



**Continuing Professional Development
Programme of the New Zealand Dermatological
Society Incorporated.
2016 - 2021**

Contents

Abbreviations used in this document	3
Provider details	3
Executive committee of the NZDSI (2015-2017)	4
CPD Committee	4
Introduction	5
Links with other institutions	5
Relationships with healthcare institutions.....	5
Health system wide issues that may conflict with CPD programme.....	6
Stakeholder Consultation.....	6
MCNZ requirements for Vocational Registration as a Specialist	6
Relevant MCNZ documents:	7
MCNZ definition of vocational scope of dermatology	7
Aims of the NZDSI CPD programme	7
MCNZ Policy on recertification	8
Definitions.....	10
Components of NZDSI CPD programme.....	11
Administration of the NZDSI CPD programme.....	11
Implementation of the NZDSI CPD programme.....	11
Online database	12
Failure to meet NZDSI CPD programme requirements	13
Parts 1 & 2: Audit of medical practice and peer review	13
Part 3: Continuing Medical Education.....	13
Part 4: Cultural competence	14
Part 5: NZDSI Practice visit	14
Part 6: Personal Development Plan	14
Part 1: Audit of Medical Practice	14
MCNZ requirements for audit of medical practice	14
https://www.mcnz.org.nz/maintain-registration/recertification-and-professional-development/audit-of-medical-practice	14
NZDSI requirements for audit of medical practice.....	15
Implementation	15
Part 2: Peer Review	16
MCNZ requirements for peer review	16
NZDSI requirements for peer review	17
Details of peer review activities	17
Part 3: Continuing Medical Education.....	20
MCNZ requirements for Continuing Medical Education.....	20
NZDSI requirements for CME	20
CPD Competencies.....	21
Category 1 – Attendance at international or national meetings	21
Category 2 – Attendance at other meetings or facilities	21
Category 3 - Medical Teaching.....	22
Category 4 - Papers, case reports, publications, books, and exhibits	22
Category 5 - Non-supervised individual CME.....	23
Category 6 – Peer review and quality assurance	24
Part 4: Cultural Competence.....	25
MCNZ requirements for cultural competence	25
NZDSI requirements for cultural competence	25
Part 5: Practice Visit	25
Part 6: Personal Development Plan	26
Performance Review by MCNZ	27
MCNZ Performance review	27
New Zealand Cosmetic Dermatological Surgical Group	28

Abbreviations used in this document

ADSS -Advanced Dermatological Surgery Society
APC -Annual Practising Certificate
BAB -Branch Advisory Body
CME -Continuing Medical Education
CPD -Continuing Professional Development
MCNZ -Medical Council of New Zealand
NZDSI -New Zealand Dermatological Society Incorporated
DHB -District Health Board

Provider details

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Executive committee of the NZDSI (2015-2017)

President	Dr Bruce Taylor
Past president	Dr David Nicholls
President elect	Dr Paul Jarrett
Secretary	Dr Ben Tallon
Treasurer	Dr Sandra Winhoven
Other committee members	Dr Lissa Judd Dr Victoria Scott Lang

CPD Committee

Dr Sonya Havill	Chairperson, CPD committee
Dr Julie Smith	
Dr Amy Stanway	
Dr Mathew Ludgate	
Dr Neil Mortimer	
Dr Elizabeth Baird	
Dr Paul Jarrett	Immediate past chair of the CPD committee
Gerry Keating	Website administrator and audit manager

Introduction

This document outlines the requirements for Vocational Registration as set out by the Medical Council of New Zealand (MCNZ) and details of the specific Continuing Professional Development Programme of the New Zealand Dermatological Society Incorporated (NZDSI), which must be approved by MCNZ. Certification of participation is required to obtain a specialist Annual Practising Certificate (APC).

From 1 July 2011, members of the NZDSI will be required to use the online system, which may be accessed by first logging into the member's section of the NZDSI website at:

<http://www.nzdsi.org>

The NZDSI is an incorporated society and not an academic college. The NZDSI represents vocationally registered New Zealand Dermatologists and is responsible for the administration of the NZDSI CPD programme in accordance with the MCNZ guidelines.

The training of dermatologists in NZ is undertaken by the Royal Australasian College of Physicians (RACP).

The NZDSI currently has 63 fellows. Projections of the future need for specialist level skills and knowledge in this area of medicine can be found on the Health workforce NZ website <http://www.health.govt.nz/our-work/health-workforce/workforce-service-forecasts/dermatology-workforce-service-forecast>.

Links with other institutions

There is close and frequent liaison between the CPD chair and:

- Officers of the MCNZ regarding CPD issues.
- RACP to discuss matters of common concern about CPD.

There are close collegial relationships with the Australasian College of Dermatology. We meet regularly and matters of common interest are discussed.

Many NZDSI members are members of international dermatological societies including the British Association of Dermatologists, Australasian College of Dermatologists, Australasian Dermatopathology Society and the American Academy of Dermatology.

There has been participation in a recent MCNZ led forum for sharing ideas about CPD programmes.

Relationships with healthcare institutions

Members employed by healthcare institutions receive funding for the CPD activities from their employer encouraging attendance at meetings and courses.

Clinical meetings are regularly held at the facilities of healthcare institutions and all members are encouraged to attend these meetings which accrue CPD points.

The Medical Protection Society provide a series of important seminars on clinical practice topics which accrue CPD points.

Southern Cross is a health insurance company which this year has mandated practice audits for those practitioners participating in its affiliated provider programme. The NZDSI CPD programme, in collaboration with the MCNZ, has accepted this audit in lieu of a practice visit as the requirements were of a higher standard than the practice visit.

When educational advice about CPD for the NZDSI has been needed, the immediate past chair (Paul Jarrett), has liaised with Associate Professor Andrew Wearn. Associate Professor Andrew Wearn works in the Faculty of Medical and Health Sciences Education, The University of Auckland.

Health system wide issues that may conflict with CPD programme

Dermatologists within any one DHB department may be unable to all attend the NZDSI annual meeting every year as some must remain behind to service patient requirements.

Compulsory activities such as the annual audit and cultural competence occur at this annual meeting. The mechanisms by which this is addressed are -

- Members take turns within a clinical department to attend the annual scientific meeting.
- Cultural competence activities are compulsory 3 in 5 years.
- If attendance at the audit presentation is not possible an online module is undertaken after the meeting to complete the audit requirement.

Stakeholder Consultation

NZDSI members are consulted regularly about CPD programmes and requirements usually via e mail from the CPD “e” administrator. Furthermore, the administrator actively manages the members’ CPD and will contact them when a potential breach is identified.

The CPD programme is a standing item for discussion at the NZDSI Annual General Meeting and at this meeting the next national audit topic is collectively decided.

The chair is always available to discuss any issues that concern the members.

Members very frequently contact the chair and the website “ e “administrator for help or to provide feedback.

