

The end of CPD as we know it?

ADEE CPD project team:

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Review of the Literature on CPD



Questions

- Evidence of
 - Interactive activities
 - e-learning
 - Peer learning
 - Mentoring and coaching
 - Reflection
- Best practice and impact-on-practice
- Variation across work settings
- CPD choices driven by insight/intelligence
- Qualitative-based models

*Life Long Learning
sustaining professional and clinical expertise*



Search Strategy



- Web of Science; OVID Medline; EMBASE; CINAHL; SCOPUS Life Sciences, Health Sciences, Physical Sciences and Social Sciences & Humanities, Cochrane Database.
- Educational: ERIC, British Education Index
- Social sciences and psychology: ISI Web of Knowledge, ASSIA, PsychInfo
- Law: HeinOnline, LexisLibrary
- Google Scholar

- **Reference lists of retrieved articles**
- **Hand searching: European Journal of Dental Education, British Dental Journal**

- **Websites of healthcare and non-healthcare organisations (doctors, nurses, midwives, optometrists, pharmacists, other healthcare professionals, solicitors, engineers) – UK & internationally**



Search Strategy



Research Area Experts

- Online survey – 25 responses
- 13 discussions with individuals and groups at IADR 2018, ADEE 2018

Documentation

15,845 → 874

Report included data extracted from
184 documents



Four themes for today

1. Interaction in CPD Activities:

Peer Learning

Mentoring

Reflective Practice

2. E-Learning:

Innovative Developments in Continuing Education

3. Insight & Intelligence Gathering:

How do they influence registrants, CPD providers and regulatory bodies

4. No more time serving?

Move towards qualitative-based CPD policies



Interaction in CPD Activities:

Peer Learning
Mentoring
Reflective Practice

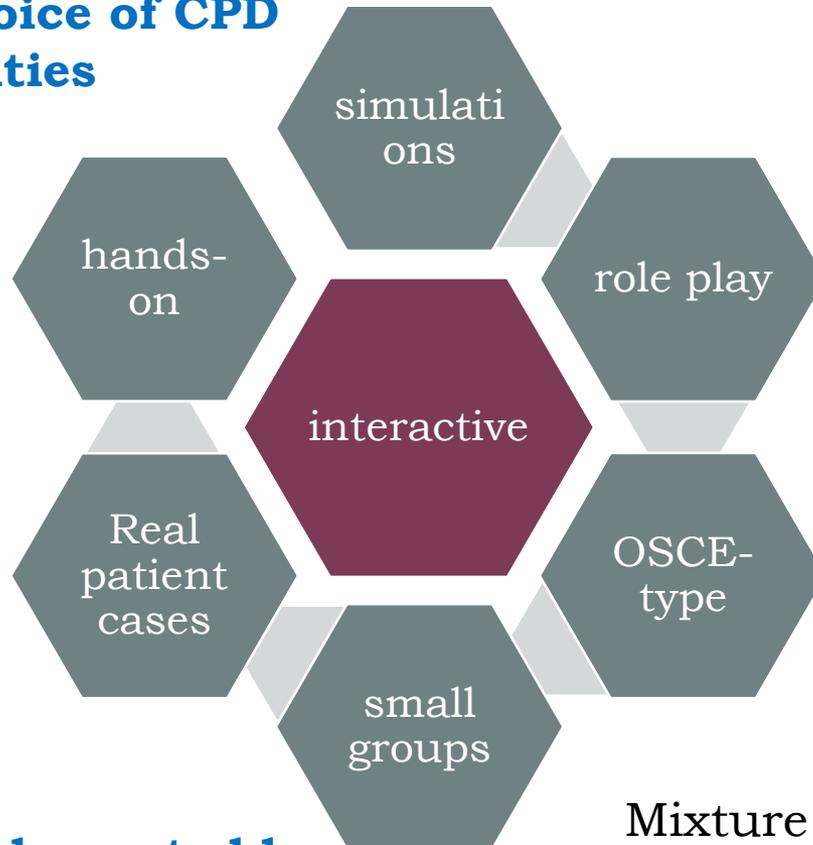
Emma Barnes

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Interactive

**Major incentive
in choice of CPD
activities**



**Complemented by
web based learning
mentoring**

Adult learning
principles

Relevance to practice
Workplace training

Enhances
confidence, skills

Develops
communication,
team-working

Mixture
Multiple/repeated
better than
isolated one-offs



Peer Learning



Facilitates sharing best practice

- valuable to lone practitioner
- peer facilitators

Supports reflective practice

- pastoral support

Promotes interaction & understanding across professionals

- Interprofessional, inter-practice comms, learning and engagement



Mentoring and Coaching

Variety of forms:
by seniors, peers,
online

Over a sustained
time period



Need to define roles
& responsibilities

More experienced is
preferable

Mix with other
interactive methods

Facilitates the sharing of
experience and reflection,
through:
interaction & feedback



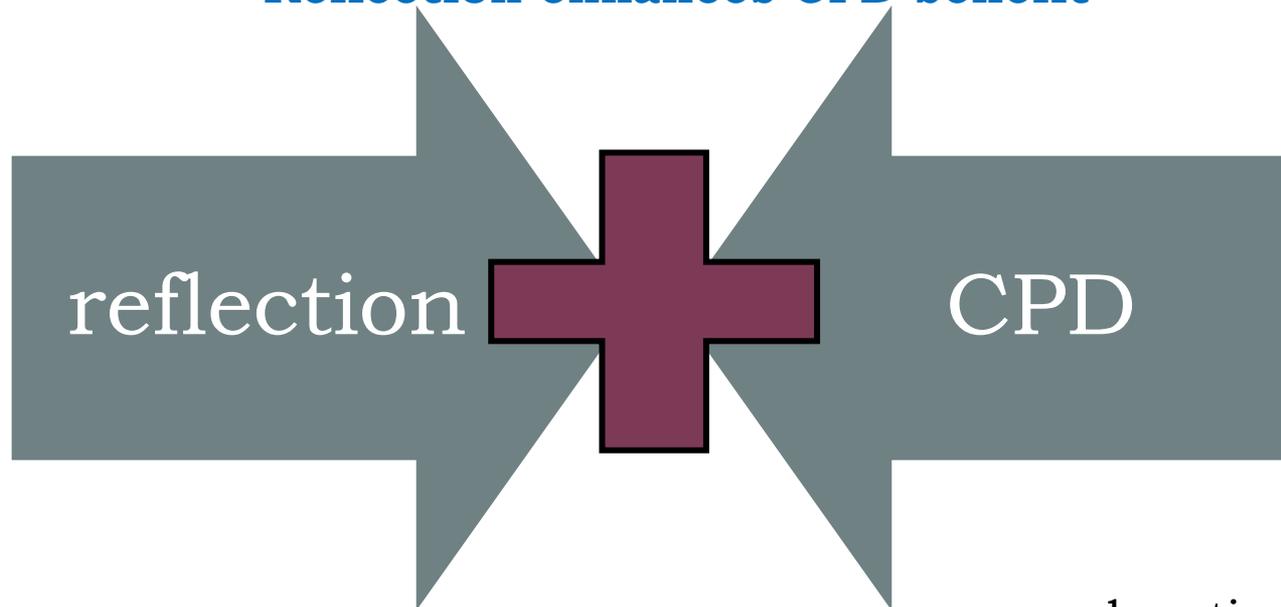
Promotes:

- Self-assessment
- Future activity planning
- Identify gaps



Reflection and Reflective Activities

Reflection enhances CPD benefit



prominent in new CPD schemes
- health & non-health sectors

education on 'how
to reflect'

Portfolios: record learning experiences
and promote reflection



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Interaction in CPD Activities:

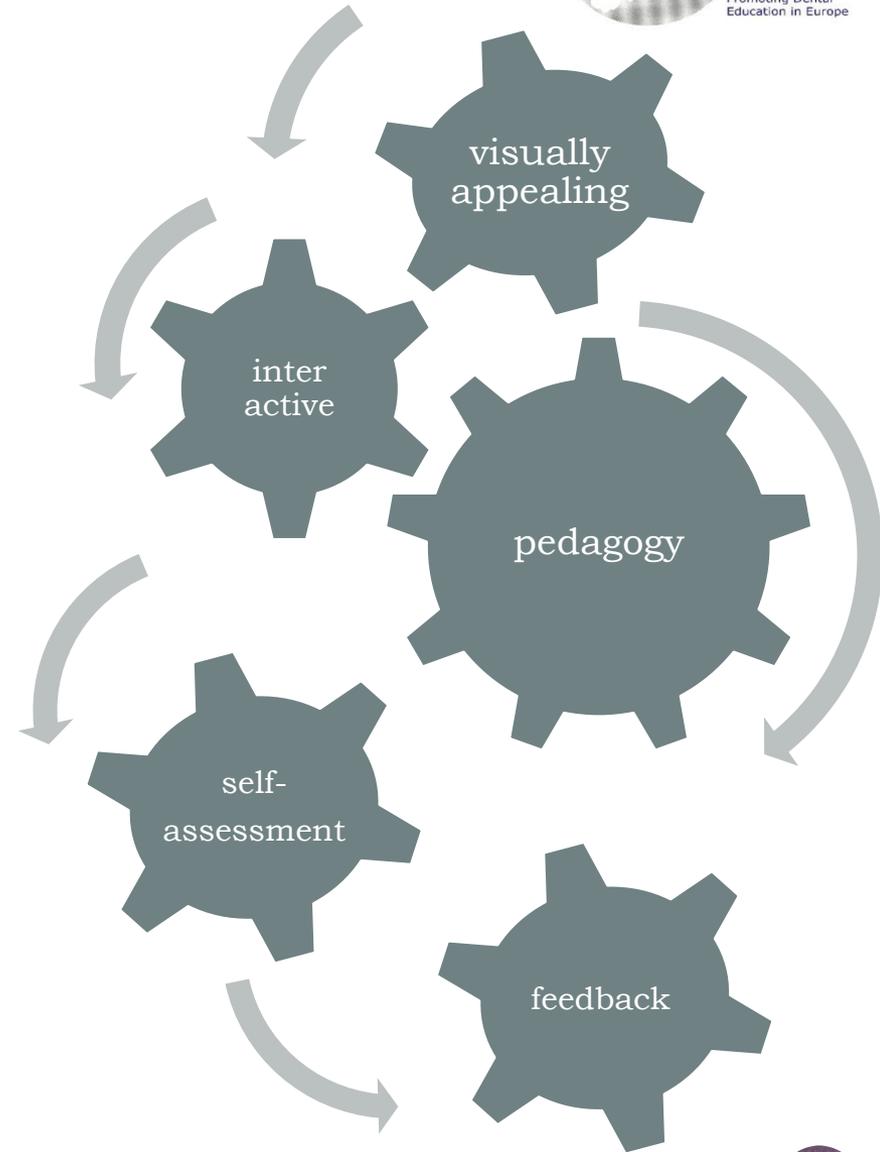
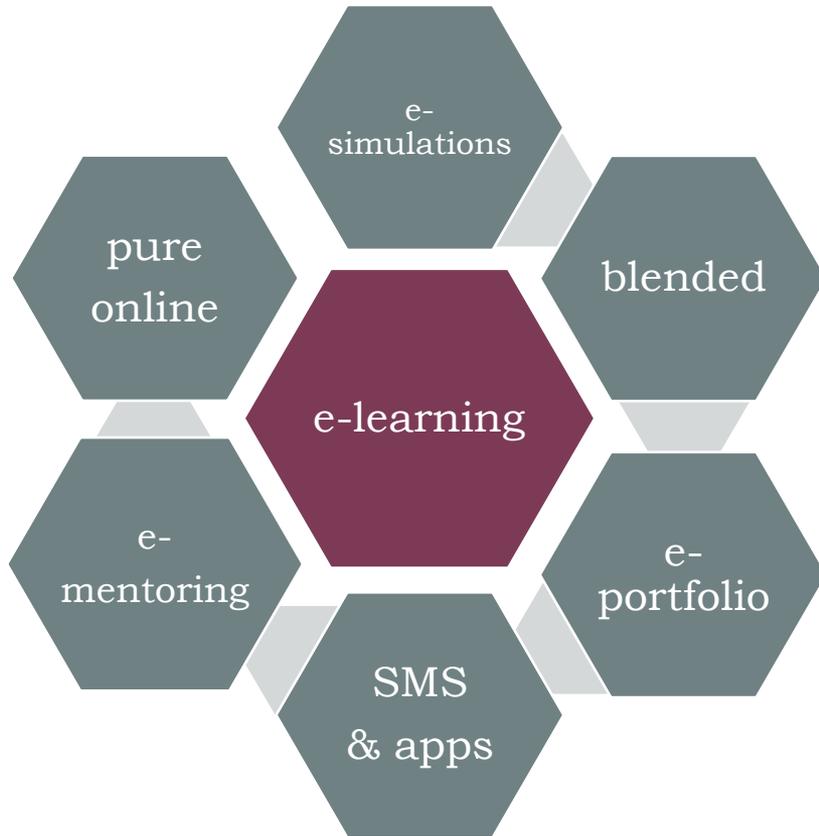
E-Learning: Innovative Developments in Continuing Education

