Registrant and Provider Perspectives on Mandatory CPD in Dentistry in the UK

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1 Executive Summary

1.1 Engagement with CPD

- 65% of registrants undertook CPD outside of normal working hours, mainly in the evening and weekends. Almost half (45%) undertook CPD on a monthly basis. The majority (70%) paid for CPD, where there was a cost, out of personal funds.
- Courses lasting up to one day, reading on paper and workplace CPD were the three main preferred learning styles, each mentioned by 70% or more of registrants.
- Online learning was the preferred learning style mentioned by 52% of registrants. Most providers of CPD interviewed were looking to expand their range of online CPD provision but many felt this was not suitable for all and would not have the advantage of interaction with colleagues which face-to-face learning provided; many stakeholders/providers interviewed favoured a blended approached.
- 48% of all registrants said they found it easy/very easy to find the motivation to undertake CPD; dentists and orthodontic therapists were the two registrant groups who found it easiest (59% and 60% respectively).
- Dental nurses and dental technicians were the two groups who found it least easy to find that motivation (39% and 36% respectively). These were the two registrants groups who also found it most difficult to find the time to undertake CPD (19% and 15%) respectively.
- 64% of all registrants agreed that they would do CPD even if it was not mandatory.
- Most stakeholders/providers interviewed felt that all members of the dental team now accepted that they should undertake mandatory CPD; it was 'part and parcel' of being a professional.
- Nearly six out of ten registrants (58%) used eGDC to record their CPD. The main reason given for not using eGDC mentioned by 54% of those not using it (around a third of all registrants) was that they were not aware of it.

1.2 How choices are made

- The three main factors which influenced what CPD was chosen by registrants were: opportunities to learn a new skill or technique (60%), registrants' own interests and preferences (59%) and personal reflection upon their skills and abilities (51%).
- Whilst cost generally was less important than these factors (36%) both registrants surveyed and stakeholders/providers interviewed felt that cost of CPD was an important factor for dental nurses because of their low wages and the fact that

some employers paid only for a part of or none of the CPD their nurses were required to do.

- A minority (15%) of registrants surveyed mentioned appraisals or the creation of a personal development plan (27%) as a factor which influenced their choice of CPD. 51% of registrants surveyed had an annual appraisal, 27% had never had one in their current workplace.
- Many of the stakeholders/providers interviewed pointed out that leaving the choice of CPD to individuals' preferences alone may mean that they would not do the CPD which they needed to do. Many saw the increased use of personal development plans and appraisals as the way to address this issue.

1.3 Provision of CPD

- 45% of registrants surveyed said it was easy to identify CPD that was right for their learning and development needs; dental technicians (32%) were the registrant group who found it least easy to identify appropriate CPD.
- The stakeholders and providers interviewed suggested that the introduction of mandatory CPD first for dentists and then for other dental professionals had encouraged a range of providers to enter this market so there was a more than adequate supply of CPD in relation to demand, particularly for core subjects.
- The issue of concern for many stakeholders/providers interviewed was the quality of the CPD, not the quantity. Whilst almost all the providers interviewed followed the GDC's requirements in terms of what constituted verifiable CPD (having aims and objectives, user feedback, proof of attendance etc.) and each had their own quality assurance procedures, including having peer reviewed materials, many felt that the quality of some of the CPD on the market was poor. The issue of quality assurance of CPD is discussed more fully in section 1.6.

1.4 Barriers

- Registrants surveyed said the two main barriers that get in the way of doing CPD were time (76%) and cost (66%); geographic distance was the third barrier (43%).
- It has already been noted that most CPD is done in registrants' personal time because it is difficult to get away during work hours because of the impact on patients (or workloads for those who were not practising). Costs not only include cost of the CPD but loss of earnings, travelling time and expenses.
- For these reasons a majority of registrants (70%) favoured workplace or in-house CPD. A few providers interviewed said they provided 'lunch and learn' sessions at

the practice or twilight sessions. Practice based learning was felt (by the some of the providers interviewed) to be particularly appropriate for topics such as medical emergencies and infection control.

- The issue of access to CPD, particularly for those living in remote or rural areas, was noted by the stakeholders/providers interviewed. Whilst online learning could provide access to those in remote areas, it was not always seen to be a good substitute for face-to-face interaction. Some stakeholders/providers also felt that some registrants were not 'computerate' or could have difficulty accessing the internet or broadband.

1.5 Opinion of GDC's guidance

- 85% of GDC registrants understood their CPD requirements; 56% felt the guidance had about the right level of detail and 85% said it was about right or helpful. Stakeholders/providers and providers interviewed also agreed that the guidance was clear.
- 28% of registrants, and dental technicians in particular (50%), said that they saw the GDC's main requirement from CPD was to maintain their registration. A further 27% felt it helped them to be a professional; this was given as a factor more often by dentists (33%), dental hygienists (32%) and clinical dental technicians (35%). A further 23% of all registrants said it helped them to learn new things and 20% that it helped to maintain their knowledge.
- Registrants felt that the main reason the GDC required them to undertake CPD was to help them comply with the *Standards for Dental Professionals*, mentioned by 39% of registrants and more so by dental nurses (45%), dental hygienists (43%) and orthodontic therapists (46%).
- The registrants surveyed said two main benefits of both verifiable and non-verifiable CPD were that it brought registrants up to speed on new developments and it helped with their personal development; verifiable CPD was more likely to help registrants learn new skills.
- In terms of the specific elements of the guidance:
    - A majority of registrants (79%) said that having **core topics** encouraged registrants to undertake CPD in areas vital for patient safety; another advantage was that it introduced consistency (59%). A quarter (23%) said it restricted their CPD choice; 9% said there was no value in having core topics. Dental technicians (20%) and clinical dental technicians (14%) in particular felt that there was no value in having core topics.