MCNZ requirements for Vocational Registration as a Specialist

<https://www.mcnz.org.nz/get-registered/scopes-of-practice/vocational-registration/registration-requirements/voc-1-vocational-specialist-registration>

Doctors registered within a vocational scope of practice must participate in an approved recertification programme through their appropriate specialist college or vocational branch. The Medical Council of New Zealand (MCNZ) approves Branch Advisory Bodies (BAB) recertification programmes against set criteria for up to five years.

Doctors report their Continuing Professional Development (CPD) activities to the Medical Council every year as part of their Annual Practising Certificate (APC) application. Council will audit fifteen percent of the profession each year and review the doctor's CPD activities to ensure compliance. If you are selected, the Council will write to you and will ask the BAB (NZDSI Executive) to confirm your participation in the programme. They may then ask you to provide documents that confirm your participation. If you do not comply with the requirements the Council will consider your application for an APC, and may propose to alter your scope of practice or suspend your registration. You will be given an opportunity to make submissions and be heard.

Vocationally registered dermatologists must participate in the NZDSI's CPD programme.

Relevant MCNZ documents:

- Continuing professional development and recertification
<https://www.mcnz.org.nz/maintain-registration/recertification-and-professional-development>
- Policy on recertification
<https://www.mcnz.org.nz/news-and-publications/media-releases/vision-and-principles-for-recertification-for-doctors-in-new-zealand>
- Criteria for the recognition and approval of recertification programmes

MCNZ definition of vocational scope of dermatology

Dermatology is the study, research and diagnosis of disorders, diseases, cancers, cosmetic, ageing and physiological conditions of the skin, fat, hair, nails and oral and genital membranes, and the management of these by different investigations and therapies, including but not limited to dermatohistopathology, topical and systemic medications, dermatologic and cosmetic surgery, phototherapy, laser therapy, radiotherapy, photodynamic therapy and other therapies that become available.

Aims of the NZDSI CPD programme

- To maintain the high standard of dermatological practice by vocationally registered dermatologists in New Zealand.
- To provide a mechanism by which dermatologists in New Zealand are able to compare all aspects of their practice with each other.
- To provide a mechanism by which deficiencies in the dermatological practice of vocationally registered dermatologists in New Zealand are able to be detected.
- To provide a mechanism by which dermatologists in New Zealand are able to be assisted to correct any deficiencies in their dermatological practice.
- To provide an educative, non-punitive structure for New Zealand dermatologists
- To comply with the MCNZ requirements for Vocational Registration as a Specialist.
- To comply with the MCNZ requirements for dermatologists conducting Category 1 cosmetic procedures

MCNZ Policy on recertification

<https://www.mcnz.org.nz/maintain-registration/recertification-and-professional-development>

1. To ensure that all registered medical practitioners maintain and improve competence to practice within the scope of practice in which they are registered, the Council recognises recertification programmes and requires all registered medical practitioners to participate in them. (Section 41(1) Health Practitioners Competence Assurance Act 2003.)
2. To enable this group of medical practitioners to satisfy the recertification provisions of the Act, Council has recognised the recertification programmes administered by the Branch Advisory Bodies (BAB). These programmes may also be known as maintenance of professional standards, quality assurance, continuing medical education, re-accreditation or continuing professional development.
3. Recertification programmes must include:
 - A) Audit, peer review and team based assessment to verify that individual practitioners practise competently, for example:
 - External audit of procedures; and
 - Quality assurance activity; and
 - Peer review of cases, review of charts, practice visits; and\
 - Analysis of patient outcomes; and
 - B) Educational conferences, course and workshops
 - C) An understanding and respect of cultural competence.
5. Recertification programmes may include:
 - Self directed learning programmes and learning diaries
 - Assessments that have been designed to identify learning needs, e.g. of procedural skills, diagnostic skills, knowledge
 - Journal reading
 - Examining candidates for College examinations
 - Supervision, mentoring others
 - Teaching
 - Publications in medical journals and texts
 - Research
 - Committee meetings which have educational content, such as guideline development.
6. The branch must define the following key elements of their recertification programme:
 - The categories of practitioners and the number of practitioners undertaking their recertification programme, and
 - Any categories of practitioner which are not enrolled in recertification programmes, and
 - Whether the recertification programme is available for vocational registrants who are non-members and, if so, in what form, and
 - Whether the branch has the ability to identify poor performance on the part of a member and, if so, how this is done; and
 - The procedures that can be put in place to assist the poorly performing doctor; and
 - The steps to be taken if a doctor fails to respond to this assistance.
7. Members are required to spend at least 50 hours per year on recertification activities. It is appropriate for each vocational branch to set a minimum number of tenths of clinical work per

week required of members.

8. The branch must ensure that a specified cyclical process is in place for evaluating whether medical practitioners participating in the programme are meeting the requirements.
9. The Council will audit enrolment of practitioners in recertification programmes.
10. Vocationally registered medical practitioners working in closely related branches in which they are not vocationally registered do not need general oversight for that work if their recertification programme adequately covers the breadth of that work.
11. If any medical practitioner who is required to complete a recertification programme does not satisfy the requirements of that programme, Council may take action under section 43 of the Health Practitioners Competence Assurance Act 2003. Council may either:
 - Alter the medical practitioner's scope of practice by:
 - changing the services that the practitioner is permitted to perform; or
 - including any condition(s) that Council sees appropriate; or
 - Suspend the practitioner's registration

Notes

1. From 1 July 2001 all vocationally registered medical practitioners will be asked to indicate on their APC application form the recertification programme in which they are participating.
2. Once Council has recognised a BAB programme as a recertification programme the Registrar will, within 20 working days, notify every medical practitioner who is required to undertake the programme of that fact and also the details of the programme (section 41(6) Health Practitioners Competence Assurance Act 2003).
3. Medical practitioners will have "reasonable time" to comply with the requirements of the recertification programme (section 41(4) Health Practitioners Competence Assurance Act 2003).
4. This policy is separate from and additional to any policies that refer to competence programmes (section 40 Health Practitioners Competence Assurance Act 2003).
5. Under sections 41(1) and (2) of the Health Practitioners Competence Assurance Act 2003, overseas recertification programmes must meet Council criteria for recertification programmes including cultural competence, audit and review. Doctors participating in these programmes must demonstrate that they have ongoing links with members of the professions in New Zealand.
6. Under section 41(5) Health Practitioners Competence Assurance Act 2003, Council has the ability to exempt any medical practitioner from all or any of the requirements of any recertification programme.
7. Exemptions to Section 41(5) of the Health Practitioner Competence Assurance Act 2003 have been agreed to only in the following circumstances:
 - The medical practitioner has agreed to work under general oversight and to have his/her name removed from the register; or
 - The medical practitioner has agreed to work under general oversight and have conditions of his or her APC limiting their practice; or
 - The medical practitioner is no longer in active clinical practice and has agreed to have conditions of his or her APC stating this fact.

Exemptions from recertification will be valid for three years only and medical practitioners will need to re-apply for an exemption at the end of three years if their situation remains the same.

Definitions

Audit – the process used by medical practitioners to assess, evaluate and improve the care of patients in a systematic way in order to enhance their health and quality of life. It involves objectively measuring performance against previously set standards and when the actual performance does not meet the standard, making recommendations for change. The Audit may include altering the standards if they are found to be inappropriate.

