

**Guidelines for the Organization of Continuing Professional Development (CPD) Activities for the European Dentist**

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Guidelines for the organization of dental CPD

#### ABSTRACT

Aim: Free movement of dental professionals across the European Union calls for more uniform continuing education in dentistry to ensure up-to-date, high quality patient care and patient safety. This paper provides guidelines for the management and delivery of high quality continuing professional development (CPD) by all European dental schools and other CPD providers<sup>1</sup>.

Method: The guidelines are based on an extensive literature inventory, a survey of existing practices, discussions during meetings of the Association for Dental Education in Europe in 2010 and 2011, and discussions among the members of the DentCPD project team representing six dental schools.

Results: On the basis of the literature review, survey and discussions, we recommend that (i) every dentist should be given the opportunity for CPD; (ii) the providers should be quality-approved and impartial; (iii) the educators should be approved, impartial, suitably experienced and trained, and with educational expertise; (iv) the mode of CPD delivery should suit the educational intentions, with clear learning objectives; (v) effort should be made to assess learning; (vi) participant feedback should be collected and analyzed to inform future developments; (vii) uniform use of the pan-European system of learning credit points (ECTS) should be implemented.

Conclusion: Implementation of these guidelines will make dental CPD more transparent to all relevant parties and facilitate the transferability of earned credits across the European Union. It will also enable better quality control within dentistry, resulting in enhanced dental care and ultimately in improvement of patient safety.

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<sup>1</sup> This document is a part of the project "Harmonisation & Standardisation of European Dental Schools' Programmes of Continuing Professional Development for Graduate Dentists - DentCPD" (1), funded in part by the European Commission Education, Audiovisual and Culture Executive Agency [EACEA] Lifelong Learning Erasmus programme (#509961-LLP-1-2010-1-UK-ERASMUS-EMHE)

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## INTRODUCTION

Mutual recognition of qualifications and free movement of specified health care professionals - including dentists - across the EU are guaranteed by the relevant sections of EU Directive 2005/36/EC on the recognition of professional qualifications<sup>2</sup>. This was created to allow free movement of labour between member countries of the EU. In dentistry, freedom of movement raises questions about the uniformity of dental education and CPD of dentists. Concerning undergraduate dental education, in 2005 the Association for Dental Education in Europe (ADEE) created and published the Profile and Competences for the Graduating European Dentist, which was recently updated (2). Similarly, the curriculum structure, content, learning, and assessment in European undergraduate dental education have been thoroughly documented and updated (3).

Dental CPD can be used both to align possible differences in dental undergraduate training which result in variation in competence, and maintain knowledge and skills. The European Commission defined it as "a career-long process required by dentists to maintain, update, and broaden their attitudes, knowledge, and skills in a way that will bring the greatest benefit to their patients"<sup>3</sup>.

Although the continuing professional education of dentists should be undertaken in accordance with national standards to satisfy different licensing or registration requirements in Europe, essential areas of dental CPD may also require uniformity across the EU. At present within the EU, there is considerable variation regarding the arrangements for both the content and required amount of CPD<sup>4</sup>.

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<sup>2</sup> <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2005:255:0022:0142:en:PDF>

<sup>3</sup> European Commission. Advisory Committee on the Training of Dental Practitioners. Report and recommendation concerning clinical proficiencies required for the practice of dentistry in the European Union. Directorate General XV (XV/E/8316/7/93-EN). Brussels: European Commission 1996

<sup>4</sup> Council of European Dentists. EU Manual of Dental Practice. <http://www.eudental.eu/index.php?ID=35918&>

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These guidelines support the design and implementation of continuing education and training for graduate dentists in Europe. The recommendations aim to facilitate further convergence within the dental profession and to ensure that patients receive appropriate standards of oral healthcare within Europe. The purpose is not to define how dental CPD should be regulated in individual member countries in Europe, but to facilitate recognition of CPD credits across country boundaries.

#### MATERIAL AND METHODS

A useful classification of CPD, recorded on the UK General Dental Council's (GDC) website and in their CPD documentation, distinguishes between what they term "verifiable" and "general". They define "verifiable" CPD as that which has clearly defined aims and objectives, learning outcomes, and quality control. They define "general" (non-verifiable) CPD as that which includes other types of learning activities, such as self-directed journal reading (4, 5, 6, 7).