- Whilst 85% of registrants said **verifiable CPD** proved they had attended a course, only 42% said it proved they had learnt something and even fewer, 27%, said it demonstrated it was high quality learning. Stakeholders/providers interviewed also questioned whether verifiable CPD equated with high quality learning. They felt that getting certificates for attending events, completing online questionnaires after reading journal articles did not indicate whether the participant had learnt anything or the learning was of high quality.
- The majority of registrants agreed that non-verifiable CPD enabled informal learning (74%) and learning for which it is difficult to provide evidence to be recognised (67%), and it encouraged a variety of learning approaches (71%). However, stakeholders/providers and some registrants interviewed were particularly critical of non-verifiable CPD because it was a chore to record, difficult to verify and was an activity which professionals would do voluntarily anyway. It was said to be an area in which some DCPs had the most queries.

1.6 How GDC guidance should be changed

- The majority of registrants did not want to see specific aspects of GDC's guidance changed.
  - 12% of registrants surveyed wanted to see the length of cycle changed; among them opinion was more or less divided between those who felt it was too long (53%) and those who felt it was too short (44%). Most stakeholders/providers interviewed were happy with the length of cycle. Those stakeholders/providers who favoured shorter cycles mainly did so to ensure that not all the CPD was done at the end of the cycle. It was felt that shorter cycles would fit in better with appraisals and personal development plans if these were used.
  - Most stakeholders/providers felt that the core topics were appropriate because they addressed important issues relating to patient safety. 27% of registrants said the number of core topics should be changed. Dental technicians, more than other groups, favoured no or fewer core topics.
  - Around a quarter of registrants wanted to change the amount of general CPD hours (27%) and verifiable CPD hours (25%). Dental technicians (41%), dental nurses (34%) and clinical dental technicians (30%) in particular wanted the amount of general hours to be changed. Many stakeholders, providers and

registrants interviewed felt it would be better to have a greater amount of verifiable hours with no mandatory requirement for general CPD.
    - Around one in five wanted to change the definition of general (22%) and verifiable (23%) CPD.
    - One in five (18%) wanted the way CPD was verified to change. Not all stakeholders and providers were clear as to how the GDC verified registrants CPD; this may be something the GDC wishes to address to improve confidence in the process.
    - 10% wanted to change the way eGDC was used to record CPD.

- 26% of registrants surveyed agreed that the GDC should be more prescriptive. Most stakeholders/providers interviewed did not want the GDC to be more prescriptive because registrants may be tempted to get around the regulations if they became too directive. They thought the way registrants engaged with CPD was personally motivated: some could adopt a tick box mentality (i.e. do the required hours without reflecting on what they had learnt or using the new information) whilst others would seek out learning opportunities.
- The changes that stakeholders interviewed would most like to see are:
    - In recognising that verifiable CPD may not be high quality CPD; there may be a need to have some form of accreditation for CPD by the GDC to help the registrant choose good quality CPD. Stakeholders and providers did not want to create an expensive or bureaucratic system but wanted a system which would guide registrants toward high quality CPD.
    - A dispensation on certain topics should be given to those for whom the core topics were irrelevant, because they were not currently practising. Some felt that key topics such as oral cancer may have to become a core topic if registrants did not voluntarily keep up to speed with them. Others would like to see some mandatory requirements relating to their speciality.
    - More focus on outcomes including reflection on what was learnt; it was felt that measuring hours (input) was now an outdated system. Among the small number of registrants interviewed qualitatively, opinion was divided on this issue. Some felt measuring outcomes or impact would be impractical.

1.7 Conclusions and recommendations

Mandatory CPD is now said to be an accepted part of a GDC registrant's professional life. There appears to a good supply of CPD, particularly of core topics, although some of the provision may not be of high quality.

Barriers to participating in CPD are said to be time and cost. Time is primarily an issue because of the need to fit in CPD outside of working hours so as to not impact on patients. Costs, including travel, are not always funded by the employer or through the NHS using Section 63 funding and so are a barrier for many dental professionals, and (it is said) for dental nurses in particular. Access is a further issue for those living in rural areas.

Most registrants and stakeholders/providers say the GDC's guidance on CPD is clear. Most do not want to change the length of cycle (five years) and feel that the core topics are about right. However, some would like more flexibility for those with particular specialisms or who are not practising.

The biggest criticism of the current guidance is of general CPD and, to a lesser extent, verifiable CPD. It is felt that general CPD is a chore to record and verify and ought to be done even if there was no requirement for it. Verifiable CPD did not necessarily result in high quality CPD.

These findings suggest that the GDC:

- Should keep the cycle as five years with more emphasis on monitoring during the cycle;
- Should keep the core topics but possibly allow for some flexibility for those with specialisms or make specialist CPD mandatory;
- Give further consideration to the accreditation of high quality suppliers to help registrants identify appropriate CPD;
- Should consider relaxing the requirement for general CPD hours and increase the verifiable component.
- Give further consideration to recording outcomes (including reflection on the learning experience) as well as inputs.

2 Introduction

GDC registrants are required to keep their knowledge and skills up-to-date and practise in accordance with the General Dental Council's *Standards for Dental Professionals*. In order to maintain their registration with the GDC they must also undertake a mandatory amount of continuing professional development activity and regularly demonstrate their participation in this to the GDC. Currently the GDC's CPD rules mean that at the end of a five-year cycle dentists and DCPs need to demonstrate they have undertaken a minimum amount of CPD, some of which is termed verifiable and some non-verifiable. Whilst the current approach has a number of benefits it also has limitations as the rules are not output or outcome orientated.

