RCS
FACULTY OF DENTAL SURGERY

COPDEND consultation: Quality Assurance Framework for CPD in Dentistry

Faculty of Dental Surgery response

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

   The Faculty of Dental Surgery generally supports the concept of a Quality Assurance Framework which will be useful for both CPD "users" and "providers". However, we have a number of concerns in relation to applicability of the Framework:

   - The Framework seems more appropriate to large audiences such as general dental practitioners, dental foundation trainees and dental care professionals than specialists for whom it would mark a major change in the way they obtain their CPD.

   - Whilst the proposed system may be practicable for Deaneries or large societies, e.g. British Dental Association or British Orthodontic Society, a number of aspects, including its complexity and resource implications, may make it unusable for smaller organisations or single-handed teachers. This is an important consideration as much of the most valuable CPD, which most benefits patient care, particularly in the smaller specialties, is provided by peers or colleagues rather than commercial providers.

   - A significant amount of CPD undertaken by specialists is provided by international conferences and in some cases within a medical environment. These providers will not be required to adhere to this framework, particularly as many already conform to other quality assurance processes.

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

   We feel that the proposed Framework clearly articulates a number of excellent aspirational standards. However, we would like to highlight several areas of concern:

   - Some of the standards may be counterproductive. For example, some providers who are unable to achieve gold status and have limited resources may withdraw, rather than be perceived as providing a second grade service.

   - Whilst the idea of pre-testing may work well for new ideas where delegates are happy to admit they are incompetent, it may pose more difficulties in areas of core knowledge

   - The concept that CPD material should be (where possible) evidence based may lead to a significantly reduced breadth of CPD, particularly as most dental interventions have a limited evidence base. It is also important for CPD to stimulate discussion and debate.

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

   We believe the Framework should be introduced via a national launch, overseen by the Deaneries, to ensure that as many "providers" as possible are made aware of the new framework and its implications for the provision of CPD.

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

   We are concerned that there are a number of potential barriers to the Framework being a mechanism to drive up standards of Dental CPD in the UK:

   a. Training
   - There are relatively few "Training the Trainers" courses. As a result of this and the cost of attending them, the need for recognition by an appropriate nationally recognised body could potentially reduce the number of suitable trainers/providers.

   b. Administration
   - The new Framework is aspirational but may not be entirely realistic and practicable to deliver, particularly by smaller providers:
     - The extra workload involved may mean that current providers of CPD decide to withdraw.
     - The current payment system for "providers" fails to reflect the time required to research current evidence and prepare new presentations
     - The ability to deliver all the requirements of the Gold or even Silver levels may be beyond the capabilities of smaller organisations

   c. Audit
   - The implication that a CPD activity will be repeatedly delivered and subjected to rounds of educational audit and improvement until it is perfect is most relevant to an ever changing audience of dentists or dental care professionals passing through an early stage of their postgraduate career. In smaller specialties this is not the case and courses or workshops are almost never run repeatedly. The current proposal does not therefore appear to address this sector.

   d. Outcome measures
   - The longer term impact of this system as regards outcomes measures should be assessed.

e. Assessment
   - Individuals attending a CPD activity will have a range of educational needs and expectations. The proposal does not clarify how this diversity and hence the educational benefit of the activity to the individual and hence patients, will be captured in a meaningful way.

   f. Sponsorship
   - CPD can play a significant role in disseminating information about a new technique or equipment which will benefit patient care. Many dental companies support such CPD and hence clear guidance needs to be developed on appropriate engagement with the private sector.

5. **Any further comments**

   We support the suggestion that evaluation/feedback should be targeted rather than generic.

   We would also like to comment on the following specific items in the draft Framework:

Section 3, CPD Evaluation

Point 1: We recommend that participants should always be able to provide feedback anonymously to minimise the possibility of bias.

Point 6: It is unclear how the impact of CPD on future patient or clinical outcomes can be measured in practical terms

Section 4, CPD Administration

Point 4: We suggest that all standards, including Bronze, the CPD certificates, title, learning outcomes etc. should be provided.