The main focus of these guidelines is on verifiable CPD courses and programmes, which may consist of face-to-face lectures, small group activities, hands-on courses, on-line courses, or mixed or blended approaches. We have excluded dental postgraduate education, aimed at specialist training programmes or doctoral or other postgraduate university studies leading to a diploma in dentistry.

These guidelines are consensus recommendations of the DentCPD project team, based on an extensive literature inventory (8) and survey of existing (EU and global) practices in dental CPD (9).

In brief, the literature search (8) covered scientific, medical and nursing databases (Web of Science; OVID Medline; EBM Reviews – ACP Journal Club; EBM Reviews – Cochrane Database of Systematic Reviews; EBM Reviews – Database of Abstracts of Reviews; EMBASE; CINAHL; SCOPUS Life Sciences, Health Sciences, Physical Sciences and Social Sciences & Humanities), as well as educational (ERIC; British Education Index) and social sciences and psychology aspects (ISI Web of Knowledge; ASSIA; PsychInfo). In addition, an academic literature search engine (Google Scholar) was utilised. The

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3 following search terms were used in different combinations: continuing, CPD, dent\*, dental,  
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5 education, Europe, legislation, jurisprudence, standards. Only papers focusing on CPD for general  
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7 dentists and papers including empirical evidence, reviews, summaries or opinion articles were  
8  
9 included. Papers published before 1990 and those advertising courses or events were excluded. All  
10  
11 searches were conducted during February 2011. Initial database searches identified 1764 potentially  
12  
13 relevant papers of which 119 were judged to be relevant. An additional 27 were included from  
14  
15 reference lists and hand searches.  
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19 The DentCPD survey (9) was emailed to dental educators including representatives from the major  
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21 European Dental Associations, the broad member network afforded through ADEE, and those  
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23 attending ADEE 2010 general meeting. Data was gathered via an online questionnaire asking about  
24  
25 CPD systems, requirements, provision and accreditation. It also sought opinion on mandatory CPD  
26  
27 and e-learning. A total of 172 responses were received from 41 countries, 30 of which were EU  
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29 member and candidate countries. Of the 95 respondents who identified their professional role, the  
30  
31 great majority reported an educational role in dental schools. Other professional roles reported  
32  
33 were general practitioner (one respondent), working in a private training organization (one  
34  
35 respondent) or in dental associations (two respondents), and three were students. Several  
36  
37 respondents also identified multiple roles, mainly membership of dental associations alongside their  
38  
39 dental school roles. All respondents completed all sections of the survey regardless of their  
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41 professional role.  
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46 Drafts of this document have been presented and discussed during annual meetings of the ADEE in  
47  
48 2010 and 2011. During ADEE 2011, a survey of the administration of dental CPD was circulated  
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50 among the participants attending a special interest group.  
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1 Guidelines for the organization of dental CPD

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3 When assimilating these guidelines the DentCPD project team has taken into account the recent  
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5 ongoing review by the UK's GDC, including its own published literature review and the recent survey  
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7 of CPD activity of all UK dental registrants (dentists and allied dental healthcare workers) (6, 10).  
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## 10 11 12 RESULTS AND DISCUSSION

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16 These guidelines are derived from the recognition of the importance of the outcome of a learning  
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18 action. Effective CPD changes, enhances, or confirms the dentist's way of conducting clinical  
19  
20 practice. The learner should not only recognize the learning needs, but also play an active and  
21  
22 central role in the process aiming towards the change or enhancement in the prevailing practice.  
23  
24 Some learning outcomes may be considered essential for patient safety and, thus, there may be  
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26 requirements for CPD set by governmental or other official parties. In order to be able to ensure the  
27  
28 desired development, an appropriate assessment of the outcome is necessary. In particular this is  
29  
30 the case if an official recertification requires taking CPD courses. Figure 1 represents a schematic  
31  
32 overview of the "Outcome Centred Framework of CPD" for dentists.  
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36 Who should participate in Dental CPD?

