Guidelines for Continuing Professional Development for the European Dentist

(Part of the Erasmus DentCPD Project)

This report is a part of the project “Harmonisation & Standardisation of European Dental Schools’ Programmes of Continuing Professional Development for Graduate Dentists - DentCPD”, funded in part by the EC Executive Agency Education, Audiovisual and Culture [EACEA] Lifelong Learning Erasmus programme (#509961-LLP-1-2010-1-UK-ERASMUS-EMHE) which aims to identify agreed essential CPD requirements of an EU graduate dentist and to provide guidelines for the management and delivery of high quality CPD by all European dental CPD providers. It is preceded and based on an extensive literature inventory (Barnes et al. 2012) and survey of existing practices in dental CPD (Cowpe et al. 2011).

INTRODUCTION

This document offers guidance to support the development of high quality continuing dental education programmes designed to promote a high quality of dental care, according to evidence based internationally recognized standards. It is designed to offer guidance for the providers of continuing professional development (CPD) for graduate dentists and those who fulfill the role of dental educators. This will include dental schools and other stakeholders involved in dental CPD activities.

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. This was created to allow free movement of labor 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 (Cowpe et al. 2010, Manogue et al 2011). Also other publications relating to curriculum development and quality assurance have been published (Absi et al. 2011, Schulte and Pitts 2011).

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” (European Commission 1996).

Although the continuing professional education of dentists should be undertaken in accordance with national standards to satisfy different licensing/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 (EU Manual of Dental Practice, Cowpe et al. 2011).

These guidelines support the design and implementation of continuing education and training for graduate dentists in Europe. They include both suggestions for the organisation and monitoring of CPD, as well as guidance for learners (dentists) when identifying their learning needs. 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 aim 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 (Manogue et al. 2011).

A useful classification of CPD, distinguishes between “verifiable” and “general”. “Verifiable” CPD has clearly defined aims and objectives, outcomes, and quality control; “general” (non-verifiable) CPD include other types of learning activities, such as self directed journal reading (Buck and Newton 2002; Tredwin et al. 2005).

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 in dentistry.

Figure 1 represents a schematic overview of the outcome centered framework of continuing professional development for dentists. A full description of the framework is presented below figure 1 and a series of “screenshots” of the relevant part of the framework are linked to each aspect of the guidelines – in the on-line version of these guidelines these links are more interactive.
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**GUIDELINES**

Who is entitled to participate in Dental CPD?

All dentists, throughout their career
The European dentist is a lifelong learner who strives to improve his or her skills and broaden his knowledge for the benefit of patients. The dentist is responsible for his own internal quality monitoring and to set the criteria for the highest quality of patient care, according to the current scientific evidence. Thus, every dentist should actively seek for up-to-date knowledge, understanding and skills improvement throughout the career.

Opportunities to achieve this aspiration should be made readily available for all dentists. In addition to the undergraduate students, the graduates should be able to benefit of the up-to-date knowledge.

A toolkit for the learning needs assessment for dental practitioners is presented in Appendix 1. This learning needs assessment highlights the importance of self reflection by the dentist in identifying their own specific CPD educational needs.
Who is entitled to provide Dental CPD?

Quality-approved, impartial providers

Quality monitoring and quality assurance should be applied in all levels of education. As impartial stakeholders, universities and national dental organizations are important and the most common providers of Dental CPD. The universities as institutional representatives of the scientific community have a long history of monitoring the quality of the education provided. Thus, the university dental schools should recognize their important role in Dental CPD. Recent developments in economics have raised the possible danger of providing biased information. Universities have been forced to look for funding also from third parties including industry. The collaboration may result in the university using courses or lecturers provided by commercial companies. This may jeopardize the impartiality of learning objectives as well as materials available.

In addition, there are numerous other possible providers. Privately owned and run organizations funded for the sole purpose of providing courses for dentists can cover the needs of specific target groups. Commercial companies should be able to provide Dental CPD if the contents of the course are unbiased and transparent, and the educators are qualified and have no conflicts of interest. However, CPD should be clearly separated from sales promotions and technical instructions.

The DentCPD project team identified the importance and value of an officially recognized European body monitoring the quality of the provider organizations of Dental CPD as is already in place for
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medicine?? (ref medical credit transfer system). Uniform internationally recognized criteria for the accreditation of providers would be desirable.