The GDC has embarked on a review of mandatory CPD requirements to identify how they can be further developed to ensure they are supporting registrants to keep up-to-date. The GDC wants to ensure that a revised approach to CPD contributes to the future implementation of revalidation.

The GDC's aims in undertaking a review of CPD are:

- Evaluating the strengths and weaknesses of the current CPD model;
- Understanding alternative approaches to CPD;
- Analysing the benefits of alternative approaches;
- Model operational processes in support of the preferred approach;
- Make a recommendation to the GDC for a preferred 'revalidation-ready' model;
- Prepare a public consultation based on the Council's preferred model.

The GDC has begun to collect a range of information about registrants and their CPD activity in a number of formal and informal ways. This study contributes to the evidence base and is an important element of the review process.

2.1 Objectives

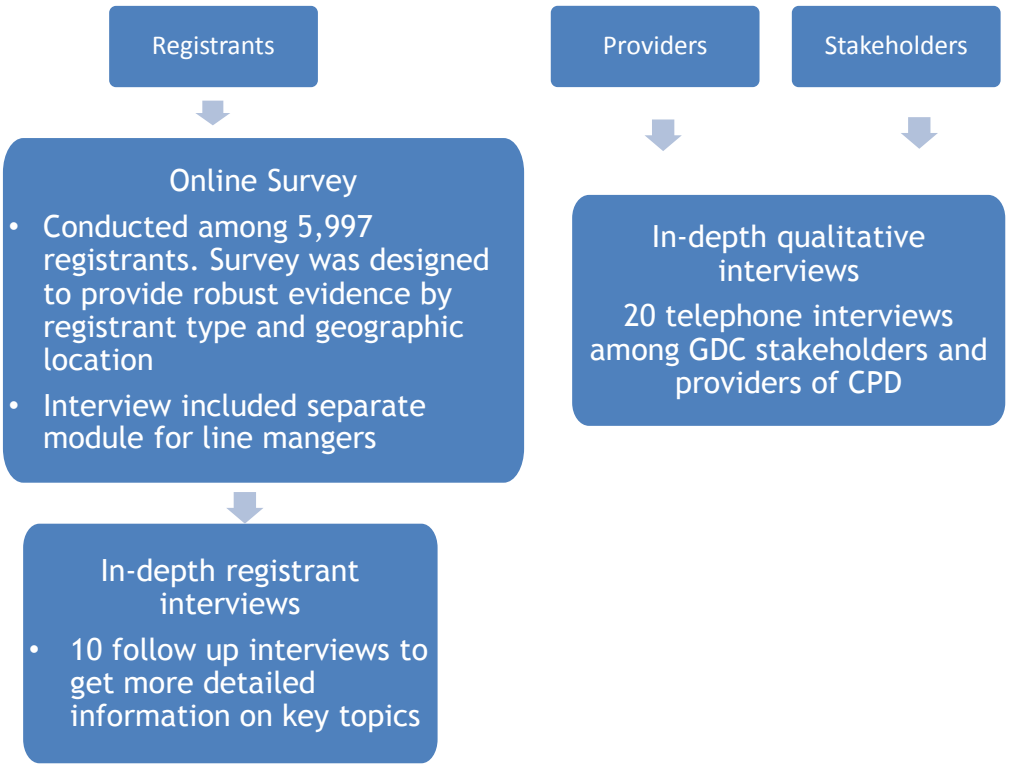
The overarching objective was to investigate the views of registrants, CPD providers and GDC stakeholders towards mandatory CPD. This includes exploring:

- Engagement with CPD
    - How choices are made; what motivates these choices; was there a link between appraisals, professional development plans (PDPs) and CPD?
- Barriers to provision of and engagement with CPD;
- Opinion of the GDC's current and potential future requirements for mandatory CPD
    - Are they understood; which aspects should change?

3 Overview of methodology

The research design incorporates both qualitative and quantitative research in the form of an online survey with a random representative sample of GDC registrants and in-depth interviews with a selected sample of CPD providers and GDC stakeholders. Details of the design are set out in Figure 1 below.

Figure 1: Methodology summary



3.1 Survey of GDC registrants

The sample for the survey comprised 17,839 registrants who were invited to participate in this survey. 5,997 registrants responded (34% response rate). The majority responded online (99%). The small proportion of registrants without email addresses were invited to participate via a postal survey. Fieldwork was conducted between 10th and 30th November 2011.

Registrants were systematically selected to ensure that there would be robust numbers (minimum of 400 or all in that category) for each registrant type and by nation. Weighting

was applied at the analysis stage to ensure that the final results were representative of the GDC Register.

Figure 2: Sample Profile

	All registrants		All responses		
			Unweighted		Weighted %
TOTAL	**96,429**	**%**	**5,996***	**%**	
Registrant Group					
Dentist	39,203	40.7%	2,824	47.0%	40.7%
Dental Nurse	44,702	46.4%	1,359	23.0%	46.4%
Dental Technician	6,636	6.9%	618	10.0%	6.9%
Dental Hygienist	5,939	6.2%	1,162	19.0%	6.2%
Dental Therapist	1,791	1.9%	605	10.0%	1.9%
Clinical Dental Technician	213	0.2%	68	1.0%	0.2%
Orthodontic Therapist	205	0.2%	87	1.0%	0.2%
Country of Residence					
England	76,026	78.8%	2,135	36.0%	78.8%
Scotland	9,514	9.9%	1,239	21.0%	9.9%
Wales	4,485	4.7%	886	15.0%	4.7%
Northern Ireland	3,181	3.3%	767	13.0%	3.3%
Channels Islands	369	0.4%	144	2.0%	0.4%
Overseas	2,854	3.0%	825	14.0%	3.0%

**These are the bases used in this report.*

Some dental professionals are registered in multiple categories e.g. a person can be registered as a dental nurse, dental hygienist and a dental therapist. In most cases the overlap is minimal and therefore had no effect on the sampling or results; however, most (over 80%) dental therapists tended to be registered as dental hygienists which would make the responses for the two groups almost identical. Dental hygienists were therefore oversampled to ensure we had robust numbers of those who were only dental hygienists. Full details of this can be found in the technical appendix.