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39 The European dentist is a lifelong learner who strives to improve his or her skills and broaden his  
40  
41 knowledge for the benefit of patients. The dentist is responsible for his own internal quality  
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43 monitoring and for setting the criteria for the highest quality of patient care, according to the  
44  
45 current scientific evidence. Thus, every dentist should actively seek for up-to-date knowledge,  
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47 understanding, and skills improvement throughout the career.  
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51 Opportunities to achieve this aspiration should be made readily available for all dentists. In addition  
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53 to the undergraduate students, graduates should be able to benefit from the up-to-date knowledge.  
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3 A toolkit for the learning needs assessment for dental practitioners can be downloaded at  
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5 [www.dentcpd.org](http://www.dentcpd.org). The assessment of learning needs highlights the importance of self-reflection by  
6  
7 the dentist in identifying their own specific CPD educational needs.  
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10 Who is entitled to provide Dental CPD?

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13 Quality monitoring and quality assurance should be applied in all levels of education. As impartial  
14  
15 stakeholders, universities and national dental organizations are important and the most common  
16  
17 providers of Dental CPD (8, 9). The universities as institutional representatives of the scientific  
18  
19 community have a long history of monitoring the quality of the education provided. Thus, the  
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21 university dental schools should recognize their important role in Dental CPD. Recent developments  
22  
23 in economics have raised the possible danger of providing biased information. Conflict of interest  
24  
25 generated by looking for different sources of funding including industry (13), may result in the  
26  
27 university using courses or lecturers provided by commercial companies. This collaboration may  
28  
29 jeopardize the impartiality of learning objectives as well as the materials available.  
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33 In addition, there are numerous other possible CPD providers. Privately owned and run  
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35 organizations funded for the sole purpose of providing courses for dentists can cover the needs of  
36  
37 specific target groups. Commercial companies should be able to provide dental CPD if the contents  
38  
39 of the course are unbiased and transparent and as long as the educators are qualified and have no  
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41 conflicts of interest. However, CPD should be clearly separated from sales promotions and technical  
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43 instructions.  
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47 The establishment of an officially recognized European body that monitors the quality of the  
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49 provider organizations of dental CPD, as is already in place for medicine (14), is important. Uniform  
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51 internationally recognized criteria for the accreditation of providers would be desirable.  
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1 Guidelines for the organization of dental CPD

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3 The prerequisites for the providers should include impartiality and continuous and transparent  
4 quality monitoring of the education provided using, for example, an appropriate feedback  
5 mechanism.  
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10 Who is entitled to act as an educator providing dental CPD?

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13 In addition to recognized university faculty members who are specialists of the field, other dental  
14 professionals, who have no conflict of interest, can act as educators, provided they possess the up-  
15 to-date evidence based professional and pedagogical knowledge and/or experience for delivering or  
16 conducting high quality courses or activities in support of continuing education.  
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22 The DentCPD project team recommends that the educators seek pedagogical proficiency in adult  
23 education. The possession of knowledge itself does not guarantee the possession of skills to teach  
24 others. The pedagogical skills of every educator can and should be developed in order to maintain  
25 and improve the quality of education. The DentCPD project team recommends that the body or  
26 institution responsible for approval or accreditation of CPD, should satisfy themselves that the  
27 educators/providers demonstrate sufficient pedagogic skills and when applicable, also insist on  
28 attendance at teacher development courses.  
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38 General Outcomes

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41 Learning outcomes describe what a learner is expected to know, understand and be able to do after  
42 successful completion of a process of learning (15). The outcome of a dental CPD course - or other  
43 continuing education activity - should result in an appropriate and lasting alteration in a prevailing  
44 practice when new evidence calls for it. To achieve this, the activity or course must give a sufficient  
45 reason and means to motivate the dentist to execute the necessary changes in their practice and  
46 discuss how barriers to implementation may be overcome. It is important that dentists are reflective  
47 practitioners who reflect not only on their learning needs but also reflect on what they have learnt  
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and how that impacts on their clinical practice. This should be part of their philosophy of a continuum of education and training throughout their career.

Mode of CPD delivery

All three components of the teaching-studying-learning (TSL) process have proven to be essential in order to accomplish optimal learning results (16, 17, 18, 19). Various modes of CPD delivery are available and selection should suit the intentions of the educational input. Modern information technology offers many possibilities for delivering courses and other continuing education activities, some of which are suitable for dental CPD. However, it is appreciated that traditional face-to-face lectures and hands on courses form the basis of much dental CPD delivery.

Educational use of information and communication technologies (ICTs) is widespread in higher education, including dentistry (20, 21,). The usability of novel learning methods in network-based environments is well recognized. Recent developments include the mobile technologies such as 'portable' and 'hand-held' multimedia communicators, smart phones, iPads and associated devices (22). Independency of the time and space, movability, and wireless access are common characteristics of mobile learning technology.