The prerequisites for the providers include impartiality and continuous and transparent quality monitoring of the education provided using, for example, an appropriate feedback system.

**Who is entitled to act as an educator providing Dental CPD?**

*Impartial, suitably experienced and trained, approved educators who update their educational expertise*

In addition to recognized university faculty members who are specialists of the field, other dental professionals, who have no conflict of interest, can act as educators, provided they possess the up-to-date evidence based professional and pedagogical knowledge and/or experience for delivering or conducting high quality courses or activities in support of continuing education.

The DentCPD project team recommend that the educators seek pedagogical proficiency in adult education. The possession of knowledge itself does not guarantee the possession of skills to teach others. The pedagogical skills of every educator can and should be developed in order to maintain...
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and improve the quality of education. The DentCPD project team recommend that the body/institution responsible for approval/accreditation of CPD, should satisfy themselves that the educators/providers demonstrate sufficient pedagogic skills and when applicable, also enforce (and direct them to undertake) pedagogic courses.

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General Outcomes

Reflective practitioners who review and improve their practice

Learning outcomes describe what a learner is expected to know, understand and be able to do after successful completion of a process of learning (ECTS Users’ Guide). The outcome of a Dental CPD course - or other continuing education activity - should result in an appropriate and lasting alteration in a prevailing practice when recognized new evidence calls for it. To achieve this, the activity or course must give a sufficient reason and means to motivate the dentist to execute the necessary changes in their practice and discuss how barriers to implementation may be overcome. It is important that dentists are reflective practitioners who reflect not only on their learning needs but...
also reflect on what they have learnt 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

Mode of CPD delivery is diverse and the approach should suit the educational intentions of the programme.

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 well recognized that traditional face-to-face lectures and hands on courses form the basis of much Dental CPD delivery.

It has been argued that all three components of the teaching-studying-learning (TSL) process are essential (Ruokamo and Tella 2005, Tella et al. 2001, Uljens 1997, Vahtivuori et al. 2003).

Educational use of information and communication technologies (ICTs) is widespread in higher education, including dentistry (Mattheos et al. 2008). The usability of novel learning methods in network-based environments is well recognized. Recent developments include the mobile technologies such as, ‘portable’ and ‘hand-size’ multimedia communicators, smart phones, iPads and associated devices and gadgets (Tella 2004). Independency of the time and space, movability, and wireless access are common characteristics of mobile devices and mobility.

Network-based mobile learning environments can be used for obtaining information, producing material and interactive communication (Ruokamo and Tella 2005, Tella et al. 2001, Vahtivuori-
Hänninen 2005). This environment allows individual learners and learning communities to choose more freely than before, the time and place for studying and learning (Vesterinen et al. 2006).

A mobile learning environment, mobile tools can be seen as a range of aids that support thought and mediate thinking and activity and are well suited to a particular TSL situation. (Kynäslahti and Seppälä 2004, Ruokamo and Tella 2005).

The use of pedagogical models helps the educators to recognize the basis for their teaching and to design high-quality TSL processes (Tissari et al. 2005). The educators knowledge of learning theory and pedagogical models should be used to inform the most effective approach to teaching. New TSL environments can allow educators to successfully combine learning theories and their experience-based, tacit knowledge and competence (Tissari et al 2005Vahtivuori et al 2003, Vahtivuori-Hänninen 2005).

A pedagogical model directs the planning of a given learning situation, instruction related to it and the design of relevant teaching materials (Joyce and Weil 1980). 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 (Tissari et al. 2005, Vahtivuori et al. 2003, Vahtivuori-Hänninen 2005).

Examples of pedagogical models can be found in the toolkit....

**Problem-based models** are commonly utilized in NBE. They emphasize the idea that the starting point in learning is a problem or a question which the learners wish to solve. A problem-based model is not considered suitable, when the learning objective is skill-based (Boud and Feletti 1991).

**The model of reciprocal teaching** is based on the concept of sharing and combining expertise in teaching and studying. This model supports the idea to combine expertise among peers (Palincsar and Brown 1984, Tissari et al. 2005).

