



Europe Economics

# Comparative Analysis of CPD Monitoring, Audit and Enforcement

A report for the General Dental Council

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# Executive Summary

This report presents Europe Economics' comparative analysis of continuing professional development (CPD) monitoring, audit and enforcement for the General Dental Council (GDC). This work was commissioned by the GDC as an extension to our cost-benefit analysis of the proposed enhanced CPD scheme. The study does not seek to cost audit processes, but rather to assess various approaches in order to assist the GDC's policy development.

## Research Questions

The aim of the research is to provide the GDC with information to help it consider the design of its CPD audit policy and how this could fit into the proposed enhanced CPD scheme. In particular, the GDC wishes to understand:

- Where it ranks compared with other regulators in terms of the robustness and strictness of CPD monitoring, audit and enforcement.
- Whether the approaches taken by other regulators can provide valuable lessons for the GDC.
- The role of audit in CPD schemes and the extent to which it forms part of a coherent approach to compliance and enforcement.
- What the key benefits of monitoring and auditing CPD are, and whether these relate primarily to compliance and enforcement or fulfil wider policy aims.
- The value and importance of audit, and whether this has changed over time.

## Methodology

In order to carry out the research we conducted a comparative analysis of eight UK regulatory bodies and professional associations (largely, but not limited to, the health professional sector) and five dental regulators from international jurisdictions. We also reviewed key literature on CPD monitoring, audit and enforcement in the professional regulatory context. This report compares the findings of the organisations across five main parameters:

- CPD Requirements
- Rationale for Auditing CPD
- Audit Methodology
- Consequences of Non-Compliance
- Impact of Audit

Our report also provides conclusions and recommendations from which the GDC can make policy decisions.

## Findings

Our comparative analysis shows there does not appear to be a 'gold standard' approach to auditing CPD and its role in wider regulatory and enforcement frameworks. The majority of organisations, including the GDC, follow a broadly similar approach. Notable differences can at times be related to organisation-specific factors, but at other times it is not possible to identify any clear relationships.

Our recommendations to the GDC are as follows:

- **Audit as a means of improving compliance.** If the GDC wishes to use audit to incentivise compliance with CPD requirements, greater transparency about the existence of audit to registrants may improve compliance rates by increasing registrants' perceptions of the risk of non-compliance being detected. In the same vein, imposing additional costs of CPD non-compliance could be considered along with removal from the register (such as reputational consequences) in order to discourage non-compliance.
- **Integrating audit into CPD policy.** Many organisations reviewed have formal communication links between audit and policy teams. The GDC could establish similar structures to enable the results from auditing to refine CPD policy.
- **Integrating audit into wider enforcement policy and operations.** In a similar way, the GDC could use the results of audit to feed into wider decisions about regulatory enforcement. In addition, as CPD non-compliance creates a cost for the GDC, audit results could assist in cost planning.
- **Using auditing to influence registrants and CPD policy.** There are a number of options available to the GDC should it wish to use audit to learn more about the registrant base and improve registrants' approach to CPD. These include auditing records more frequently, or trying to audit a wider range of records (e.g. applying some non-random sampling); communicating the results of the audit to registrants, either individually or corporally; and placing a greater focus on outcomes-based audit. The latter would depend on the evolution of the proposed enhanced CPD scheme and whether the CPD requirements include outcomes-based measures.

# 1 Introduction

This is Europe Economics' final report for the General Dental Council (GDC), presenting our comparative analysis of continuing professional development (CPD) monitoring, audit and enforcement.

The GDC's statutory purpose is to protect the public by regulating the dental team. The GDC does this in a number of ways, e.g. by requiring that dental professionals undertake CPD in order to keep up to date and maintain the Standards set by the GDC. The GDC requires all registrants to undertake CPD to maintain their registration.

In 2011 the GDC launched a review of the current CPD scheme, and has subsequently developed proposals for a new enhanced CPD scheme which it considers as the first step towards introducing a more proactive and responsive approach to regulating the dental team. As part of this review, Europe Economics provided an independent assessment of the costs and benefits of the proposed enhanced scheme. Details of the new scheme and our cost-benefit analysis can be found in our report: "*Analysis of the Economic Costs and Regulatory Impact of Enhanced CPD for Dental Professionals in the UK (2013)*."<sup>1</sup>

This report extends our previous research by focusing on the role of CPD monitoring, audit and enforcement. This supplementary work will contribute to the GDC's information and evidence-base underpinning the development and implementation of the proposed enhanced CPD scheme. This study does not seek to cost audit processes, but focusses on assessing a variety of approaches in order to assist the GDC's policy development in relation to future approaches it may take.

## 1.1 Aims of the Research

This work provides a comparative analysis of UK statutory regulators and professional bodies that make CPD a requirement for registration and/or membership. This comparative analysis is contextualised by the approaches of overseas dental regulators, and general literature in the area of CPD monitoring, audit and enforcement.

The requirements of the research as set out by the GDC are as follows:

- Identify eight UK organisations (including the GDC) from which to make the comparative analysis. These should have CPD requirements that are reflective of the GDC's current and proposed approaches, and can be drawn from both health and non-health professional regulation domains.
- Undertake desk-based research and conduct a rapid and focused review of literature on CPD monitoring, audit and enforcement in the professional regulatory context. This should qualitatively expand upon and add value to the comparative analysis, conclusions and recommendations.
- Deliver a report comparing the findings of the organisations using a suitable comparative framework and providing conclusions and recommendations from which the GDC can make policy decisions.

The aim of the research is to provide the GDC with information to help it consider the design of its CPD audit policy and how this could fit into the proposed enhanced CPD scheme. In particular, the GDC wishes to understand:

- How it compares with other regulators in terms of the robustness and strictness of CPD monitoring, audit and enforcement.
- Whether the approaches taken by other regulators can provide valuable lessons for the GDC.

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<sup>1</sup> The report is yet to be published.

- The role of audit in CPD schemes and the extent to which it forms part of a coherent approach to compliance and enforcement.
- What are seen as the key benefits of monitoring and auditing CPD, and whether these relate primarily to compliance and enforcement or fulfil wider policy aims.
- The value and importance of audit, and whether this has changed over time.

These research areas are mapped onto our comparative analysis framework, as described in the Analytical Framework (Chapter 5) below.

## 1.2 Structure of the Report

The remainder of the report is structured as follows:

- Chapter 2 describes our research methodology.
- Chapter 3 presents the findings from our literature review.
- Chapter 4 describes the analytical framework we use to structure the comparative analysis.
- Chapter 5 presents the findings of the comparative analysis.
- Chapter 6 discusses our conclusions and recommendations.
- The annex presents summary tables of information gathered from comparator organisations, and a bibliography for the literature review.



## 2 Research Methodology

In this chapter we describe the steps taken in conducting the research. Our research methodology consists of three main elements:

- Identification of suitable UK and international organisations to form the basis of the comparative analysis.
- Literature review.
- Information gathering.

### 2.1 Identification of Suitable Comparators

We identified seven UK regulatory and professional organisations (in addition to the GDC) and five international dental regulators to form the basis of our comparative analysis. So that our findings are relevant to the GDC and can usefully inform its policy-making, we selected comparator organisations that had CPD and audit/monitoring requirements that are wholly or partly reflective of the GDC's current and proposed approaches. The selection criteria were:

- CPD compliance must be a conditional requirement for registration with the regulator or membership with the association (i.e. it cannot be voluntary).
- The organisation must carry out some form of audit or monitoring of registrants'/members' CPD declaration or submission.
- There must be sufficient information about the organisation's CPD requirements and the monitoring and auditing approach available either through desk research or through direct correspondence.
- The sample of UK organisations must include health professional regulators, non-health professional regulators, and professional associations, such that a range of regulatory frameworks can be considered.
- The sample of international organisations must consist of dental regulators. The GDC's research brief suggested that Hong Kong, South Africa, Canada, Australia, New Zealand and the United States should be considered.

We conducted a scoping exercise whereby the websites of potential organisations were checked against the above selection criteria.<sup>2</sup> The list of selected organisations was then confirmed with the GDC. During the study we revised the list to replace organisations which, on closer investigation, did not provide sufficient information via their websites and were unwilling to respond to direct correspondence.

The final list of comparator organisations is as follows.

UK organisations:

- General Dental Council – GDC.
- Health and Care Professionals Council - HCPC (regulator).
- General Chiropractic Council - GCC (regulator).
- General Osteopathic Council - GOsC (regulator).
- Nursing and Midwifery Council - NMC (regulator).
- General Pharmaceutical Council - GPhC (regulator).

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<sup>2</sup> During this exercise Hong Kong was excluded (CPD in Hong Kong is voluntary and not a formal requirement), and Canada and the USA substituted by Ontario and Iowa respectively (as dental regulation in Canada is fragmented across different provinces and in the USA across states).

- Royal Institute of British Architects - RIBA (professional association).
- Chartered Institute for Securities and Investment - CISI (professional association).

International regulators:

- Dental Council of New Zealand – DCNZ.
- Dental Board of Australia - DBA.
- Health Professions Council of South Africa – HPCSA.
- Iowa Dental Board - IDB.
- Royal College of Dental Surgeons of Ontario - RCDSO.

## 2.2 Literature Review

The aim of the literature review was to gather information about CPD monitoring, audit and enforcement to form the context for our comparative analysis and help us to structure our analytical framework. The literature review focused on audit and compliance in the context of CPD, but also considered relevant literature on audit in other areas requiring compliance by individuals, such as personal tax submissions.

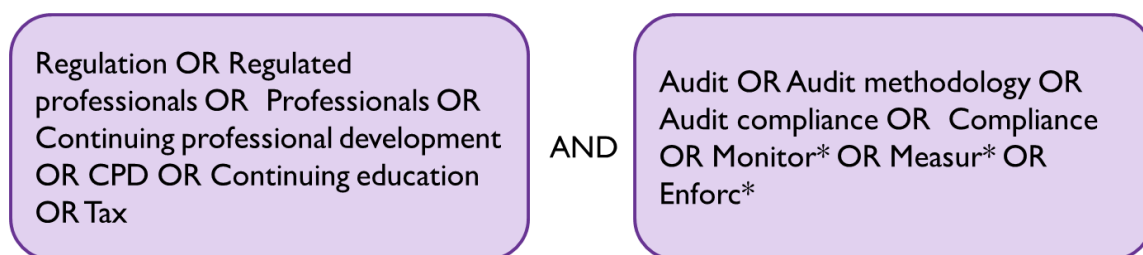
In particular, the literature review sought to gather information relating to the main research areas, such as:

- The benefits of audit.
- Different rationales for audit.
- The role of audit in wider compliance and enforcement strategies.
- The impact of audit and monitoring on individuals' behaviour.
- Different audit methodologies and the benefit and rationale behind these.

We searched for peer-reviewed articles, books, publications by organisations and public bodies and grey literature (including academic working papers). The following sources were consulted:

- PubMed.
- Medline.
- The King's Fund Library.
- Google Scholar.

The diagram below presents the search terms we used and how these were combined.



Note: \* represents truncated search terms

We applied inclusion and exclusion criteria to select articles to review in more detail:

### Inclusion criteria

- Papers about the compliance with and monitoring, auditing and/or enforcement of CPD and other professional requirements.
- All regulated professions and other individuals required by law to comply with submissions (such as personal tax returns).
- English language.

- Theoretical and operational/experimental papers (although papers with theories about audit and compliance were preferred).
- Papers published since 2005. Exceptions were made for papers that were particularly relevant or of a seminal nature.

#### Exclusion criteria

- Papers discussing CPD more generally, such as the value of CPD or different types of CPD methods.

Additional direct searches were carried out for papers or authors referenced in the articles found during the initial search.

We also searched the internet more generally for relevant publications on CPD monitoring and enforcement from public organisations and government bodies.

Our literature review was complemented by an informal discussion with Professor Andrew Friedman, who provided views on the research areas and our emerging analytical framework.<sup>3</sup>

## 2.3 Information Gathering

The information gathering for our comparative analysis was guided by our analytical framework (see Chapter 4) , which sets out the parameters for comparison following from the research aims and literature review.

We gathered information on each parameter from the websites and published documents of our selected UK and international organisations. We designed a template to ensure the consistency of the information gathering and the data were entered into this.

We then engaged directly with organisations via email or telephone to elicit further information to fill gaps and expand on what we had already gathered. In some cases organisations were unable to provide answers to all our questions, if for example the questions were not relevant to their situation or if they had not considered the issue at a policy level. This in itself was a useful finding as it is suggestive of the degree of importance organisations place on particular issues.

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<sup>3</sup> Professor Friedman is the CEO of PARN (Professional Associations Research Network) and Professor of Management Economics at Bristol University. He has published widely on subjects such as management and professions, including books and articles on continuing professional development and professional standards regulation.

## 3 Literature Review

### 3.1 Introduction

The purpose of the literature review is to gather information on theories about monitoring, audit and enforcement in a regulatory context, as well as examples of best practice and lessons learned. We use the findings of the literature review to refine our framework for the comparative analysis, and to provide context to the findings from the analysis.

The literature review focuses on CPD across health and non-health professions. Where relevant we also include findings from other areas of regulatory compliance, in particular individual tax submissions.

