Quality Assurance of Continuing Professional Development (CPD) for Dental Professionals

Introduction

In May 2013, the DentCPD Project’s ‘Dental CPD Reference Manual’ was published as a Supplement to the European Journal of Dental Education available as an open on-line publication as a Supplement to the European Journal of Dental Education (www.dentcpd.org).


Earlier this year in the UK, the regulatory body the General Dental Council (GDC), as part of their review of dental CPD, put out a ‘call for information’ on ‘Quality of CPD in dentistry’ - an abridged version of GDC’s latest call is available in Appendix. The original version can be found at http://www.gdc-uk.org/Aboutus/policy/Documents/GDC%20Call%20for%20Information%20-%20CPD%20and%20Quality%20May%202013%20(FIN).pdf

There are concerns that there is no clarity on the quality of CPD courses/activities and evidence that they result in improved clinical care of patients. There would appear to be a need to establish how CPD is quality assured and by whom. Ideally, to promote mobility of dental professionals across the EU, the profession and the public would appreciate assurance that a CPD activity is of appropriate quality and the certificate issued, as a consequence of this, is sufficient to confirm that. Recognition, through appropriate certification, appropriately verified/accredited would benefit the dental professional and avoid duplication of CPD should they wish to work in a different country in the EU.

Questions to Consider in Preparation for and During the SIG ADEE 2013

From your experience

1. What methods of quality assurance (QA) of CPD in dentistry are in place in your country?
2. What methods of QA of CPD in dentistry do you believe are most effective at ensuring adequate quality provision/delivery of dental CPD?
3. Of recognised/verifiable CPD in dentistry, how assured or concerned are you about the adequacy of the QA of CPD?
4. Do you have evidence of the provision/delivery of recognised/verifiable CPD not being of adequate quality in your opinion?
5. What is your belief about the consequences of CPD that is of inadequate quality?
6. What suggestions do you have about how the quality of CPD in dentistry can be adequately quality assured?

Areas that you might consider when addressing the issue of ‘Quality of dental CPD’ (which should not be considered prescriptive) could include: In preparation, you may wish to consult the ‘Guidelines for the organisation of continuing professional development activities for the European dentist’ in the Dental Reference Manual (Supplement) on pages 29-37.

- CPD - Definition of CPD
- Importance of defined Aims and Objectives mapped to defined Learning Outcomes
- Structure and Content including
  - Evidence base of educational material
  - How up to date is the educational material
  - What educational methods are used
  - Whether relevant references and reading material are provided
- CPD Provider requirements
- CPD Educator requirements
  - Whether the educator has any affiliations with commercial organisations that may impact on course delivery such as sponsorship by dental materials manufacturer or retailer and whether these are declared and how conflict is managed
- CPD Recognition (verification/accreditation)
Quality Assurance Criteria

- Whether evaluation summaries of previous courses are available to participants
- Whether there is any worthwhile assessment of learning by participants at the end of the course
- Whether there is any follow up to assess changes in practice arising from the educational intervention

Appendix 1

An abridged summary of the GDC’s - Quality of CPD in dentistry: a call for information

Background

- The GDC requires all registrants, and also those planning to return to the register, to undertake CPD throughout their career as a dental professional.
- The aim of CPD is to ensure that dentists and DCPs are maintaining their skills, knowledge and behaviours, and also to make sure they keep up to date with the requirements of dentistry and the expectations and needs of patients today. (*how is this to be achieved?*)
- Effective CPD participation may also contribute to helping registrants stay on track and not depart from GDC Standards. (*where is the evidence?*)
- Embedding CPD in the professional life of dental professionals should contribute to achieving the outcome of safe and good quality dental practice. (*where is the evidence?*)
- Requiring CPD participation also contributes to enabling the GDC to provide assurance to patients and the public that those on the GDC register are maintaining their skills and keeping up to date. (*how is this achieved?*)
- The positive impact of good CPD can also flow from the individual dental professional
  - to the rest of the dental team;
  - to their colleagues and the broader work-place; and
  - importantly to the patient and the quality of care they receive. (*where is the evidence?*)
- It also may contribute more widely to the quality and safety of dental care generally across the UK. (*where is the evidence?*)

2011 - GDC launched a review of their current mandatory CPD requirements - continuing throughout 2013. As part of this they have recently consulted upon proposals for a new scheme.