Quality Assurance Activity – means an activity that is undertaken to improve the practices or competence of 1 or more medical practitioners by assessing the health services performed by those medical practitioners. It includes the following acts that are done in the course of, or as a result of, that activity:

- The whole or part of any assessment evaluation;
- The whole or part of a study of the incidence or causes of conditions or circumstances that may affect the quality of health services performed by 1 or more of those health practitioners;
- Any preparation for that assessment, evaluation or study;
- Making recommendations about the performance of those services;
- Monitoring the implementation of those recommendations

Sections 52-63 of the Health Practitioners Competence Assurance Act 2003 encourages effective quality assurance activities by protecting the confidentiality of information and documents developed solely for the QA activity and giving immunity from civil liability to people who engage in such activities in good faith.

Peer review – a group activity where peers systematically review aspects of a medical practitioner's work, e.g. review of first 6 cases seen or presentation on a given topic, normally including guidance, feedback and a critique of the medical practitioner's performance.

Competence – is defined as whether a medical practitioner has the attitude and knowledge and skills to practice medicine in accordance with his or her registration and meets the reasonable standard expected of a medical practitioner with his or her level of registration.

Approved: Education Committee 22 January 2002

Approved: Council 26 February 2002

Updated: Council 29 and 30 July 2003

Updated for HPCAA: April 2004

Components of NZDSI CPD programme

The NZDSI CPD Programme consists of six parts or competencies.

1. Audit of Medical Practice
2. Peer review
3. Continuing Medical Education, with 6 categories
4. Cultural competence
5. Practice visit
6. Personal Development Plan

Details of each part are described in later sections of this document.

Administration of the NZDSI CPD programme

The programme is to be administered by the CPD subcommittee of the NZDSI, to be elected at the AGM of the society. The subcommittee will consist of six dermatologists. In 2016 these are:

- Sonya Havill, Chair
- Julie Smith
- Amy Stanway
- Mathew Ludgate
- Neil Mortimer
- Elizabeth Baird

The CPD committee will be bound by the CPD constitution. Appendix 1

The Chair sits for the full five year CPD cycle and then retires. Committee members generally sit for the five years and then retire. Replacements or additional members are recruited as needed. The immediate retired Chair is available to the CPD committee. Those retiring are able to stand for re-election if they so wish. The subcommittee will elect its own chair who will be the NZDSI's convenor of Continuing Professional Development. He/she will report to the Executive of the NZDSI and through them, if necessary, to the MCNZ. The subcommittee, through the convenor, shall make a report to the NZDSI Executive and the AGM as to its activities each year.

The financial costs of running the programme will be born by the NZDSI and will be allowed for in the NZDSI subscription. It is anticipated that dermatologists will give of their time at no charge, other than travel expenses (to be paid by the NZDSI), to administer Parts 1, 2, 3, 4 & 5 of the programme.

Implementation of the NZDSI CPD programme

- The NZDSI's Continuing Professional Development Programme commenced 1 July 2001 and has run for two five-year cycles.
- From 1 July 2011, participation has been via a web-based interface with records saved to an online database.
- Participation in this programme (or any other programme approved for such purpose by the MCNZ) is a requirement for renewal of Annual Practising Certificates by vocationally registered dermatologists.
- Members must accrue a minimum of 400 credits over 5 years by participating in each of 5 activities.

- Satisfactory on-going participation in and completion of Parts 1 to 5, will be required for the participant to be issued the NZDSI CPD compliance certificate.
- At the end of each five-year cycle, a summary of the data, as well as the individual data pertaining to the participant, will be circulated to all participants. Sufficient time will be allocated at the following Annual Scientific Meeting to discuss the data as well as any concerns NZDSI members may have about the programme.

Online database

In 2011, an online database to collect CPD data has been established by Firecrest Systems¹.

- The secure CPD database is hosted on an independent server managed by Firecrest Systems.
- NZDSI Members will access the database using a web browser, via NZDSI.org.
- Individual records will also be accessible by CPD subcommittee members and by the database administrator.
- Each member will create his or own password-protected record.
- The username will be the member's email address.
- It includes drop down menus, submenus, free text areas and the ability to upload documents.

As well as dermatologist details, there are 6 parts to the database.

1. Audit of Medical Practice: compulsory (unless exempted by the Chair of the CPD Committee)
 - a. Exempt or not
 - b. Title of annual clinical audit(s): minimum of one per year
 - c. Date of participation in or completion of activity
 - d. Date of attendance at NZDSI CPD audit discussion (≥ 3 out of 5) or completion of post-audit test (remaining audits) for NZDS CPD programme audit
 - e. Upload documentation / evidence
 - f. Other requirements of the CPD subcommittee and ADSS subcommittee, which may change each year.
2. Peer review: compulsory
 - a. Type of review: minimum of 1 per year
 - b. Title of peer review activity
 - c. Date of participation in each activity
 - d. Name(s) of assessors
 - e. Free text describing activity, learning, planned changes to practice
 - f. Upload documentation / evidence
3. Continuing Medical Education, with 6 categories: compulsory
 - a. Category
 - b. Specific activity in each category (menu of items)
 - c. Date of participation in each activity
 - d. Free text describing activity and relevance to practice
 - e. Upload documentation / evidence
 - f. Credits for each activity
4. Cultural competence: compulsory
 - a. Title of activity: minimum of one per year
 - b. Date of participation
 - c. Free text describing activity and relevance to practice
 - d. Upload documentation / evidence

¹ <http://www.firecrestsystems.com/>

5. Practice visit: compulsory
 - a. Date of visit: minimum of one per 5-year cycle
 - b. Categories assessed: simple, standard, complex
 - c. Name of assessor(s)
 - d. Free text describing deficiencies if any
 - e. Date of certification
 - f. Upload documentation / evidence
6. Personal Development Plan: Compulsory
 - a. Annual Activity
 - b. Peer Review of the Personal development plan is mandatory. The database allows an NZDSI member to be e mailed who can access and review the plan remotely if needed.

The online record includes a repository to upload documentation confirming participation in each activity, e.g. certificates, signed statements, photographs, correspondence, meeting programme, journal articles. Assistance is provided by Firecrest systems if required.

Collective statistics will be analysed at the end of every 5 year cycle, summarising results of the programme in each part or category. Interim analyses may also be conducted.

Failure to meet NZDSI CPD programme requirements

Parts 1 & 2: Audit of medical practice and peer review

Failure to comply with either the annual peer review or audit component of the NZDSI CPD programme in one year:

- The CPD subcommittee will formally advise the individual doctor that they are non-complying
- The NZDSI Executive will write to the dermatologist informing him or her they are non-complying
- The participant may be given the opportunity to make up the deficit in peer review the following year, in addition to the following year's requirements

Failure to comply with either the annual peer review or audit component of the NZDSI CPD programme in 2 consecutive years:

- The NZDSI Executive will inform the Medical Council of New Zealand in writing.