Our review of the literature identifies a number of themes in the context of audit and enforcement. We first explore the rationale behind monitoring and auditing CPD. We also consider the evidence on the impact of audit, followed by a summary of various audit methodologies and how these link back to the rationale for audit and monitoring. Finally, we consider the different consequences initiated by organisations in cases where audit uncovers non-compliance.

### 3.2 Rationale for Auditing and Monitoring CPD

The literature suggests that organisations have several rationales for monitoring and auditing compliance processes undertaken by individuals, both in the context of CPD and more broadly. Whilst the enforcement of compliance is significant, other rationales for auditing CPD exist. These can include:

- Deterring non-compliance.
- Learning about the registrant or member base.
- Improving registrants and members.
- Maintaining the credibility of the CPD scheme.
- Providing assurance to the public that the organisation takes seriously its obligation to ensure the professional capabilities of the individuals for whom it is responsible.
- Providing a credible context against which to enforce sanctions.

#### 3.2.1 The role of the regulatory organisation

The rationale for monitoring CPD, and in particular carrying out audits, can be linked to the type of organisation responsible for the CPD requirements.

Friedman (2012) provides a useful typology of organisations that have a CPD policy:

- Regulatory bodies, responsible for protecting the public and ensuring that members are fit to practise, tend to require CPD as a means of demonstrating that members are up-to-date on technical knowledge and skills. CPD is usually mandatory, with the organisation monitoring compliance and applying sanctions in the event of non-compliance.
- Other bodies, such as professional associations with no direct public responsibility, tend to have a CPD policy more as a means of raising the status and profile of the profession and the organisation. CPD is often voluntary, with incentives and rewards for participation rather than sanctions for non-compliance. This is often combined with self-monitoring of learning outcomes, and there is a greater emphasis on output-orientated measurement, emphasising learning outcomes rather than inputs such as number of hours or the process of learning.

This is of course a simplification and there are models of regulatory and professional organisations that use elements of both approaches.<sup>4</sup> However, there is a clear link between the mandatory nature of CPD and the application of sanctions in the event of non-compliance.<sup>5</sup> Further, in order for the threat of sanctions to be credible and seen to be administered with integrity, CPD compliance must be monitored in some way. In a survey of 54 professional and regulatory bodies Williams and Friedman (2008) found that 100 per cent of those bodies with a compulsory CPD policy monitored CPD participation, whilst only 43 per cent of bodies with a voluntary CPD policy did so.<sup>6</sup>

The monitoring of CPD is not limited to audit. For example, the GDC monitors CPD compliance by checking that *all* registrants have submitted their self-declaration of CPD hours, although we note that the self-declaration is only part of the CPD compliance requirements. Many other organisations undertake a similar monitoring of submissions. However, it is possible that individuals may incorrectly log their CPD hours/points or make false declarations. A more detailed check of evidence ensures the credibility of the submissions, but also places an additional cost burden on the organisation. The concept of audit — a more thorough checking of records and evidence — based on a sampling approach improves the assurance of credibility at a fraction of the cost.

Possibly for these reasons, audit has become a key means of monitoring CPD. The PARN International benchmarking Survey (IBS) in 2009 found that of 77 professional and regulatory bodies in the UK who answered questions about monitoring, the vast majority used audit as a monitoring tool. Most used compulsory audit (53 per cent used random audit and nine per cent audited all members), with a smaller number using random voluntary audit.<sup>7</sup>

Reflective of this trend, much of the literature focuses on audit as a primary means of monitoring CPD compliance.

### 3.2.2 Encouraging compliance

A key rationale for monitoring CPD compliance through audit is to encourage compliance with the CPD requirements. Friedman (2012) suggests that audit can be used as a method to ensure that those individuals who require some form of incentive are encouraged or even forced to complete CPD.<sup>8</sup> This rationale can apply to any area where individuals are required to comply with a legal obligation. In order for audit to have an effect on compliance levels, the result of the audit must impact on individuals' behaviour in some way.

There is substantial economic literature on what motivates non-compliance in the context of competition law. These general principles, however, apply to non-compliance in all domains. At the most basic level this literature argues that the decision to be non-compliant is based on a trade-off between the potential benefits of non-compliance (or equally, the costs of complying) and the potential cost if caught being non-compliant, adjusted for some measure of the likelihood of being caught (essentially the individual's assessment of the risk).<sup>9</sup> The diagram below illustrates this decision process:

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<sup>4</sup> As an example, the Royal Institute of British Architects (RIBA) is a professional association, and yet states that its CPD is for consumer protection.

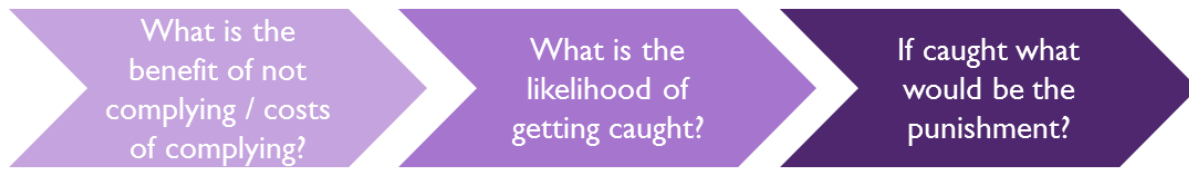
<sup>5</sup> In our comparative analysis we focus on organisations where CPD is mandatory to enable a robust comparison with the GDC.

<sup>6</sup> Williams, C. and Friedman, A. (2008) 'Online Support for CPD: Lessons from Practice, Bristol: PARN cited in Friedman, A. (2012), 'Continuing Professional Development: Lifelong Learning of Millions', Abingdon: Routledge.

<sup>7</sup> Friedman, A. (2012), 'Continuing Professional Development: Lifelong Learning of Millions', Abingdon: Routledge.

<sup>8</sup> Friedman, A. (2012), 'Continuing Professional Development: Lifelong Learning of Millions', Abingdon: Routledge.

<sup>9</sup> See for example the seminal work: Becker, G. (1968), 'Crime and Punishment: an economic approach', 76(2) Journal of Political Economy 169.



This decision process may not always be as explicit as this, but it is possible to consider a number of examples in which it may be applied to individuals' compliance with a regulatory obligation:

- **Benefit of non-compliance:** this could also be thought of as the costs of complying, and could include the time, effort and monetary costs of complying with CPD. The costs of complying would also include the effort required to understand the obligations — a complicated CPD scheme could thus be associated with a higher level of non-compliance.
- **Likelihood of being caught:** the extent to which the individual's behaviour is monitored and non-compliance detected.
- **Punishment if caught:** this could include financial penalties, removal from membership or registration, or reputational impacts. Other negative consequences such as guilt or professional conscience would also be considered here.

Audit is therefore a key element to this decision process, as it is a means of increasing the likelihood that non-compliant behaviour is detected. In order for this to influence individuals' risk assessment they must be aware of the threat of audit. Sanctions are also a key part of this process, as they are a means of making non-compliance costly in some way, so as to act as a deterrent. (We discuss the consequences of non-compliance later in this review.)

Therefore audit can be an important tool within a wider enforcement strategy — which could include sanctions — to encourage compliance and deter non-compliance. Its use will make best sense where compliance with CPD or another regulatory obligation is considered important by the regulatory or professional body (usually reflected in the compulsory nature of the requirements),

### 3.2.3 The nature of CPD requirements

The audit's objective is influenced by the nature of the CPD requirements. Friedman (2012) draws a distinction between inputs-based and outputs-based measures.

If CPD requirements are largely inputs-based — for example, registrants must complete a minimum number of hours or points, or undertake certain learning processes — then the objective for the audit could be focused on checking whether these requirements have been adhered to, or that declarations of compliance are indeed truthful. Specific examples could include checking for evidence of having attended lectures or participated in peer review.

For example, a study of 15 professional bodies<sup>10</sup> by the International Federation of Accountants (2008) justifies audit as a method to reduce the subjectivity of self-assessed, inputs-based CPD, ensuring a satisfactory degree of assurance that records are free from material error.<sup>11</sup> (As an example of material error, the Faculty of Public Health (2012) allows up to a 10 per cent discrepancy between what members

<sup>10</sup> Professional bodies examined include the Chartered Institute of Management Accountants, Royal College of Psychiatry, the Pharmacy Council of New Zealand and the College of Pharmacists of British Columbia.

<sup>11</sup> International Federation of Accountants (2008), "Approaches to Continuing Professional Development (CPD) Measurement", International Accounting Education Standards Board Information Paper.

record in their CPD log and in their annual return.<sup>12)</sup> The Chartered Institute for Securities & Investment (CISI) also states that credibility is the factor which makes auditing CPD necessary.<sup>13</sup>

If CPD requirements contain output-based measures — such as reflecting on learning outcomes or maintaining a professional development plan — then the audit’s rationale could include an assessment of the quality of the submissions to ensure that individuals are learning and benefitting from the activity as they should.<sup>14</sup> In this case, the objective of the audit would not just be checking whether submissions are truthful, but to compensate for the inherent subjectivity of the CPD submission and attempt to ascertain whether learning had indeed taken place. This in turn may affect the audit methodology, as we discuss in the following section.

### 3.2.4 The importance of compliance with CPD

The perceived importance of the CPD in question can also influence the rationale for audit. If compliance with CPD is linked with the improved performance of the professionals in question, then the rationale for audit, in encouraging compliance, is to improve patient and public outcomes. For example, Pillay (2011) highlights that — in the field of advanced life support — audit of CPD would increase the level of CPD compliance and so improve patient safety, which is put at risk when medical professionals are required to undertake tasks which they only infrequently practice.<sup>15</sup> Ursprung and Gray (2010) report that many medical institutions have implemented procedures to ensure quality assurance post-audit. In considering the relevance of a ‘patient safety’ rationale behind CPD audit in the context of dentistry, we note that research undertaken for the GDC found little compelling evidence of a direct link between CPD and improved practitioner performance in dentistry.<sup>16</sup>

This relates to the rationale for audit of reducing the subjectivity of CPD mentioned earlier. The International Federation of Accountants study coins the term “professional development value”, which is a measure of how CPD affects the professional development of an individual. If professional development value is to be measured qualitatively, monitoring must go beyond simply checking whether the individual states that development has occurred, and assess the content of this learning.

Since most of the professional bodies examined in the study simply pass members on a satisfactory/non-satisfactory basis, this suggests that most audits are primarily to ensure a minimum level of compliance, rather than the achievement of wider goals of CPD, such as wider improvements in practice. This does not imply that these organisations are not concerned about the genuine improvement of their members; the costs associated with a more in-depth assessment of outputs-based measures may be prohibitive, and the inputs-based audit may therefore have only a partial role in the organisations’ wider strategy for ensuring the continuing development of its members.

### 3.2.5 Learning about registrants and improving behaviour

In addition to audit being used to encourage compliance, it can also be used as a means of learning about the individuals undertaking CPD (e.g. the registrant base or professional members). For example, in addition to simply encouraging compliance, Thomson (2008) suggests that auditing can be used to estimate

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<sup>12</sup> Faculty of Public Health (2012), “Continuing Professional Development Policies, Processes and Strategic Direction (including CPD Portfolio)”

<sup>13</sup> CISI, “CISI CPD Auditing.” Available at: <http://www.cisi.org/bookmark/genericform.aspx?form=29848780&URL=mcpdaudit>

<sup>14</sup> Friedman (2012) provides a description of inputs- and outputs-based measures.

<sup>15</sup> Pillay, B. (2011), “A needs assessment for continuous professional development for South African advanced life support providers”, Durban University of Technology, Dissertation for the degree of Master of Technology.

<sup>16</sup> The UK Faculty of General Dental Practice (2011) ‘The impact of continuing professional development in dentistry’, a report for the GDC

the level of non-compliance if samples are random and large enough to provide statistically significant results.<sup>17</sup> This can be seen in Tofade *et al.* (2013), where a sample-based audit was used in a one-off study to learn about general levels of CPD compliance among pharmacists in North Carolina before re-licensing. The results from this audit were used to ensure that CPD was being complied with on a broader scale, and to provide assurance that information on CPD submitted to the North Carolina Board of Pharmacy by pharmacists was accurate.<sup>18</sup>

Audit can also be used as a means of helping professionals to improve. Moss *et al.* (2006) conclude that auditing of medical records can be a successful method to evaluate the provision of treatment in the context of mental health.<sup>19</sup> Similarly, Fawkes and Moore (2011) define clinical audit as a method to “assess, evaluate and improve the care of patients in a systematic way to enhance their quality of life”.<sup>20</sup> By extension, this way of monitoring and evaluation can be used to improve professional behaviour, if areas of weakness are successfully identified.

Communicating the audit findings back to the individuals is an essential part of the learning and improvement process. For example, Armellino *et al.* (2013) found that following the introduction of audit feedback on hand hygiene in a surgical intensive care unit, compliance with hand hygiene requirements increased from 30 per cent to 80 per cent.<sup>21</sup> Feedback could be provided either individually or corporally (e.g. publishing general audit findings and lessons learned). Commentators in the area of CPD emphasise the additional value that a feedback loop could add to audit processes.

