **more than one year** since the course was completed (deemed to be the end of June).
- NZ trained PG Dip Diet graduates, who apply for their first Annual Practising Certificate (APC) **a year or more** after registration, need to provide a signed APC Credit Summary form with their application to show they have been participating in the CCP. If they have not participated sufficiently in the CCP, they will need to send in Learning Objectives signed by their supervisor. They will require to be supervised in their first year of practice, and may be put into the audit cycle earlier.
- Graduates who do not register **within one year** of completion of their PG Dip Diet, will need to prove competence for registration by finding a supervisor, developing and submitting learning goals and objectives, and starting on their CCP. Individual requirements may need to be developed with the Board.
- All entry-level dietitians will actively engage in the Continuing Competence Programme, using an experienced dietitian as their supervisor and are encouraged to develop learning objectives in their first year of work.
- Newly registered PG Dip Diet graduates complete an APC Credit Summary form, which must be signed by their supervisor/mentor, to enable renewal of their APC annually in March. CCP credits can be on a pro-rata basis.

F POLICIES AND PROCEDURES

The Dietitians Board has developed policies and procedures associated with the legislation and the CC Programme, for annual credit reporting, audits, dietitians working in new circumstances, appeal process, appointment of auditors and responsibilities of the CCP Committee. The “Manual for Policy & Procedures to Administer the CCP” is on the Dietitians Board website: www.dietitiansboard.org.nz

18 Return to practice

The policy and procedures for ‘Returning to work’ are on the website, and are also written in the “Manual for Policy & Procedures to Administer the CCP”. You should email the Registrar at: dietitians@dietitiansboard.org.nz. Every case is different.

G REVIEW OF THE CONTINUING COMPETENCE PROGRAMME

The CC programme has been developed with Dietitians New Zealand (formerly the New Zealand Dietetic Association). Future refinement of the programme, and policies and procedures will involve continued consultation with Dietitians NZ. The programme will be reviewed regularly. This is the second CCP Manual review.

H REFERENCES

Dietitians Board 'Statement of Registration Competency Requirements (Transition January 2010, Full Implementation January 2011)'

The British Columbia Dietitians' and Nutritionists' Association Quality Assurance Programme (2001), (June – Dec 2001)

Hampton M. Reflective writing: a basic introduction. Department for Curriculum and Quality Enhancement, University of Portsmouth academicskills@port.ac.uk (see Dietitians Board website under 'Practitioners': www.dietitiansboard.org.nz)

I APPENDICES

APPENDIX 1: DIMENSIONS OF QUALITY LEARNING

Audit evidence for higher level activities (3, 4, & 5) and all practice review activities must include demonstration of the applicable dimensions of quality learning.

THE FOUR DIMENSIONS OF QUALITY LEARNING		
Dimensions of Quality Learning: A dietitian	Indicators	Examples of outcomes
<p>Constantly acquires and maintains knowledge, skills and attitudes.</p> <p>e.g. The dietitian acquires, maintains and uses knowledge related to her or his specific area of professional service. This knowledge is evidence based. The knowledge of food and human nutrition is integrated with knowledge of health, social sciences, communication, quality management and management theory.</p>	<ul style="list-style-type: none"> Recognises the limitations of her/his knowledge and professional competence, and understands the implications of this. Applies knowledge and skills to determine the most appropriate action plan. Bases practice on evidence. Contributes to the development of new knowledge and research in dietetics. Collects measurable data, and documents outcomes within the practice setting. Reflects on how well she/he has done with an activity and how she/he would progress. 	<ul style="list-style-type: none"> Manages the nutritional care of clients in various settings. Conducts research projects. Assesses and plans, implements, monitors and evaluates public health nutrition and health protection / promotion programmes. Conducts effective interpersonal communication. Establishes and maintains professional relationships. Facilitates quality learning for self and groups. Identification of perceived gaps in skills, knowledge and attitude are incorporated in the next year's learning plan.
<p>demonstrates understanding at a conceptual level (not just the ability to apply knowledge).</p> <p>e.g. Conceptual understanding is demonstrated by such things as the ability to engage in rigorous intellectual analysis, criticism and problem solving, and the ability to apply knowledge and skills in new and varied contexts, i.e. A higher level learning skill based on the development of deeper understanding, based on critical thinking and analysis.</p>	<ul style="list-style-type: none"> Conducts her/himself as an effective team leader. Engages in open, honest and constructive peer feedback and evaluation. Is a competent self manager. Demonstrates flexibility and self-efficacy in planning, monitoring and evaluation. Collaborates with client to assess needs, background and resources to establish mutual goals. Collaborates with other professionals. Continually evaluates processes and outcomes. Reasoning, analysing & synthesising information. 	<ul style="list-style-type: none"> Clients actively participate in establishing own goals and objectives. Clients are satisfied with service. Uses consultation processes to reflect wider opinion and gain support. Reflects on the application of research to dietetic practice. Uses a multi-disciplinary approach to managing nutritional care. Uses review processes, including self, peer and external audit as part of her/his quality management programme. Uses self-reflection and feedback from a variety of sources to evaluate and implement professional change. Prepares submissions on policy consultation documentation. Questioning of authorities, e.g. systematic review of literature.