Failure to comply with both the peer review and audit components of the NZDSI CPD programme in any one year

- The NZDSI Executive inform the Medical Council of New Zealand in writing.

Failure to comply with both the peer review and audit components of the NZDSI CPD programme on 2 successive years

- The NZDSI Executive will officially express the NZDSI's concern to the Medical Council of New Zealand regarding the individual's practice and will recommend a Professional Assessment Committee visit.

Allowance may be made for prolonged illness and pregnancy/maternity leave.

Part 3: Continuing Medical Education

Failure to achieve the required number of hours in 1 year

- The CPD subcommittee will formally advise the individual doctor that they are non-complying

Failure to complete the required number of hours over 5 years

- The NZDSI Executive informs the Medical Council of New Zealand in writing

Allowance may be made for prolonged illness and pregnancy/maternity leave.

Part 4: Cultural competence

Failure to comply with attendance at the required number of compulsory cultural lectures at the AGM or failure to complete an approved online cultural course.

- The NZDSI Executive will formally advise the individual doctor that they are non-compliant

Part 5: NZDSI Practice visit

Using the checklist, if both the assessor and the CPD subcommittee feel there are significant deficiencies in the assessed practice:

- The dermatologist whose office is being assessed will be asked to correct the identified deficiencies.
- Once these deficiencies have been addressed, the CPD subcommittee should be notified.
- The CPD subcommittee will then nominate an assessor (who may be the one who carried out the first visit) to re-visit the work place within three months of the original visit.
- Failure to have corrected the deficiencies identified will necessitate a further visit, within 1 month, by two assessors, one of whom is a member of the CPD subcommittee.
- If, in the opinion of the two assessors who undertake the third visit, significant deficiencies remain, the NZDSI Executive will be notified.
- It is the responsibility of the NZDSI executive to consider notifying the NZ Medical Council if they consider the deficiencies identified are of sufficient severity and/or concern.

Part 6: Personal Development Plan

The Personal Development Plan will be audited each year and if not completed the CPD Chair will notify the Fellow in writing.

Part 1: Audit of Medical Practice

MCNZ requirements for audit of medical practice

<https://www.mcnz.org.nz/maintain-registration/recertification-and-professional-development/audit-of-medical-practice>

The medical council definition of “audit of medical practice” is;

“A systemic, critical analysis of the quality of the doctor’s own practice that is used to improve clinical care and/or health outcomes, or to confirm that the current management is consistent with the current available evidence or accepted consensus guidelines.”

At least one clinical audit must be performed per year.

As of March 2013, the Medical Council criteria for conducting an audit of medical practice are;

1. The topic for the audit relates to an area of your practice that may be improved.
2. The process is feasible in that there are sufficient resources to undertake the process without unduly jeopardizing other aspects of health service delivery.
3. An identified or generated standard is used to measure current performance.

4. An appropriate written plan is documented.
5. Outcomes of audit are documented and discussed.
6. Where appropriate an action plan is developed that will identify and maximize the benefit of the process to patient outcomes. The plan should outline how the actions will be implemented and a process of monitoring.
7. Subsequent audit cycles are planned, where required, so that the audit is part of a process of continuous quality improvement.

Examples of clinical audit include:

- external audit of procedures (not of the service)
- comparing the processes, or outcomes of health or patient care, with best practice in that domain
- analysis of patient outcomes
- audit of departmental outcomes including information on where you fit within the team
- audit of your performance in an area of practice against that of your peers
- taking an aspect of practice such as transfusion rates and comparing your performance to national standards
- formal double reading of scans or slides and assessment of your results against those of the group
- patient satisfaction survey
- check that cervical smear, diabetes, asthma, heart failure, lipid control and other procedures are done to pre-approved standard formats, including reflection on the outcome, plans for change and follow-up audit to check for health gains for that patient or for that group of patients.

NZDSI requirements for audit of medical practice

- Each year an aspect of dermatological practice will be selected for audit. All dermatologists participating in the programme will be required to submit documentation as requested to the NZDSI CPD subcommittee for analysis.
- Results of each audit will be electronically collected, for example, via an online survey.
- Participants will be expected to confirm participation by completing the audit question in the CPD database.
- Dermatologists will then be notified of the overall results of the audit in a closed session of the membership only.
- Attendance at a minimum of three audit seminars per five-year cycle to discuss the results will be compulsory. Such seminars will be held yearly as part of NZDSI Annual Scientific Meeting. Attendance is confirmed via return of a physical ticket.
- A Powerpoint presentation plus a compulsory questionnaire based on the presentation will be provided as an alternative for those who are not able to attend the Annual Meeting that year

Implementation

Audit is primarily an educative process but it is anticipated any dermatologist whose practice is significantly at variance with the overall results, and internationally accepted practice, will be expected to improve that aspect of his/her practice.

Each year an aspect of dermatological practice in NZ will be selected for audit by the CPD subcommittee. All dermatologists participating in the CPD programme will be required to submit either a nominated number of cases, or all cases within a defined time frame, of the condition to be audited. Documentation to be completed for each case will be in electronic format to simplify

analysis. The CPD subcommittee will determine what documentation is required to be uploaded to the database to confirm participation.

The NZDSI subcommittee will appoint one or more dermatologists to present the data and all participants will be notified of the overall result of the audit plus their results compared to the group as a whole.

The NZDSI may contract out the work of the audit to an independent company to undertake and analyse the results.

Attendance at a minimum of three seminars per five-year cycle to discuss the results of the NZDSI CPD audit will be compulsory. Such a seminar will be held yearly as part of the NZDSI Annual Scientific Meeting. A multimedia presentation plus a compulsory questionnaire based on the presentation will be provided as an alternative for those who are not able to attend the AGM that year. An acceptable pass rate will be determined each year. This must be completed within 3 months of the AGM.

The NZDSI subcommittee will discuss their concerns with any dermatologist whose management of the condition being audited appears deficient and will jointly devise a course of action to correct this. The dermatologist concerned will be required to provide documentation confirming further education/training has been undertaken in that subject. The NZDSI Executive will be notified of any continuing concerns. It is the responsibility of the NZDSI Executive to notify the MCNZ if they consider the deficiency identified to be of sufficient severity and/or concern.

Part 2: Peer Review

MCNZ requirements for peer review

<https://www.mcnz.org.nz/maintain-registration/recertification-and-professional-development/regular-practice-review> (2011)

A minimum of 10 hours per year.

This is evaluation of the performance of individuals or groups of doctors by members of the same profession or team. It may be formal or informal and can include any time when doctors are learning about their practice with colleagues. Peer review can also occur in multidisciplinary teams when team members, including other health professionals, give feedback. In formal peer review, peer(s) systematically review aspects of your work, for example, the first six cases seen, or a presentation on a given topic. Peer review normally includes feedback, guidance and a critique of your performance.

Examples of peer review:

- joint review of cases
- review of charts
- practice visits to review a doctor's performance
- 360° appraisals and feedback
- critique of a video review of consultations
- discussion groups
- inter-departmental meetings, which may review cases and interpretations of findings
- mortality and morbidity meetings.