A pedagogical model directs the planning of a given learning situation, instruction related to it and the design of relevant teaching materials (23). Here the term "pedagogical models" refers to the models of reflective and purposive activities that educators and learners can use when designing and implementing TSL (19, 24, 25). By investigating, using and developing different pedagogical models, the educator can find practical tools and means for the design and implementation of a research-based and reflective TSL process in network-based environments (26).

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3 Structure of the CPD activities

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6 It is not the aim of these guidelines to dictate any particular structure for a course or activity. Dental  
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8 CPD should be organized in a way which facilitates learning, endorses good practice or – if needed –  
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10 reflects in a change in the prevailing practice. To form comprehensive entities, the learning  
11  
12 objectives, learning activities and assessment tasks should all be aligned as described by Biggs &  
13  
14 Tang (12).

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17 Three features should be considered: how the CPD activity fits within a learner's broader  
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19 programme (continuity); the suitability of multiprofessional learning; and the clarity of the learning  
20  
21 objectives.  
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25 Continuity

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28 Dental CPD providers should coordinate individual courses into learning programmes which enable  
29  
30 participants to build on their learning opportunities across a series of courses or modules. The  
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32 overall aim for the structure of Dental CPD should be that the individual course or activity forms part  
33  
34 of a learning plan.  
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38 In order to match the learning outcomes of the individual activities, all educators involved should be  
39  
40 aware of the aims and outcomes of the learning plan.  
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43 Multiprofessional CPD for the whole dental team

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46 Dental CPD activities should be, when applicable, designed to fulfill the needs of the whole dental  
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48 team, which in turn should strengthen shared goals and intensify the implementation of novel  
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50 techniques and ways of working within dentistry. There is an increasing drive across the dental  
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52 profession for CPD activities to be delivered to the dental team, dentists and dental support staff  
53  
54 (27). In addition, there can be increased value in delivering some topics within the dental practice  
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environment – making that topic relevant to those staff working together in the primary care environment.

Learning objectives

All individual CPD courses or activities should have clearly defined learning objectives. The objectives should be provided in advance, in the description of the course/activity, to allow the participants to undertake comprehensive planning of their continuing education. Learning material should, where appropriate, be available for all dental CPD activities, either in print or preferably in electronic form, prior to the course.

When organizing CPD courses for dentists, there is value in using a collaborative approach which enables group interaction (28, 29). Figure 2 displays a schematic representation of the structure of a learning module, combining different face – to – face learning activities and one or more elements of a network based education (NBE). In this context mobile learning technology may also be utilized. Unlike using NBE alone, the blended model is likely to enhance group interaction, which facilitates the learners' orientation towards and commitment to the agreed learning objectives. Learning together, with other learners, adds an active learning component and provides invaluable peer support (12).

Figure 2 shows that after the participants have registered on the course (on line) they are given access to the learning material, which can be in an electronic form. At the first face – to –face (F2F) meeting the participants' knowledge of the course content is assessed and the learning objectives are set and agreed on. During the network based education (NBE) phase, the participants may share and discuss their experiences, questions, and answers with other participants. At the second F2F meeting, important issues can be discussed in more detail. Also, an interim assessment of learning may be performed, after which the participants continue their studies with NBE. The F2F-NBE cycle may be repeated according to the need. At a closing F2F meeting, the participants' learning may be

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2  
3 assessed, they are allowed to give feedback, and granted a certificate indicating the ECTS credits  
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5 they have earned by attending the course.  
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8 Assessment of learning and the application of acquired skills  
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11 Dental CPD activities should generally include an assessment of the learning objective(s). The  
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13 assessment should be appropriately mapped with the learning objective(s). Ideally, assessment is  
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15 required to ensure that the participants have adopted the substantive learning outcomes of the  
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17 course/activity, but this may be difficult to achieve. It is likely to require direct observation and peer  
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19 review and thus is unrealistic in most cases. Further, studies evaluating, for example, pre and post-  
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21 testing (30) show that changes in practice may not occur immediately after the learning activity but  
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23 emerge later, after reflection, or emerge in a way that is difficult to quantify (31). The assessment of  
24  
25 learning outcomes is clearly challenging. However, because assessment plays an important role in  
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27 the learning process effort should be made to at least periodically assess learning and the  
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29 application of learning (32).  
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33 The methods used for assessment may consist of a single procedure conducted as a post - or pre and  
34  
35 post-test, or it may be include assessments over time. Methods for assessment may include the  
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37 following, but the list is not exhaustive:  
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- 39 • structured observation of performance,
- 40
- 41 • peer review,
- 42
- 43 • structured self-reflection,
- 44
- 45 • multiple choice questions,
- 46
- 47 • written essays or short answers,
- 48
- 49 • computer based interactive systems (voting machine),
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- 51 • the submission of case reports based on practice,
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- 53 • logbooks,
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## Guidelines for the organization of dental CPD