THE FOUR DIMENSIONS OF QUALITY LEARNING		
Dimensions of Quality Learning: A dietitian	Indicators	Examples of outcomes
<p>Ž demonstrates an understanding of the legal, ethical, cultural and social implications of dietetic practice.</p> <p>e.g. The dietitian will consider, evaluate and debate the ethical and social implications of her or his knowledge, skills and attitudes and will adopt informed positions to protect the health and safety of the public who seek out advice.</p>	<ul style="list-style-type: none"> • Recognition of our duty and responsibility under the HPCA Act, Code of Patients' Rights and Privacy code. • Demonstrates an understanding of the professional, legal, ethical, cultural and social implications of dietetic practice. • Demonstrates a working knowledge of the Treaty of Waitangi and other cultures in our society. • Implements quality practice by following policies, procedures, legislation and practice guidelines. • Fosters excellence and exhibits professionalism in practice. • Advocates for the provision of food and nutrition services as part of public policy. • Conducts her/himself as an effective leader. • Identifies needs for professional development, and mentors others. 	<ul style="list-style-type: none"> • Understands and accepts accountability to the public. • Supports legislation, which promotes healthy food choices and nutrition outcomes. • Conducts her/his practice with cultural sensitivity. • Practises within the relevant legislation.
<ul style="list-style-type: none"> • engages in lifelong learning. <p>Quality learning promotes the desire for lifelong learning and improves the ability of the learner to engage in this.</p>	<ul style="list-style-type: none"> • Constantly plans learning opportunities. • Undertakes relevant learning activities at every opportunity. 	<ul style="list-style-type: none"> • A personal learning plan is developed, undertaken and reviewed annually.

**APPENDIX 1 B : THE FOUR DIMENSIONS OF QUALITY LEARNING – PLAIN
ENGLISH VERSION**

1. Constant acquisition and maintenance of knowledge, skills and attitudes (KAS)

This could be a brief review of your learning objectives over the five years since your last audit. Your learning plan should identify your perceived gaps in knowledge, attitudes and skills (KAS), and each year, your learning objectives will enable you to close these gaps. Reflect on how well you have done this, and how you might move on from this point as part of your ongoing acquisition of KAS. Knowledge and skills are easier to review and reflect on, whereas attitude is often part of your personal psyche and values, and for some, it can take a lot of conscious effort to acknowledge and if necessary change this. Attitude change might include things like a changed perception on an issue, when you might have had to put aside whatever it is that makes you who you are as a person, to better meet and understand the needs of your clients as a professional.

2. Understanding at a conceptual level.

Conceptual understanding is a higher level learning skill. Here we are talking about the development of deeper understanding, based on critical and robust thinking and analysis. It involves questioning the authorities (systematic review of the literature), reasoning, analysing and synthesising information and applying it to a specific situation in a form that can be unbundled so that your client understands. Conceptual level learning can be compared with an egg-timer in reverse – starting with the basics without much deep understanding, then building out your knowledge by reading, researching, discussing, review, etc, using it to formulate practice protocols, and then bringing it in again to the simple but informed ideas for the client. In your reflective statement, you might reflect on one or two examples that impacted positively on your practice over the last audit period.

3. Understanding of legal, ethical and social implications of dietetic practice.

The process of maintaining and enhancing competence is to enable us to meet our legal, ethical and social obligations to protect the health and safety of the public who seek our advice. It is about our 'duty of care', and our recognition of our responsibilities under the Health Practitioners Competency Assurance Act, the Code of Patient Rights and the Privacy Code and Cultural Safety issues. This is the aspect that forces us to be totally honest with ourselves as health practitioners, about whether we are competent to the best of our ability. The reflective statement might refer to an issue where you may have found yourself lacking, and how you addressed this perceived failing. Or it might be an issue where you performed particularly well, and what it was that brought you to this point.

4. Lifelong process

This is self explanatory. Just as dietetic practice is continually evolving, so must the practitioner. This part of your reflective statement could focus on a change you have made in your practice to demonstrate that your practice skills, knowledge, or attitudes are not stagnating. Reflect on the incident that caused you to make this change – and maybe the difficulties you had to overcome personally to achieve this.

In summary, all four dimensions of quality learning should be incorporated in your short reflective summaries.

APPENDIX 2 – SUPERVISION AND MENTORING

APPENDIX 2A: SUPERVISION INFORMATION

Please refer to the 'Dietitians Board Practice Supervision Guidelines' and Supervision Agreement on the Board's website

Supervision is required by the Dietitians Board for:

- NZ trained dietitians returning to dietetic work after 3 years or more
- All overseas trained dietitians for the first year of practising in New Zealand
- Newly trained dietitians for their first year of practice
- May be required for those changing area of practice.

Supervision is an agreement between the supervisee and supervisor wherein the dietitian can reflect upon practice with a view to consolidating competence and identifying areas for development, through the feedback and guidance of the supervisor. Supervision is seen as a way to check professional competencies are being met to ensure the health and safety of the public. Supervision can also be the establishment phase of continuing competence and lifelong learning.

The supervisor should be an experienced NZRD, with expertise in the area the dietitian is to commence work in. The supervisor should be someone who listens, inspires, challenges, and is a role model who supports growth and development of the individual. She/ he may provide oversight of clinical, management and communication issues, skill/ technique, decision making and problem solving.

The Dietitians Board has the role to ensure dietitians practise in a manner, which 'protects the health and safety of the public'. In some situations (outlined above) the Board requires further evidence to ensure a dietitian from overseas or one who has been out of practice, can competently and safely work in this field. The role of a supervisor in this situation is particularly important and should therefore involve both:

- formal observations and
- practice / peer review components

This will allow for more formal evaluation of competencies to be assessed and more valuable feedback to be provided for enhancement by the supervisor.

Supervision provides a forum:

- to help develop the supervisee's 'learning plan/professional goals'
- to complete the 'Supervision Agreement Plan'
- to identify where assistance is required eg entry level competencies, compliance with NZ legislation, cultural competence and specific practice areas
- to provide support and constructive feedback
- that helps the individual move forward professionally
- to empower the supervisee
- to enhances professional development and competencies
- which is a confidential process
- to assess and provide feedback to the Dietitians Board on professional competencies and the leaning goals achieved/not achieved by the supervisee.

APPENDIX 2 B : CHOOSING A MENTOR

Mentor – a trusted and wise counsellor, someone selected by an individual to assist, be a friend, to guide, advise and counsel.

Key characteristics of mentors are that they be successful professionals who are committed to their careers and to supporting the advancement of others in the profession. They need to be accessible, but the contact does not need to be face to face. Some relationships may be conducted by correspondence, telephone, videoconference, or mail.