Argyro Kavadella

School of Dentistry, Athens University, Greece



e-learning



e-learning



E-learning development

- **Team of experts** in developing the e-learning educational environment (academics, IT specialists, content experts, educationalists etc)
- **Blended learning:** online learning+ f2f tutorials + workshops/ hands-on/clinical training/ongoing reminders → positive outcomes
 - Appropriateness of this approach for interprofessional learning, specifically in community-based and hospital settings

E-mentoring

- **Benefits:** remote access to mentors + freedom over frequency and timing of contact
- **Disadvantages:** lack of direct observational opportunities and problems with technology

E-simulation

- authentic situations
- opportunities for interaction, reflection and feedback
- offers advantages in the education of non-technical skills: communication, cultural or behavioural competencies



e-learning: examples



Blended learning CPD programme in dentistry

'Master Online Periodontology and Implant Therapy'
offered by the University of Freiburg's Dental School

- **12 modules**
- The online phase reflects a **virtual classroom**: learners present their own patient cases and discuss them with the tele-tutors and peers
 - Modules present the learning material in a **sequential process**: lectures, videos of periodontal surgery, interactive PowerPoint presentations, pdf articles and 3D animations
 - **Self-assessment** opportunities
 - Tutoring by **certified tele-tutors** throughout the online phase
- The online phase is followed by the **attendance phase**: dentists perform surgical operations on patients
- Results of the 7-year operation of the programme: **positive outcomes**, both in relation to skills acquisition and the blended methodology

(Ratka-Krueger et al., 2018)



e-learning: examples



e-mentoring CPD

The **Mentored Quality Improvement Impact Program (MQIIP)**: USA

- promoting the **safe use of insulin pens** in hospitals
- includes **web-based resources** (webinars, interactive videos, toolkits)
- expert pharmacists provide **distance mentoring** to inter-professional teams in hospitals

(Lutz et al., 2016)

e-simulation CPD

The **“Case study: Ms Shu Fen Chen”**: Australia

- improving the **cultural competencies** of nurses
- creation of authentic situations
- active participation of the learners, evaluation and reflection

(Perry et al., 2015)



e-learning: innovations



❖ 54 short messages (**SMS**) within 17 days: to Iranian nurses on breast cancer screening *(Alipour et al., 2014)*

❖ **mobile app** on pressure injury education: for UK nurses and allied health professionals *(Rajpaul and Acton (2015))*

❖ “**e-learning spaced education dermoscopy**” module in France: part of a blended learning activity for doctors.
Spaced education = the automated repetition of educational content in the form of questions at specific time intervals. *(Boespflug et al., 2015)*

