COPDEND consultation on a Quality Assurance Framework for CPD in Dentistry

Response from the Faculty of General Dental Practice (UK)

September 2014

About the FGDP(UK)

The Faculty of General Dental Practice (UK) is based at The Royal College of Surgeons of England. We are the largest of the UK dental faculties and provide a national voice for over 4700 fellows and members.

Around 95% of dental care in the UK is provided in the primary dental care setting. The FGDP(UK) improves the standard of primary care dentistry delivered to patients through standard setting, postgraduate training and assessment, publications, policy development, and research. The FGDP(UK) offers continuing professional development and training opportunities for all registered dental professionals.

Introductory comments

The FGDP(UK) very much welcomes this move towards improvements in continued learning and education for dental professionals. We have raised the issue of the quality of CPD in various consultation responses and in dialogue with stakeholders over a number of years, and we firmly believe that the process before us is a step in the right direction. Indeed, we have provided representation to the Advisory Group that has helped to shape the framework that is the subject of this consultation.

The broad format of the framework is to be applauded. It aims to lay down the fundamentals of a process to help providers plan educational activities and for users to understand what can be expected from CPD. It is also timely, in light of the ongoing work of the General Dental Council to develop a system of continuing assurance within the profession.

However, it is essential that the development of any final proposals takes careful account of potential issues and concerns raised as a result of the consultation. Some senior representatives of the Faculty have raised concerns around the implications of the proposed framework in terms of increased bureaucracy and expense, both for the user and provider. Though challenging, it is for COPDEND, its Advisory Group and stakeholders to determine how these concerns may be mitigated, and work with the regulatory agencies to ensure that any final framework is both practicable and meaningful.

There is some concern from within the FGDP(UK) around the lack of a robust evidence base to support the proposals within the framework. For example, there is no evidence presented in the framework to support the assertion that gold-rated CPD, as defined, would have a greater educational impact than silver or bronze. We would urge that the consultation takes account of this view, and states clearly the evidence used to support the basis of each component within the framework. Where aspects of the framework have been based on expert opinion, as opposed to evidence, then this should also be stated. The rating system has value, but needs to clearly reflect levels of educational impact, rather than the administrative capability of the provider or how well the course is organised.

The arbiters of effective professional CPD may be considered as follows:

- How much safer is the attendee's clinical practice following the CPD?
- Is there an improvement in patient care and treatment outcomes as a result of the CPD?
- Is the attendee motivated and enthusiastic to continue a process of professional development and self-learning following the CPD?

However, these are very difficult to measure, and there is a paucity of well-designed studies examining these factors within dentistry.

We would also urge caution in the assertion that only trained teachers can deliver quality learning experiences, and this is particularly the case when there is no summative assessment at the end of the CPD. The framework needs to acknowledge that many professionals experience valuable learning through 'story-telling' by those with first-hand experience of the practical issues that face dental professionals within their practice. Individuals who may have the necessary skills to impart knowledge and a useful learning experience may be considered experts in their field, but may not have the educational background to meet some of the requirements set out in the framework. Study groups and 'lunch and learn' type CPD experiences are often considered to be very valuable by professionals, although we would agree that the quality of learning should not be compromised regardless of the style, format or location of delivery. Consideration also needs to be given as to whether the proposals may compromise availability of CPD in areas (either by subject or by geographical location) where there may be limited access to more formal courses.

Nevertheless, the Faculty acknowledges the difficult task of designing a system of quality assurance within CPD, and we will continue to give our enthusiastic support to this process and the aim to raise the standard of learning experiences that are available within dentistry.

Consultation questions

1. Is the format of the Quality Assurance Framework such that it will be usable by, and useful for, both CPD 'users' and 'providers'?

1.1 The framework is comprehensive and provides robust quality indicators for both users and providers that are compatible with good educational governance in terms of design, delivery and assessment. The 'bronze, silver, gold' quality ratings appear to cater well for a variety of providers – an 'informal' provider at the bronze level (such as an individual general dental practitioner or supply company), with silver possibly aimed at the private training organisations, and gold for educational establishments (such as universities).

1.2 The quality rating makes transparent what many purchasers of CPD recognise at present, that the quality of CPD is often related to directly to its cost. Free CPD, such as that available in dental magazines, is unlikely to deliver a comparable level of learning and education as a university-based course, for example.

1.3 However, we would urge that the quality mark will only become meaningful if the GDC were to state that a registrant *must* undertake a defined number of hours of bronze, silver or gold CPD, or that they *strongly urge* registrants to complete the defined hours, and that failure to do so will be viewed critically should the registrant come before the Fitness to Practice Committee. Without this, it appears unlikely that the framework will influence the purchasing choice of some registrants, who may continue to seek CPD based only on cost and/or convenience. We would question the impact of a personal development plan based on CPD that is all at the bronze rating level, given that this is deemed satisfactory and meeting the minimum standard as set out in the framework.