### 3.2.6 Quality assurance

Another rationale for auditing CPD could be to signal to the public that the regulator or professional body takes seriously the requirement that its members or registrants undertake CPD. In this way the audit adds credibility to the CPD process, and provides quality assurance of the process. This is intrinsically linked to the perceived importance of CPD. In the context of healthcare professionals, CPD is generally seen as a way of ensuring professionals remain up-to-date with and expand their technical skill and knowledge, so that they can provide a safe and effective service to patients. Where the regulatory body has a duty to protect the public through regulating the profession, audit can provide assurance to the public that the CPD scheme is robust and that professionals are compliant, with the further implication that they are remaining fit to practise.<sup>22</sup> Schostak *et al.* (2010) place an emphasis on using audit as a method to provide quality assurance concerning CPD.<sup>23</sup>

Quality assurance is also likely to be a key rationale for audit where CPD is not compulsory. For example, if the CPD policy is aimed at raising the status and profile of the profession and to encourage members to broaden their knowledge and skill, then an audit process will enhance this. Friedman (2012) highlights that

<sup>17</sup> Thomson, R. (2008), “Strengthening Risk Management and Audit Strategies to Improve Compliance” Paper Presented at Caribbean Organization of Tax Administration General Assembly.

<sup>18</sup> Tofade T., Hedrick, J. and Caiola, S. (2013), “Evaluation of pharmacist continuing professional development portfolios” *Journal of Pharmacy Practice*, 26(3), p. 237-47.

<sup>19</sup> Moss, B., Gorrell, J. and Cornish, A. (2006), “Quality improvement in early psychosis treatment: the use of a file audit” *Journal of Mental Health*, 15(1).

<sup>20</sup> Fawkes, C. and Moore, A. (2011), “An introduction to clinical audit for practising osteopaths” *The National Council of Osteopathic Research Handbook*.

<sup>21</sup> Armellino, D., Trivedi, M., Law, I., Singh, N., Schilling, M., Hussain, E. and Farber, B. (2013), “Replicating changes in hand hygiene in a surgical intensive care unit with remote video auditing and feedback”, *American Journal of Infection Control*, 41(10), p. 925-7.

<sup>22</sup> We note that this reassurance to the public of continuing fitness to practise must be considered in the context of limited evidence of a direct link little between CPD and improved practitioner performance in dentistry.

<sup>23</sup> Schostak, J., Davis, M., Hanson, J., Schostak, J., Brown, T., Driscoll, P., Starke, I. and Jenkins, N. (2010), “The effectiveness of continuing professional development”, A report commissioned for by the General Medical Council and the Academy of Medical Royal Colleges.



the auditing of voluntary CPD schemes is a good example of the importance of audit in ensuring the legitimacy of CPD schemes.<sup>24</sup>

### 3.3 Audit Methodology

The literature highlights a number of different ways of conducting CPD audit. However, there are several common parameters that are considered when designing an audit methodology. These include the sample size, frequency of audit and whether the audit uses a risk-based approach.<sup>25 26</sup> The approach taken by the auditors is also important, such as how they assess CPD records.

Friedman (2012) refers to the 2009 International Benchmarking Survey of 77 UK professional bodies, which found that 53 per cent of bodies conducted compulsory random audit, although only 9 per cent of bodies audited all members on a compulsory basis.

The International Federation of Accountants (2008) study provides a high-level overview of the audit measures taken by 15 professional bodies. It is common amongst almost all of these bodies to audit only a sample of members at any point in time; however some commit to sample all their members over a full cycle. (As an example, the Faculty of Public Health aims to audit every member, by sampling 20 per cent of members per year over a five year cycle.) While the latter methodology should ensure a minimum level of compliance over the entire cycle, it is possible that individual's behaviour may change once they have been audited in a cycle due to a reduced possibility of being audited again in that cycle. We present evidence for this in the section on the impact of audit below.<sup>27</sup>

CISI also takes a 20 per cent sample, but at regular periods throughout the year. The methodology CISI employs also ensures that every member can be expected to be audited at least once over a five year cycle. The only restriction on auditing is that members may not be audited more than once in any year — it is still possible for members to be audited in consecutive years.

The above examples of the CISI and the Faculty of Public Health are associated with inputs-based measures of CPD (e.g. number of hours/points). In contrast, the Health & Care Professions Council (HCPC) audit a written profile, with supporting evidence of how CPD has helped the registrant to achieve the standards outlined by the HCPC.<sup>28</sup> The increased complexity of an outputs-based approach is a likely reason for the small sample size audited by the HCPC — just 2.5 per cent of registrants.<sup>29</sup>

Tofade *et al.* (2013) conducted a study on a small random sample of pharmacists for the North Carolina Board of Pharmacy. Documentation, including learning plans, learning activity sheets and proof of programme participation were audited. This documentation was then assessed on a scale of 1 to 5, along with ensuring that a minimum of 15 hours of CPD had been completed. While this is a one off study, its approach supports those of the other methodologies explored above, with the addition of an outputs-based measure.

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<sup>24</sup> Friedman, A. (2012), *Continuing Professional Development: Lifelong Learning of Millions*, Abingdon: Routledge.

<sup>25</sup> With a risk-based approach, the regulator would structure the audit process to focus on areas of perceived risk. This could include sampling only a proportion of registrants who displayed certain 'risky' characteristics; or auditing certain registrants more frequently than others.

<sup>26</sup> Fawkes, C. and Moore, A. (2011), "An introduction to clinical audit for practising osteopaths" *The National Council of Osteopathic Research Handbook*.

<sup>27</sup> Gemmell, N. and Ratto, M. (2012), "Behavioural Responses to Taxpayer Audits: Evidence from Random Taxpayer Inquiries." *National Tax Journal*, 65(1).

<sup>28</sup> Health & Care Professions Council, "What if I'm selected for audit." Available at: <http://www.hpc-uk.org/registrants/cpd/audit/>

<sup>29</sup> The number of professionals regulated by the HCPC may also influence this approach. We discuss this in more detail in our comparative analysis section.

Rather than looking at a random or risk-based sample, the Construction Industry Council (CIC) has a voluntary audit process.<sup>30</sup> The purpose of this is to provide members with an objective evaluation of their CPD. This rationale is primarily a reflection of the CIC's purpose, which is to act as a forum for other construction-industry based industries.

The robustness of the audit process can vary as well. Again, this may be linked to the rationale for the audit. The Faculty of Public Health takes a robust approach to judging CPD submissions to be either satisfactory or not. After an initial auditor deems a submission to be unsatisfactory, a second auditor is required to review the submission. The second auditor is blind to the first auditor's comments. If the two auditors agree that the submission is unsatisfactory, then the member will be deemed to have failed, otherwise the member will pass on the second auditor deeming their CPD submission to be satisfactory.

### 3.4 Consequences of Non-compliance

In the context of a wider strategy for enforcement, the auditing of CPD is strongly linked to sanctions for non-compliance. As stated in Friedman (2012), compulsory CPD needs logically to carry a sanction for non-compliance. For the threat of sanctions to be seen as credible and fairly administered, CPD compliance must be closely monitored or audited. In turn, sanctions ensure that the audit process is an effective compliance tool. (Audit will still have value without sanctions, for example if the rationale is to learn about the registrant base or help refine a CPD scheme).

The relevance of sanctions is also highlighted in the literature around the economic theory of compliance, as sanctions raise the costs of non-compliance.

A number of possible sanctions are mentioned in the literature. These can be anything from removal from the professions' register, to a simple reminder or warning for the registrant to become compliant. More flexible sanctions imply a desire on the part of the organisation to improve the registrants' behaviour in addition to acting as a deterrent to non-compliance.

Results from a 1999 survey of CPD outlined in Friedman (2012) report that of 101 professional bodies surveyed, 44 per cent had sanctions for non-compliance of CPD. The most common sanctions were as follows:

- 13 per cent of all bodies remove non-compliant members from their register.
- 7 per cent revoke practising certificates from the offending individual.
- 6 per cent of bodies revoke their member's membership.
- 4 per cent of bodies bar members from having their membership upgraded.
- 3 per cent of bodies will not allow offending members to hold office in their professional body.

Although the survey results are dated, they provide a useful scene-setting. Many of these sanctions entail some restriction on the individual's ability to carry out their work. This reflects a further reason for sanctions beyond a deterrent effect — that of preventing the non-compliant individual from serving the public, in the interests of safety. This reasoning behind the sanction would be most relevant in contexts where (a) the CPD to be complied with was considered necessary in maintaining or improving the individual's skill, and (b) lack of skill could cause harm to the public.

Sanctions that increase the costs of non-compliance may not need to be explicitly applied by the regulating organisation. For example, Ratto et al. (2005) argue that when compliance is a social norm a multiplier effect exists, since the social norm will increase the cost of being found to be non-compliant. In the context of CPD, this could manifest in a professional norm, whereby non-compliant individuals experience negative reputational effects.

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<sup>30</sup> International Federation of Accountants (2008), "Approaches to Continuing Professional Development (CPD) Measurement", International Accounting Education Standards Board Information Paper.

The result of Ratto *et al.* suggests the consequences of non-compliance need not be severe in the presence of a strong social/professional norm. For example, simply the fear that others may become informed of an individual's non-compliance may ensure that the cost of non-compliance is sufficiently high that compliance is ensured. If altruistic behaviour is a driving factor behind an individual's desire to work in a profession, then only a small cost might need to be applied to incentivise compliance, although this may not apply to every member of a profession. Compliance as a professional norm could be harnessed by the regulators, for example through a 'naming and shaming' process.

In addition to sanctions, other consequences applied to individuals found to be non-compliant could include ways of encouraging remediation and improvement. For example, non-compliant professionals may be assisted to achieve their CPD targets. This would have implications for resource allocation as such an approach is likely to be resource intensive.

The Faculty of Public Health takes a fairly lenient approach to members who have not satisfactorily completed their CPD requirements. In the first two years, an unsuccessful submission will result in a member being audited in the following year. It is only after three unsuccessful audits that members will have their membership revoked and their employer will be informed. Informing an individual's employer that they have been non-compliant sends a very strong message, ensuring that any non-compliance is likely to have implications beyond simply membership of the Faculty of Public Health and as such could have a direct impact upon the livelihood of an individual.

### 3.5 Impact of Audit

The rationales outlined above provide an insight into the possible effect which audit can have. Ratto *et al.* (2005) classifies the effects as either direct or indirect.<sup>31</sup> Direct effects of audit are felt in the very short term. In the context of tax audit, direct effects include the revenue raised after an individual is caught evading tax; in the context of CPD training, the equivalent effect could include incentivising an individual to attend a CPD session or otherwise face suspension. Indirect effects refer to longer term impacts such as changing in individuals' compliance behaviour.

Armellino *et al.* (2013) cited above found that compliance with hand hygiene requirements increased after an audit programme (although it's important to note that feedback was provided). There is little direct evidence of compliance behaviours — in particular in relation to CPD — increasing as a result of audit. This hypothesis will be explored during our comparative analysis.

Following on from the economic theory of compliance, a key factor affecting the impact of audit is the extent to which individuals adjust their risk assessment of being caught in the context of being audited. Clearly, for audit to have an impact individuals must be aware of the possibility of being audited. Further, any factors that reduce the perceived likelihood of being audited could negatively affect compliance behaviour.

For example, Gemmell and Ratto (2012) empirically investigate the behavioural responses from audit programmes.<sup>32</sup> Looking at UK taxpayers, they find that individuals who have been audited and found to be compliant become less likely to be compliant in the future. Conversely, those who have been audited and found to be non-compliant increase their probability of being compliant in the future. This result arises because individuals who have been found to be non-compliant will have a higher probability of being audited in the future since they are added to a risk-based pool, whereas compliant individuals perceive their probability of audit to be decreased. These findings highlight that auditing can have unintended

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<sup>31</sup> Ratto, M., Thomas, R. and Ulph, D. (2005), "Tax Compliance as a Social Norm and the Deterrent Effect of Investigations", PEUK, Working Paper No. 4.

<sup>32</sup> Gemmell, N. and Ratto, M. (2012), "Behavioural Responses to Taxpayer Audits: Evidence from Random Taxpayer Inquiries." National Tax Journal, 65(1).

consequences if it is implemented in such a way that affects individuals' perceptions of the likelihood of being audited.

## 4 Analytical Framework

We have developed a framework through which to conduct our comparative analysis of regulators and professional associations' approach to audit and enforcement of CPD. This framework is informed by the research areas identified by the GDC and by the key themes arising from the literature review.

### 4.1 CPD Requirements

In order to offer a valid comparison, the comparator organisations must undertake a CPD scheme that is similar to that of the GDC. Information gathered here will enable us to judge the extent to which we can draw lessons from each comparator organisation. Further, the literature review suggests that the purpose of CPD and the nature of CPD requirements can influence the objectives and methodology of audit, and the consequences of non-compliance. The relevant elements of CPD requirement are:

- Number of hours/points required over a cycle.
- Length of cycle.
- Type of accepted/required activities.
- What is required to be compliant, e.g. input measures (complete the hours); or output measures (record learning outcomes, or include a reflection/assessment).
- What is needed to be submitted (e.g. a declaration of hours; an assessment sheet etc).
- Purpose of CPD (keep up to date, keep fit to practices, provide assurance to the public etc).
- Whether CPD a legal/formal requirement.