Mentors should be able to:

- Inspire respect, and to respect the mentee.
- Be available, particularly during stressful times, and invest time in the relationship.
- Communicate clearly.
- Foster a supportive, friendly, non-judgemental relationship.
- Provide guidance and a view of the big picture.
- Be honest and direct.

Mentoring is a relationship established so that one partner can learn from the other more experienced partner. Problem-solving techniques and reflective thinking are developed through dialogue with the mentor in which experiences and researched knowledge are shared. Effective mentoring results in an autonomous practitioner who is accountable for his/her own practice.

Who needs a Mentor?

All dietitians are recommended to have a mentor although this is not mandatory.

**APPENDIX 2C: GUIDELINES FOR THE RELATIONSHIP BETWEEN THE MENTOR
(SUPPORT PERSON) AND MENTEES IN THE CCP FOR NZ REGISTERED
DIETITIANS**

A mentor in the Continuing Competence Programme is a guide, advisor, friend, facilitator, and/or supporter who encourages, maybe challenges and gives feedback to the participant in his/her pursuit of professional growth and development.

The mentor is also a sounding board for negotiating the applicability of CC points. The mentor does not decide or judge whether an activity is acceptable or not, but assists the participant to describe the activity in terms of **enhancement of practice**, not just reflecting practice.

1. **Your first responsibility as a Mentor is an explanation of the Continuing Competence programme.** Within one month of the CC participant starting the programme, arrange an initial meeting, over lunch, a drink or whatever, review the programme, help the participant establish personal learning objectives, answer questions, share your experiences, discuss documentation methods, and sign off the records. Don't worry if you do not have all the answers - everybody is always learning.
2. **Negotiate mutually how you as a team will operate.** The relationship should be driven by the participant - continuing competence is essentially a self-directed professional activity. Negotiation of the way you will operate may include regular contact - meetings or phone calls, but the mentor (support person) must be prepared to be available to the participant for questions, concerns as they arise. Crucial to the relationship is ownership by the participant and availability of the mentor as arranged or negotiated. However, the amount of time the mentor and the participant will spend together will vary largely, depending on the needs of the participant and there is no specific expectation.
3. **Finally, encourage regular, ongoing participation in professional development activities.** Participants could include activities such as courses, conferences, workshops and seminars; reading journals; contacting other branches for videos or audios of professional development activities; writing newspaper or journal articles; reporting on professional practice or case studies for News and Views or the Journal; undertaking peer/practice review; volunteering to do in-service training for other health professional groups; enrolling for a distance taught or extra mural paper; developing a pamphlet or resource that will enhance practice; doing some self study in an area of interest, and writing up; visiting other workplaces when the opportunity presents; getting involved with or developing surveys or studies in an area of interest.

Remind your participant that professional development is her/his own professional responsibility, that ensures that each one of us is practising our profession with competence.

Fax, mail, or phone your questions to your area Continuing Competence support person (details are on the Board's website).

APPENDIX 2D: GUIDELINES FOR MENTEES ON THEIR RELATIONSHIPS WITH MENTORS IN THE CCP FOR NZ REGISTERED DIETITIANS

Your mentor in the Continuing Competence Programme is a guide, advisor, friend, facilitator, and/or supporter who encourages, maybe challenges and gives you feedback in your pursuit of professional growth and development.

Your mentor is also a sounding board for negotiating the applicability of CC points. (S)he does not decide or judge whether an activity is acceptable or not, but should assist you to describe the activity in terms of **enhancement of practice**, not just reflecting practice. Be prepared to discuss what you learnt when you conducted this activity, what have you changed or how have you improved your practice as a result of this activity, and how will you apply what you have done to your practice.

1. **You and your mentor should meet within one month of your coming onto the CC Programme.** Your mentor will explain the Continuing Competence programme, review the programme with you, help you develop and review your personal learning goals, answer questions, share experiences, discuss documentation methods and sign off your records. Mentors may not have all the answers – everybody is always learning.
2. Negotiate mutually how you as a team will operate. **The relationship should be driven by you, the participant - continuing competence is essentially a self-directed professional activity.** Negotiation of the way you will operate may include regular contact - meetings or phone calls, but the mentor (support person) must be prepared to be available to the participant for questions, concerns as they arise. Crucial to the relationship is ownership by the participant and availability of the mentor as arranged or negotiated. However, the amount of time you and your mentor will spend together will vary largely, depending on your needs and there is no specific expectation.
3. **Finally, take responsibility for your own ongoing participation in professional development activities.** Your mentor is very likely to be mentoring several other participants as well as you, so should not reasonably be expected to initiate contact. It is not your mentor's job to check up on you - (s)he is there as a support person to encourage you!

Suggestions for professional development include courses, conferences, workshops and seminars; reading journals; contacting other branches for videos or audios of professional development activities; writing newspaper or journal articles; peer/practice review; reporting on professional practice or case studies for 'News and Views' or the Journal; volunteering to do in-service training for other health professional groups; enrolling for a distance taught or extra mural paper from O.U., Open Polytechnic, Massey University or other training institution; developing a pamphlet or resource that will enhance your practice; do some self study in an area of interest, and writing up; visiting other workplaces when you are near them; getting involved with surveys or studies in your area - you could even initiate them. If in doubt, contact your mentor, but think first about the activity in terms of enhancing practice.

Professional development is the professional responsibility of each one of us, that ensures that we are practising our profession with competence.

Fax, mail, email or phone your questions to your area CC support person.