❖ “**innovative peer-to-peer continuing medical education**”: to family physicians in British Columbia/Canada.
A trained **cohort of ‘champions’** delivered the module in their regions *(Kadlec et al., 2015)*



Variation across work settings



- **Rural practitioners** have specific CPD needs (e.g. trauma, emergency medicine)
- Access to CPD for isolated practitioners is an issue. Innovative solutions are needed:
 - Web-based +educational outreach activities
 - Team-based and interprofessional education
 - Communities of practice

- **Hospital settings:**

- Workplace learning
- Interprofessional learning

} team collaboration
peer learning
real clinical situations
interactions



! Evidence of improvement in **outcomes for patients** as a result of inter-professional education is **inconclusive** and the effectiveness of CPD shows some **variation** by primary, secondary or community care setting.





*“I don't know what
CPD activity I'm at,
but for God's sake give
me **my CPD points**”*

CPD PARTICIPANT



Discussion session 1

**For the CPD activity formats:
peer learning, mentoring, e-learning**

- 1. What are the opportunities associated with this CPD activity?**
- 2. How do you report learning outcomes for this CPD activity?**
- 3. What are the challenges involved in promoting this format within your work setting?**



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Insight & Intelligence Gathering:

**How do they influence
registrants, CPD providers
and regulatory bodies**

Barry Quinn

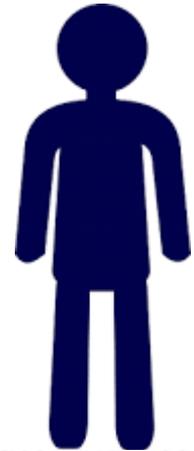
King's College London, UK



CPD choices driven by insight and/or intelligence

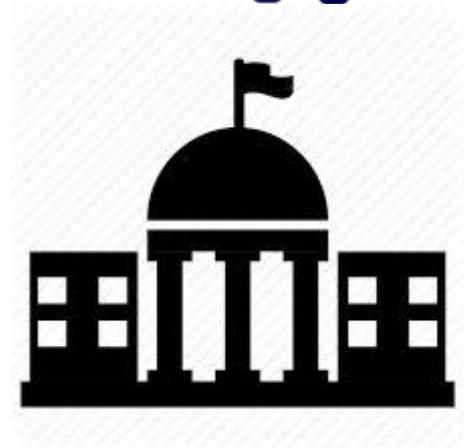
At an individual level

- informed by self-assessment of learning needs
- value of using a PDP or portfolio to document self-assessment of learning needs, plan CPD activity and reflect on its impact-on-practice



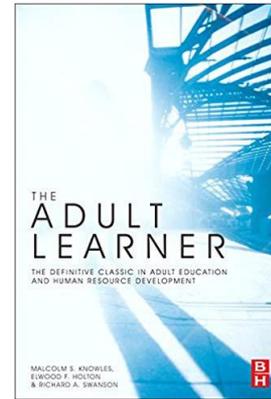
At an organisational level

- Areas for improvements informed by audits, significant event analysis, feedback from events and observed shortfalls.
- Policy change and new regulations govern CPD activity required by regulatory bodies



Best practice

- Based on adult learning principles
 - High relevance to practitioners' work
- Informed by analysis of participants' learning needs
- Combinations of learning approaches
 - e.g. case-based discussions, practical exercises, observation of practice, e-learning, peer learning
- Sustained support
 - online materials, prolonged mentorship, virtual communities or booster sessions
- Evaluation of the activity



Best practice

‘*Best practice*’ CPD educational activities are multifaceted and an exemplar design requires

- needs assessment
- instructional design, content development (evidence-based) and implementation phases
- assessment methods and evaluation – including impact on the professionals’ behaviour, skills or practice
- may include interactive elements, reflection, feedback, mentoring or other innovative components

CPD courses that are relevant to practitioners’ work settings
- more likely to motivate attendance and result in practice improvements.