- OSCE stations

The method should be chosen according to the content of the CPD course/activity and the relative importance of the subject in respect to patient safety. A CPD Activity Evaluation Toolkit for Dental Educators can be downloaded at [www.dentcpd.org](http://www.dentcpd.org).

## Feedback

In order to improve the quality of dental CPD, feedback from participants should be collected and analyzed. A summary should be provided to both the educators and the CPD providers. The result of the feedback analysis should be transparent and used to improve the CPD course/activity.

The feedback can be collected as a pre-requisite for receiving a certificate of attendance. It is recommended that the collection of feedback be performed using computerized systems to facilitate the statistical evaluation of the dental CPD course/activity and thus contribute to improved quality control. Centralized collection and evaluation of feedback by the provider organization contributes to better quality control. It enables more uniform peer review and comparisons within larger learning entities as well as the whole course palette. It also provides important information for the possible national / European body which accredits the providers and educators.

A template for the "CPD Activity Evaluation for Dental Educators" can be downloaded at [www.dentcpd.org](http://www.dentcpd.org), modified, and used by dental educators to evaluate the effectiveness of CPD activities and gain participant feedback. The template consists of two sections; the first section seeks to gain participants' views and opinions of the CPD activity, giving them an opportunity to provide feedback about the activity. The second section outlines ways in which the dental educator can evaluate whether the CPD activity has been effective at increasing participants' knowledge and understanding of the subject matter. This section is relevant to the assessment of learning and the application of acquired skills referred to previously.

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3 Credit points

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5 To ensure uniformity in the recognition and approval of dental CPD in Europe, the use of  
6 transparent, transferable, pan-European credits is recommended. Credits awarded in one given  
7 country should be recognized across the European Union. This transfer can only take place if all  
8 parties involved recognize the credits and the associated learning outcomes.  
9

10  
11 The content of a credit point must be clearly defined, for example by applying the European Credit  
12 Transfer System (ECTS) (15). 60 ECTS credits are attached to the workload of a fulltime year of  
13 formal learning (academic year) and the associated learning outcomes. In most cases, learner  
14 workload ranges from 1,500 to 1,800 hours for an academic year, whereby one credit corresponds  
15 to 25 to 30 hours of work. Workload indicates the time needed, on average, for the learner to  
16 complete all learning activities – including lectures, seminars, projects, practical work, self-study and  
17 examinations – required to achieve the expected learning outcomes (15).  
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21 Some form of verification of learning (assessment) prior to granting a credit point is recommended.  
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25 Quality Assurance (QA)

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27 Educational accreditation is a type of quality assurance process which provides an external  
28 evaluation of educational institutions or programmes to determine if standards are met. If standards  
29 are met, accredited status is granted by the agency. Educational accreditation is typically conducted  
30 by a government organization, such as a ministry of education. Accreditation of CPD provision  
31 assumes that the CPD activity is fit for purpose and addresses the needs and requirements of the  
32 attendees. As accreditation and quality assurance practices often depend on the legislation and  
33 culture of each member state, different practices have been recorded in Europe. In the UK for  
34 example - the British Dental Association (BDA), state for their annual conference, that all sessions  
35 are *'approved for accreditation of CPD hours and comply with the General Dental Council's verifiable  
36 CPD requirements'*. One might, therefore, assume that accreditation is in place. However, the GDC  
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## Guidelines for the organization of dental CPD

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3 itself does not approve any education provider or course for verifiable CPD (certified with CPD  
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5 points). Rather, it provides guidance by specifying the conditions which must be met in order for a  
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7 CPD activity to be considered verifiable and thus appropriately certified (6). All four of the following  
8  
9 conditions must be met.  
10