APPENDIX 3: LEARNING PLANS, GOALS AND OBJECTIVES

APPENDIX 3A : DEVELOPING A LEARNING PLAN

Steps	Action	Considerations
<p>Ⓔ Assessment This is continuous. Identification of professional strengths and learning needs.</p>	<ul style="list-style-type: none"> • Reflect on current skills, knowledge and performance in the execution of tasks. • Reflect on your understanding at the conceptual level. • Consider in which direction you would like your career to progress. What is needed to fulfil this next phase of your career? • Identify external factors that may influence your professional responsibilities e.g. organisation policies, relationships with colleagues or superiors. 	<ul style="list-style-type: none"> • Do not be over critical. Use a mentor for objectivity. • Remember to consider not only your knowledge base, but also your skills and attitudes, and your ability to apply them to your work situation. • Consider personal development needs, as well as those which are work related. ie. activities which make you a better informed more rounded person, such as membership of a school board of trustees. • Consider availability of resources, time and money.
<p>• Goal Setting The establishment of short and long term goals for individual professional development.</p>	<ul style="list-style-type: none"> • Determine and prioritise goals. Express these as general statements of what you want to achieve. 	<ul style="list-style-type: none"> • Be realistic in the nomination of your goals. • Consider long and short term aims.
<p>Ⓕ Learning Objectives The selection of appropriate continuing professional development activities chosen from the three categories outlined in Table 3.</p> <p><i>*These objectives developed/reviewed annually, and are required to be submitted with your five yearly audit</i></p>	<p>Choose activities by which goals will be reached.</p> <p>Outline objectives which are:</p> <p>Specific Measurable Attainable Resourced Timebound (<i>See Appendix 3B & 3C</i>)</p>	<ul style="list-style-type: none"> • Consider the four dimensions of quality learning. • Be mindful that the nature of the changing work environment and circumstances dictates that plans should be flexible or able to be modified. The learning process involves constant analysis, action and review. • The needs of both the individual and the employer/ organisation should be taken into account.
<p>• Implementation The translation of goals and objectives into action.</p>	<p>Document your progress in implementing your Continuing Competence Programme personal plan. This becomes the record for demonstrating continuing competence to practise.</p>	<ul style="list-style-type: none"> • To maintain your focus and aid progress it is useful to have your goals and objectives displayed in a readily visible location.
<p>• Evaluation The observation and/or measurement of what has occurred and comparison with the activities that were set.</p>	<ul style="list-style-type: none"> • Review and measure progress. • Reflect on the results: Have the knowledge, skills or attitudes obtained been incorporated into your practice? This is a critical 	<ul style="list-style-type: none"> • Evaluation of your plan may occur individually or with the assistance of a peer or mentor. • The evaluation process goes on to become the beginning of the

	measure of the value of your CCP.	next assessment phase.
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APPENDIX 3B: LEARNING OBJECTIVES - EXAMPLE 1

Dietitian's Name:

Signature:

Date:

Mentor/Supervisor's Name:

Signature:

Date:

Overall Goals

§
§
§

Category 1 – Continuing Education *(some examples listed below)*

- § Attend Dietitians NZ conference and report back to the local Branch
- § Attend Dietitians NZ local branch meetings related to my practice and specific goals above
- § Attend clinical meetings, journal clubs and Dietitians CC teleconferences relevant to practice
- § Review each month journals and papers specific to my practice
- § Review books, SIG newsletters and other written material as relevant
- § Attend where possible other relevant courses, seminars, conferences.

Category 2 – Practice review *(some examples listed below)*

- § Develop new client education material and have it peer reviewed by mentor and/or Dietitians working in similar areas of work
- § Have the application of new clinical practice guidelines reviewed by mentor
- § Review clinical cases with mentor on a monthly basis using audit forms and with written feedback
- § Complete one observed practice this year.

Category 3 – Cultural Competence *(some examples listed below)*

- § Reflection and/or discussion of cultural issues with colleagues
- § Attending lectures/workshops/courses and applying to my dietetic practice. E.g. Older Persons Health workshop, Tikanga Maori course, Pacific Island Health workshop, Asian forum
- § Completing the online cultural competence course at <http://nzdb.moodle.co.nz/> or the Mauri Ora 'Healthcare and the Treaty of Waitangi' on-line course.

APPENDIX 3C: LEARNING OBJECTIVES - EXAMPLE 2

Dietitian's Name:

Signature:

Date:

Mentor/Supervisor's Name:

Signature:

Date:

*Assessment: Consider professional strengths and learning needs
Refer to Appendix 3, Developing a Learning Plan*

Objective (Is the goal SMART - specific, measurable, achievable, time-framed, and realistic?)	Actions (What you have to do and by when?)	Success Criteria (How will you know when the objective has been achieved?)	Resources Needed (What training or assistance from others is needed?)
1.			
2.			

Objective (Is the goal SMART - specific, measurable, achievable, time-framed, and realistic?)	Actions (What you have to do and by when?)	Success Criteria (How will you know when the objective has been achieved?)	Resources Needed (What training or assistance from others is needed?)
3.			

APPENDIX 4 A CCP AUDIT TEMPLATE (including the **CCP Credit Summary for Audit**) (4 pages)

Registration No.

Name:

Audit Start Date:

Audit End Date:

Brief description of current work, hours of work and time in this role:

CCP Credit Summary for Audit

Category	Yr 1 Credits	Yr 2 Credits	Yr 3 Credits	Yr 4 Credits	Yr 5 Credits	Total <u>5yr</u> credits
1. Continuing Education						
2. Practice Review						
3. Cultural Competence						
Total credits						
√ for having done a 3+ credit activity						
√ for including learning objectives						

Recency of Practice (must be signed by all audit participants)

I declare that this is a true record of my CC activities and confirm that I have worked a minimum of 100 working days or 750 hours in the last five years (for dietitians who have not been practising for 5 years, please work this out on a pro-rata basis).