For clinicians, peer review should not include:

- practice management
- matters relating to practice premises or systems

- non-clinical research
- non-clinical education
- participation on College or other committees that are not of a clinical nature.

NZDSI requirements for peer review

Peer review is defined as “a group activity where peers systemically review aspects of a Doctor’s work, normally including guidance feedback and a critique of the Doctor’s performance”.

This requires at least 1 colleague (but preferably 2 or more) to critically examine an aspect of your clinical practice and provide you feedback. One of the approved peer review activities must be undertaken each year by participating dermatologists.

Any peer review should be planned, take 1-3 hours, and be recorded (i.e. who was there, how many patients/notes/procedures were reviewed, general outcomes, recommendations made, etc). The record should be signed by the dermatologist being reviewed and the reviewer(s). This document should be scanned and uploaded to the online database to confirm participation in peer review.

Suitable peer review activities include:

- Clinical notes review
- Disease review
- Drug treatment review
- Procedure review
- Consultation review
- Surgical skill review
- Peer ratings

At least one of the above peer review options must be undertaken each year.

A minimum of 1 consultation review must be completed in every 5-year cycle (with no maximum number of these reviews). The remaining types of review may only be completed once every 5-year cycle.

Peer review does not include:

- Combined consultation clinics
- Journal club
- Histopathology sessions
- Seeking a second opinion on a casual basis
- Ad hoc discussion of the management of a patient.

The above are not systematic reviews and generally do not critique a person’s clinical practice. These activities may be included in Part 3, CME.

Details of peer review activities

1. Clinical notes review

A planned review of your clinical practice by reviewing a minimum of 12 randomly selected or sequential case notes. Items to consider are legibility of record keeping (written or in a letter), evidence of effective communication (to patient and GP), presence of a treatment plan (including options if first line plan fails), follow up arrangements, appropriateness of treatment, consideration of differential diagnosis. It is best to decide beforehand which aspect of practice

will be reviewed. A record of both good and poor performance should be kept (e.g. evidence of giving patient an information leaflet, no letter written to GP, etc).

For the clinical note review activity, "peer-rev.pdf" can be downloaded from members CPD section. This document can be completed, signed, scanned and uploaded to the online database. <https://www.nzdsi.org/Downloads/File/peer-rev.pdf>

2. Disease review

A systematic review of your management of a single disease (e.g. atopic eczema, acne, BCC, etc). Select 6-12 recent cases and critically review your management, treatment plan, appropriateness of treatment, etc, using case notes (i.e. a mini-audit). A comprehensive review of your use of/management of patients on a particular medication (e.g. azathioprine) would also qualify for this category.

Decide beforehand which aspect of the disease management will be reviewed. A record of both good and poor performance should be kept.

For the disease review activity, "disease-rev.pdf" can be downloaded from members CPD section. This document can be completed, signed, scanned and uploaded to the online database. <https://www.nzdsi.org/Downloads/File/disease-rev.pdf>

3. Drug treatment review

A systematic review of your use of a drug in dermatological practice. Select on drug and review its use in 6-10 patients.

Download the document at

https://www.nzdsi.org/downloads/file/Drug_Treatment_Peer_Review_for_NZDS_Inc.pdf once completed and signed scan it and enter in to your CPD record.

4. Procedure review

A systematic review of your performance of a single procedure (e.g. cryotherapy, curettage, Mohs, etc). Select 6-12 recent cases and critically review your performance, e.g. consent, technique, outcome, follow-up of results, etc, using case notes (i.e. a mini-audit). A record of both good and poor performance should be kept. There is no specific document for this activity.

5. Consultation review

In a consultation review, a colleague sits in your clinic (2 – 3 hours) observing your practice, giving feedback and critiques your practice. A minimum of 4 patients should be seen, preferably more than 6. Decide which aspect of the consultation you will concentrate on, e.g. consultation style, examination technique, communication skills, treatment plan, etc. It is important to allow sufficient time between cases to allow appropriate feedback. Patients must be forewarned and have given their consent! A record of both good and poor performance should be kept.

For the consultation review activity, "consult-rev.pdf" can be downloaded from members CPD section. This document can be completed, signed, scanned and uploaded to the online database. <https://www.nzdsi.org/Downloads/File/consult-rev.pdf>

6. Surgical skill review (direct observation of procedural skills)

In a surgical skill review, a colleague watches you performing a specific procedure and critiques your performance. A minimum of 4 patients/procedures should normally be observed, preferably 6, but this may not be practical if they are lengthy (e.g. liposuction). Decide which aspect of the procedure you will concentrate on, e.g. anaesthesia, surgical technique, communication skills, etc. It is important to allow sufficient time between cases to allow

appropriate feedback. Patients must be forewarned and have given their consent. A record of both good and poor performance should be kept.

Please ensure that patients are aware that a surgical skill review is being carried out (formal consent should be obtained). You should complete one checklist for each procedure observed.

Checklist can be downloaded from CPD website. <https://www.nzdsi.org/Downloads/File/surgical-skill-review.pdf>

7. Peer ratings

Peer ratings is a form of peer review where a colleague, the Peer Reviewer, collates the opinions of a number of your colleagues and co-workers on the quality of your practice, using a questionnaire. The questionnaire covers characteristics such as medical knowledge, clinical and communication skills, as well as humane qualities including respect, integrity and compassion. The questionnaire should be sent to 8 medical and 8 allied medical colleagues.

How to use the Peer Ratings questionnaire

- Choose a peer reviewer and ask them to contact you once the results have been collated by the administrator.
- Contact 16 individuals by e mail and send them the web link <http://www.surveymonkey.com/s/NZDSI-peer-ratings>.
- Ask them to complete the Peer Rating Questionnaire online.
- Email the Administrator (currently Sonya Havill) so that the responses can be collated and sent to the chosen peer reviewer.

Review types 1, 2, 3, & 6 have been designed so that it is possible for these types of peer review to be undertaken by a colleague from another centre, making it easier for those practicing in relative isolation.

Part 3: Continuing Medical Education

MCNZ requirements for Continuing Medical Education

<https://www.mcnz.org.nz/maintain-registration/recertification-and-professional-development/recertification-programmes>

A minimum of 20 hours per year.

Continuing Medical Education (CME) includes:

- attendance at relevant educational conferences,
- courses and workshops
- self-directed learning programmes and learning diaries
- assessments designed to identify learning needs in areas such as procedural skills, diagnostic skills or knowledge
- journal reading

CPD may also include:

- examining candidates for College examinations
- supervising or mentoring others
- teaching
- publication in medical journals and texts
- research
- committee meetings with an educational content, such as guideline development
- giving expert advice on clinical matters
- presentations to scientific meetings
- working as an assessor or reviewer for the Council.

NZDSI requirements for CME

The NZDSI CPD programme requires members to achieve a minimum of 80 credits per year (400 credits per five years):

- A minimum of 100 credits in Category 1 (or 20/year)
- A minimum of 250 credits in Category 5
- A maximum of 100 credits in Category 2
- A maximum of 100 credits in Category 3
- A maximum of 100 credits in Category 4
- Unlimited credits in Category 6
- Unlimited credits in Category 7

CPD Competencies

Category 1 – Attendance at international or national meetings

NZDSI members must achieve a *minimum* of 100 credits in 5 years (no *maximum*).