### 4.2 Rationale for Auditing CPD

The rationale for auditing is important and can have implications for the audit methodology, for example whether an audit is inputs-based or outputs-based could be influenced by whether the audit attempts to reinforce learning outcomes. A key research interest of the GDC is organisations' rationale for audit and how this fits into the wider CPD and enforcement strategy.

The rationale for audit can be understood through the following parameters.

- The perceived benefits of auditing CPD, such as:
  - Improving compliance with CPD / deterring non-compliance.
  - Improving the credibility of a CPD programme.
  - Providing continuing assurance to the public.
  - Reducing subjectivity of self-assessed CPD.
  - Reinforcing learning outcomes or improving registrants' development/progress.
- How the audit of CPD fits into the wider CPD strategy. For example, is audit used to learn anything about the registrant base? Is this fed back in to other parts of the organisation beyond the audit team?
- Whether the organisation has systems for sharing the information gathered by the audit team with the rest of the organisation, and the extent to which the operational audit teams liaise with the policy teams.
- Whether audit is part of a coherent approach to compliance or just something that has been undertaken historically.

- How valuable audit is perceived to be in terms of compliance/enforcement strategies, or in terms of providing continuing assurance of registrants' development/learning/fitness to practise.
- Whether compliance is deemed to be simply a pass or fail against input measures, or whether the quality of learning matters too.

### 4.3 Audit Methodology

It is important to get an idea of the methodology employed by other organisations when auditing in order to gain a baseline against which the General Dental Council is able to measure itself. The audit methodology may also reveal the strictness of the auditing approach. The possible parameters for audit methodology include:

- What is audited (e.g. the declaration; or the record/portfolio).
- The percentage of members who are audited at any point in time. Are samples deemed to be sufficiently large so as to ensure statistically significant measurements occur?
- The frequency with which audits take place.
- How individuals are selected — for example through random sampling, a risk-based approach or some combination of the two. E.g. is there any restriction upon the frequency with which a member may be audited, or does the organisation commit to audit every member over a cycle?
- Decision process for determining compliance, e.g. is it just a checking exercise against input measures or is some judgement needed to assess the quality of the submission.
- Who does the audit — is there a dedicated team? Do they undergo training? This is likely to be linked to whether the decision process includes an assessment of outputs-based measures.
- The cost/budget of the audit process.

### 4.4 Consequences of Non-Compliance

The consequences will be linked to the rationale for the audit and the CPD. There are three main 'purposes' of consequence (organisations may have more than one purpose):

- Punishment/deterrence — the consequences are used to punish and deter non-compliance.
- Link to public safety/assurance — the consequences are designed to remove the individual from contact with the public.
- Remediation — the consequences are designed to help the individual improve their performance, e.g. they are given more chances to become compliant.

Details of the consequences could include:

- Whether the non-compliant individual will cease to be a member/registrant. Will this impede their ability to practice?
- How long until the non-compliant individual is able to become a member again.
- If there are no direct consequences, whether there are audit implications in following years (linked to a risk-based approach)?
- Is any assistance provided to members who have been found to be non-compliant and what is the process for them to regain membership?

### 4.5 Impact of Audit

An important hypothesis to test is whether the audit process noticeably affects individuals' compliance behaviour.

# 5 Comparative Analysis

## 5.1 Introduction

We present the results of our comparative analysis following the themes of the analytical framework. We begin by positioning the organisations in terms of their CPD requirements. We then discuss the various rationales for auditing CPD and link this to the audit methodologies used and the different consequences for non-compliance. We finally consider the evidence on the impact of audit.

For each theme we provide an analysis of how the GDC compares to the other organisations under a heading “Positioning the GDC”. This will enable us to draw conclusions about where the GDC fits in terms of a spectrum of approaches, and identify key lessons that the GDC could take away from this analysis. We note that in this chapter we refer to the GDC’s practices under the current CPD scheme — recommendations for the proposed enhanced scheme will be made in the following chapter.

Our comparative analysis includes UK organisations (both regulatory bodies and professional associations) and dental regulators from other jurisdictions.

## 5.2 CPD Requirements

The CPD requirements generally form the subject of the audit, and so we describe these briefly here. There are a number of broad elements common to all organisations we reviewed, although the detail of each element does vary.

- **Minimum number of hours.** Most organisations require their registrants or members to complete a certain number of CPD hours within a CPD cycle. In the UK, regulators usually require between 20-30 hours of CPD activity per year. Two exceptions are the Health and Care Professionals Council which requires a certain mixture of activities rather than a set number of hours, and the General Pharmaceutical Council which requires registrants to make a minimum of nine CPD ‘entries’ per year (CPD entries must be activities related to the context and scope of practice, and at least three must include reflection). Outside UK, the number of CPD hours required by dental regulators is similar, between 20 and 30 hours a year. The exception is the Health Professions Council of South Africa, which measures CPD activity in “Continuing Education Units” (these indicate the value attached to a learning activity)<sup>33</sup> rather than hours.
- **A set of acceptable CPD activities.** This varies across organisations. Most organisations in the UK accept a wide range of activities, such as lectures, seminars, courses, and individual study, provided the activity is relevant to the scope of practice. Many organisations mandate some topics or forms of learning, but registrants and members still appear to have significant freedom within this. Both the General Chiropractic Council and the General Osteopathic Council require 15 hours of CPD activity to be conducted with peers (seminars, conferences, presentations, reading groups); the Royal Institute of British Architects mandates ten topics that must at least be covered (with a minimum of two hours

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<sup>33</sup> The HPCSA has a “hierarchy of learning activities” which assigns CEUs to different types of activity. For example, attending a formal structured programme that is planned and offered by an accredited training institution, is evaluated by an accredited assessor and has a measurable outcome is worth more CEUs than attending a short course, which in turn is worth more than an informal clinical meeting. Details of the CEU scale can be found here: HPCSA (2011) ‘Continuing Professional Development: guidelines for the health care professionals’ [http://www.hpcsa.co.za/downloads/cpd/activities\\_2011/guidelines\\_2011.pdf](http://www.hpcsa.co.za/downloads/cpd/activities_2011/guidelines_2011.pdf)

on each topic) and additional CPD points that involve reflection; the Health and Care Professions Council requires a set range of learning types — work-based learning, professional activity, formal education, self-directed learning and public service; the General Pharmaceutical Council requires that a third of the CPD activities involve reflection; and the CISI has four CPD categories which must all be fulfilled — active, reflective, self-directed, and development of others.

Outside the UK, dental regulators adopt a similar approach, accepting a range of activities within some parameters, such as a proportion of hours to be dedicated to mandatory topics: the Iowa Dental Board requires some hours in CPR Training, abuse identification, reporting training and sedation training; the Royal College of Dental Surgeons of Ontario stipulates core courses; and the Dental Board of Australia requires that 80 per cent of the minimum CPD hours are clinically or scientifically based.

Across the board, all regulators require that all or some of the CPD hours are supported by evidence, such as certificates of attendance or results of personal study.

- **CPD submissions.** All organisations reviewed require registrants and members to submit a signed declaration form at the end of the cycle to confirm they have undertaken the required number of hours and activities (including, where relevant, that the activities are relevant/have contributed to the scope of practice). In general, evidence supporting this declaration is not required to be submitted unless as part of an audit. An exception is the Health Professions Council of South Africa which requires the submission of portfolios with evidence.

### 5.2.1 Positioning the GDC

- **Minimum number of hours:** The GDC currently requires 250 hours of CPD activity to be completed by dentists per each five year cycle and 150 hours by all other dental care professionals (DCPs). Of this number only 75 hours for dentists and 50 hours for DCPs must be verifiable (i.e. be supported by documentary evidence and comply with the verifiable criteria). This means that on average, dentists should complete around 15 hours of verifiable CPD activities per year, and DCPs ten hours. Whilst this average is slightly below the number of verifiable hours required by other UK organisations and international dental regulators in our sample, the GDC also requires a log of the additional non-verifiable hours to fulfil CPD compliance.
- **Set of acceptable CPD activities:** A range of CPD activities is accepted by the GDC, as long as they can be reasonably expected to advance the individual's professional development as a dentist or dental care professional and are relevant to their practice or intended practice study and other activities. There are currently no specific requirements for topics or modes of learning, although there are a set of 'recommended' topics that registrants are encouraged but not mandated to undertake.
- **CPD submissions:** The GDC adopts a similar approach to other regulators, in that at the end of their five-year cycle all registrants must submit a declaration of the CPD hours undertaken. A CPD record must also be maintained that includes: a description of each item of CPD completed, including the date, and whether it is verifiable; the number of CPD hours for each item; documentary evidence of each item of verifiable CPD from the provider that confirms that the CPD has been undertaken and describes the educational aims and activities, the anticipated outcomes and the quality controls of the CPD activity.



### 5.3 Rationale for Audit

A key research area of interest to the GDC is how other organisations position audit within their wider CPD and enforcement strategies. The perceived importance of audit may be driven by the nature of the organisation and the CPD requirements, and in turn may influence the audit methodology.

#### Audit as part of compliance strategy

The majority of organisations in our sample consider the key reason behind auditing CPD submissions to be to check compliance with CPD requirements. The nature of CPD submissions is generally a signed declaration — evidence that the hours have indeed been undertaken is not usually required to be submitted at the initial stage. Audit is therefore used by the organisations as a means of verifying the veracity of the declarations by checking in detail the evidence supporting the declarations.

Not many organisations appear *explicitly* to use audit to encourage compliance or deter non-compliance (i.e. it does not seem that they have consciously considered the strategy referred to in our literature review of using audit as a means of increasing individuals' perception of the probability of being caught not complying). Exceptions include the General Chiropractic Council, which states that a rationale behind audit is to deter non-compliance, and the Health and Care Professions Council which lists ensuring compliance and deterring non-compliance as benefits of audit. The Royal College of Dental Surgeons of Ontario is currently in the middle of a debate as to whether the CPD audit process is primarily about ensuring the compliance of all registrants, or about identifying non-compliance (on the assumption that those who do not comply present a risk to patients). That said, other comments from the organisations suggest that deterring non-compliance does play some role in the rationale behind audit. For example, the Chartered Institute for Securities and Investment states that if CPD logs were not audited regularly, the scheme would not hold any credibility.

For all these organisations, compliance with CPD is a requirement to remain a registrant/member, and therefore in most cases auditing compliance forms a key part of their enforcement strategy and CPD policy.

#### Audit to confirm inputs-based measures or judge outputs-based measures

In relation to the compliance rationale, most of the organisations use audit to confirm inputs-based measures (such as the number of hours and range of CPD activities). This generally involves checking the CPD records or portfolios against a set of objective criteria (e.g. whether the activity conforms to the accepted range; whether documentary evidence is present). This objective is reflected in what is audited and the decision process taken (see the following sections in this chapter). Some judgement is used in deciding whether activities are relevant to the professionals' scope of practice, but in general outcomes-based measures are not audited. The Health and Care Professions Council is the exception among the organisations we reviewed. Its audit covers outcomes-based measures such as the quality of the written profile and whether the registrant has adequately reflected on the CPD undertaken.<sup>34</sup>

#### Quality assurance

Another common rationale behind audit is to provide assurance that registrants and members are undertaking CPD that is relevant and valuable to their professional practice. Many organisations see audit as an integral part of their CPD strategy which aims to improve the quality of services offered by the professionals. Audit is not necessarily conducted with the aim of catching the “bad guys” but rather to help individuals comply with the regulation and remain updated with the latest developments in their field and become better professionals. For instance the General Chiropractic Council audits logbooks to ensure that the quality of CPD is in line with the standards required by the profession; the General Osteopathic

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<sup>34</sup> CPD assessors review the quality of the written profile and make a judgement-based decision about whether the registrant has successfully met all the standards. CPD assessors are trained to make sure they can carry out their task fairly. CPD assessor's performance is reviewed to make sure that decisions are being taken consistently.

Council does so to ensure the right kinds of activities are being undertaken that are relevant to the development of registrants' careers; and the Health Professions Council of South Africa does so to ensure that the health care professionals keep up to date with the newest developments and trends in their profession. The General Osteopathic Council also highlights that audit enables it to help support the learning of its registrants. The Royal College of Dental Surgeons of Ontario states that Continuing Education (CE) is essential for all members to maintain the highest standards of professional care and it is a key element of the College's new Quality Assurance Programme — audit therefore contributes to ensuring the benefits of CE.

Providing quality assurance to the public is a related rationale behind audit, and includes using audit to uphold the credibility of the CPD scheme. This rationale is closely linked to the organisations' purpose of CPD, namely to enable professionals to maintain and update their knowledge and skills and ensure that they retain the capacity to practise safely and effectively. Audit, insofar as it helps achieve the aims of CPD, therefore plays a role in upholding standards of care and protecting the public. For example, the Nursing and Midwifery Council aims to demonstrate the rigour of the "Prep" standards to patients and the public and auditing acts as a signalling device to prove that these high standards are met.<sup>35</sup> The General Chiropractic Council believes that audit helps it in its role to protect the public. Providing assurance to the public through CPD audit will depend, however, on the extent to which the public is aware of CPD requirements and considers adherence to these requirements when forming judgements about the quality of healthcare professionals. Research undertaken for the GDC suggests that the public has limited awareness of CPD requirements and that CPD may not feature highly in its consideration of the standards of the profession.<sup>36</sup>

#### Audit as a means of drawing lessons for registrants and CPD

Under a related rationale, audit is also used by organisations to support and improve registrants' CPD activities. This includes drawing lessons from audit to feed back into CPD policy. For example, the General Chiropractic Council uses audit to highlight any issues around CPD which they can bring to the attention of the profession as learning points. The General Chiropractic Council is currently reviewing its CPD scheme and any learning points from the annual audit will be fed into the review. The General Osteopathic Council are also using the findings from their audit to feed into the development of a new scheme; audit helps it understand where it should be targeting regulatory intervention. The General Osteopathic Council has regular mechanisms for sharing insights between the audit and policy personnel (in this small organisation these individuals are part of the same team) and also with registrants through articles in newsletters. As shown in the literature review, feedback is essential to harness the learning opportunities from audit.