Dietitian's Signature:

Date:

Mentor/Supervisor Sign Off

Mentor/Supervisor's Name:

Position:

1. Credits have been reviewed and appear to accurately reflect the value of learning activities

yes

no

2. Learning objectives were reviewed with the participant

yes

no

Mentor/Supervisor's Signature:

Date:

CCP Audit Template

1: Continuing Education

Name:

§ Continuing Education activities must be undertaken annually and should continue to provide a minimum of 50% of credits for the year (i.e. 5/10 or 7/15)

§ For each 5 year audit period, at least one Continuing Education activity worth 3 or more credits must be submitted, along with appropriate evidence

§ Activities that were previously listed under 'Additional Professional/Personal Development' category may now be included under this category, provided they are related to your area of practice

	A	B	C
Date Activity Undertaken	Activity Undertaken (See section 9.1)	Credits (1- 5)	Evidence Provided

CCP Audit Template

1: Continuing Education

Name:

- § Continuing Education activities must be undertaken annually and should continue to provide a minimum of 50% of credits for the year (i.e. 5/10 or 7/15)
- § For each 5 year audit period, at least one Continuing Education activity worth 3 or more credits must be submitted, along with appropriate evidence
- § Activities that were previously listed under 'Additional Professional/Personal Development' category may now be included under this category, provided they are related to your area of practice

	A	B	C
Date Activity Undertaken	Activity Undertaken (See section 9.1)	Credits (1- 5)	Evidence Provided

Credit Allocation (column B)

1	2	4	3	5
§ Refresher/ basic information				§ New knowledge, attitude or skill resulting in substantial innovative actions
§ Minimal effort		§ New knowledge, attitude or skill requiring, attitude or skill requiring moderate effort		§ Change in Practice
§ Little / no change		§ Moderate change to practice		§ Requires major effort
				§ Noted by colleagues/peers
				§ Confirmed impact on client or appropriate others

2: Practice Review		Name:	
<p>§ Practice review must be undertaken annually and should continue to provide a minimum of 20% of credits for the year (i.e. 2/10 or 3/15)</p> <p>§ The required credits can be made up of a combination of activities including those with 1 and 2 credits</p> <p>§ Each 5 year audit period, at least one practice review activity worth 3 or more credits must be submitted along with appropriate evidence</p> <p>§ Practice review must always include feedback from another person. Ensure the reviewer is named and where applicable his/her signature is included on the peer review evaluation</p> <p>§ Evidence must be submitted for all activities in this section including those with one and two credits.</p> <p>§ Evidence can include reflective statements, copies of evaluations/feedback forms, email with feedback, or documents with review comments.</p>			
	A	B	C
Date Activity Undertaken	Activity Undertaken (See section 9.1)	Credits (1- 5)	Evidence Provided

3: Cultural Competence		Name:	
§ One Cultural Competence activity must be undertaken annually at any level (1,2 or more credits) § At least one 'Treaty of Waitangi' activity must be undertaken for each 5 year audit period at any credit level § For each 5 year audit period, at least one Cultural Competence activity worth 3 or more credits must be submitted, along with appropriate evidence.			
	A	B	C
Date Activity Undertaken	Activity Undertaken (see section 9.1)	Credits (1- 5)	Evidence Provided

APPENDIX 4B: APC CREDIT SUMMARY (FOR APC RENEWALS)

<p>APC Credit Summary (.... year) (NB: The Board only requires this single page for APC renewal)</p>
<p>Name:</p>
<p>Registration Number:</p>
<p>DECLARATION:</p>
<p>“I,, declare that I have achieved at least ten credits or pro-rata, including at least one Cultural Competence activity activity in the Continuing Competence programme in the past year.”</p>
<p>Dietitian’s Signature:</p>
<p>Date:</p>

<p>HIGHLY RECOMMENDED, BUT OPTIONAL (FOR MOST DIETITIANS) (NB: New Graduates and other entry level dietitians in their first year of practice are required to have a Supervisor, who may or may not be their workplace supervisor).</p>		
<p>1. Credits have been reviewed and appear to accurately reflect the value of learning activities</p>	<p>Yes</p>	<p>No</p>
<p>2. Learning objectives were reviewed with the participant</p>	<p>Yes</p>	<p>No</p>
<p>Mentor/Supervisor’s Name:</p>		
<p>Position:</p>		
<p>Mentor/Supervisor’s Signature:</p>		
<p>Date:</p>		

APPENDIX 5: CONTINUING COMPETENCE AUDIT REPORT

Audit Period:

Name:

	C*	A	IC	Comments / Recommendations
<p>Congruent presentation</p> <ul style="list-style-type: none"> • activities accurately match level of experience and job description • appropriate number of 3-5 credits 				
<p>Core competence Entry level knowledge of nutritional science and its current application.</p>				
<p>Quality of learning Continuing Competence activities (Column C) OR additional reflective summary reveals:</p> <ul style="list-style-type: none"> • New knowledge /skill maintenance • Conceptual understanding • Legal, ethical & social implications • Lifetime process • Cultural – general • Cultural – T of W 				
<p>Categories of learning</p> <ul style="list-style-type: none"> • <i>Continuing education</i> Minimum of 37 credits over 5 years or pro rata At least one 3+ credit • <i>Practice review</i> Minimum of 15 credits over 5 years or pro rata At least one 3+ credit • <i>Cultural Competence</i> At least one activity annually At least one Treaty activity At least one 3+ credit 				

	C*	A	IC	Comments / Recommendations
Evidence provided <ul style="list-style-type: none"> • Quality of evidence supports the credits assigned relative to experience • Appropriate evidence • Presentation and ease of use 				
Recency of practice demonstrated and signed				
* Overall Measure of Assessment:				

- * C = Complete - met requirements
A = Advice to improve in future
IC = Incomplete-requirements have not been met-remedial work required and date to re-submit

APPENDIX 6 PEER REVIEW RECORDING TEMPLATES

APPENDIX 6A: DIETITIANS' LIVE SUPERVISION GUIDELINES

The purpose of this live supervision / peer review tool is to:

- Allow dietitians to be accountable for clinical practice and ensure safety for the patient, the clinician and the organisation.
- Provide opportunity for reflective practice and professional development

Responsibilities:

- It is the responsibility of dietitians to arrange their live supervision.
- The observer and the dietitian agree on a suitable patient and arrange a time for live supervision to take place.
- The dietitian explains the purpose of both the visit and the dietetic roles to the patient. If they agree, the patient needs to give consent for peer review to occur. The patient must be assured that confidentiality will be maintained at all times.
- The observer observes the dietitian's practice and completes the checklist.
- The dietitian and the observing dietitian meet after the visit to debrief/reflect and complete the checklist. Learning objectives are identified at this stage. *(These objectives can form the basis for the next live supervision)*
- A copy is kept by the dietitian and they also forward one to the Professional Supervisor.
- If a safety issue arises discuss with Supervisee that this will need to be discussed with Manager.

