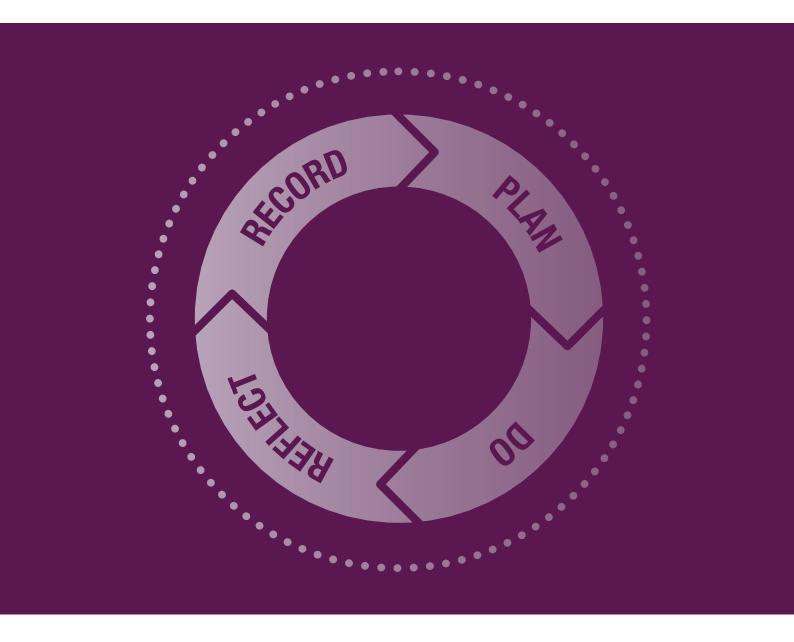# Enhanced CPD
guidance for providers

RECORD

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PROFESSIONALS

General Dental Council

protecting patients,
regulating the dental team

1 Summary of the scheme

The enhanced CPD scheme commenced in January 2018 for dentists and August 2018 for dental care professionals. The GDC has developed guidance for all dental professionals which can be found **on our website**. The main changes to the scheme are:

- The requirement for all dental professionals to have a personal development plan (PDP);
- An increase in the number of verifiable hours for most professional titles and the requirement to spread the hours more evenly across the five year cycle;
- Dental professionals no longer have to declare non-verifiable CPD to the GDC;
- The requirement to make an annual statement of CPD hours completed, even if zero hours have been completed for that year;
- The requirement to align CPD activity with specific **development outcomes**;
- The requirement for professionals to plan CPD activity according to their individual "**field(s) of practice**".

Changes to hours:

Registrant title	Minimum hours of verifiable CPD per five cycle
Dentists	100
Dental therapists	75
Dental hygienists	75
Orthodontic therapists	75
Clinical dental technicians	75
Dental nurses	50
Dental technicians	50

2 Ensuring quality through verifiable criteria

We recommend that all dental professionals, as consumers of CPD, make careful choices when investing time and money in CPD products and services and obtain advance assurances (where possible) as to their quality and value for money.

To assist professionals in their CPD choices, the GDC has set criteria for what can count as verifiable CPD. Dental professionals are responsible for ensuring and declaring that their activity meets these criteria. As a CPD provider, you must list the criteria on the evidence (i.e. the certificates) that professionals collect from you to show that the CPD has been completed. This gives both professionals and the GDC assurance that the CPD can be counted as verifiable.

As a CPD provider you should make written participant feedback a part of your provision and you should respond constructively and promptly where concerns are raised about the quality of products and services.

All dental professionals who provide or deliver CPD products and services should be familiar with our guidance on advertising that can be found **on our website**.

3 Criteria for verifiable CPD

CPD providers must provide the following information as part of the evidence of completion given to dental professionals who have completed the CPD activity. **These details also demonstrate to the GDC that the activity is verifiable**:

- The subject, learning content, aims and objectives;
- The anticipated GDC development outcomes of the CPD;
- The date(s) that the CPD was undertaken;
- The total number of hours of CPD undertaken;
- The name of the professional who has participated in the CPD activity;
- That the CPD is subject to quality assurance, with the name of the person or body providing the quality assurance;
- Confirmation from the provider that the information contained in it is full and accurate.

It should also include the participant's registration number.

In most circumstances, these details should come in the form of a certificate, where all the required information is included on one document for the CPD participant (this may be a physical or electronic copy). However, in some circumstances and depending on the activity, different forms of evidence may be provided. CPD providers should provide sufficient evidence regardless of the type of activity.

4 The development outcomes[1]

Our guidance **Standards for the Dental Team** sets out the ethical principles of dental practice. In the enhanced CPD scheme, the standards are brought to the forefront of CPD planning and activity through the four development outcomes. These development outcomes encourage professionals to link their learning activity more closely to the standards, and support them to embed the principles further in their working life.

The CPD rules state that professionals must link each of their planned and completed activities to at least one development outcome. For CPD providers, this means linking indicative development outcome(s) for each CPD activity you offer.

In practice, this can be as simple as using the corresponding letters (A, B, C, D) of the anticipated outcomes on your promotional material and the subsequent evidence provided to the professionals on completion. Below are the development outcomes and some examples of what kinds of CPD might be linked to each (please note – these examples are advisory only and not exhaustive). It is possible for some CPD activities to link to multiple outcomes.