A core emphasis of the GDC proposals is quality and impact of CPD. This includes ensuring that CPD activity
- can be adequately verified as meeting the GDC requirements; and
- achieves the learning outcomes relating to the GDC’s Standards.

Concerns about CPD quality

- There is a diverse approach to CPD provision in dentistry and a range of provider bodies in the UK.
- The GDC encourages the concept of blended learning, where different modes and approaches to CPD are used by registrants to participate in CPD and meet their requirements.
  - The GDC plan to further emphasise the benefits of blended learning as part of any future CPD scheme.
- The GDC also recognise that cost-effectiveness and access are important factors in enabling dental professionals to obtain good CPD that is right for them and enables them to comply with GDC requirements – both now and in the future.
Where the content, style, mode and learning outcomes of CPD are appropriate and of good quality, and when CPD also achieves time and cost-effectiveness, registrants should be able to feel satisfied with the experience.

- GDC have received comments and input indicating some issues about the quality of some CPD provision in dentistry.

**Maintaining Quality and Impact of CPD**

- The GDC’s current requirements for mandatory CPD for dental professionals set out that all verifiable CPD must have quality controls in place - This is a legal requirement. *(Where or what are the Quality Controls?)*
- Registrants may be required to submit documentary evidence that their verifiable CPD was quality controlled if their CPD record is selected as part of the GDC compliance audit.
- The GDC expect CPD providers to make this information clear and available to those who participate.
- The GDC believe that all CPD activity should be of an adequate quality to ensure that it has a beneficial impact on registrants and meets the purposes of their overall requirements.
- The GDC does not have the legal power to directly quality assure CPD providers, but they do expect those who provide CPD to ensure it is of an adequate quality.
- Where specific concerns about CPD provision are received by the GDC, they will follow them up where appropriate, and may respond directly or refer to other bodies, such as the Advertising Standards Authority.
- Where CPD is provided by GDC registrants they should take our Ethical Advertising Guidance into account, which can be found at www.gdc-uk.org
- Where the quality of CPD cannot be assured, registrants may not be able to adequately assure the GDC that they are meeting GDC requirements. Nor may they be effectively maintaining their skills, knowledge and behaviours and keeping up to date.

**Gathering feedback**

In January 2012, the GDC published their research exploring registrant, stakeholder and provider perspectives on mandatory CPD in dentistry. The study reported that “the issue of concern for many stakeholders/providers interviewed (for the research) was the quality of CPD…many felt that the quality of some of the CPD on the market was poor”.

In April 2012, the GDC held a one day conference, entitled ‘Maintaining Quality and Impact of CPD in Dentistry’. A range of stakeholders from the dental sector contributed to a dialogue about the current quality of CPD provision and the impact CPD may have on dental professionals. At the same event the GDC published a discussion document setting out similar themes. This can be accessed on the CPD Review pages of their website at www.gdc-uk.org

The GDC held a 4 month consultation on proposals for an enhanced scheme of CPD between October 2012 and January 2013. 387 responses were received. A number of comments from the consultation included reference to CPD and quality, and in certain cases indicated perceptions that some CPD may not be of the right quality.

**Expectations of the CPD providers**

In April 2013, the GDC took the opportunity to make a post-consultation statement that referred to CPD and quality. In the statement they called on:

- all who provide CPD for dental professionals to ensure they robustly quality assure their CPD products and services and have effective feedback mechanisms in place;
- the dental CPD industry to be proactive in working together to develop industry-led quality standards to give dental professionals, as CPD consumers, assurances about their products and services; and
- all registrants, as consumers of CPD, to make careful choices when investing time and money in CPD products and services and to obtain advance assurances as to the quality and value for money.