- 11  
12 1. A certificate (or other type of documentary proof) that proves that the individual took part in  
13  
14 the activity must be provided, and should document the number of hours spent by the  
15  
16 individual on the activity  
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- 18 2. The activity must have 'concise educational aims and objectives'.  
19
- 20 3. The activity must have 'clear anticipated outcomes'.  
21
- 22 4. The activity must have 'quality controls', which usually includes the opportunity for  
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24 participants to give feedback, with a view to improving quality.  
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28 The dental professional is responsible for deciding whether or not to count an activity as verifiable  
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30 CPD. Using professional judgment they are expected to decide whether or not the activity meets all  
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32 four of the conditions for verifiable CPD. The DentCPD project team suggests that, as in the UK,  
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34 specific conditions for the accreditation of the dental CPD activities should be defined in all EU  
35  
36 countries. The brief guidelines on the UK GDC's website and accompanying documentation may  
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38 serve as an example when defining best practices in this area for the EU-member countries. We look  
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40 forward to the conclusions of the GDC's in-depth review of its own processes in relation to CPD for  
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42 all dental healthcare professionals. Equally, the authors hope that this and other aspects of the  
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44 DentCPD project, aimed primarily at graduate dentists, could be used in the future debates around  
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46 the issue of CPD for all dental professionals, including the allied dental professions (dental nurses,  
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48 therapists, hygienists, technicians etc.). This should in turn support the important concept of training  
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50 dental professionals together, in support of dental team training and promoting opportunities  
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52 associated with the delivery of dental and oral healthcare services through as skill-mix approach of  
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54 utilizing the whole dental workforce for the benefit of patient care and safety.  
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Guidelines for the organization of dental CPD

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3 A recent survey carried out as part of the DentCPD project asked questions about accreditation of  
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5 CPD activities across the EU (9). It found, that in most countries, a wide range of organisations both  
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7 provide and are accredited to offer CPD points, but mostly the 'Professional Dental Association',  
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9 'National Regulatory Body' and 'State Organisation' were reported to accredit the providers of CPD.  
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11 'Accredited to provide' – assumes that there is an appropriate body/institution who accredits the  
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13 provider. Table 1 summarises the views from 30 EU or EU-affiliated member states. It provides a list  
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15 of organisations who were identified by those who responded to the CPD survey (9) including  
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17 representatives from major European Dental Associations and through the ADEE global network and  
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19 ADEE consensus discussion groups. It enumerates those bodies who were reported to provide CPD,  
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21 which of those were reported to be accredited by appropriate organisations to provide CPD  
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23 credits/points and in addition those who were reported to be CPD accreditation bodies. Further  
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25 answers to the survey questions suggest that there is no clarity on the issue of accreditation and a  
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27 certain degree of confusion about the criteria which could be used to measure against when  
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29 accrediting a CPD activity. This issue is an important future consideration. Clarity and acceptance by  
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31 regulatory bodies around the issue of accreditation can only lead to wider cross country boundary  
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33 recognition of graduate CPD achievements and in turn support the mobility agenda.  
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38 Table 2 outlines the suggested criteria which could be used for quality assuring CPD providers and  
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40 CPD activities.  
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## 46 47 CONCLUSIONS

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49 This document offers guidance to support the development of high quality continuing dental  
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51 education programmes designed to promote high quality dental care, according to evidence based  
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53 internationally recognized standards. It focuses on the providers of CPD for graduate dentists and  
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## Guidelines for the organization of dental CPD

those who fulfill the role of dental educators. This includes dental schools and other stakeholders involved in dental CPD activities.

All European dentists should be offered the opportunity to attend CPD activities throughout their career. To ensure a satisfactory outcome of CPD the activity, the providers should be quality-approved and impartial. Similarly, the educators should be approved, impartial, suitably experienced and trained and they should continuously update their educational expertise.

For optimal learning results, the mode of CPD delivery should suit the educational intentions of the programme. The structure of CPD activities can vary but providers should be mindful of continuity, multiprofessional learning opportunities and the need for clear learning objectives. Effort should be made to assess learning following a CPD activity and the application of that learning opportunity to clinical practice.

Participant feedback should be collected, analyzed and reported to providers and educators to inform future developments and build on areas of best practice. A uniform pan-European system of learning credit points (ECTS) should be used. There is a need to address issues around accreditation and quality assurance of CPD activities targeted at European dentists.