Acknowledgment: based on the Live Supervision process of Auckland District Health Board

Dietitians Live Supervision Record

Date:

Clinician Name:

Observing Dietitian:

Area of work:

Client Profile:

1. Clinical Assessment

Dietitian uses available resources to gather accurate and relevant information.(referral, notes, staff, patient and family)

- Introductions: appropriate greeting and introductions, reason and purpose of consultation explained*
- Establishes rapport: considers privacy and comfort of patient. Patient at ease, confident with dietitian.*

Diet History or Consultation or Ward Round: uses appropriate interview techniques.(does not lead the patient for answers)

2. Clinical intervention (Treatment and Education)

The clinician involves the client to clearly identify a plan, where appropriate.

- The treatment / management chosen is clinically sound.*
- Information given was accurate and appropriate
(consider patient's level of understanding and stage of change, cultural and social needs)*
- Motivates patient to take responsibility and gives opportunities to ask questions / discuss concerns.*
- Does the clinician recognise limitation in own knowledge & seek advice where necessary?*
- Discharge planning requirements are anticipated, where appropriate.*

3. Documentation and Communication

- *Verbal Communication: Demonstrates appropriate use of verbal skills. (Consider, tone, pace and pitch. Level of language appropriate, uses open and closed questions appropriately)*
- *Non - Verbal Communication: Demonstrates appropriate use of non-verbal skills. (positive body language and facial expression, appropriate eye contact)*
- *Listening Skills: Dietitian remains objective and non-judgemental, shows empathy.*
- *Documented in accordance with legal/organisational requirements (E.g.: entries and name are legible, signed, timed and dated)*

4. Professional Skills and Safe Practice

- *Does the dietitian demonstrate sound organisational skills and time management?*
- *Does the dietitian adhere to professional boundaries and conduct at all times?*

5. Other Comments

Clinician Signature:

Observing Dietitian Signature:

Date:

APPENDIX 6B OBSERVED CLINICAL PRACTICE

Aim of Peer Review: To foster individual accountability for professional development and practice

Reviewer:

Reviewee:

Date:

1. Preparation

Background information

§ Referral managed correctly	Yes	No	N/A
§ Discuss with medical team	Yes	No	N/A
§ Obtain relevant information e.g. read notes, reports, test results etc	Yes	No	N/A
§ Aware of risks e.g. clinical, personal, legal	Yes	No	N/A
§ Other clinical knowledge as appropriate	Yes	No	N/A

Comment:

Environment

§ Appropriately prepared patient/space	Yes	No	N/A
§ Appropriate Resources	Yes	No	N/A

Comment:

Patient:

Informed Consent

§ For intervention	Yes
§ For peer review	Yes

Comment:

2.

Observation

Time Management:

§ Appropriate length for patient & service	Yes	No	N/A
--	-----	----	-----

Comment:

Patient:

§ Identifies Patient	Yes	No	N/A
§ Introduces themselves	Yes	No	N/A
§ Explains role and reason for referral	Yes	No	N/A
§ Respects privacy	Yes	No	N/A
§ Is respectful and courteous to patient and whanau	Yes	No	N/A
§ Demonstrates culturally safe practices	Yes	No	N/A
§ Communicates clearly, appropriate e.g. open ended questions, empathetic, non-judgemental	Yes	No	N/A

Comment:

Assessment:

§ Assesses appropriately (ABCD)	Yes	No	N/A
§ Identifies client needs/problem areas/risk	Yes	No	N/A
§ Considers safety factors e.g. infection, harm to patient, self or others	Yes	No	N/A
§ Documents relevant information	Yes	No	N/A
§ Identifies and understands client's cultural needs	Yes	No	N/A

Comment:

Planning:

§ Outlines choices and opportunities available to patient	Yes	No	N/A
§ Sets goals with patient	Yes	No	N/A
§ Sets appropriate intervention plan	Yes	No	N/A
§ Includes appropriate interventions e.g. Maori Health providers	Yes	No	N/A

Comment:

Intervention:

§ Implements plan effectively	Yes	No	N/A
§ Liaises and consults with other Health Professionals when necessary	Yes	No	N/A
§ Keeps patient involved in process appropriately	Yes	No	N/A
§ Documents intervention	Yes	No	N/A
§ Consults with Cultural Advisors/Interpreter when appropriate	Yes	No	N/A

Comment:

3. Follow Up

§ Reviews & adapts intervention/plan as appropriate	Yes	No	N/A
§ Discharges appropriately/refers to other provider	Yes	No	N/A
§ Documents all relevant information	Yes	No	N/A
§ Discharge letter/summary	Yes	No	N/A

4. Debrief Discussion

Reflects on Clinical Practice

Evident of Good Practice:

Points of Action:

Follow Up Required:

Signed: _____
Reviewer

Reviewee

APPENDIX 6C: PEER REVIEW CASE STUDY FORM

Document details relevant to your case study in each of the fields. If the subject is not relevant to the case, mark as not applicable. Provide the reviewer(s) with the 'Peer Review Case Study Evaluation Form' to provide feedback.