1.4 For CPD providers, the process of gathering appropriate evidence of the level of governance described in the framework, even at bronze level, will inevitably result in greater levels of administration and therefore higher costs. This will take many providers out of the CPD market and, although this may have the desired outcome of reducing the availability of poor quality CPD, it may also restrict access to CPD per se for many users.

1.5 It is essential that there is transparency around the likely consequences of introducing the scheme described in the framework, both positive and negative. It is important that there is a recognition that the cost associated with a robust quality assurance process will likely be borne by the user, ultimately. We must also be clear that the proposals will favour those organisations that have the necessary resources to manage the administration required, at least in the short term.

1.6 The framework includes detailed information, and while this may be necessary and useful for both users and providers, it seems likely that some users will be disinclined to study all the information provided. It may be helpful to develop material that provides a clear and straightforward guide to accompany the detailed document.

1.7 We have some concerns that the linear and tabulated presentation of the framework may not be the most effective way of presenting the content. Consideration should be given to presenting the four principle areas (or in preference 'domains') as mind-maps, which may allow for greater understanding and thus ability to implement the performance indicators. One representative of the Faculty urges the removal of the Venn diagram showing the four domains on page three of the framework document.

1.8 The usefulness of the framework for the user (and possibly also the provider) may also be improved by linking CPD to a personal (or practice) development plan.

2. Do you think the Quality Assurance Framework will support CPD providers in the development, delivery and maintenance of high quality, effective CPD?

2.1 It is our view that the framework will support providers. However, we believe that the issue at stake here is rather whether the framework will be embraced by the broad spectrum of providers that exist. As referred to above in 1.3, there is a need for the regulatory system to reflect the aims of the framework in order to ensure compliance. While this may not present an issue for the providers of CPD that may be rated at gold level, it is important to consider whether providers of CPD that may be bronze-rated (and possibly some silver-rated) will engage with the process in the absence of any obligation or incentive.

2.2 We would also highlight, as above, the lack of evidence to indicate whether the framework may represent an effective way to support CPD that is of improved quality and effectiveness.

2.3 We would wish to see the proposals include a structure for the provision of support to those providers who wish to raise the standard of the CPD that they offer. Providers who may not be familiar with the quality domains may need additional guidance beyond that within the current framework. This is important since it is these providers, rather than the postgraduate deaneries, royal colleges, universities and other academic institutions, where the framework would likely have the greatest impact.

3. How should the Quality Assurance Framework for Dental CPD be implemented?

3.1 The FGDP(UK) believes that the following is necessary for the framework to be implemented effectively:

- The GDC to should only approve CPD as verifiable if the provider can demonstrate effective quality assurance and compliance with the framework.
- Rating of CPD as bronze, silver or gold will need to be carried out via a process of external assessment in order this to be robust and effective. This has cost implications, but is the only way to provide the necessary assurance for the GDC and the user.
- It is likely that a voluntary scheme is not viable as many commercial providers will find it difficult to comply with commercial conflicts of interest and, as a result, may overstate the educational value of their provision.
- It will be necessary to ensure that only CPD that has been formally evaluated is approved to include rating information on any advertising or marketing material.
- There must be clear guidance in place so that users may easily identify the value of CPD that has been rated, the criteria for the three rating levels, and what this means in terms of educational outcomes and value for money.

3.2 As above (1.3), we believe that it will be necessary for the GDC to insist upon a defined number of hours of CPD that is at a gold-rated standard.

3.3 The proposals are likely to have the greatest impact on raising the standard of patient care if there is a requirement on the registrant to reflect on any changes to their practice as a result of their learning experience. This could be demonstrated via an audit that shows improved treatment outcomes, or by evidencing competencies in a new treatment area, for example.

3.4 It may be helpful to consider a pilot process for the framework prior to any implementation, perhaps beginning with major providers and large academic institutions, followed by smaller or individual providers. Following any piloting, the framework should itself undergo a process of audit and, subsequent to the evaluation of outcome, could be considered for formal implementation.

3.5 Implementation will also require a registration procedure to be in place with the body (or bodies) that will carry out the quality assurance process. COPDEND and the Advisory Group may wish to consider engaging with organisations where quality assurance processes are already in place (including the FGDP(UK)), particularly for the assessment of CPD at the level of bronze and silver.

3.6 In summary, development and implementation of the framework will require sufficient time to allow for appropriate evaluation, consultation and provision of training, and to enable providers to develop processes to help meet requirements.

4. What are the potential barriers to this Quality Assurance Framework becoming a mechanism to drive up standards of Dental CPD in the UK?