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## Guidelines for the organization of dental CPD

CPD providing organisation	Provides CPD	Accredited to offer CPD points	Accredits CPD providers
University Dental School	28	16	0
Professional Dental Association	26	18	8
Scientific Dental Society	26	13	1
Commercial Company	21	3	0
Private Education Organization	20	8	0
Dental Postgraduate Organisation	17	11	0
National Regulatory Body	10	7	9
State Organisation	8	2	6

Table 1. Number of countries reporting the stated CPD providing organizations to be accredited to offer CPD points, and that they can/do accredit CPD provision

## Quality Assurance of CPD

### CPD Providers

It is recommended that the provider of the CPD activity should meet the following criteria:

- The organisation and provision of CPD activities is among the provider's core activities.
- The provider has experience in organising and providing CPD activities.
- The provider must clearly state any conflicts of interest.
- The provider should be responsible for evaluating CPD activities and collecting and analysing data from these evaluations. The results should then be used to inform future provision.
- CPD educators should have appropriate qualifications, training and experience to deliver the activity.

### CPD Activities

In planning a CPD activity it is recommended that the following points are considered:

- An individual responsible for the CPD activity should be identified.
- The CPD activity should contribute to the development of professional competency and knowledge of dental practice.
- Educational aims and objectives that reflect the content should be developed for each activity. These should be provided to each attendee in advance of the CPD activity, along with a course description and outline. It is the participant's responsibility to ensure that the activity matches their learning needs.
- Evaluations of CPD activities should be carried out where appropriate. The depth of the evaluation may vary but should include an opportunity for attendees to give feedback about the activity. The DentCPD Evaluation Template (downloadable at [www.dentcpd.org](http://www.dentcpd.org)) can be used to assist CPD providers in evaluating CPD activities
- The venue for the CPD must be suitable for educational purposes.
- All course material should be free of advertisement

Table 2. Quality assurance (QA) criteria for CPD providers and CPD activities

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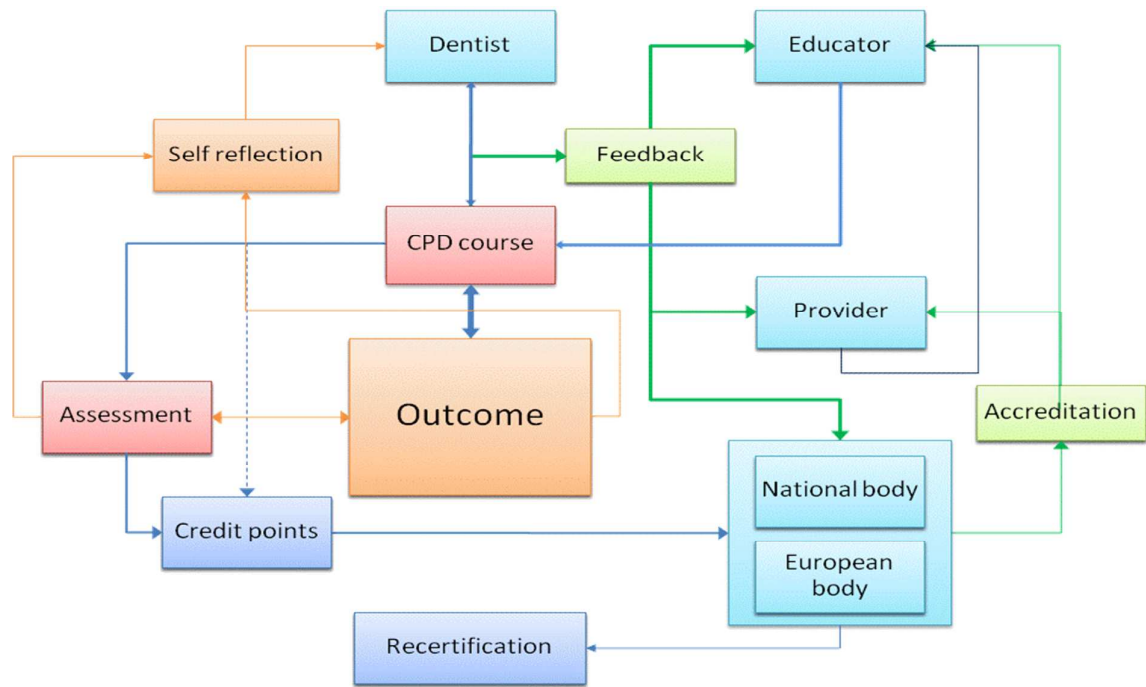