Review date:

Background Information		
Patient Identifier:	Age:	
Reason for Referral:	Confirmed Diagnosis:	
Anthropometric DATA		
Wt:	Ht:	BMI:
Waist Circumference:		IBW:
Goal Wt:		
Wt Hx:		
Biochemistry DATA		
Indice	Level	Relevance
Clinical DATA		
Relevant MHx: <i>(consider also allergies/intolerances)</i>		
Presenting Symptoms:		
Medications/Supplements:		
Dietary DATA		
Method of Dietary Assessment: <i>(Tick where appropriate)</i>		
<input type="checkbox"/> <3 day food record <input type="checkbox"/> > 6 day food record <input type="checkbox"/> 24 hour Recall <input type="checkbox"/> Detailed Food Hx		
<input type="checkbox"/> other (give detail):		

Summary of Dietary Assessment:

Extra DATA

Exercise:

Other: *Social, Family Hx, Lifestyle, Barriers*

ASSESSMENT (and nutrition diagnosis)

Analyse: *calculate/identify rqmts - compare with intake, present or potential nutrition problems*

Label / Nutrition Diagnosis: *nutritional problem and causes/risk factors*

_____ related to _____

as evidenced by _____

INTERVENTION

Implement: *summary of nutrition interventions/treatment*

Education: *education provided, resources used*

PLAN

Goals: criteria that outcomes will be measured against

Monitoring and Follow up:

DOCUMENTATION (Tick if included with case study form)

Copy of Rx Plan	q
Copy of Pt Report /Letter	q

Acknowledgement: based on case study review processes from Otago DHB.

APPENDIX 6 D: PEER REVIEW CASE STUDY EVALUATION

Use this form to rank each section of the Case Study presented for Peer Review and note comments in spaces provided.

§ C = completed appropriately (if not applicable write n/a in C column)

§ IC = insufficient or inappropriate information

Reviewer: _____

Date: _____

Background Information	C	IC	Comments
Patient Identifier:			
Reason for Referral:			
Age:			
Confirmed Diagnosis:			
Anthropometric DATA			
Weight:			
Height:			
BMI:			
IBW:			
Waist Circumference:			
Wt History:			
Goal Weight:			
Biochemistry DATA			
Relevant Indices			
Relevance noted			
Clinical DATA			
Relevant Medical History:			
Relevant Surgical History:			
Presenting Symptoms:			
Bowel Habit:			
Medications:			
Supplements:			
Dietary DATA			
Assessment method			
Diet Summary:			
Extra DATA			
Exercise:			

Other: Social, Family Hx, Lifestyle, Barriers)			
ASSESSMENT (and diagnosis)			
Requirements assessed			
Label/Nutrition Diagnosis			
Evidence of Clinical Reasoning			
INTERVENTION			
Education			
Nutrition treatment			
PLAN			
Goals realistic and collaborative			
Monitoring and Follow-up			
DOCUMENTATION			
Meets Standards			

Additional Feedback
Suggestions for Future Focus
1.
2.
3.

Reflective Summary *(completed by case study presenter)*

What have I learnt from this? consider: what aspects of the case study went well, what was not so good
Action Plan – what do I need to find out more about

Action Plan - what will I change in the future

Presenter's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

Acknowledgement: Otago DHB.

APPENDIX 7: GUIDELINES FOR CULTURAL COMPETENCE

Introduction

The Health Practitioners Competence Assurance (HPCA) Act 2003 commenced on 18 September 2004. The principal purpose of the Act is to “*protect the health and safety of members of the public by providing for mechanisms to ensure that health professionals are competent and fit to practise their profession*”. Section 118 (i) of the Act requires that the Authority, “*set standards of clinical and cultural competence, and ethical conduct to be observed by health practitioners of the profession*”. The Dietitians’ Board is required to set and monitor standards of competency for registration and practice, which ensures safe and competent care for the public of New Zealand.

The functions of the Board will include:

- Reviewing and maintaining the competence of dietitians.
- Setting standards of **cultural competence** as well as clinical competence and ethical conduct.
- Setting programmes to ensure the ongoing competence of dietitians.

The Treaty of Waitangi

The Government affirms that Maori as Tangata Whenua hold a unique place in our country, and that the Treaty of Waitangi is the nation's founding document. The introduction of the New Zealand Public Health and Disability Act 2000, confirms the Treaty's place within the health sector as fundamental to the improvement of Maori health.

The Treaty is an integral part of the HPCA Act. In the health sector, key Treaty principles for involving Maori include partnership, participation and protection. The Board is committed to ensuring these principles are acknowledged and actioned.

The New Zealand Dietitians Code of Ethics

The Code of Ethics for Dietitians acknowledges the relevance of the Treaty of Waitangi in the delivery of dietetic services to all New Zealanders and honours the principles of partnership, protection and participation as an affirmation of the Treaty of Waitangi.

Continuing Competence

Competence requires current dietetic knowledge and skills and their appropriate application. Competence fosters best practice with the explicit purpose of protecting public safety. The fostering of best practice is achieved by delivering dietetics in a supportive environment. This environment enables the individual practitioner - who is responsible for his or her own behaviour - to constantly acquire new knowledge, skills and attitudes, and to apply these in an environment that invites robust challenge, reflective practice, participation and openness. The Dietitians Board recognise that continuing competency is achieved by a commitment to learning. The four dimensions that establish the essential elements of quality learning are constant acquisition and maintenance of knowledge, skills and attitudes, an understanding at a conceptual level, an understanding of the legal, ethical and social implications of dietetic practice and a lifelong process. For dietitians to effectively maintain competence, learning activities must incorporate the four elements of quality learning in their learning activities [*Continuing Competency Programme (Aug 2002)*]. This applies equally to clinical and cultural competence.

Cultural Competence

Cultural competence refers to the acquisition of skills to better understand members of other cultures in order to achieve the best health outcome. It is important to recognise that culture includes, but is not restricted to age, gender, sexual orientation, occupation, socioeconomic status, ethnic origin or migrant experience, religious or spiritual belief and disability. A culturally competent dietitian will acknowledge:

- The status of Māori and the Treaty of Waitangi in the New Zealand health Sector.
- That New Zealand has a culturally diverse population.
- That a dietitian's culture and belief systems influence his or her professional practice.