A number of organisations have mechanisms for ensuring the results of audit are fed through to the rest of the organisation. The General Pharmaceutical Council's operations team produces reports summarising statistical data from the CPD audits which are shared with the GPhC Council. The policy team is in the process of analysing these statistics, and the results will be considered as part of a wider CPD review and may help to inform future CPD Policy development. At the Health Professions Council of South Africa audit reports are submitted to the Dental Board and the Council. The Health and Care Professionals Council also has dedicated communication links — the team working on the operational side of CPD liaise with the policy and communications teams as appropriate. The latter team often delivers talks around CPD for registrants and uses feedback from audit. The operational team also alerts the CPD policy team to any problems arising from the CPD audit that were to do with CPD policy.

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<sup>35</sup> Post-registration education and practice (Prep) is a set of Nursing and Midwifery Council (NMC) standards and guidance which is designed to help registrants provide a high standard of practice and care. CPD is part of the Prep standards.

<sup>36</sup> GDC Annual Patient and Public Surveys

### 5.3.1 Positioning the GDC

The GDC regards CPD as a way to improve the quality of dental services in UK. All CPD submissions are checked to ensure that they are compliant with the basic requirements (i.e. the minimum number of hours that have been declared). However, as the CPD declaration only forms part of the overall CPD requirement, the GDC then uses audit to check whether registrants have complied with all the requirements which include the maintenance of a CPD record. In checking the record and evidence of verifiable CPD hours, the GDC also uses audit as a means of verifying self-declarations. Audit does not at the moment have a clear role in the GDC's wider CPD or enforcement strategy. CPD submissions are audited mainly because CPD is a statutory provision and audit enables the GDC to check this provision is adhered to by registrants. The GDC to date has not explicitly positioned audit within its regulatory function.

The GDC's rationale for audit appears to be largely in line with other organisations, except that the use of audit as a coherent part of its CPD and regulatory strategy is less developed than other organisations.

The table below summarises the main rationales for audit across the organisations reviewed.

**Table 5.1: Rationale for audit**

	Compliance/credibility	Learn about and improve registrants' CPD	Quality assurance
<b>HCPC</b>	✓	✓	
<b>GCC</b>		✓	✓
<b>GOsC</b>	✓	✓	
<b>NMC</b>			✓
<b>GPhC</b>	✓	✓	✓
<b>RIBA</b>		✓	
<b>CISI</b>	✓	✓	
<b>DCNZ</b>		✓	✓
<b>DBA</b>	✓		
<b>HCPSA</b>		✓	✓
<b>IDB</b>	✓		
<b>RCDSO</b>		✓	✓
<b>GDC</b>	✓		✓

## 5.4 Audit Methodology

In this section we look at the various methods that regulators have adopted when auditing CPD records. An important question answered by this section is how audit is conducted, and whether any links to the audit rationale can be established. The audit procedure is characterised by the evidence that is audited, the sample size that is audited, the frequency of audits, the selection process and the decision process.

### Evidence being audited

All the organisations that we have examined audit a CPD portfolio, logbook or record of the sample of professionals that were chosen for audit. These registrants have to provide evidence that they have undertaken the required CPD activities, as confirmation of their declaration. Acceptable evidence can be certificates of participation from various seminars and conferences, certificates of attendance of study groups, publications etc. The Chartered Institute of Securities and Investment, and the Health and Care

Professions Council send their own CPD profile/ audit pack to be completed in a very specific way. The Health and Care Professions Council also audits registrants' written profiles and reflections.

### Sample size and frequency of audit

The sample size that is audited varies across organisations and in many cases it depends on the size of the registrant base. Larger registrant bases require smaller proportionate sample sizes to produce representative results.<sup>37</sup> Such an example would be the Health and Care Professions Council which only audits 2.5 per cent of its registrants a year (with a registrant base of above 300,000). In this case, cost was a factor determining the small sample size and the reason for the organisation reducing its sample size from five per cent. At the other end of the spectrum the Chartered Institute for Securities (CISI) audits 20 per cent of its registrants every year, throughout the year. The CISI has a much smaller membership base, of around 40,000.

Other organisations' sample sizes range from around five to 20 per cent of registrants. Audit generally occurs once a year, with some organisations conducting audit throughout the year (such as the Dental Board of Australia, the Health Professions Council of South Africa and the General Pharmaceutical Council, although registrants would not be audited more than once a year). The Royal College of Dental Surgeons of Ontario audits registrants at the end of their two-year cycle. The justification for audit sample sizes given by organisations includes ensuring the results of the audit are statistically significant, and keeping within cost limitations.

### The sampling method

The sampling methods of individuals to be audited offers interesting insights into the CPD audit process. The majority of organisations select individuals completely randomly (some have qualification criteria such as a minimum number of years as a registrant). Some organisations commit to audit all registrants or members over a certain period of time. For example, the General Pharmaceutical Council, the General Chiropractic Council, the General Osteopathic Council and the Chartered Institute for Securities and Investment say registrants can expect their record to be recalled once every five years. This entails some element of selection: for example the General Osteopathic Council excludes from its sample registrants who have been audited in the previous five years. Some organisations additionally commit to not audit the same individual for two consecutive years (e.g. the Chartered Institute for Securities and Investment and General Pharmaceutical Council).

The Dental Council of New Zealand and Nursing and Midwifery Council appear to be the only organisations to take a formal risk-based approach to audit: the Dental Council of New Zealand only audits registrants who have not used the approved online CPD service and met the specified CPD requirements. The most sophisticated approach to CPD auditing appears to be taken by the Nursing and Midwifery Council that adopts a risk-based audit process that is based on a sound statistical model combining risk-based, random and stratified sampling method processes.

The findings of the literature review suggest that individuals' compliance levels may decrease if they perceive a low likelihood of being audited. A risk of an approach that publically commits to audit all registrants within a time period could be that those already audited in a cycle will have a reduced incentive to comply for the rest of the cycle. However, such a commitment may be less of an issue if the organisation's rationale for audit goes beyond just enforcing compliance and extends to learning about and supporting the registrant base in its CPD activities. In the latter case, reviewing the CPD performance of all registrants over a period of time is a valuable way for the organisation to keep up with individuals' progress and identify problems and improvements that could be made. It is interesting to note that two of

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<sup>37</sup> In probability theory the larger the number of observations the more representative the resulting estimation will be.

the organisations that specifically mention the value of audit in supporting registrants in their CPD also commit to audit all registrants over a five year period.

### Decision process

The decision of whether an individual's CPD portfolio is compliant or not is usually taken by an audit team which has been trained to assess CPD portfolios. The Chartered Institute for Securities and Investment and General Pharmaceutical Council use external CPD expert assessors. These decisions in the majority of organisations are based on an objective set of criteria, for example whether there is documentary evidence to support each recorded CPD activity. This type of decision-making usually reflects the audit of inputs-based measures. Some element of judgement may be used, for example to assess whether the CPD activity is relevant to the individual's scope of practice.

The Health and Care Professionals Council is a notable exception here, as it is one of the few organisations to audit outcomes-based measures such as registrants' written portfolios and CPD reflections. CPD assessors assess the quality of the written profile and make a judgement-based decision about whether the registrant has successfully met all the CPD requirements and has reflected upon how their CPD has contributed to the quality of their practice and service delivery and how it benefits their service users. This more in-depth approach to audit may also be a factor behind the relatively small sample size audited by the Health and Care Professionals Council. The Royal Institute of British Architects also applies a qualitative decision process to auditing CPD records.

#### 5.4.1 Positioning the GDC

- **Evidence being audited:** the GDC audits the full CPD record, which includes a description of each item of CPD completed, including the date, and whether it is verifiable; the number of CPD hours for each item; documentary evidence of each item of verifiable CPD from the provider that confirms that the CPD has been undertaken and describes the educational aims and activities, the anticipated outcomes and the quality controls of the CPD activity. Auditing the entire CPD record seems to be the consensus amongst regulators and so the GDC does not form an exception.
- **Sample size and frequency:** The GDC's registrant base is divided into ten CPD cohorts (five for dentists and five for DCPs) and a sample of each cohort is audited at the end of its five-year cycle. The GDC currently does not have the power to audit a cohort mid-cycle and thus registrants can expect to be audited no more frequently than once every five years. This differs from a number of other organisations who sample the whole registrant base each year, or who conduct audits throughout the year. The GDC compliance team use a 95 per cent confidence-based sampling approach to determine the number of records to be audited. This statistical approach is followed by a few other organisations.
- **Decision Process:** If the audited record is not compliant with the requirements the registrant is given a further chance to become compliant. After that s/he can be removed from the register if s/he is still not compliant. Decisions on whether a CPD record is complaint is based largely on a set of objective criteria — such as whether documentary proof exists for all verifiable hours — although a small element of judgement is used to assess whether activities are indeed relevant to dentistry.

The table below presents a high-level summary of the different approaches to audit across the organisations reviewed.

**Table 5.2: Audit methodology**

	Sample size	Sample selection	Frequency	Objective criteria or judgment based decision	Audit team
<b>HCPC</b>	2.50%	Risk-Based	Once a year	Judgment	Trained Internal Team
<b>GCC</b>	10-20%	Complete coverage	Once a year	Objective criteria	Trained Internal Team
<b>GOsC</b>	2%	Risk based	Once a year	Objective criteria	Senior Directors
<b>NMC</b>		Random	Once a year	Objective criteria	n.a
<b>GPhC</b>	1250 folders	Complete Coverage	Every 2 weeks	Objective criteria	Trained Internal Team
<b>RIBA</b>	5%	Random	Once a year	Judgment	n.a
<b>CISI</b>	20%	Complete Coverage	Once a year	Objective criteria	Trained Internal and External Team
<b>DCNZ</b>	10%	Risk based	Once a year	n.a	n.a
<b>DCA</b>	n.a	n.a	Throughout the year	Objective criteria	Internal Team
<b>HPCSA</b>	4000 folders	Risk-Based	Bi-monthly	Objective criteria	Trained Internal Team
<b>IDB</b>					
<b>RCDSO</b>	2.5%	Risk-Based	Every 2 years	Objective criteria	Trained External Team
<b>GDC</b>	5%	Random	Each cohort once every 5 years	Objective criteria	Trained Internal Team

Note: the GDC's audit sample is based on a 95 percentage confidence level, which is equivalent to approximately five per cent of each cohort.

## 5.5 Consequences of Non-compliance

In this section we compare the possible consequences if individuals are found — though the audit — to be non-compliant with CPD requirements. Our analytical framework sets out three main types of consequence — removal from the register as a means of punishment for or deterrence against non-compliance; removal from the register as a means of removing the individual from contact with the public (based on the assumption that someone not up to date with CPD may pose a threat to patient or public safety and the quality of service);<sup>38</sup> and remediation to enable to individual to benefit from the audit process.

### Removal from the register/membership

All the UK organisations have removal from the register or membership as a final consequence for non-compliance with CPD. In most cases this will preclude the individual from practising until he or she is accepted back onto the register. As a professional association the Chartered Institute for Securities and Investment will suspend the Chartered Status of the individual which, while it will not prevent the individual from practising as an investment advisor, but they will not be able to do so under the Chartered status and this may indirectly affect their employment status. International dental regulators take a similar approach in terms of removing registrants from the register. The Iowa Dental Board cites removal from the register or possible disciplinary action as consequences for non-compliance.

Some organisations explicitly state that removal from the register occurs in part because non-compliant registrants are considered a threat to public health and safety.

<sup>38</sup> This assumption should be considered in light of research undertaken for the GDC which finds little compelling evidence of a direct link between CPD and patient outcomes.

A number of organisations state that removal from the register is a last resort and not their preferred course of action. For example, the General Chiropractic Council states that removal is not the preferred course of action, and the Royal Institute of British Architects states that it would rather support registrants to comply with CPD than remove them. The Dental Board of Australia prefers to remediate registrants than remove them, and registrants are given opportunities to become compliant before removal. Any removal decision is taken to the Board for discussion.

### Remediation

Even where not explicitly stated, the majority of organisations offer a route for remediation to registrants that are found to be non-compliant before a final decision is taken on removal. This indicates that an implicit objective of audit is not simply to ‘catch out’ individuals, but provide a means for practice to improve. Some organisations provide a relatively strict schedule in which registrants can become compliant, while others are more lenient with the route of remediation that they offer. For example, the HCPC gives the non-compliant practitioner three months to comply, whereas the Health Professions Council of South Africa will conduct a follow-up audit six months later. The flexibility with which organisations allow registrants to become compliant may also be linked to cost: it is likely to be more costly if numerous reminders and follow-ups are needed to facilitate compliance.