ADSS members must attend 2 approved overseas dermatological surgery meetings during 5 years.

ACTIVITY	CREDIT HOURS
<ul style="list-style-type: none"> • Any annual scientific meeting of a national/international dermatological society held in a language you are fluent in. For example: NZDSI, ACD (including Spring Meeting), AAD, BAD, EADV, World Congress of Dermatology (WCD), Regional Conference of Dermatology (Asian – Australasian, RCD) • Annual meeting of a national/international subspecialty society. For example: Paediatric Dermatology Society, European Contact Dermatitis Society, Australasian Dermatopathology Society, International Society of Vulvovaginal Diseases, International Society for Dermatologic Surgery, American Society for Dermatologic surgery • Annual meeting of a national/international dermatology research meeting. For example: ADSR, JID, BSID, ESDR, JS DR. • Other meetings approved by NZDSI CPD subcommittee as Category I CME 	<p>1 credit per hour attended</p>

Category 2 – Attendance at other meetings or facilities

NZDSI members can achieve a *maximum* of 100 credits in 5 years (no *minimum*).

ADSS members must attend 2 peer group meetings during 5 years, as part of the annual NZDSI meeting.

ACTIVITY	CREDIT HOURS
<ul style="list-style-type: none"> • Other National/International Society meetings / conferences such as Occupational Health, Sexual Health, Appearance Medicine, paediatrics, internal medicine, rheumatology etc. • Local dermatology clinical meetings such as consultation clinics, academic days, peer group meetings, drug industry sponsored symposium, multidisciplinary meetings (e.g. melanoma symposium). • Overseas dermatology meetings not approved for Category I. • Relevant non-assessed clinical attachment, visit to recognized dermatology unit, or clinical visit to a dermatologist recognized as having expertise in a particular area. • Professional development meetings (eg MPS, ACC, clinical risk, practice development, quality assurance, media training, communication skills etc) 	<p>1 credit per hour attended</p>
<ul style="list-style-type: none"> • Workshop to develop clinical skill e.g. dermatoscopy, surgery 	<p>2 credits per hour</p>

Category 3 - Medical Teaching

NZDSI members can achieve a *maximum* of 100 credits in 5 years (no *minimum*).
Credit hours include preparation time.

ACTIVITY	CREDIT HOURS
• Presentation/lecture/workshop at an annual meeting of an International Dermatology Society meeting.	10 credits/unit
• Presentation/lecture/workshop to an audience of Dermatologists or Dermatology Registrars.	5 credits/unit
• Presentation/lecture/workshop to an audience of non-Dermatologists e.g. medical students, general practitioners, pharmacists, public interest group etc.	2 credits/unit
• Formal teaching of dermatology registrars	1 credit / unit

Category 4 - Papers, case reports, publications, books, and exhibits

NZDSI members can achieve a *maximum* of 100 credits in 5 years for clinical publications (no *minimum*).

ACTIVITY	CREDIT HOURS
• Completion of MD, PhD	100 credits
• Completion of relevant Diploma e.g. International Dermoscopy Diploma	50 credits
• Chapter in a dermatology textbook (paper or online)	25 credits /unit
• Research paper published in a peer-reviewed dermatology journal	20 credits /unit
• Case report published in a peer-reviewed dermatology journal	10 credits /unit
• Paper published in a peer-reviewed non-dermatology journal	5 credits /unit
• Paper published in a non-peer reviewed non-dermatology journal	5 credits /unit
• On-line publication in refereed on-line medical journal	4 credits /unit
• Topic published on DermNet NZ	4 credits /unit
• Reviewing articles for a recognized journal	2 credits /unit
• Editing topics for DermNet NZ	0.25 credits /topic
• Writing examination or survey questions	1 credit /hour

Category 5 - Non-supervised individual CME

NZDSI members must achieve a *minimum* of 250 credits in 5 years (no *maximum*), i.e. an average of 50 per year.

ACTIVITY	CREDIT HOURS
<ul style="list-style-type: none">• Reading dermatological or subspecialty publications and multimedia presentations, participating in journal club or research meeting.• Participation in dermatology or other medical self-assessment programmes or computer courses.	1 credit /hr

Category 6 – Peer review and quality assurance

Credits for members conducting peer review and quality assurance assessments are unlimited with no minimum.

ACTIVITY	CREDIT HOURS
<ul style="list-style-type: none"> Assessor for peer review, medical audit, procedure review, practice visits, MCNZ performance or vocational assessment committees 	2 credits /hour
<ul style="list-style-type: none"> Examiner for dermatology or subspecialty examination or formal test (e.g. examiner of International Medical Graduate) Committee work with educational component e.g. guideline development, clinical governance, ministerial review group, PTAC, etc. Credentialing Incident monitoring Morbidity /mortality review Supervisor or mentoring meetings with International Medical Graduate or Dermatology Registrar 	1 credit /hour

Category 7 Personal Learning Project

Overview: Personal learning projects (PLPs) are self initiated learning activities that are planned then developed individually to address a question, issue, or need relevant to professional practice. PLPs were first developed by the Royal College of Physicians and Surgeons of Canada. Many questions will naturally focus on expanding clinical knowledge. PLPs are a flexible and adaptable learning strategy that may be developed around any specific area and integrated effectively into any practice context. PLPs are a natural method by which physicians learn.

Parboosingh² claims that learning through reflective practice is an effective way to improve a physician’s practice and judgment, because:

- People learn most naturally when faced with a problem solving experience.
- Learning that is constructed by the individual results in action.

PLPs in practice: The focus of projects is to identify an area of weakness, learning need or opportunity, carry out a programme of study and research, and then document your findings, as a referenced body of text.

NZDSI members can achieve a maximum of 100 credits in 5 years (no minimum).

ACTIVITY	CREDIT HOURS
<ul style="list-style-type: none"> Identify a question, idea or controversy or area of weakness you would like to answer or address. Identify a stimulus for the above. Document your findings, with references. Briefly report the learning outcome(s). How will this impact on your clinical practice, expertise or knowledge? Will it change your practice? It is to be expected that four to twelve hours will be spent on a PLP. 	1 credit /hour

² Parboosingh JT Physician communities of practice; where learning and practice are inseparable. J. Cont. Educ. Health Prof. 2002; 22(4):230-236

Campbell C et al. Study of the factors influencing the stimulus to learning recorded by physicians keeping a learning portfolio. J. Cont. Educ. Health Prof. 1999; 19:16-24.

<p>PLPs are by nature open ended, and some may be longer. Identify the number of hours spent on the PLP.</p> <ul style="list-style-type: none"> • Forward your PLP and ancillary documentation to an NZDSI colleague for signing off. • Once all the above have been completed upload a scanned copy of the 'signed off' PLP document to the online database. 	
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Part 4: Cultural Competence

MCNZ requirements for cultural competence

The Policy on recertification states that recertification programmes must include an “understanding and respect of cultural competence”.

