

The Evolution of an Outcomes-based Model of Continuing Professional Development

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Background

- **Graduation** - entry into a career-long period of life-long learning.
- **Continued registration, with a regulatory body** - dependent on engagement with educational activities which contribute to CPD.
- Most countries – simply recording time spent on CPD, and not evidencing any ‘impact on quality of care’ – this seems sufficient at this point in time.
- ADEE, undertook a comprehensive literature review and questionnaire survey, globally, on broad aspects relating to CPD.
 - commissioned by the GDC (UK) (Published in January 2019)



Report available:
<https://www.gdc-uk.org/newsarticle?id=1471>



Aim

Identify evidence-based good CPD practice, and new models of CPD requirements

Questions addressed in the Rapid Evidence Review of the literature and websites on CPD investigated:

- **Interactive activities**
 - e-learning, peer-learning, mentoring and coaching, reflective practice
- Evidence of **‘best practice’** and **‘impact-on-practice’**
- **Work-setting variations**
- CPD choices driven by **Insight/Intelligence**
- **Qualitative-based Models**

The review covered healthcare and non-healthcare professions, globally.

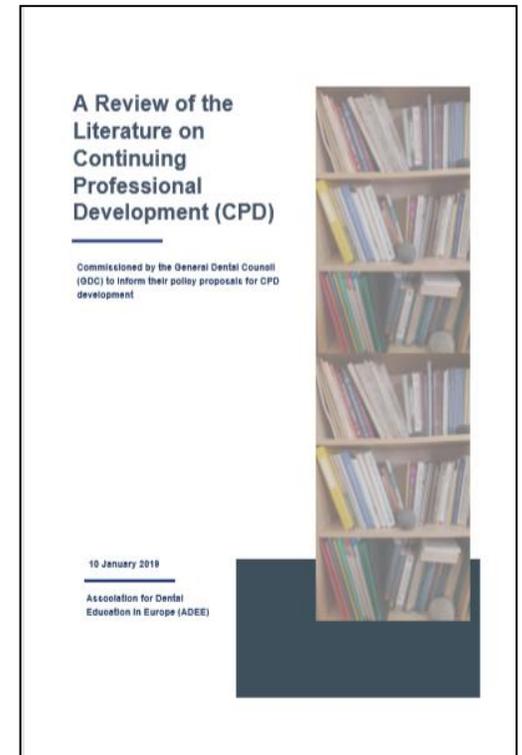
Data extracted from 184 publications and 33 websites.

- Studies of CPD that evidence, changed practice and improved patient care, are uncommon.
- Evidence suggests that CPD, educational activities are more likely to have impact if:
 - a combination of methods of delivery are used
 - they are aligned with registrant's learning needs
- Impact is also affected by learner motivation and their working environment.

A shift from Quantitative, Time-Serving, Input-based to Outcome-based Models

Emphasis on:

- e-Portfolios
- Personal Development Planning - PDP
- Reflective practice
- Mentoring
- Identification of learning needs
 - relevance to practice and work environment



Greater attention is now given to:

- quality, rather than quantity,
- promoting engagement between registrants and regulatory bodies
- encouraging ownership/responsibility for CPD



Educational activity fostering **‘higher order thinking’** is included in most modern CPD models.

Three Models for CPD

- Input-based
- Outcomes-based
- Mixed



Recently updated CPD regulations no longer require registrants to accumulate CPD hours/points/credits, across a range of professions.

Conclusions

- Revised approaches to CPD should **acknowledge individuals' responsibility for their professional development and the undertaking of educational activities relevant to their needs** - “not just ‘a means to an end’”
- Not an easy task for a regulatory body to base its CPD requirements on qualitative elements - quantitative elements easy to measure
- **Pride in achievements, by professionals, should be the goal.**
- **Regulators should support registrants** - offering guidance and educational tools and strengthen engagement.

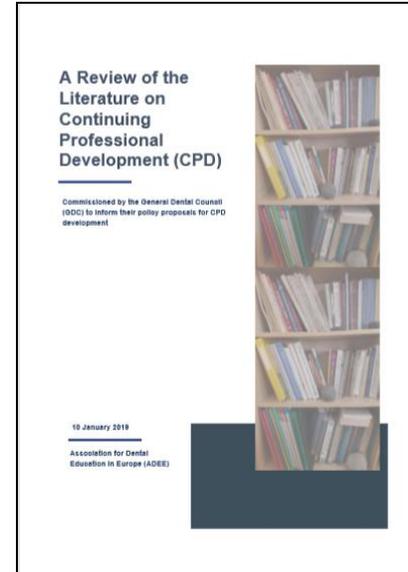
Conclusions

‘Higher Order Thinking’, CPD activities, exist in the most recent CPD models.

- **Go beyond the basic observation of facts and memorisation:**
- **Embrace** - *critical thinking, reflective practice, active learning, mentoring, appraisal and feedback, portfolio and personal planning*

Conclusions

- **CPD underpins life-long learning and facilitates professionals' registration**
- **Quality Outcomes-Based Model approach**
 - Supports engagement in **meaningful and relevant CPD**
 - Greater potential to:
 - positively impact on practice
 - strengthen a high standard of care for patients.



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Thank you for your attention

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**A Review of the
Literature on
Continuing
Professional
Development (CPD)**

Commissioned by the General Dental Council
(GDC) to inform their policy proposals for CPD
development

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Association for Dental
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