Some organisations provide more proactive assistance to registrants to help them become compliant. For example, the General Chiropractic Council provides registrants with guidance about what is lacking from the CPD record and, where appropriate, they suggest possible ways forward.

A number of regulators offer feedback to individuals on their CPD audit. The General Pharmaceutical Council offers feedback that covers each of the four areas of the CPD cycle and shows where the practitioner has done well. It also highlights any areas where improvements to CPD recording might be made and provides advice on good recording practice. The Chartered Institute for Securities and Investment offers a number of free benefits to assist members in achieving their CPD targets. The Royal College of Dental Surgeons of Ontario work in partnership with their registrants in a number of innovative ways, including using registrants who have previously been through an assessment to provide ‘peer support’ to those who have had difficulty passing the assessment.

### 5.5.1 Positioning the GDC

If the audit finds a CPD record to be non-compliant, registrants are given one further chance to ensure their record is compliant. After that they can be removed from the register if they are still not compliant. The GDC does not appear to offer formal remediation like some organisations, such as providing resources and suggestions to individuals to assist them in becoming compliant. The GDC also does not currently have feedback mechanisms to communicate the results of audits to the registrant base.

## 5.6 Impact of Audit

Very few of the organisations we reviewed actively monitor CPD compliance over time in order to assess the impacts of audit. A few, however, have noticed a positive change in behaviour. Compliance rates increase as well as the number of hours devoted to CPD following the audit process. The positive impact of audit appears to be related to information flows: the General Pharmaceutical Council takes into account CPD issues when drafting new policy, and the Health Professions Council of South Africa considers the audit reports at its Board meetings — both organisations reported positive effects of audit on compliance. Both the General Chiropractic Council and the General Osteopathic Council have noted that CPD compliance has improved and that more relevant CPD is being undertaken, although they do not sufficient information to conclude if this is due to audit. The General Pharmaceutical Council states that around 99 per cent of registrants are compliant with the regulatory requirements for CPD since they became

mandatory, and that the overall quality of submissions increases every year. The Iowa Dental Board conducted an audit of the effects of mandatory CPD coupled with random audits following its introduction in 1998. The statistical results were again very encouraging.



## 6 Conclusions and Recommendations

In this chapter we present a summary of the key points of comparison across the organisations we reviewed. We then discuss our conclusions and recommendations for the GDC, highlighting lessons learned from the comparative analysis and literature review and suggesting factors the GDC can take into account when developing the role of audit as part of its proposed enhanced CPD scheme.

### 6.1 Key points of Comparison Across Organisations Reviewed

Our comparative analysis shows that on the whole, regulatory and professional organisations take a similar approach to auditing CPD, although the details of certain elements do vary. In summary:

- The vast majority of organisations reviewed have similar CPD requirements, and audit similar CPD evidence. An exception is the Health and Care Professionals Council which has a number of outcomes-based measures as CPD requirements, and adopts a qualitative, judgment-based approach to auditing CPD profiles.
- The main rationale for auditing CPD is to monitor compliance with CPD requirements, ensure the credibility of the CPD scheme, and ensure registrants and members are meeting the standards set by the regulatory and professional bodies. CPD is a formal requirement for the majority of organisations we reviewed, and audit is seen as a means of recognising this fact.
- Not many organisations appear to use audit to *explicitly* encourage compliance or deter non-compliance with CPD, but this objective is implicit in many cases (e.g. when audit is cited as a means of ensuring the credibility of the CPD scheme).
- An objective of audit for a subset of organisations is to learn about the registrant base and inform CPD policy. Some organisations have clear communication mechanisms between audit and policy teams.
- The organisations adopt similar audit methodologies in terms of the frequency of audit, the sample size, the documents to be audited, and the decision process taken by the audit team. Some organisations have a greater depth of audit (sampling up to 20 per cent of the registrant base per audit) and a number commit to audit all registrants over a certain period of time. The GDC appears to be on a par with other organisations in terms of the rigor of its audit methodology, the key exception being the frequency of audit — many organisations audit registrants once a year, whereas the GDC only audits each CPD cohort every five years.
- All organisations have removal from the register or membership base as a consequence for non-compliance. However, the majority of organisations will give non-complaint individuals a number of opportunities to become complaint, and some offer formal remediation opportunities. Removal is most often seen as an undesired, last resort.

### 6.2 Recommendations for the GDC

The comparative analysis and literature review have highlighted a number of key lessons which the GDC may wish to implement in its future enhanced CPD scheme. We note that there does not appear to be a

‘gold standard’ approach to auditing CPD and its role in wider regulatory and enforcement frameworks. The majority of organisations, including the GDC, follow a broadly similar approach. Notable differences can at times be related to specific factors, but at other times it is not possible to identify any clear relationships. We present our recommendations to the GDC along a range of key factors the GDC may wish to consider when developing its audit strategy.

### 6.2.1 Audit as a means of improving compliance

If the GDC wishes to use audit to improve compliance with CPD, there are a few relevant lessons and recommendations.

The literature identifies that individuals’ perceptions of risk can affect their compliance behaviour — an increase in the probability of non-compliance being detected raises the expected costs of non-compliance. The GDC may wish to increase awareness around CPD audit (for example, displaying more information about audit on its website or reporting on audit results in communications to registrants) so that registrants factor the risk of being audited into their compliance decisions and potentially improve their compliance behaviour. As non-compliance with CPD increases costs to the GDC, this may form a valuable element of its strategy.

A caveat is that too much information transparency may result in registrants trying to ‘game’ the system. For example, if registrants know that they will not be audited in certain years due to the regulator’s commitment to audit the entire registrant base over a period of time, this may negatively impact on compliance levels.

The literature notes that increasing the costs of non-compliance can also improve compliance behaviour. In the context of healthcare professionals, reputation damage could be an important ‘cost’ which the GDC could apply by, for example, naming and shaming non-complaint registrants.

Removal as a consequence for non-compliance is seen by many organisations as a ‘last resort’ sanction, and many emphasise the importance of providing remedial opportunities for compliance. This would be linked more with the objective of using audit to improve the registrant base; if the objective of audit was purely to deter non-compliance then a stricter approach to the use of removal may be warranted.

### 6.2.2 Integrating audit into wider policy

Many organisations we reviewed used the results of CPD audit to inform CPD policy. The GDC may wish to establish formal communication mechanisms between the audit team and the other teams responsible for CPD operation and policy. Information on common difficulties or shortcomings found in registrants’ CPD records could be used in reviewing CPD policy and could be communicated to registrants to further improve compliance with CPD requirements. Similarly, statistics on levels of non-compliance could be used for cost planning, or again as part of the GDC’s communication strategy.

### 6.2.3 Using auditing to influence registrants and CPD policy

Many of the organisations we reviewed considered audit to be more than just about ensuring compliance, but also as a means of learning about and helping the registrant base. In particular, some organisations are concerned not just with registrants meeting required standards, but also with them improving their skills and knowledge. If this were to be an important driver for the GDC, then the following elements of audit could be adopted:

- Auditing records more frequently, or trying to audit a wider range of records (e.g. applying some non-random sampling).

- Communicating the results of the audit to registrants, either individually or corporally. Literature has shown that this feedback significantly increases the value of audit.
- Greater focus on outcomes-based audit. This may be appropriate if the GDC carries out its proposals to require a written CPD plan as part of the CPD record. We note, however, that very few organisations adopt such an approach. Cost may be an issue — the HCPC, which adopts an outcomes-based approach, audits a relatively small proportion of its registrant base (2.5 per cent) compared with other regulators.



# Annex



Europe Economics

## 7 Annex

### 7.1 Comparative Analysis Information Tables

**Table 6.1: Healthcare regulators**

Comparative parameter		Health and Care Professionals Council	General Chiropractic Council	General Osteopathic Council	Nursing and Midwifery Council	General Dental Council (current scheme)	General Pharmaceutical Council
CPD Requirements	Hours	No specific number of hours required but rather a mixture of activities per 2 year cycle	30 hours, half of which must include learning with others, per year	30 hours, half of which must include learning with others, per year	35 hours per 3 year period	250hrs for dentists, 150hrs for Dental Care professionals (DCP)s per cycle but of these only 75 are verifiable (formal provable courses) for dentists and 50 for DCPs	A minimum of nine CPD entries per year which reflect the context and scope of the practice as a pharmacist or pharmacy technician. At least 3 out of the 9 required CPD entries for each full year of their registration must start at “reflection”;
	Length of Cycle	2 year cycle	1 year	1 year	3 years	5 year cycle	5 year cycle
	Accepted/ Required Activities	Work-based learning, professional activity, formal education, self-directed learning, public service	At least 15 hours of learning with others, the rest can be learning on their own	At least 15 hours of learning with others, the rest can be learning on their own. Their CPD scheme as it stands currently gives registrants a lot of discretion because they are not required to undertake any CPD in core subjects. As	The learning activity which is undertaken must be relevant. CPD may take a number of forms including: E-learning, Journals, Prescribing forums, Individual study and Work based learning. CPD may be accredited	Verifiable hours must have documentation from the CPD provider or some proof. Range of activities is acceptable, including reviewing articles, lectures, workshops. No specific requirements for	Anything which helps the pharmacist to improve as a pharmacy professional can count, including: Learning knowledge and skills on conferences and courses, practice-based learning, including feedback from patients and audits, analysis and

Comparative parameter		Health and Care Professionals Council	General Chiropractic Council	General Osteopathic Council	Nursing and Midwifery Council	General Dental Council (current scheme)	General Pharmaceutical Council
				long as they are able to state how this has informed their practice as an osteopath and the regulator feels that the explanation is compliant with the stipulations made in the guidelines, they are meeting their CPD requirements.	through a range of institutions including higher education, professional bodies and prescribing forums. to the nursing/midwifery practice	topics or modes of learning.	review of critical incidents. Self-directed learning including reading, writing or undertaking research, learning with others.
	What is needed to be compliant	Every time a professional renews his registration, he is confirming that he has met CPD standards. These are: 1. maintain a continuous, up-to-date and accurate record of CPD activities; 2. CPD activities are a mixture of learning activities relevant to current or future practice; 3. CPD has contributed to the quality of their practice and service delivery; 4. upon request, present a written profile (which must be supported by	Each practitioner must send a summary of their CPD activities showing the legally required 30 hours. This can either be done by filling in the CPD summary online or filling in a paper CPD summary and post it.	Registrants must submit a declaration of compliance either online or send it by post.	Provide a signed notification of practice (NoP) form	At the end of the cycle registrants must declare the CPD hours undertaken. A CPD record must also be maintained.	A CPD record must be submitted in which entries must be structured according to the CPD cycle

Comparative parameter		Health and Care Professionals Council	General Chiropractic Council	General Osteopathic Council	Nursing and Midwifery Council	General Dental Council (current scheme)	General Pharmaceutical Council
		evidence) explaining how they have met the standards for CPD.					
	Purpose of CPD	To ensure that professionals retain their capacity to practice safely, effectively and legally within their evolving scope of practice. CPD is the way professionals continue to learn and develop throughout their careers so they keep their skills and knowledge up to date and are able to work safely, legally and effectively	To broaden and deepen their knowledge through life-long learning	Maintaining and enhancing professional work	Supporting effective practice	Registrants are required to undertake CPD in order to keep up to date and maintain the Standards set by the GDC. This is so they can give their patients the best possible treatment and make an effective contribution to dentistry in the UK.	All pharmacy professionals will continue to learn and develop throughout their professional lives to maintain and enhance their competence
	Is it a legal/formal requirement	Yes, one must undertake CPD to stay registered with HCPC	Yes, it is a requirement in order to remain registered on the registrar. The rules are legally binding	Yes, CPD is a requirement for registration	Yes, CPD is a requirement for registration and is legally binding	Yes. Registrants are required to undertake CPD by law, and must comply with the requirements in order to remain on the register.	It is now, Under the Pharmacy Order 2010, a legal requirement that pharmacists undertake and record CPD in order to maintain their registration as a pharmacy professional
Regulator Details	Source of Information	website, <a href="http://www.hpc-uk.org/assets/documents/10001314CPD_and_your_registration.pdf">http://www.hpc-uk.org/assets/documents/10001314CPD_and_your_registration.pdf</a> and	website, <a href="http://www.gcc-uk.org/hosting5.zenwebolutions.com/UserFiles/Docs/CPD%20Guidance.pdf">http://www.gcc-uk.org/hosting5.zenwebolutions.com/UserFiles/Docs/CPD%20Guidance.pdf</a>	website, <a href="https://www.osteopathy.org.uk/uploads/cpd_guidelines_interactive.pdf">https://www.osteopathy.org.uk/uploads/cpd_guidelines_interactive.pdf</a>	<a href="http://www.nmc-uk.org/Employers-and-managers/Your-responsibilities/CPD-and-practice/">http://www.nmc-uk.org/Employers-and-managers/Your-responsibilities/CPD-and-practice/</a> and <a href="http://www.personnel">http://www.personnel</a>	GDC website and document "Continuing Professional Development for dental professionals".	<a href="http://www.pharmacyregulation.org/sites/default/files/GPhC%20Plan%20and%20Record%20g.pdf">http://www.pharmacyregulation.org/sites/default/files/GPhC%20Plan%20and%20Record%20g.pdf</a>

Comparative parameter		Health and Care Professionals Council	General Chiropractic Council	General Osteopathic Council	Nursing and Midwifery Council	General Dental Council (current scheme)	General Pharmaceutical Council
		<a href="http://www.hpc-uk.org/assets/documents/100008F3CPD_key_decisions.pdf">http://www.hpc-uk.org/assets/documents/100008F3CPD_key_decisions.pdf</a>			<a href="http://today.com/hr/meeting-professional-standards-in-nursing-and-midwifery/">today.com/hr/meeting-professional-standards-in-nursing-and-midwifery/</a>	Additional information about the proposed new scheme provided by the GDC in the context of Europe Economics' study "Analysis of the Economic Costs and Regulatory Impact of Enhanced CPD for Dental Professionals in the UK"	
	Number of registrants	320,634	2,911	5000	about 700,000	Approximately 100,000	
<b>Rationale for Auditing</b>	Benefits of Auditing	(1) To confirm self-declaration and (2) The HPC has conducted a survey in which it asked its members whether they think that auditing would be a good idea and the majority of the respondents gave a positive answer.	The purpose of audit will be to confirm that the information that individuals have submitted and signed in their summary sheet is a true record of their CPD in that year. In the GCC's case the rationale behind the audit is to act as a deterrent for non-compliance. Removal is not the preferred option and, in the past, has been used when registrants do not engage in the process	Helping to ensure that registrants are undertaking the right kind of activities that are relevant to the development of their career. As this is a self-declaration process it is also to ensure that registrants are declaring their activities in accordance with the stipulations set in the CPD guidelines eg. listing practice meetings as separate activities stating what was discussed on that occasion rather than	To demonstrate the rigour of the "Prep" standards to patients and the public	The GDC audits CPD submissions in order to fulfill an historical statutory provision. CPD audit then checks whether a sample of the compliant declarations are indeed compliant (it verifies the self-declaration).	