Cultural Competence Standards

Recognising that the maintaining of competence is a lifelong process, dietitians should continue to build on the competency requirements required at registration. The learning outcomes that relate to cultural competence at entry level are:

- Demonstrates professionalism and is developing an understanding of culturally appropriate practice.
- Has a working knowledge of the principles of the Treaty of Waitangi and their application to dietetic practice.
- Conducts her/ his practice acknowledging their own limits of cultural safety.
- Demonstrates the ability to communicate with people from different cultural backgrounds and practises in a way which respects other culture' customs.
- Has an awareness of the ethical and cultural implications of research.

The following attitudes, knowledge and skills are the basis for the cultural component of the Dietitians Board's cultural competencies.

Dietitian's Attitudes

- Understands culturally appropriate practice by respecting patients' cultural beliefs, values and practices.
- Is committed to the ongoing development of own cultural competence and that of colleagues and staff.
- Recognises own cultural values and the influence these can have on interactions with patients.
- Does not seek to impose own values on patients.
- Challenges the bias of colleagues or systemic bias within health care services, where this will have a negative impact on patients.

Cultural Awareness and Knowledge

- Understands the relationship established by the Treaty of Waitangi between Maori and the Crown, based on the principles of partnership, participation and protection, and applies these to dietetic practice
- Demonstrates awareness of the status and needs of Maori in the New Zealand health sector.
- Knows the factors impacting on health status of Maori and other cultures, and recognises Maori health is a health gain priority area for New Zealand.
- Recognises that the concept of culture is diverse, extends beyond ethnicity, and that patients may identify with several cultural groupings.
- Shows awareness of the general beliefs, values, behaviours and health

practices of particular cultural groups most often encountered by the dietitian, and has the ability to apply this knowledge.

- Has an understanding of the food, food practices and the significance of food to the cultural group that the dietitian works with.
- Recognises cultural factors which influence health and illness, including disease prevalence and response to treatment.
- Recognises that patients' cultural beliefs, values and practices influence: perceptions of health, illness and disease; health care practices; interactions with dietitians and the health care system and treatment preferences.
- Is aware that general cultural information may not apply to specific patients; avoids stereotyping individual patients.
- Has an awareness of the ethical and cultural implications of research

Application by Practitioner

- Willing to establish rapport with patients of other cultures.
- Functions effectively and respectfully when working with and treating people of different cultural backgrounds. Demonstrates the ability to communicate with people from different cultural backgrounds and practises in a way which respects other culture' customs.
- Integrates culture into the clinical context, eliciting patients' health perspectives, values and belief systems, their physical, emotional and mental symptom hierarchies, and their community's capacity for treatment and care.
- Where clientele includes Maori, identifies services that will be delivered as explicit contributions to Maori health gain priorities.
- Considers cultural information when making a diagnosis.
- Works with the patient's cultural beliefs, values and practices in developing a relevant management plan.
- When appropriate, includes the patient's family in their health care.
- Works co-operatively with other professionals and community resource people in a patient's culture where this is desired by the patient and does not conflict with other clinical or ethical requirements.
- Demonstrates an ability to communicate effectively cross-culturally.
- Recognise the verbal and non-verbal communication styles of patients may differ from own and adapt as required.
- Works effectively with interpreters when required.
- Acknowledges their own limits of cultural safety and seeks assistance when necessary to better understand the patient's cultural needs

Meeting Cultural Competence Standards

There will be varying ways for dietitians to demonstrate that they meet the cultural competence standards.

New Zealand registered dietitians will show evidence of cultural competency in the learning activities undertaken to meet the requirements of the Dietitians Board Continuing Competency programme. These will be assessed as part of the Dietitians Board audit programme, by demonstrating the following learning outcomes:

- § Professionalism and an understanding of culturally appropriate practice.
- § Has a working knowledge of the principles of the Treaty of Waitangi and their application to dietetic practice.
- § Conducts her/ his practice acknowledging their own limits of cultural safety.

- § Demonstrates the ability to communicate with people from different cultural backgrounds and practises in a way that respects other culture's customs.
- § Has an awareness of the ethical and cultural implications of dietetic research.

One learning activity relating to Cultural Competency must be included every year and one activity relating to Treaty of Waitangi competency must be included at least once in the five year cycle. These cultural competency activities can be undertaken under any category in the 'Quality of Learning' section. No particular credit allocation is specified.

Learning activities could include:

- § Reading and reflecting on information obtained from a Treaty of Waitangi website or other sources;
 - § Discussion of cultural management issues with Maori colleagues or colleagues of other cultures;
 - § Active reflection of cultural practice;
 - § Attending lectures or workshops;
 - § Doing a Treaty of Waitangi course; or
 - § Doing a Tikanga Maori course.
- Overseas trained dietitians applying for Registration must:
 - Develop an understanding of the Treaty of Waitangi in respect of dietitians practising in NZ. This is best achieved by participating in a Treaty of Waitangi course whenever possible.
 - Refer to the information above regarding the cultural competency required by New Zealand trained dietitians.

References

- Code of Ethics, New Zealand Dietitians Board, December 2003
- Continuing Competency Programme for the New Zealand Dietetic Profession, Dietitians Board, August 2002
- Cultural Competence Standards, New Zealand Registration Boards' Secretariat, June 2005
- Durie M. Cultural Competence and Medical Practice in New Zealand. Report to the Australia and New Zealand Boards and Councils Conference, November 2001
- Guidelines for Cultural Competence in Physiotherapy Education and Practice in Aotearoa/New Zealand, May 2004
- Health Practitioners Competence Assurance Act 2003,
- He Korowai Oranga, the Maori Health Strategy, Ministry of Health, November 2002
- Medical Council, Assuring Medical Practitioners' Cultural Competence, Discussion Document, January 2005
- Nursing Council of New Zealand, Review of Guidelines for Cultural Safety, the Treaty of Waitangi, and Maori Health in Nursing and Midwifery Education and Practice. Nursing Council of NZ, March 2002