The Council has adopted the following definition of cultural competence:

Cultural competence requires an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Cultural competence means a doctor has the attitudes, skills and knowledge needed to achieve this.

NZDSI requirements for cultural competence

Doctors need to be competent in dealing with patients whose cultures differ from their own. Cultural competence improves the quality of health care services and outcomes for all patients. Members are urged to read the two publications issued by the Medical Council of N.Z. in August 2006. ('Statement on cultural competence' and 'Statement on best practices when providing care to Maori patients and their whanau').

- The following will be a mandatory component of the NZDSI CPD program;
 1. All NZDSI members will be required to attend 3 out of 5 cultural lectures at the Annual Scientific meeting. Attendance at the cultural lecture is confirmed by the return of a physical ticket.
 2. All members will be required to undertake an additional cultural activity in the 5 year cycle which will be;
 - a. An online cultural competency course being;
 - i. “CALD” run via Waitemata DHB (<http://www.caldresources.org.nz> , e mail cald@waitematadhb.govt.nz) or
 - ii. “Foundation Course in Cultural Competency” run by Mauriora which has been developed in collaboration with the MCNZ (<http://www.mauriora.co.nz/>) or
 - b. Complete any district health board approved cultural competency course.
 3. Validation of completion will be required by uploading the course certificate to the NZDSI eCPD record.

Part 5: Practice Visit

- Each participating dermatologist will have a practice visit to their principal practice office once every five years using the NZDSI practice visit checklist or be credentialed to Day Stay NZS 8164 2005 NZS or Office Based Surgery NZS 8165 2005 NZS standards.

- The Practice visit check list is available for download on the NZDSI website.
- The visit uses the NZDSI practice visit checklist to assess the adequacy and safety of the facilities for patients, sterilisation techniques, and compliance with local and New Zealand regulations / bylaws.
- The assessor will be a delegated member of the NZDSI who does not practice in the immediate vicinity of the dermatology practice being assessed.
- Southern Cross is a health insurance company which this year has mandated practice audits for those practitioners participating in its patient reimbursement programme. The NZDSI CPD programme, in collaboration with the MCNZ, has accepted this audit in lieu of a practice visit as the requirements were of a higher standard than the practice visit.

Part 6: Personal Development Plan

- This is a mandatory activity required by the Medical Council.
- An annual personal development plan should be written by each Fellow. This should involve plans and goals for professional development over the next 12 months. It can involve items such as future conference attendance and individual learning goals.
- The personal development plan is then viewed confidentially online by any other Fellow.
- For those who have a person development plan as part of their District Health Board appointment cut and paste it in to the record.

Performance Review by MCNZ

MCNZ Performance review

- The responsibility of the NZDSI is to provide guidelines and a mechanism to maintain a high standard of dermatological practice and detect any deficiencies. The NZDSI is not to act as an investigative or disciplinary body; this is the role of the MCNZ.
- Therefore any request for a practice review, as a response to suspected deficiencies in dermatological practice, should come from solely from MCNZ.
- MCNZ may receive information suggesting concerns from a number of sources, including the NZDSI Executive, other health professionals, a patient, members of the public, the Health and Disability Commissioner (HDC), the Medical Practitioners Disciplinary Tribunal, and others.
- In conducting a performance assessment the Council considers whether: “the health practitioner’s practice of the profession meets the required standard of competence” (section 36(5) HPCAA).
- A performance assessment may recommend that a doctor undertake an educational programme to address any weakness in their practice. Performance assessments are not public information, unless they lead to restrictions, conditions or suspension of a doctor’s practice.
- If Council has reason to believe that a doctor may pose a risk of serious harm to the public it has a legal requirement to notify: the Accident Compensation Corporation (ACC), the Director-General of Health, the HDC, any person or organization who the Council knows is the employer of the doctor.
- The NZDSI would like input into such a review including the ability to nominate one of the review panel. This could include an independent reviewer, such as a dermatologist in current practice and of high standing in Australia.

A Medical Council of New Zealand performance assessment will not be considered as fulfilling the NZDSi 5-year CPD cycle requirements. However, it may be considered as fulfilling that year’s peer review activity if a suitable peer review activity tool was used.

Relevant MCNZ publications:

- Assessing doctors performance.
- What you can expect: the performance assessment
- Handbook for doctors having a performance assessment
<https://www.nzdsi.org/downloads/file/NZDSI-Performance-Assessment-A-guide-for-doctors-being-assessed.pdf>

New Zealand Cosmetic Dermatological Surgical Group

What is the New Zealand Cosmetic Dermatological Surgical Group?

The New Zealand Cosmetic Dermatological Surgical Group (NZCDSG) is a division of the New Zealand Dermatological Society Incorporated (NZDS) and was established in 2011. Members of the NZCDSG are procedural dermatologists that are Vocationally Registered in Dermatology by the Medical Council of New Zealand (MCNZ) and are currently practicing dermatology in New Zealand.

Mission / Aims of the NZCDSG

- To provide ongoing education and assessment to Dermatologists practicing procedural dermatology, specifically Category 1 cosmetic procedures.
- To furnish support for members of the NZCDSG.
- To educate patients and healthcare professionals regarding the services offered by Dermatological surgeons.
- To promote on-going quality assurance of NZCDSG members through regular evaluations.
- To continually strive to improve patient safety and outcome measurements

The NZDSI has identified 4 general competencies required of NZCDSG members.

1. Evidence of professional standing;
2. Evidence of commitment to on-going learning and periodic self assessment;
3. Evidence of cognitive and technical expertise relating to dermatological surgery, specifically competence in performance of Category 1 cosmetic procedures;
4. Evaluation of performance in practice via peer review and practice assessments.

The following Category 1 procedures have been approved by the NZCDSG as suitable for an approved NZCDSG member to perform.

1. Blepharoplasty
2. Otoplasty
3. Rhinoplasty
4. Superficial Plane Face Lifts
5. Tumescant Liposuction

NZCSDG recertification programme

This application is for accreditation of the recertification (CPD) programme of the New Zealand Cosmetic Dermatological Surgical Group (NZCSDG). NZCSDG members are expected to complete this specific recertification programme **in addition to** that required by all members of the New Zealand Dermatological Society (NZDS).

This document describes the 2016-2020, 5-year, CPD Recertification Programme of the NZCSDG. It will continue for the next 5-year cycle unless revoked or replaced. An online database has been established to collect the NZCSDG CPD data, This database is an extension of the existing NZDS online CPD programme.

A member of the NZCSDG has been elected to represent the Group on the NZDS CPD committee.

During the 5-year cycle, NZDSG members must complete the MCNZ-accredited NZDS CPD Programme AND each of the following compulsory activities.