4. 1 We would consider the major barriers to be as follows:

- **Cost**. Implementation of the standards will require significant changes to most CPD provision. For example, the requirement to use recognised experts and trained teachers in the development and delivery of CPD courses will incur costs beyond existing structures for most course providers. Likewise, the cost of CPD for users will increase as a result of increased costs for providers.
- **Time**. Effective quality assurance requires a considered evaluation of a variety of factors. The process of quality assuring the framework itself will require time, as well as any pilots as part of a phased implementation. Also, practitioners may require more time to demonstrate any changes to their practice as a result of their learning.
- **External assessment**. It will be essential for assessment of CPD to be carried out by a recognised body external to providers . Royal colleges have in the past approved training programmes, although many are also providers – this is the case for the FGDP(UK).
- **Commercial interest.** Commercial courses (eg, those sponsored by the trade) will find the framework unworkable due to issues of commercial interest.
- **Restrictions on content and availability.** The requirement for evidence-based content, which is fundamental in clinical education, may restrict both the content of CPD and the type of CPD available. The introduction of the framework may also impact on the geographic availability of CPD.
- **Enforcement.** Unless compliance with the framework is compulsory, then it is likely that many of the providers that offer poor quality CPD will continue to do so, and we will see no net positive effect on the overall CPD provision for users. There will also need to be a mechanism in place to ensure that any CPD that has undergone assessment continues to meet the standard commensurate with its rating (ie, adequate 'policing' of the system). It will also be necessary to determine what action will be taken should a provider cease to meet the standards, and how a rating may be changed or removed.
- **Availability of support.** Many providers are likely to face difficulties in meeting the requirements in the framework without an adequate mechanism for support. Many users will also need access to additional support and/or advice in order to make informed decisions about the CPD that they purchase and the implications for their practice, professional development and continued registration.
- **Mapping with regulatory requirements.** The current work by the GDC with respect to the development of a system for continuing assurance within dentistry has significant implications for this framework. The two processes will need to be aligned and carefully mapped to ensure that that there is reciprocity. This will be challenging, not least given that the GDC is still at an early stage in the development of such a scheme.
- **Establishing an evidence base.** Teaching strategies are often based only on expert opinion, and there are few well designed studies that determine if one teaching strategy is better than another. It will also be important to evidence studies that have considered the value of CPD in dentistry in the context of outcomes of patient care and safety.
- **Engaging with the profession and providers.** It will be essential to engage with registrants in order to develop a framework that is useful, delivers on its objectives, and achieves buy-in from the profession. Likewise, the views of providers will need to be sought and considered. There is a danger that both the profession and providers may perceive the introduction of the framework as another layer of bureaucracy and additional burden at a time of austerity and set against a background of significant change in other areas of dental care.
- **Measuring the impact of any new framework.** In order to improve standards of CPD it is necessary to first have a clear understanding of current standards. 'Control' or 'index' groups will need to be established prior to audit and implementation of the framework, possibly as part of a piloting programme.

5. Any further comments

5.1 A senior representative of the Faculty has made the point that a provider could offer CPD that complies with current legislation but not the framework, and vice versa. For example, they may achieve a bronze rating as part of the framework document without stating the hours of CPD undertaken (page 13, area 4, fourth line). However, the Statutory Instrument No 2008 / 1822 in paragraph 4/C states that a registrant must record the number of CPD hours attributed to each item of CPD.

5.2 Furthermore, the GDC describes CPD as follows: "CPD for dental professionals is defined in law as lectures, seminars, courses, individual study, and other activities, that can be included in your CPD record if it can be reasonably expected to advance your professional development as a dentist or dental care professional, and is relevant to your practice or intended practice". The representative notes that they have been unable to verify this statement, despite reviewing the primary legislation and instruments that followed.

Concluding comments

To reiterate the key point in our response, the viability of this framework will be dictated by the regulator. The GDC would need to ensure that CPD requirements include minimum hours at gold (and silver) rated level, and may need to go further by stipulating that a defined number of gold-standard CPD hours are a prerequisite for practice in clinical areas that may demand higher skills or carry a higher level of risk to patient safety.

The document is comprehensive, with outcome measures and individual duties that are well articulated. It appears likely that the quality of training and the robustness of CPD will be enhanced if the framework were to be in place. The onus will on the training providers to prove that they are challenging their own courses and tutors to comply with the document.

The development of any new framework should not ignore the value of CPD that enthuses registrants to continue with their professional development. Interactions of this kind do much to foster a positive attitude towards a professional's chosen career, and therefore can help to encourage a more positive interaction with patients. It is important, therefore, that the framework is not overly prescriptive. However, the primary aim of CPD must be to help support professionals in delivering quality patient care and safety, and while it is possible that a minority within the profession may consider this to be onerous, high quality life-long learning will continue to be fundamental to good standards of practice. We welcome this work as a major step forward in ensuring this will be the case.

The FGDP(UK) is a provider of CPD and we have a wealth of experience in the accreditation of CPD as part of our Career Pathway, now succeeded by the new professional development pathway towards Fellowship of the FGDP(UK). The Faculty's quality assurance panel is central to our governance structure, and this group assesses the educational validity of Faculty courses. The ethos that lies behind the development of this framework is central to the work of the FGDP(UK), and we would like to make clear our continued support for the development of this important work. Furthermore, we are well placed to contribute to the implementation of any future scheme.

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