We have also analysed the results by size and type of practice, length of registration, age and gender. The number of respondents in each of these categories can be found in the technical appendix.

Figure 3 shows the margin of error associated with this survey. If 50% of all registrants (or a particular registrant group) said yes to a question, the table shows the margin of error associated with that result at a 95% confidence level.

Figure 3: Margin of error

	Sample Size	Margin of Error
ALL	5996	+/-1.3%
Registrant Group		
Dentist	2824	+/-1.8%
Dental Nurse	1359	+/-2.7%
Dental technician	618	+/-3.9%
Dental hygienist	1162	+/-2.9%
Dental Therapist	605	+/-4.0%
Clinical Dental Technician	68	+/-11.9%
Orthodontic therapist	87	+/-10.5%

Full details of the sampling and weighting can be found in the technical appendix together with a copy of the questionnaire.

3.2 Registrant in-depth interviews

Within the survey, registrants were asked if they would be willing to take part in further research via a telephone interview. 43% or 2,581 registrants said they could be contacted. Ten telephone in-depth interviews were conducted among registrants who expressed particular views which we wanted to examine in more detail and were selected at random from those fitting the criteria. Five interviews were conducted among dentists and five among DCPs; all lived in the UK and two worked in small practices.

Fieldwork was carried out between 14th and 20th December 2011.

It is important to note that respondents were purposively selected for interview to examine attitudes to a number of key issues such as use of appraisals, identifying the right CPD, barriers to conducting CPD, use of eGDC and wanting changes to the GDC guidance. The findings from the in-depth interviews are indicative; their views and quotes used in this report may not be representative of the registrant population. However, they do

provide valuable insight and qualitative support for the specific areas we wished to look at in more detail, namely: CPD provision, barriers to CPD, appraisals, GDC guidance, eGDC and the impact CPD has. Throughout the report quotations from registrants are in italics and indicate their registrant group as well as any other relevant detail after each quote.

Full details of the approach to recruitment and interviewing, including the topic guide, can be found in the technical appendix.

3.3 Stakeholder and provider interviews

The GDC provided ERS:R with a list of 29 providers and stakeholders from which to obtain the interviews. 20 interviews were obtained; the interviews conducted may not be representative of the full provider/stakeholder population.
Fieldwork was carried out between 1st December 2011 and 11th January 2012.

Stakeholder/provider quotes are in italics and are clearly labelled in stakeholder/provider sections.

Full details of the organisations represented in the interviews and other technical details are provided in the technical appendix together with the topic guide.

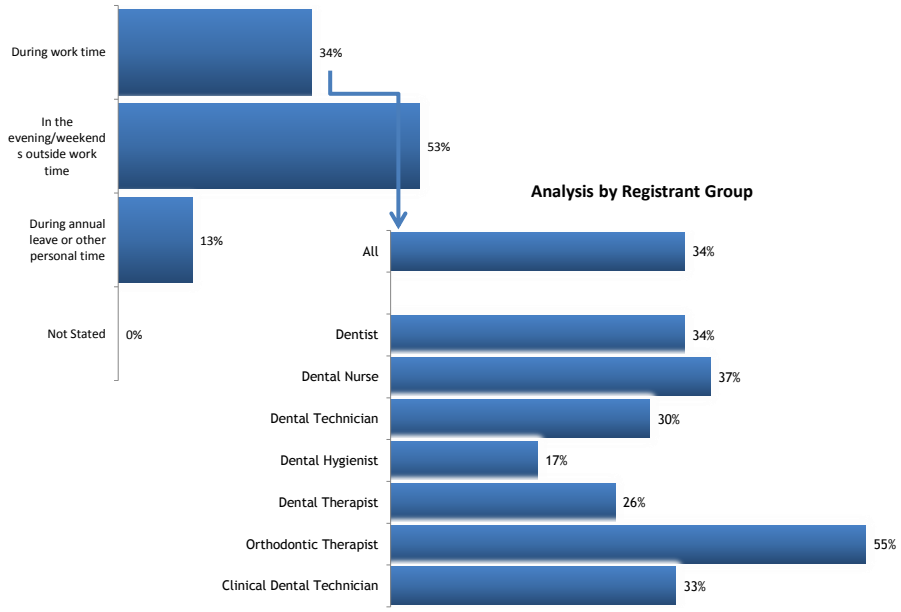
Quality Assurance
This project has been carried out in compliance with ISO 20252, the International Standard for Market Research.

4 Engaging with Current GDC Requirements for CPD

4.1 When CPD undertaken

The majority of registrants mainly undertook CPD outside working hours, with 53% doing so in the evening/weekends, and 13% during annual leave or other personal time. A third of registrants (34%) undertook CPD during work time.