Impact of CPD on practice

- Self-reported changes are commonly used to evaluate the effect of activities.
 - value - if evidence is gathered at three time-points: pre-event, immediately post-event and later.
- Limited number of reports on real impact on patients' health and how CPD leads to change in practice
 - measurement of:
 - number of patients successfully treated after an educational intervention was applied or
 - the clinical data of patients or
 - changes in prescribing patterns.



Impact of CPD on practice

Benefits from CPD that uses a combination of methods, including

- outreach visits and reminders
- those aligned with learning needs of specific relevance to a professional's scope of practice
- personal commitment, enthusiasm and a positive workplace environment can make a difference to the impact of learning.



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No more time serving? Move towards qualitative-based CPD policies

“The focus on hours and CPD points takes the onus away from reflection and impact on practice”. (Hughes 2005)

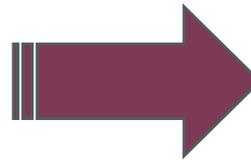
Alison Bullock

CUREMeDE School of Social Sciences, Cardiff University, UK



Qualitative-based models

A clear transition from quantitative models to outcomes



- Outcome-based models now used in UK by pharmacists, engineers, solicitors. Regulators do not require registrants to amass numbers of CPD hours
- Qualitative aspects include:
 - **Development plans** (PDPs) - including identification of CPD relevant to a registrant's needs and scope of practice
 - **Reflection** on learning, on practice and forward planning
 - **Feedback** from others about their practice
 - Registrant **ownership** of CPD



Mixed models

Models emphasizing qualitative elements but including quantitative aspects



Variants

- weighted-point system which gives greater value (more points) to interactive activity (such as peer discussion) over passive approaches (e.g. lectures, reading)
- skills assessment and enhancement: use of assessment to guide future learning



Guidance and quality management



Materials to support CPD processes and record-keeping

- guidance, checklists, case studies, video links, templates, e-portfolios, examples and apps on regulatory body websites or learning portals.

Quality management practices vary

- Mechanisms used to identify registrants who require greater input from peer support, mentoring and workshops
- some regulators 'recognise' organisations/professional bodies as 'CPD providers' and request they follow their code of conduct.



Qualitative-based model for UK dental professionals



Motivate registrants to actively pursue meaningful, relevant CPD activities that best match their learning needs, scope of practice and professional aspirations.

interaction and feedback



Guidance and tools

The evidence registrants have to submit should be

- easy to complete, user-friendly, not time-consuming and offer an opportunity for self-assessment.
- A dedicated online platform, including CPD tools relevant to the new scheme (e-portfolio, clear instructions, recommendations, exemplar documents) where registrants can easily upload their documentation and pose questions or offer views.
- The tools for a new scheme should include a hi-spec online portfolio
- Guidance on how to address the requirements, if randomly selected as part of the regulatory body's CPD quality management process, should be available online



Discussion session 2

- 1. Suggest five reasons why Life-Long Learning is important for professionals?**
- 2. How would you choose what CPD to do if there were no required topics or hours?**
- 3. Who and/or what organisations have a role to play in supporting professionals to undertake more meaningful CPD?**
- 4. Should there be mandatory topics? What are the advantages and disadvantages?**



In conclusion



- Not an easy task for a regulatory body to base its CPD requirements on qualitative elements; quantitative ones easy to measure
- ‘Higher order thinking’ CPD activities exist in the most recent CPD models.
- A new approach to CPD should acknowledge that individuals should be responsible for their own professional development and undertake education that is relevant to their individual needs (not just ‘a means to an end’).
- Regulators should support registrants, by offering guidance and educational tools and engage with them.
- CPD
 - underpins Life Long Learning
 - to remain on register
 - increase its value



Life Long Learning

sustaining professional and clinical expertise

- Graduation – springboard to a career of LLL
- CPD underpins LLL – needs to be valued by registrants, regulatory bodies and the public
- Sustaining clinical and professional expertise
- High standard of patient care

- Take pride in keeping up-to-date and sharing experience with peers and regulators