**Collaborative models** are based on a group that has convergent aims. Emphasis is placed on the importance of having a common working process and background community (Sharan and Sharan 1992, Castells 1996). Figure 2 gives a schematic representation of the structure of a learning module combining different face – to – face learning activities and one or more network based elements, in which context also mobile technology may be utilized. Preferably the study module starts with a contact (face – to – face) session. Unlike in solely NBE, the combined model is likely to enhance grouping which facilitates the learners’ orientation towards - and commitment to - the learning objectives agreed upon. Learning together with others adds an active learning component and provides invaluable peer support (Biggs and Tang 2007). Also, a contact session gives more possibilities to choose the methods of assessment.

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 (Vahtivuori-Hänninen et al. 2008).
Figure 2 provides a schematic representation of the structure of a learning module combining different learning activities.

Structure of the CPD activities

The structure of CPD activities can vary but providers should be mindful of continuity, multiprofessional learning opportunities and the need for clear learning objectives.

It is not the aim of these guidelines to dictate any particular structure for a course or activity. Dental CPD should be organized in a way which facilitates learning, endorses good practice or – if needed – is reflected in a change in the prevailing practice. To form comprehensive entities, the learning objectives, learning activities and assessment tasks should all be aligned as described by Biggs & Tang (2007).

Three features should be considered: how the CPD activity fits within a learner’s broader programme (continuity); the suitability of multiprofessional learning; and the clarity of the learning objectives.

Continuity

Dental CPD providers should coordinate individual courses into learning programmes which enable participants to build on their learning opportunities across a series of courses or modules. The
overall aim for the structure of Dental CPD should be that the individual course or activity forms part of a learning plan.

In order to match the learning outcomes of the individual activities, all educators involved should be aware of the aims and outcomes of the learning plan.

**Multiprofessional CPD for the whole dental team**

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

**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.
Assessment of learning and the application of acquired skills

Effort should be made to assess learning following CPD and the application of that learning to practice.

Dental CPD activities should generally include an assessment of the learning objective(s). The assessment should be appropriately mapped with the learning objective(s). Ideally, assessment is required to ensure that the participants have adopted the substantive learning outcomes of the course/activity, but this may be difficult to achieve. It is likely to require direct observation and peer review and thus is unrealistic in most cases. Further, studies evaluating, for example, pre and post-testing (Low and Kalkwarf 1996) show that changes in practice may not occur immediately after the learning activity but emerge later, after reflection, or emerge in a way that is difficult to quantify (Best and Messer 2003). The assessment of learning outcomes is clearly challenging. However, because assessment plays an important role in the learning process effort should be made to at least periodically assess learning and the application of learning (Manogue et al. 2002).

Bottenberg (2004) also points to the importance of reflection and suggests that, in addition to clinical skills, CPD should contain components of “personal reflection”.

The methods used for assessment may consist of a single procedure conducted as a post- or pre and post-test, or it may include assessments over time. Methods for assessment may include the following, but the list is not exhaustive:

- structured observation of performance,
- peer review,
- structured self-reflection,
- multiple choice questions,
- written essays or short answers,
- computer based interactive systems (voting machine),
- the submission of case reports based on practice,
- logbooks,
- OSCE stations,
- etc.

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.
Appendix 2 sets out a template for the CPD activity evaluation for dental educators which can be 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 part seeks to gain participants' views and opinions of the CPD activity, giving them an opportunity to provide feedback about the activity. 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. The second section part 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, seeks to gain participants’ views and opinions of the CPD activity, giving them an opportunity to provide feedback about the activity.

Part 2 of the CPD activity evaluation tool (appendix 2) describes the options for CPD activity pre- and post activity (course) assessment of the participants knowledge and understanding of the learning objectives of the activity.
The first part of the CPD Activity Evaluation toolkit (Appendix 2) relates to the feedback provided by the participant through a questionnaire and is relevant to the provider and educator for identifying gaps and highlighting areas of best practice.

**Feedback**

Participant feedback should be collected, analyzed and reported to providers and educators to inform future developments and improvements.

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
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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.

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Feedback

Separate structured feedback should be collected from every CPD learning activity. It allows the educator and the provider to develop both the CPD course and the CPD curriculum at large. The feedback gives the providers and educators the possibility to develop both in terms of pedagogical aspects and substance expertise.
Credit points

A pan-European system of learning credit points should be used

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

The content of a credit point must be clearly defined, for example by applying the European Credit Transfer System (ECTS). 60 ECTS credits are attached to the workload of a fulltime year of formal learning (academic year) and the associated learning outcomes. In most cases, learner workload ranges from 1,500 to 1,800 hours for an academic year, whereby one credit corresponds to 25 to 30 hours of work. Workload indicates the time needed in the average for the learner to complete all learning activities – including lectures, seminars, projects, practical work, self-study and examinations – required to achieve the expected learning outcomes (ECTS Users’ Guide).