Figure 4: When CPD mainly undertaken



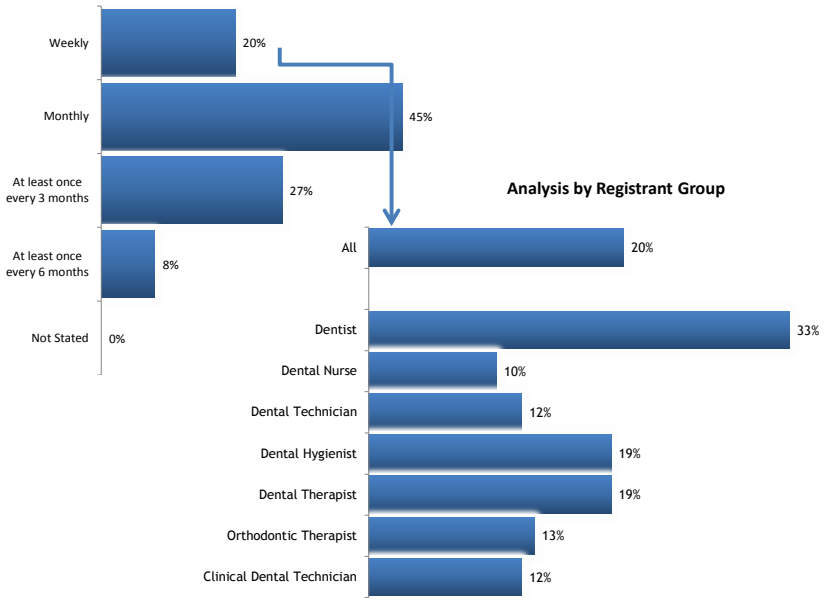
Q5: When do you mainly undertake CPD?
Base: all registrants (5,996)

However, this varied considerably by registrant group, with orthodontic therapists most likely to do CPD in their work time (55%) and dental hygienists least likely to do so (17%). Fewer dental technicians (30%) and dental therapists (26%) undertook CPD during work time compared to registrants in general.

4.2 How often CPD undertaken

Most registrants (45%) said they generally undertook CPD on a monthly basis. However, a fifth of registrants (20%) said they undertook CPD weekly and just over a quarter (27%) did so at least once every 3 months. A minority (8%) did so at least once every 6 months.

Figure 5: How often CPD generally undertaken



Q6: How often do you generally undertake CPD activity?
Base: all registrants (5,996)

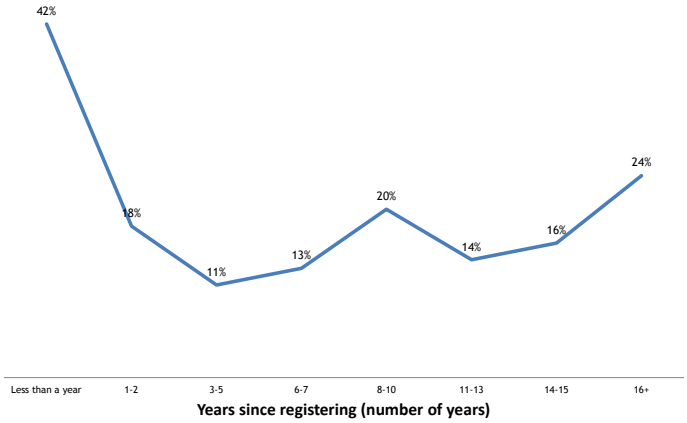
Dentists were most likely to undertake CPD weekly, with 33% of this registrant group doing so, compared to up to 19% from any other group. This was apparent from the in-depth interviews too.

'Of course there is always reading to do - journals, articles… I reckon I must do a couple of hours a week.' (Dentist)

Dental nurses were least likely to undertake weekly CPD, with only 10% of the group doing so.

Figure 6 shows 'weekly' CPD by the number of years since registering.

Figure 6: Weekly CPD undertaken by years since registration



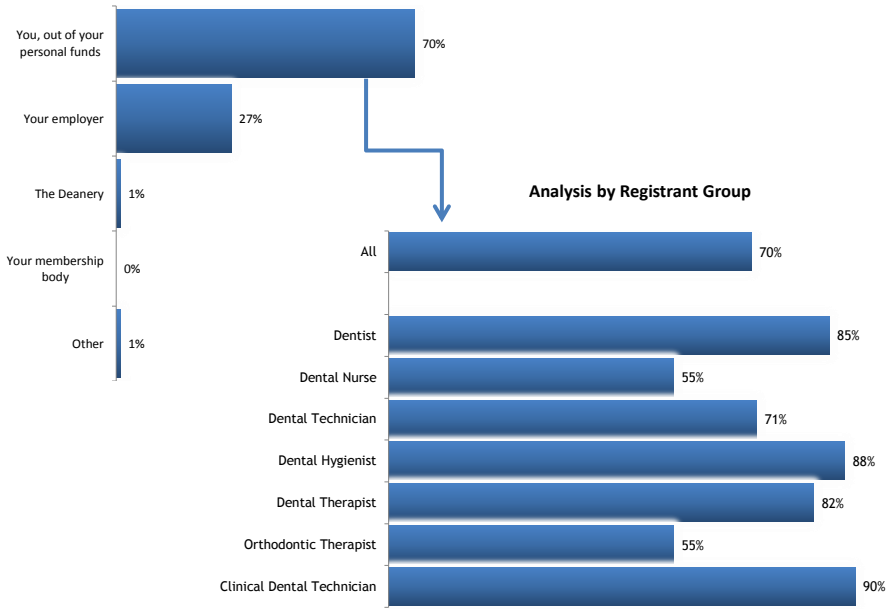
Q6: How often do you generally undertake CPD activity? 'Weekly'
Base: all registrants (5,996)

This illustrates that 'new' registrants were most likely to undertake weekly CPD, with 42% of those registered for less than a year doing so. However, this enthusiasm declined over time, as relatively few of those who were registered between 3 and 7 years did weekly CPD, as was also the case for those registered between 11 and 15 years. However, those registered for 16 or more years were more likely to undertake some CPD activity on a weekly basis (24%).