**General
Dental
Council**

protecting patients,
regulating the dental team

Developing a model of lifelong learning for dental professionals

**Jessica Rothnie
Policy Manager
IADR August 2019**



Background- GDC registers

April 2019: 112232 registrants

Registration Type	Count
Dentist	41067
Dental therapist	3379
Dental hygienist	7335
Clinical dental technician	368
Orthodontic therapist	644
Dental technician	5938
Dental nurse	59014

**Dental
Care
Profession
als**



**Wide ranging
responsibilities
and
qualifications**

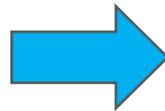


CPD for dental professionals – the story so far

CPD scheme

2008-2017

- Hours requirement
- Recognition of quality
CPD “verifiable” vs
“non verifiable”
- Recognition of variety
of CPD activities



Enhanced CPD Scheme

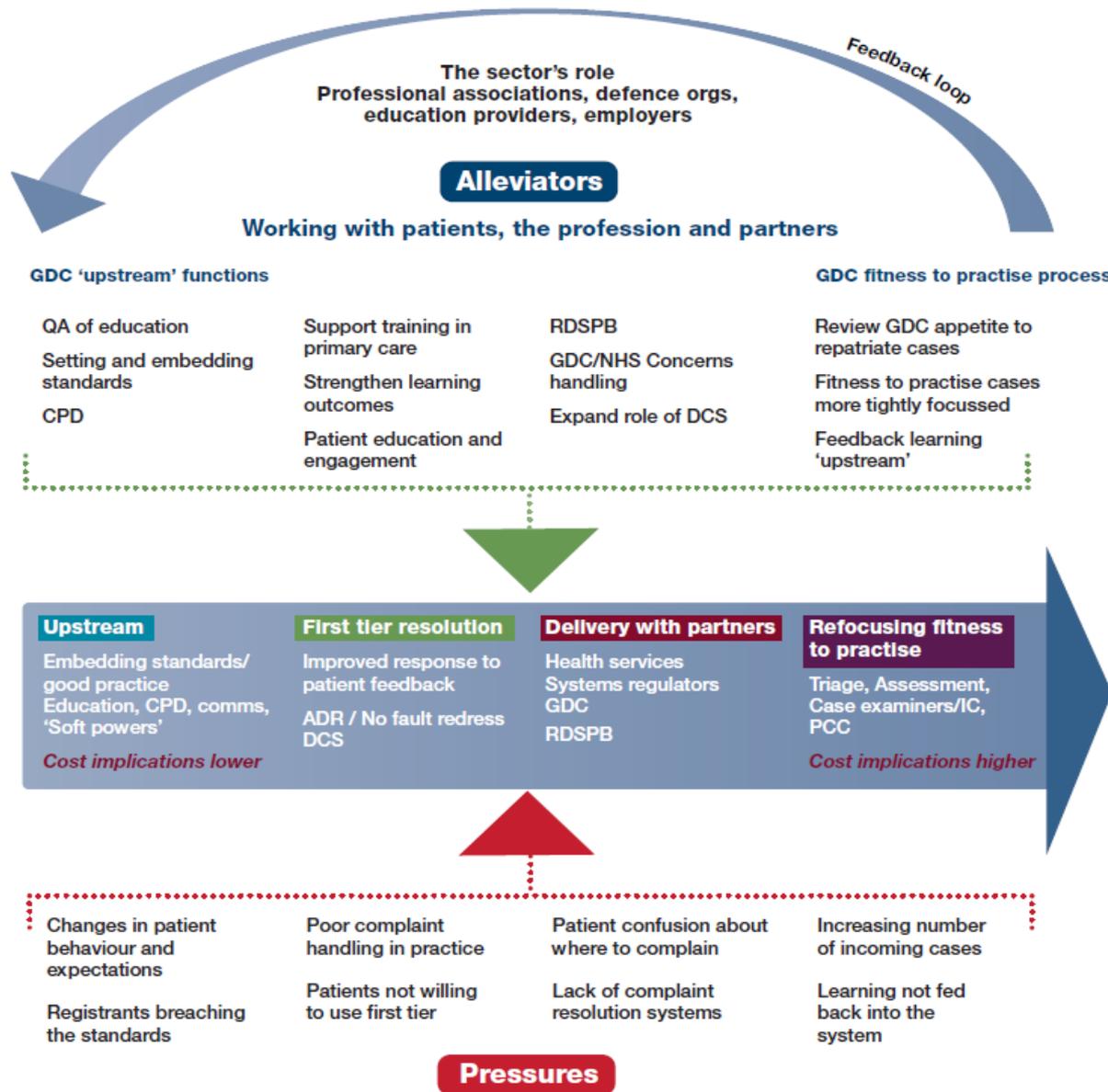
Commenced 2018

- Personal development plan
- Continuous hours
- More scrutiny over quality-
what constitutes
“verifiable”
- Various activities
encouraged & recognised
but not enforced