Development outcome	Example of CPD content
A Effective communication with patients, the dental team and others across dentistry, including when obtaining consent, dealing with complaints, and raising concerns when patients are at risk;	• Communication skills • Consent • Complaints handling • Raising concerns • Safeguarding
B Effective management of self and effective management of others or effective work with others in the dental team, in the interests of patients; providing constructive leadership where appropriate;	• Effective practice management • Business management • Team working • Leadership skills
C Maintenance and development of knowledge and skill within your field of practice;	• Clinical and technical areas of study • Radiography • Cross infection control • Medical emergencies and CPR • Emerging technologies and treatments • CPD on quality assurance for MHRA • CPD specific for your daily role(s)
D Maintenance of skills, behaviours and attitudes which maintain patient confidence in you and the dental profession and put patients' interests first.	• Ethical and legal issues and developments • Professional behaviours • Equality and diversity training

1 The CPD rules refer to development outcomes as "learning outcomes"

5   Field of practice for dental professionals

The CPD rules state that dental professionals must choose CPD that includes activities relevant to each field of practice they work in, or intend to work in, during their CPD cycle.

A dental professional's field of practice encompasses a variety of aspects about their work, beyond just their scope of practice. Professionals should be selecting CPD to reflect the full breadth of their work. In forming their PDPs, professionals may consider:

- The regular skills, practice and professional roles that they undertake. If they are working in a specialist practice, have a professionally focussed area of work, or have educational roles, this should be reflected in their CPD planning and activity;
- Any additional skills they hold in which the awarding body makes recommendations for CPD;
- The patient population that they treat and how their needs are met;
- Their practice or work setting(s).

To see examples of how professionals might use their field of practice to develop their PDPs, please see the GDC's PDP template **on our website.**

6   Participation in CPD activities

CPD providers need to have systems in place to credit individuals' participation appropriately. For the GDC, this means that the professional is credited only for the number of hours they were in attendance (and not automatically the full number of hours of the activity). For example, if the full CPD course was six hours, but the professional left half way through the activity, then they should only be credited for the three hours they were in attendance.

Participation in CPD activity is not only about attendance - it also means that the professional is engaged in the activity. Providers should determine how participation applies to their specific type(s) of CPD activity. The GDC will not expect details about how "participation" has been defined by each CPD provider on the evidence given to the participant. However, it is the responsibility of the CPD provider to ensure that adequate and meaningful participation is achieved when providing evidence to dental professionals for their hours.

To encourage meaningful participation, for example in a CPD lecture, this might mean that professionals are required to attend the full lecture. Providers might have innovative ways to encourage professionals to participate or actively listen throughout the lecture and to demonstrate engagement afterwards, by answering questions or a feedback form online before a certificate is generated. For a hands-on course, this might mean that every professional is required to participate in the activities rather than observing others.

Professionals should also be able to demonstrate their engagement through meaningful reflection on the activity. CPD providers should think about ways to incorporate reflection into their CPD activities, to help professionals reflect in their activity logs. An example of this might be including some reflective questions on the back of CPD certificates, which the participants are able to transfer into their activity logs. The GDC's activity log template has examples of questions to help dental professionals reflect, which are repeated below. CPD providers may wish to use or develop similar questions.

In reflecting on your CPD activity:

- *What did you learn (or confirm) from the activity that was helpful or relevant to your daily work and patients?*

- *Did you identify any changes/updates needed in your daily work, and if so, what? How did you make these changes?*

- *If you didn't identify changes needed, what did the activity confirm for you, that you may already know or be doing?*

- *What was the benefit to your work and/or your patients in carrying out this activity?*

Please see the GDC's activity log template for reference **on our website**.

7 Quality assurance

The GDC requires that CPD must be subject to some form of quality assurance in order to be counted as verifiable. This means that a CPD provider's quality assurance processes will inevitably be a consideration for dental professionals when selecting their CPD, and this should encourage providers to take quality assurance seriously.

Dental professionals are responsible for ensuring their declared CPD meets the verifiable criteria. The GDC encourages professionals to seek clarification of this from providers, before selecting CPD.

> **Please note:** While the evidence must state that the CPD has been quality assured to be counted as verifiable, the GDC does not require a list of the specific measures in place and will not be assessing or advising on this.

Quality assurance should be present at all stages of verifiable CPD activity - before, during and after – no matter in what form the CPD activity is delivered or received, or whether it is paid for or free. There are a number of ways verifiable CPD can be effectively quality assured. Some examples are as follows:

Quality assurance measures taken by providers before CPD activity could include:

- Educational governance policy;
- Equality and diversity policy;
- CPD needs assessment;
- Peer reviewed content;
- Evidence-based content;
- Policies and procedures to avoid commercial bias;
- Appropriate recruitment and selection of those delivering CPD;
- Integration of pre-existing feedback;
- Transparency of verifiable criteria;
- Evidence-based educational strategies.

Quality assurance measures taken by providers during a CPD activity could include:

- Robust methods in place to confirm attendance and active participation by attendees;
- Methods to monitor and evaluate content delivery;
- Using trainers with expertise on the subject, and/or educational expertise to deliver the content;
- Content that demonstrates a clear relationship with anticipated development outcomes throughout delivery;
- Opportunities for active participation and/or discussion during the activity;
- Opportunities for participant reflection during or immediately after the activity;
- Assessment of learning;
- Accurate measurement of duration of actual CPD activity – i.e. not including break and travel times.

Quality assurance measures taken by providers after a CPD activity could include:

- A reflective element for participants to link to their personal development plan and activity log;
- Participant evaluation and feedback methods that are used to improve the activity;
- An assessment of participant learning and participation;
- Post-delivery evaluation;
- A complaints procedure.

These examples are advisory only and not exhaustive. Many providers will have their own frameworks already set up for appropriately quality assuring their activities. However, if you would like more guidance on quality assuring CPD, the most current version of the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) **quality assurance framework** may be of assistance to providers. However, this is a suggestion for potential guidance, not a compulsory framework to follow. Providers should implement the quality assurance strategies that they deem appropriate for their activities.