4.3 Who mainly pays for CPD activity

The majority of registrants (70%) mainly paid for their own CPD. For 27% of registrants, their employer mainly paid.

Figure 7: Who mainly pays for CPD activity where there is a cost

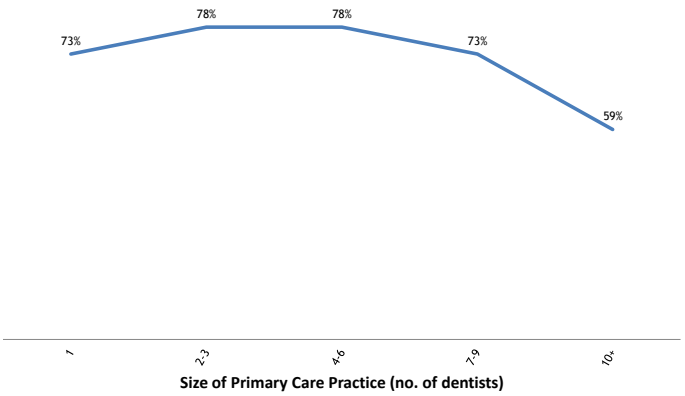


Q8: Where there is a cost to CPD activity, who mainly pays?
Base: all registrants (5,996)

The extent to which registrants had to pay for their own CPD varied by registrant group. Just over half of dental nurses and orthodontic therapists paid for their own CPD (55% in each case), while a clear majority of dentists, dental hygienists, dental therapists and clinical dental technicians did so (80% or more of each of these groups).

Figure 8 shows that those in smaller practices were more likely to pay for it themselves. In larger practices (10+ dentists), 59% of registrants paid for it themselves whereas in smaller practices (9 or fewer dentists), 70% of registrants paid for their own CPD.

Figure 8: Paying for CPD out of personal funds by size of primary care practice



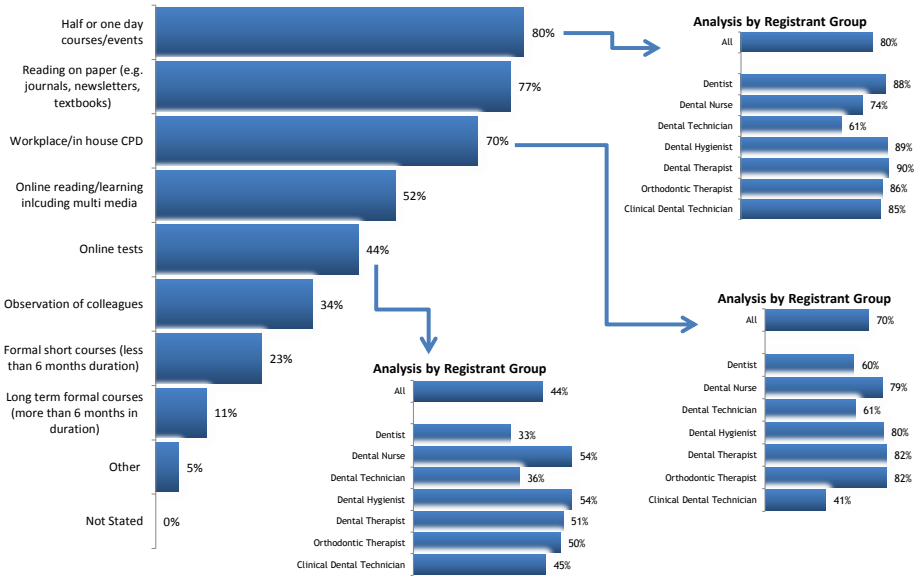
Q8: Where there is a cost to CPD activity, who mainly pays? 'You, out of your personal funds'
Base: all registrants (5,996)

4.4 Preferred learning style

Registrants had a wide variety of preferred learning styles, with the most commonly mentioned being half or one day courses/ events (80%), reading on paper (77%) and workplace CPD (70%).

Looking at the other learning styles, around half of registrants (52%) cited online reading/learning as their preferred learning style and slightly fewer (44%) online tests. Other options mentioned by registrants were observation of colleagues (34%) and formal short courses of up to 6 months (23%). Just over one in ten (11%) preferred longer term formal courses of more than 6 months duration, in particular dentists (17%).

Figure 9: Preferred learning style



Q4: What is your preferred learning style?
Base: all registrants (5,996)

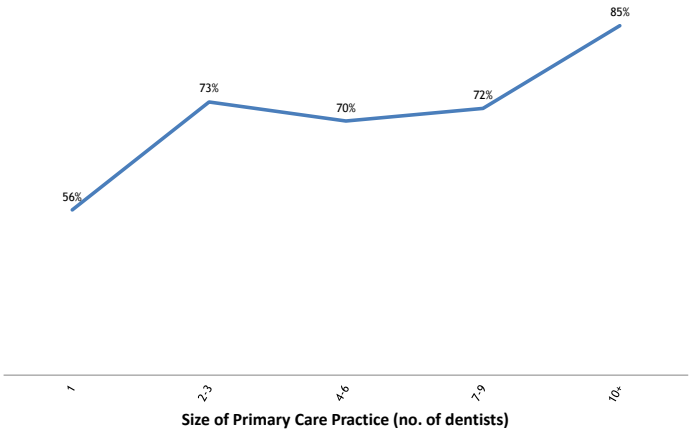
Dental technicians (61%) and dental nurses (74%) were less likely to prefer half or one day courses and events than all other groups (mentioned by more than 80% of each of the other registrant groups.)