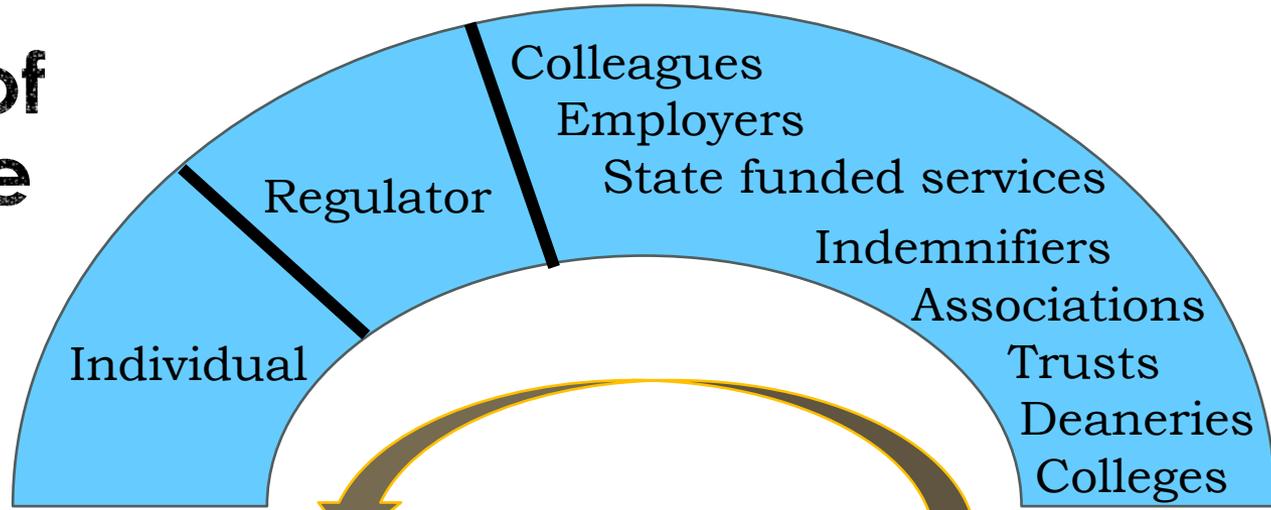


“Shifting the balance” 2017

The GDC’s agenda for **upstream** regulation



System of influence



Professionalism

Commitment to learning

Reflection

Choosing the right learning activities

Supportive structures outside regulatory measures

Underlying scheme centred in professionalism

What does this look like?



Where to next?

ECPD Scheme

“Inputs” model



Regulator checks what ingredients are “put in” to learning and development

- Hours component
- Personal Development Plan (PDP)

? Evidence tells us....

“Portfolio” model?

- PDP centred in “field of practice”
- Reflection and reflective practice.
- Active learning.
- Peer and mentor or coach interaction and feedback.
- Linked back to standards



Consulting registrants and stakeholders over Summer 2019

Questions?

Thank you

**Jessica Rothnie
Jrothnie@GDC-UK.org**



ADEE Berlin, August 2019



**Life Long Learning
Special Interest Group**

The end of CPD as we know it?

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