Comparative parameter		Health and Care Professionals Council	General Chiropractic Council	General Osteopathic Council	Nursing and Midwifery Council	General Dental Council (current scheme)	General Pharmaceutical Council	
		listing a block for the whole year.						
	How does it fit into the wider CPD strategy		They want to ensure that the quality of CPD is in line with the high standards required. If logs were not regularly audited, the scheme would not hold any credibility			Audit does not at the moment have a clear role in the GDC's wider CPD or enforcement strategy. The GDC currently audits CPD submissions mainly because this is a statutory provision. The GDC to date has not explicitly positioned audit within its regulatory function.	CPD is a statutory requirement for all registrants therefore audit forms part of their regulatory strategy.	
	Flow of information within the organisation	The team working on the operational side of CPD liaise with the policy and communications teams as appropriate. The policy and communication teams often deliver talks around CPD for registrants and so will liaise with operational colleagues for relevant audit statistics as well as any general feedback from audit assessors that they can relate to	Essentially, the original purpose of the audit was to ensure compliance. However, this has evolved over the years and now, as well as ensuring compliance, they use audit to highlight any issues around CPD and which they can bring to the attention of the profession as learning points. The GCC is currently reviewing its CPD scheme and any learning points from	The operational and policy staff are all part of one team (of 4 people) and so they have regular mechanisms for sharing insights between themselves and also with registrants through articles in the osteopath where relevant.		Limited.	The operations team produces reports summarising statistical data that is shared with the GPhC Council. The policy team then analyses the statistics collated by the Operations team - results will be considered as part of a wider CPD review / may help to inform future CPD Policy development	

Comparative parameter		Health and Care Professionals Council	General Chiropractic Council	General Osteopathic Council	Nursing and Midwifery Council	General Dental Council (current scheme)	General Pharmaceutical Council
		registrants to help them when completing a profile. The team overseeing the operational side of CPD liaise with the policy department around any CPD queries related to policy and would alert the policy team to any problems arising from the CPD audit that were to do with CPD policy.	the annual audit will be fed into the review.				
	Just an add on or coherent approach?			Coherent approach. They have used their findings from their audit to feed into the development of a new scheme. The CPD Discussion Document contains further information about this.		At the moment more an add-on than part of a coherent approach.	CPD is a statutory requirement for all registrants therefore audit forms part of their regulatory strategy
	How valuable is it?		They believe that the audit is very valuable. As with other regulators the main purpose of the GCC is to protect patients and the public. They believe that the audit forms part of the overall regulatory strategy, by ensuring	Audit is an integral part of their regulatory activities – it is about ensuring compliance but also about supporting osteopaths to learn and also the regulator to understand where they should be targeting their			The GPhC plans to review the current CPD call and review process later this year as part of a wider work stream on developing a framework for assuring the continuing fitness to practice of pharmacy professionals

Comparative parameter		Health and Care Professionals Council	General Chiropractic Council	General Osteopathic Council	Nursing and Midwifery Council	General Dental Council (current scheme)	General Pharmaceutical Council
			that the CPD is complied with.	regulatory interventions. E.g. recent changes to ensure that osteopaths get feedback – and that they target those who have not previously been targeted.			
<b>Impact of Audit</b>	Change in behaviour?	Positive effects	More relevant CPD is undertaken, although it's unclear whether this is because of audit or because the scheme was young when the annual audits began and so registrants are now more familiar with what is expected by the GCC.	Compliance rates have improved but not enough information to confirm this.			c99% of registrants are compliant with the regulatory requirements for CPD since they became mandatory. The overall quality of submissions has improved each year.
<b>Audit Methodology</b>	What is audited	If one is chosen for audit, he is sent a CPD profile to be completed and this profile is audited	CPD Folder	They audit 20% of CPD Annual Summary Form submissions (yearly declaration of activities undertaken) and 2% of CPD Record Folders (evidence to support undertaking the activities listed as part of the yearly declaration.	“Prep” CPD summary forms together with evidence such as appraisals, attendance or completion certificates from their learning activity, so they may find it helpful to routinely collect these items.	The full CPD record is audited, which includes: A description of each item of CPD completed, including the date, and whether it is verifiable; The number of CPD hours for each item; Documentary evidence of each item of verifiable CPD	CPD record.

Comparative parameter		Health and Care Professionals Council	General Chiropractic Council	General Osteopathic Council	Nursing and Midwifery Council	General Dental Council (current scheme)	General Pharmaceutical Council	
							from the provider that confirms that the CPD has been undertaken and describes the educational aims and activities, the anticipated outcomes and the quality controls of the CPD activity	
	Sample Size	2.50%. The sample size is continuously reviewed ensure that their audit results are statistically significant while balancing the cost and amount of time it takes to audit.	This varies between 400-600 registrants and would amount to approximately 10-20% of the profession. The audit is conducted annually, usually early in the year following submission of the CPD summaries that are being audited.	When CPD was first introduced, all registrants were audited after their first year's submission of CPD. After that initial audit it was decided that 20% would be a reasonable sample size to audit		The Compliance team uses a 95 per cent confidence-based sampling approach to determine the number of records to be audited.	Initially 400 records were called every two weeks. The pattern of calling has varied and following an eight month break in 2011/12, the number of records called increased from 1200 every two weeks to 1250. During the current call batch (November 2013 – May 2014) they are calling in the CPD records of 2000 registrants every 2 weeks.	
	Frequency	Every year	Every year	Every year		Each cohort is audited only at the end of its five-year cycle. Under the proposed new CPD scheme, registrants could be audited mid-cycle.	Registrants can expect to have their records audited once every 5 years	

Comparative parameter		Health and Care Professionals Council	General Chiropractic Council	General Osteopathic Council	Nursing and Midwifery Council	General Dental Council (current scheme)	General Pharmaceutical Council
	How are individuals selected?	Only registrants who have been registered for more than two years will be audited	Their aim is to sample all registered chiropractors within a 5 year period, so the sample size varies depending on how many registrants they have and whether they have been recently selected. The selection is done by a programme which is part of the database itself. This is to avoid any question that they are targeting particular individuals.	Those who have been audited in the past 5 years are excluded from the sample selection in order for them to audit those who have not been audited at all to date. They anticipate with their new process all registrants will be audited over a 5 year period. New graduates who apply for registration within three months of graduation will have their first ten months of CPD waived	They use a risk-based audit process that is based on a sound statistical model combining risk-based, random and stratified sampling methods processes for: the submission and assessment of evidence, provision of feedback; resubmission of evidence, if necessary;	Random sampling of each cohort.	The GPhC does not target any particular registrant groups and those invited to submit their CPD record are selected at random.
	Decision Process	Entirely outcomes focussed. CPD assessors would assess the quality of the written profile and make a judgement based decision about whether the registrant has successfully met all the standards. The assessors will assess the profile to ensure the registrant has maintained a CPD, that is a mixture of	Tick-Box approach to decision making but in case that the documents send to the register are not satisfactory then he is given 14 days to provide more convincing evidence. The point of the audit is to ensure that the learning undertaken by registrants was actually done. If additional issues are found, such as dubious	Tick-Box approach to decision making. However, the activities undertaken must be relevant to osteopathic practice.		Under the current scheme the CPD record is checked against a set of rules, mainly whether the proof of all verifiable activities is present and that the CPD undertaken is relevant. No other judgment-based decision yet.	When a CPD record is reviewed, the GPhC will check that registrants have applied at least 50% of the assessable criteria for good recording practice;

Comparative parameter		Health and Care Professionals Council	General Chiropractic Council	General Osteopathic Council	Nursing and Midwifery Council	General Dental Council (current scheme)	General Pharmaceutical Council
		learning activities and that professionals reflect upon how their CPD has contributed to the quality of their practice and service delivery and how it benefits their service users	learning activities, then they would investigate those at the same time.				
	Audit Team	CPD Assessors. CPD assessors are trained to make sure they can carry out their job fairly. CPD assessor's performance is reviewed to make sure that decisions are being taken consistently.	Members of the registration team and, if necessary, trained temporary members of staff	CPD Record Folders are audited by the Senior Professional Standards Officer. CPD Annual Summary Forms are audited by both the Senior Professional Standards Officer and Professional Standards Administrator. In house discussion and training takes place against the guidelines at the beginning of an appointment and throughout the appointment. Quality assurance of cases takes place between both members of staff to peer review decisions. Difficult cases are referred to more senior levels of staff for advice.		The Compliance Team is responsible for auditing CPD records.	The GPhC uses a dedicated team of external assessors to review registrants' CPD records against a set of published review criteria. The call and review process is managed within their Customer Services Department ('operations team'). In order to maximise the efficiency of their resources within the Department, the call and review cycle is run from November to May, so that it does not coincide with their peak times in the registration year.

Comparative parameter		Health and Care Professionals Council	General Chiropractic Council	General Osteopathic Council	Nursing and Midwifery Council	General Dental Council (current scheme)	General Pharmaceutical Council
	Budget	By auditing only a small sample, audit costs are kept low and provide a better value for money for those who have paid registration fees	The CPD monitoring exercise forms part of the function of the registration department and does not have a specific budget.	No specific budget. All audits are incorporated into the duties of the Senior Professional Standards Officer and Professional Standards Administrator without the need to draw on extra resources.		Under current scheme audit accounts for approximately 21% of CPD expenditure.	
Consequences of non-compliance	Punishment/Deterrence	Struck off the register. The registrant has the right to appeal and given 3 months to comply if an initial fail	Removal from the Register	Removal from the Register	Removal from the Register	Removal from the Register, after warnings and appeals	Removal from the Register
	Link to public Safety/assurance	Yes		By looking at the activities osteopaths declare, it provides a higher level of confidence in the further development of their knowledge for the benefit of their patients.		The main rationale appears to be one of public safety and assurance - non-compliant registrants may not be up to date and thus may not be able to provide the best patient care.	
	Remediation	If the individual is found non-compliant he is given three months to correct the situation	In cases where issues are identified, they do provide registrants with guidance as part of the remediation, so that they are aware of what is lacking in their submission and, where appropriate, they provide possible ways	Those who are found to be non-compliant are sent a list of all the reasons why their submission is not compliant. They are then given the opportunity to make changes to their submission in order to		If the audited record is not compliant with the requirements (see above), the registrant is given a number of chances to become compliant (around two). After that s/he can be removed from the	Feedback is offered after a record has been checked. - If a registrant has been invited to submit their CPD record they will receive a feedback report that covers each of the four areas of the CPD cycle and shows where they

Comparative parameter		Health and Care Professionals Council	General Chiropractic Council	General Osteopathic Council	Nursing and Midwifery Council	General Dental Council (current scheme)	General Pharmaceutical Council
			forward.	become compliant. If the registrant doesn't make the changes within the agreed timeframe or has not carried out any CPD at all they would be removed.		register if still not compliant.	have done well. It also highlights any areas where improvements to CPD recording might be made and provides advice on good recording practice.
	Any assistance provided						Registrants are given two chances to ensure their record is compliant. No official remediation offered.