Dentists (60%), dental technicians (61%) and clinical dental technicians (41%) said workplace/in-house CPD was their preferred learning style, whilst 80% or more of each other registrant group said this.

Finally, there was variation across the registrant groups regarding online tests as CPD. Fewer dentists or dental technicians (33% and 36% respectively) preferred this type of learning compared to other registrant groups where at least 40% said this was their preferred learning style.

Registrants in practices of just one dentist were less likely to prefer workplace/in-house CPD, while those in larger practices of 10 or more dentists were more likely to do so, as Figure 10 shows.

Figure 10: Preferred learning style by size of Primary Care Practice



Q4: What is your preferred learning style? 'Workplace/in house CPD'
Base: all registrants (5,996)

4.5 Stakeholder and provider perspective on engagement with CPD

We asked stakeholders and providers how they felt registrants engaged with CPD. As many of the stakeholders were themselves registrants, their views on how registrants engaged with CPD was very similar to registrants themselves.

Stakeholders/providers were aware that registrants mainly conducted CPD in their own time (evenings, annual leave etc.). They were also aware that many registrants paid for their own CPD. They felt this created problems for dental nurses in particular who, it was said, were the least well paid members of the dental team.

"A big thing for the nurses especially is cost, if they are having to fund it themselves, and availability. It is strange, an orthodontist would close his practice to go and do a study day, but if a nurse wanted to go they would have to go of an evening or weekend."
Stakeholder/provider

"A lot of dental nurses don't get time off work to do CPD so they've got to take annual leave, sometimes they've got to take unpaid leave and then on top of that they've got to pay for their own CPD." Stakeholder/provider

Two CPD providers, taking account of this, arrange for lunchtime, twilight and weekend sessions to help registrants avoid taking time out of the working day.

"Other things that have been quite popular are 'lunch and learn' where a topic is delivered. I give a lot of guidance to people to do in-house training and they deliver over a lunch hour about a specific topic." Stakeholder/provider

"CPD… would have to be reasonably priced, at a time that suits you… It has to be close to home or close to work to be able to get there... Most of my profession are self-employed and so if you have to take a day off to go to a course it costs you money to go on the course and you lose a day's pay to go so the majority of my meetings within my profession, we hold either a twilight meeting in the evenings or weekends… people actually prefer that because they don't want to take time off." Stakeholder/provider

5 Attitudes to mandatory CPD

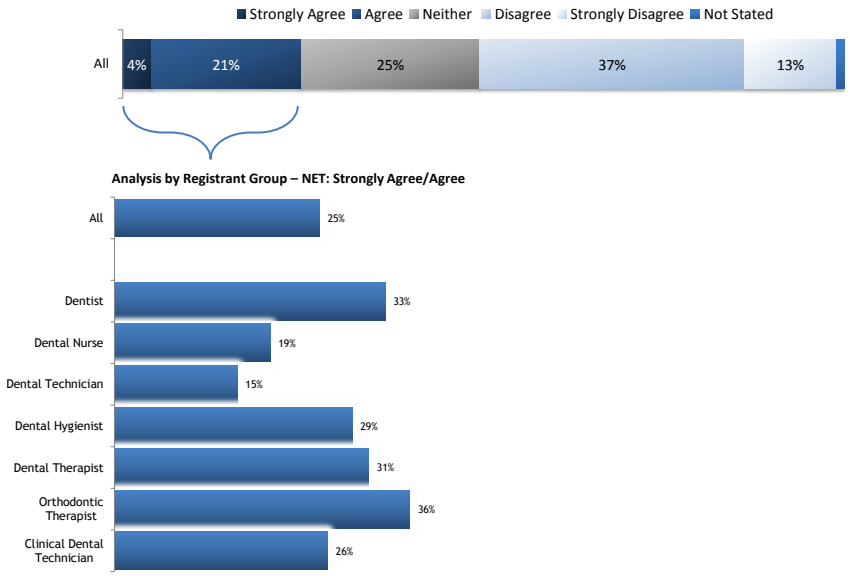
Registrants were asked to what extent they agreed or disagreed with each of three statements examining various aspects of their attitude to undertaking CPD. The statements were:

- 'I find it easy to find the time to undertake CPD'
- 'I find it easy to find the motivation to undertake CPD'
- 'I would do CPD even if it was not mandatory'

Figures 11 to 13 below examine each statement in turn, showing the full distribution of responses among registrants and a breakdown of those 'strongly agreeing/agreeing' by registrant group.

Only a quarter of registrants agreed that they found it easy to find the time to undertake CPD. A further quarter neither agreed nor disagreed with this statement and half disagreed.

Figure 11: Attitude to finding time to undertake CPD



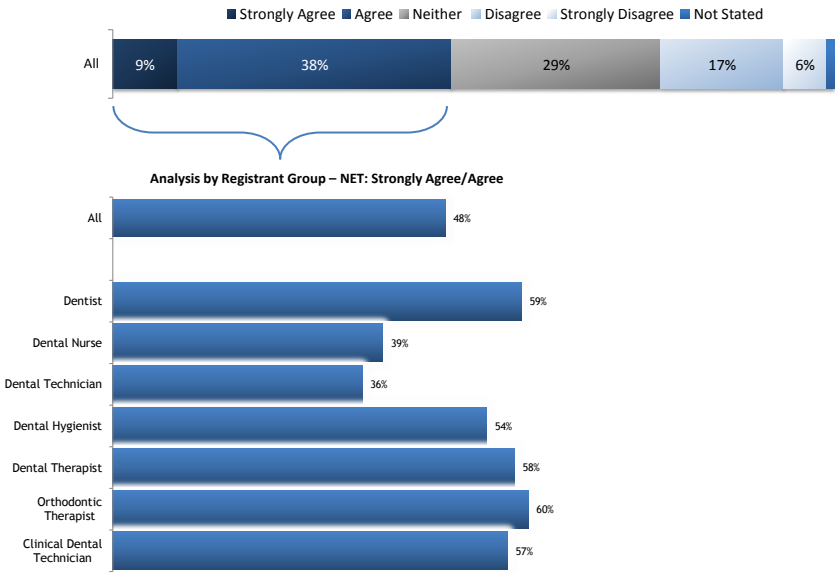
Q7: I find it easy to find the time to undertake CPD
Base: All registrants (5,996)