Some form of verification of learning (assessment) prior to granting a credit point is recommended.
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Quality Assurance (QA)

There is a need to address issues around accreditation and QA of CPD activities.

Educational accreditation is a type of quality assurance process which provides an external evaluation of educational institutions or programmes to determine if standards are met. If standards are met, accredited status is granted by the agency. Educational accreditation is typically conducted by a government organization, such as a ministry of education. Accreditation of CPD provision assumes that the CPD activity is fit for purpose and addresses the needs and requirements of the attendees. In the UK for example - the British Dental Association (BDA), state for their annual conference, that all sessions are ‘approved for accreditation of CPD hours and comply with the General Dental Council’s verifiable CPD requirements’. One might, therefore, assume that accreditation is in place. However, the GDC itself does not approve any education provider or course for verifiable CPD (certified with CPD points). Rather, it specifies the conditions which must be met in order for a CPD activity (GUIDANCE) to be considered verifiable and thus appropriately certified (www.GDC.org). All four of the following conditions must be met:

1. A certificate (or other type of documentary proof) that proves that the individual took part in the activity must be provided.
   - should document the number of hours spent by the individual on the activity.
2. The activity must have ‘concise educational aims and objectives’.
3. The activity must have ‘clear anticipated outcomes’.

4. The activity must have ‘quality controls’
   - usually includes the opportunity for participants to give feedback, with a view to improving quality.

The dental professional is responsible for deciding whether or not to count an activity as verifiable CPD. Using professional judgement they are expected to decide whether or not the activity meets all four of the conditions for verifiable CPD.

A recent survey carried out as part of the DentCPD project asked questions about accreditation of CPD activities across the EU. It found, that in most countries, a wide range of organisations both provide and are accredited to offer CPD points, but mostly the ‘Professional Dental Association’, ‘National Regulatory Body’ and ‘State Organisation’ are believed to accredit the providers of CPD. ‘Accredited to provide’ – assumes that there is an appropriate body/institution who accredits the provider. This is summarised in table 1. This summarises the views from 31 EU or affiliated member states. Further answers to the survey questions suggest that there is no clarity on the issue of accreditation and a certain degree of confusion about the criteria which could be used to measure against when accrediting a CPD activity. This issue is an important future consideration. Clarity and acceptance by regulatory bodies around the issue of accreditation can only lead to wider cross country boundary recognition of graduate CPD achievements and in turn support the mobility agenda.

The QA toolkit (Appendix 3) outlines criteria and planning suggestions to address the QA of CPD activities. In addition suggestions are offered regarding criteria to measure against to support QA process. Figure 3 describes the QA criteria for CPD providers and figure 4 the QA criteria for CPD activities.
Figure 1. Outcome Centered Framework of Continuing Professional Development for Dentists in Europe

Comment [J42]: BOTH FIGURES MAY NEED MORE IN TEXT PARTICULARLY FIGURE 2
## 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 (Hopcroft et al. 2008).

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 (Biggs and Tang 2007).

A good CPD course includes some sort of 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.
A schematic representation of the structure of a learning module combining different learning activities.

F2F = face to face; NBE = network based education
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Figure 3 – QA criteria for CPD providers

- The organisation and provision of CPD activities is among the provider’s core 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.
- The provider has experience in organising and providing CPD activities.
- CPD educators should have appropriate qualifications, training and experience to deliver the activity.

Figure 4 – QA criteria for CPD activities

- An individual responsible for the CPD activity should be identified.
- Educational aims and objectives that reflect the content should be developed for each activity.
- The venue for the CPD must be appropriate: Accessible for disabled attendees, Of an environment conducive to learning
- All course material should be free of advertisement.
- The CPD activity should contribute to the development of professional competency and knowledge of dental practice.
- Evaluations of CPD activities should be carried out where appropriate.
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<table>
<thead>
<tr>
<th>CPD providing organisation</th>
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<th>Accredits providers</th>
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Table 1. Number of countries who believe the stated CPD providing organisations, provide, are accredited to offer CPD points and can/do accredit CPD provision

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