Figure 1. Outcome Centered Framework of Continuing Professional Development for Dentists in Europe



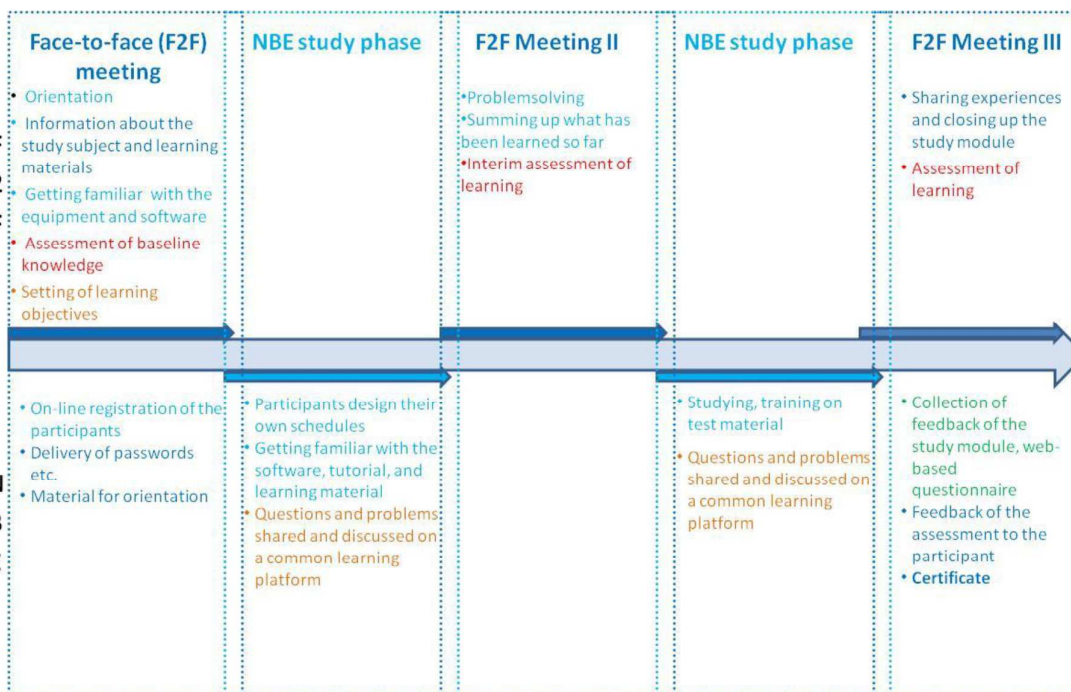


Figure 2. A schematic representation of the structure of a blended learning module combining different learning activities

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Legend to Figure 1

### **Outcome centered framework of continuing professional development**

**The Outcome** of a learning action in CPD should change, enhance or confirm the **dentist's** way of reflecting, behaviour and/or clinical practice. CPD can be said to have an impact where an improvement in practice can be seen to have resulted from the new knowledge or skills – i.e. that the effective CPD has been applied by the practitioner to their work (11).

A good **outcome** can only be achieved by a good **CPD course**. A good **CPD course** has a carefully targeted content in an effective pedagogical framework to both give new information and to evoke thinking and **self-reflection**, resulting at best in an active learner (12).

A good **CPD course** includes appropriate **assessment**. The **assessment** can test the substance of the **CPD course** but it should enhance active **self-reflection** targeting also future learning needs of the **dentist**. If a **CPD course** is mandatory or required for **recertification**, the awarded **credit points** should be justified by proper **assessment**.

Good **assessment** also gives useful information for the **educator** and the **provider** of the **CPD course to reflect on**. However, separate structured **feedback** should be collected from every CPD learning activity as it allows the **educator** and the **provider** to develop both the **CPD course** and the CPD curriculum at large. In addition, the **feedback** gives the **providers** and **educators** the possibility to develop both in terms of pedagogical aspects and substance expertise.

The **feedback** of the **dentist** also serves as a source of useful information for the possible **national bodies** to justify **accreditation** of **CPD course providers** and **educators** as well as for justification of possible **recertification** (in connection with **assessment**) of the **dentist**.