**Table 6.2: Non-healthcare professional associations**

Comparative parameter		Royal Institute of British Architects (RIBA)	Chartered Institute for Securities and Investment
<b>CPD Requirements</b>	Hours	Each year, architects must have: 35 hours of CPD; along with 100 points which they give to activities where they are using self-reflection; at least half of their CPD activity, where possible, structured; at least 20 hours of CPD on core curriculum topics (at least two hours on each topic each year); and a record of their CPD online using the CPD recording manager.	35 hours per year
	Length of Cycle	5 years	1 year
	Accepted/ Required Activities	10 topics to be covered within 5 years with at least two hours on each topic covered each year. This simplified structure allows architects to tailor their CPD requirements to suit their area of professional expertise. While they need to cover all topics, they can match the level of detail they need in their practice or daily life to the level of detail in the CPD.	Four CPD categories (active, reflective, self-directed, development of others)
	What is needed to be compliant	Record the CPD activity through the online CPD recording manager.	Keep an updated CPD Log
	Purpose of CPD	CPD will help to make sure that the architect always has the skills s/he needs to stay competent and to protect himself and his practice.	To remain compliant and informed of all new industry developments
	Is it a legal/formal requirement		It is a requirement to maintain the Chartered Status

Comparative parameter		Royal Institute of British Architects (RIBA)	Chartered Institute for Securities and Investment
Regulator Details	Source of Information	<a href="http://www.architecture.com/EducationAndCareers/CPD/CPDrules/CPDrules.aspx#.Uta_ItdViM">http://www.architecture.com/EducationAndCareers/CPD/CPDrules/CPDrules.aspx#.Uta_ItdViM</a>	<a href="http://www.cisi.org/bookmark/genericform.aspx?form=29848780&amp;URL=mcpdaudit">http://www.cisi.org/bookmark/genericform.aspx?form=29848780&amp;URL=mcpdaudit</a>
	Number of members		40,000 across a number of countries
Rationale for Auditing	Benefits of Auditing		The CPD scheme users' logs undergo regular auditing to ensure the quality of CPD logged is in line with the high standards required.  If logs were not regularly audited, the scheme would not hold any credibility.  Verifying self-declaration
	How does it fit into the wider CPD strategy		
	Flow of information within the organisation		Yes – feedback from CPD audit is fed back into CPD requirements
	Just an add on or coherent approach?		
	How valuable is it?		
Impact of Audit	Change in behaviour?		
Audit Methodology	What is audited		Audit Request Pack
	Sample Size	5%	20%
	Frequency	Every year they choose a random sample of 5% of members and ask to see their CPD record sheet as evidence of CPD for the previous year.	once a year

Comparative parameter		Royal Institute of British Architects (RIBA)	Chartered Institute for Securities and Investment
	How are individuals selected?		Random but members who have previously been audited are not exempt from future audits. However, members will only be audited once in a 12-month period. Every user of the CISI CPD scheme can expect to be audited a minimum of once every five years.
	Decision Process	Qualitative based decision	Tick-Box – measured against a set of objective criteria
	Audit Team		The CISI audit contact will carry out a preliminary review of the CPD Log. Any issues arising from either the logged CPD entries or the uploaded evidence can be referred to internal and external CISI CPD specialists.
	Budget		
<b>Consequences of non-compliance</b>	Punishment/ Deterrence	The architect may be suspended	Chartered Status will be suspended. Affects employability but does not make members practicing 'illegal'.  Other financial services regulations that also require CPD, so members have additional incentives to comply.
	Link to public Safety/assurance		
	Remediation	The regulator would rather help the practitioner remediate the situation rather than punish him.	
	Any assistance provided		To assist members in achieving their CPD targets, they offer a large number of free benefits.

**Table 6.3: International dental regulators**

Comparative parameter		Dental Council of New Zealand	Dental Board of Australia	Health Professions Council of South Africa	Iowa Dental Board	Royal College of Dental Surgeons of Ontario
CPD Requirements	Hours	80 hours per 4 year cycle	60 hours per cycle per 3 year cycle	30 Continuing Education Units (CEUs) per twelve-month period and five of the units must be on ethics, human rights and medical law.	30 hours every 2 years	Must obtain at least 90 CE points over a three year cycle. 1 CE point per hour of attendance
	Length of Cycle	4 year cycle	3 years	1 year	2 years	3 year cycle
	Accepted/ Required Activities	<ul style="list-style-type: none"> <li>conferences, courses and workshops</li> <li>approved in-service training or peer contact activities</li> <li>postgraduate study leading to a qualification relevant to the practitioner's scope of practice</li> <li>web-based learning with verifiable outcomes</li> <li>publication of a scientific paper</li> </ul>	80 per cent of the minimum 60 CPD hours must be clinically or scientifically based		As part of these 30 hours, the following activities are required: CPR Training, abuse identification and reporting training and sedation training	There are three categories in which one may obtain CE points: Category 1, Core Courses, 15 CE points minimum per cycle; Category 2, Approved Sponsor Courses, 45 CE points minimum per cycle; Category 3, Other Courses, any remaining number of CE points may be obtained from other courses, including those offered by non-approved sponsors

Comparative parameter		Dental Council of New Zealand	Dental Board of Australia	Health Professions Council of South Africa	Iowa Dental Board	Royal College of Dental Surgeons of Ontario
	What is needed to be compliant	For the purposes of CPD compliance, the Council expects oral health practitioners to record only verifiable activities.	Submit a declaration of compliance with CPD requirements at the time of annual renewal	Submit a declaration of compliance with CPD requirements at the time of annual renewal. They need to submit a portfolio with certificates stating that they have obtained 60 CEUs of which at least 10 were for ethics, human rights or medical law	Report CPD at the time of renewing registration	Keep an updated CE e-portfolio
	Purpose of CPD	To protect the health and safety of the public by ensuring practitioner competence and fitness to practice.			To continually update professional knowledge and skills for the end benefit of the patient or client	Continuing education (CE) is essential for all members to maintain the highest standards of professional care
	Is it a legal/formal requirement	Part of the National Law		Legal Requirement by the Health and Professions Act	Yes, Iowa law requires members of every licensed or regulated health profession to obtain continuing education in order to renew the authorization to practice their profession.	CPD is a priority and professional obligation for Fellows of the Royal College

Comparative parameter		Dental Council of New Zealand	Dental Board of Australia	Health Professions Council of South Africa	Iowa Dental Board	Royal College of Dental Surgeons of Ontario
Regulator Details	Source of Information	<a href="http://www.dentalcouncil.org.nz/dclInfoPractCPD">http://www.dentalcouncil.org.nz/dclInfoPractCPD</a>	<a href="http://www.ada.org.au/dentalboardofaustralia.aspx">http://www.ada.org.au/dentalboardofaustralia.aspx</a>	<a href="http://www.hpcsa.co.za/downloads/cpd/activities_2011/guidelines_2011.pdf">http://www.hpcsa.co.za/downloads/cpd/activities_2011/guidelines_2011.pdf</a> and <a href="http://www.ijtr.co.uk/cgi-bin/go.pl/library/article.cgi?uid=99464;article=IJTR_20_7_343_351">http://www.ijtr.co.uk/cgi-bin/go.pl/library/article.cgi?uid=99464;article=IJTR_20_7_343_351</a>	<a href="http://www.state.ia.us/dentalboard/practitioners/continuing-education/index.html#hours_required">http://www.state.ia.us/dentalboard/practitioners/continuing-education/index.html#hours_required</a>	<a href="http://www.rcdso.org/KnowledgeCentre/QualityAssuranceProgram/Continuing%20Education_and">http://www.rcdso.org/KnowledgeCentre/QualityAssuranceProgram/Continuing%20Education_and</a> <a href="http://www.hpc-uk.org/assets/documents/1000361CReportofinternationalrevalidationstudy-FINAL.pdf">http://www.hpc-uk.org/assets/documents/1000361CReportofinternationalrevalidationstudy-FINAL.pdf</a>
	Number of registrants			175,000		
Rationale for Auditing	Benefits of Auditing	CPD Compliance	CPD Compliance Verification of the self-declaration	To ensure compliance. Their Act prescribes that a registered health professional has to continually update their knowledge and skills in their profession (soos die wet se) and therefore the CPD section has to ensure that they comply with the Act and thus continue to be registered with the HPCSA to enable them to practice their profession.		There is an ongoing debate about whether the CPD audit process is primarily about ensuring the compliance of all registrants or about identifying non-compliance. on the assumption that those who Do not comply present a risk they consider that it is best to focus it was decided that audit should be focused on deterring non-compliance
	How does it fit into the wider CPD strategy		Audit is a relatively new practice	Audit is a clear part in their compliance and enforcement strategy and it will even increase more when the amended Act will be approved which would mean that practitioners will have to prove that they complied with CPD in order to be registered to enable them to practice their		Continuing education (CE) is essential for all members to maintain the highest standards of professional care and it is a key element of the College's new Quality Assurance (QA) Program

Comparative parameter		Dental Council of New Zealand	Dental Board of Australia	Health Professions Council of South Africa	Iowa Dental Board	Royal College of Dental Surgeons of Ontario
Flow of information within the organisation				profession.		
	Flow of information within the organisation		This will enable retrospective verification should this be necessary in the national scheme, for example if the national board is investigating a notification made about matter that occurred when previous laws applied	Audit reports are submitted to all Professional Boards and a full report of all Boards is submitted to the Council.		
	Just an add-on or coherent approach?			It is to ensure that the health care professionals keep up to date with the newest developments and trends in their profession as all CPD should be on post graduate level. Undergraduate training is NOT seen as CPD training.		Coherent approach. CPD auditing is seen as a way of achieving the goal of the regulator which is to protect the public and keep practitioners up to date.
How valuable is it?						

Comparative parameter		Dental Council of New Zealand	Dental Board of Australia	Health Professions Council of South Africa	Iowa Dental Board	Royal College of Dental Surgeons of Ontario
<b>Impact of Audit</b>	Change in behaviour?			A more positive compliance with CPD. latest figures revealed a compliance rate of 35% due to non-attendance of CPD activities.	Positive Impact – see report.	Practitioners who have been in practice for a longer period of time represent a higher risk group
<b>Audit Methodology</b>	What is audited	<p>A CPD Record. As a minimum, the CPD record should include: a list of the continuing education and peer contact activities undertaken including date, time involved, location, description of the activity and supporting documentation - e.g. certificate of attendance.</p> <p>Logbook of CPD Activities to support declaration</p> <p>CPD Portfolio</p> <p>Copies of certificates showing the continuing education activity attended and the number of hours awarded.</p> <p>At the end of each three-year cycle, a certain percentage of the membership will be selected at random to have their e-Portfolio reviewed to ensure that they are meeting their obligations under the Quality Assurance Regulation. Those members who have been selected will be required to submit their CE documentation</p>				



Comparative parameter		Dental Council of New Zealand	Dental Board of Australia	Health Professions Council of South Africa	Iowa Dental Board	Royal College of Dental Surgeons of Ontario
Sample Size		10%		The audit is performed bi-monthly and it is not driven by cost but by what can be handled by the existing staff members. Normally 4000 practitioners per audit)		2.50%
Frequency			Throughout the year	Bi-monthly		They do audit based on CPD undertaken over a two year registration cycle. If they introduced a period of exemption, there is a risk that some registrants may not engage in CPD while they are exempt from selection
How are individuals selected?		Practitioners who have used an approved on-line CPD service and met the specified CPD requirements will be exempt from the audit process		Completely Random. Those who were found to be non-compliant and were given 6 months extra to be compliant will then also be included in the next audit after 6 months of their previous audit, which would then increase the number audited.		New registrants are exempt until they have been on the register for two years. They do not target specific groups of practitioners or exclude registrants who have successfully passed the audit process
Decision Process			Assessment against objective criteria	CPD Committee still has to strategise on how quality of learning can be tested.	Assessment against objective criteria	Assessment against objective criteria

Comparative parameter		Dental Council of New Zealand	Dental Board of Australia	Health Professions Council of South Africa	Iowa Dental Board	Royal College of Dental Surgeons of Ontario
	Audit Team		The CPD Compliance team carries out audit as part of other tasks. Decisions are referred to the CPD Board	The CPD section at the HPCSA performs the audit. They did not undergo any special training except training on the CPD guidelines. They receive certificates of attendance from the practitioners which could be easily verified against the approved and accredited CPD activities.		External researchers
	Budget					10%
<b>Consequences of non-compliance</b>	Punishment/ Deterrence	Removal from the Register	Refusal to renew dental practitioners registration	CPD is prescribed in the Act, therefore mandatory and as a result they have to comply with the Guidelines to ensure they are practicing ethically correct and to ensure patient safety.	Non-renewal of the license or registration, or possible disciplinary action	
	Link to public Safety/assurance	The principal purpose of the Health Practitioners Competence Assurance Act 2003 is to protect the health and safety of the public safety by ensuring practitioner competence and fitness to practice	They have the power to remove registrant from the register but this has not happened before. Any removal decision would go to the CPD Board first for review.			

Comparative parameter		Dental Council of New Zealand	Dental Board of Australia	Health Professions Council of South Africa	Iowa Dental Board	Royal College of Dental Surgeons of Ontario
	Remediation		They prefer to remediate registrants than remove them. Registrants are given opportunities to become compliant.	Following a period of 6 months after the first audit a practitioner will again be audited and if there is still non-compliance, the Professional Board will consider appropriate action		
	Any assistance provided					Ontario colleges work in partnership with their registrants in a number of innovative ways, including using registrants who have previously been through a practice assessment to provide 'peer support' to those who have had difficulty passing the assessment.

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