1. Clinical audit:
 - a. at least one peer-reviewed relevant clinical audit; AND:
 - b. at least one patient satisfaction survey of ≥ 5 patients; AND
 - c. database of all Category 1 procedures and complications
2. Performance appraisal:
 - a. at least one practice visit to peer review performance of a Category 1 procedure
3. Continuing Medical education:
 - a. Attend at least 2 approved dermatological surgery meetings
 - b. Attend at least 2 approved peer group review meetings
 - c. Undertake a minimum of 50 hours documented journal reading or self-assessment.

Audit, peer review and team based assessment

Clinical audit

Each year, the member must conduct peer-reviewed clinical audits specific to one or more aspects of Dermatological Surgery relevant to their practice.

The topic for the clinical audit will be determined at the annual meeting of the NZCDSG and approved by the CPD Subcommittee and will undergo peer review. A document of completion signed by both the member undertaking the audit and the reviewer should be scanned and uploaded to the online database to confirm participation. Each year, for those members performing Cat 1 procedures, NZCDSG clinical audits must include:

Patient satisfaction survey;

- At least 5 surveys should be completed by consecutive patients for a specific procedure

AND:

1. Patient outcome audit
 - A database of procedures and complications of all Category 1 cosmetic procedures is compulsory

AND:

2. One other audit
 - As approved by the CPD Subcommittee

Performance appraisal

Members of the NZCDSG must have their competence in each Category 1 procedure independently assessed. At least one practice visit for performance appraisal must be undertaken during the 5-year cycle. Assessment will be carried out by a member of the NZCDSG nominated by the Chair of the CPD subcommittee of the NZDS as suitable for this role.

During *each* 5-year cycle:

- a. Members performing only one type of Category 1 procedure need critical assessment of that procedure and feedback.
- b. Members performing more than one Category 1 procedure require critical assessment of at least two of those procedures and feedback.

Each Category 1 procedure undertaken must be assessed at least once over the course two consecutive 5-year cycles.

Assessment should include review of the following components:

- Preoperative and postoperative patient information
- Sample consent form
- At least 5 consecutive patient satisfaction surveys
- Consultation and operative notes for 5 consecutive patients
- Photographs of 5 patients in consecutive order of completion taken prior to surgery and, where possible, at least 2 months after the procedures
- Competence in the performance of the procedure at a practice visit.

A record should be kept of who was there, how many procedures were reviewed, general outcomes, recommendations made, etc. The dermatologist being reviewed and the reviewer(s) record must sign and date the record. This document should be scanned and uploaded to the relevant section of the NZCDS online CPD program to confirm participation.

New Category 1 procedure

An existing member that wishes to undertake one or more additional unsupervised Category 1 procedures must undergo NZCDSG review of their training and/or collegial oversight of the specific procedure including performance review in that procedure.

Educational conferences, course and workshops**Dermatological surgery meetings**

NZCDSG members must attend at least 2 dermatological surgery meetings during the 5-year CPD programme cycle. At least one of these meetings should be a recognised Dermatological Surgery (DS) meeting of direct relevance to the procedures performed by the member.

Acceptable meetings include, but are not limited to:

- American Society of Dermatologic Surgery (ASDS)
- American College of Mohs Surgery (ACMS)
- Australasian Academy of Facial Plastic Surgery (AAFPS).

The NZDSI CPD subcommittee, at the recommendation of the NZCDSG Chair, may approve other surgical meetings.

Members must upload a certificate or other documentation of attendance to the relevant section of the NZDS/NZCDSG online CPD program. Each meeting generates one credit for this section.

Peer group meetings

NZCDS members must attend at least 2 annual peer group meetings during the 5-year CPD programme cycle. These may be held in conjunction with the annual NZDSI meeting or as otherwise agreed by the CPD Subcommittee.

Members must upload a certificate or other documentation of attendance to the relevant section of the NZCDS online CPD program.

Non-supervised Continuing Medical Education (CME)

A minimum of 50 credit hours of CME is required and must be recorded on the online CPD program. Activities may include:

- Journal reading
- Appropriate dermatological surgery self-assessment modules approved by the American Board of Dermatology, NZDS or other NZCDSG members.
- Preparation time for relevant presentations to scientific meetings or teaching purposes

Members should complete the relevant section of the NZCDS online CPD program as these activities are completed.

Practitioners undertaking the recertification programme

There are 6 foundation members of the NZCDSG that undertake Category 1 procedures and must comply with the recertification programme described here.

Practitioners not undertaking Cat 1 cosmetic procedures.

There are 6 members of the NZCDSG that do not currently undertake Category 1 cosmetic procedures. These members have completed one-year Advanced Dermatological Surgery Training Programmes (ADSTP).

- If within 2 years of receiving training in Category 1 cosmetic procedures as part of their ADSTP, they may start undertaking those Category 1 procedures providing they are following the Continuing Professional Development (CPD) Recertification Programme of NZCDSG (see below).
- Outside this time frame or on commencing Category 1 procedures not included in their ADSTP, they are required to follow the CPD Recertification Programme of NZCDSG AND show evidence of suitable training and/or collegial oversight in that procedure.

Non-members of NZCDSG

NZDSI members who do not currently perform Category 1 procedures may wish to do so in the future. The dermatologist's training and experience in each Category 1 procedure that they wish to undertake must be assessed and approved by the NZCDSG before acceptance for membership of NZCDSG.

- If the member has completed ADSTP that includes Category 1 cosmetic procedures within the previous 2 years, he or she is eligible to join the NZCDSG.
- Outside this timeframe, or if he or she has not completed an approved procedural fellowship that includes Category 1 cosmetic procedures, the prospective member will not be able to join the NZCDSG.

The programme is not open to non-dermatologists.

New Category 1 procedure

An existing member that wishes to undertake one or more additional unsupervised Category 1 procedures must undergo a review of their training and/or collegial oversight of the specific procedure including performance review in that procedure.

Poor performance

Failure to meet the requirements of the NZCDSG may result in expulsion from the programme and loss of approval to undertake unsupervised Category 1 Cosmetic Procedures.

Membership of the NZCDSG may be revoked under any of the following circumstances:

Material misrepresentation or omission in the member's application to join NZCDSG;

- Conviction of or guilty plea to a crime, which in the judgment of the NZDS or MCNZ reflects unethical activity relating to the practice of dermatological surgery, or casts significant doubt on the ability of the participant to practice dermatological surgery in the best interest of patients;

Removal from the Medical Register:

- Failure to report complications arising from Category 1 Cosmetic Procedures;
- Failure to meet CPD requirements of NZCDSG. Collective statistics from the online CPD programme will be analysed at the end of every 5 year cycle, summarising results of the programme in each part or category. Interim analyses may also be conducted.

Concerns of the NZCDSG committee about a member will be presented to the Chair of CPD Subcommittee and subsequently to the President and Executive of NZDSI for consideration.

If serious concerns are evident, the President of the NZDSI, in consultation with members of the Executive, Chair of CPD Subcommittee and other nominated members of the NZCDSG, should take that action it feels appropriate, including:

- Additional CPD requirements during the next 5-year cycle
- Removal of the member from the NZCDSG
- Informing the Medical Council of New Zealand in writing.

Allowance may be made for prolonged illness and pregnancy/maternity leave.