There was considerable variation in the attitude of the various registrant groups. Fewer dental nurses (19%) and dental technicians (15%) agreed that they found it easy to find the time to undertake CPD, while more dentists (33%) and orthodontic therapists (36%) agreed with this statement.

Various factors may be at work here, for example the structure/flexibility of the working day; the ability or lack of it to take time off from the daily routine and the general level of commitment to CPD can all have an impact on how 'easy' finding time is perceived to be. The responses of those registrants interviewed in-depth concerning finding time for CPD are discussed in Section 6.2 'Barriers'.

Registrants found it easier to find the motivation to undertake CPD than the time (47% agreed that it was easy to find the motivation, compared to 25% who agreed that finding the time was easy).

Figure 12: Attitude to finding the motivation to undertake CPD

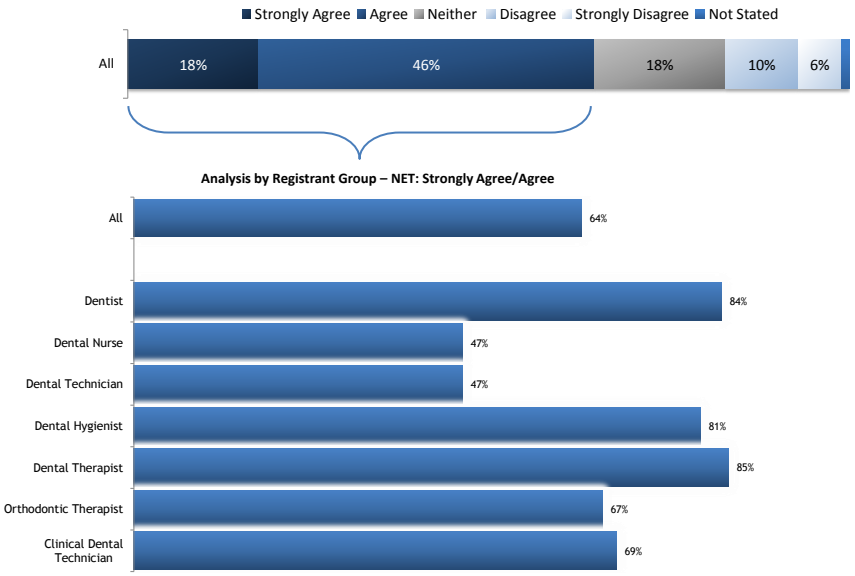


Q7: I find it easy to find the motivation to undertake CPD
Base: All registrants (5,996)

The pattern of response across the registrant groups about motivation to undertake CPD was broadly similar to that observed for finding the time. Dental nurses and dental technicians were less likely to agree they find it easy to find the motivation to undertake CPD (39% and 36% respectively) compared to other groups.

Almost two-thirds (64%) of registrants agreed that they would do CPD even if it was not mandatory. Just under a fifth of registrants (18%) neither agreed nor disagreed with this statement and a similar proportion (16%) disagreed.

Figure 13: Attitude to doing CPD if not mandatory

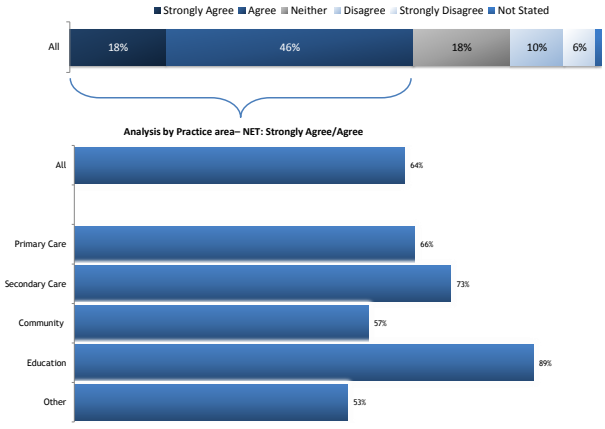


Q7: I would do CPD even if it was not mandatory
Base: All registrants (5,996)

Once again, a broadly similar pattern emerged across the registrant groups. Just under half of dental nurses and dental technicians (47% in each instance) agreed they would do CPD if it were not mandatory, compared to over 80% of dentists, dental hygienists and dental therapists.

Those working in education were most likely to agree that they would do CPD even if it was not mandatory (89%), while those working in the community or in other areas (57% and 53% respectively) were less likely to say this, see Figure 14.

Figure 14: Attitude to doing CPD if not mandatory, by Practice area



Q7: I would do CPD even if it was not mandatory
Base: All registrants (5,996)

Taking the responses to all three statements together, it is clear that while the majority of registrants are committed to the principle of CPD, a minority are less motivated. 23% do not find it easy to motivate themselves and 16% would not do CPD if they were not obliged to. There also appears to be less engagement with CPD among dental nurses and dental technicians compared to other registrant groups.

Most registrants who were interviewed in-depth were committed to the principle of mandatory CPD. Dentists in particular cited that they had done the equivalent of CPD before it was mandatory and most groups considered that a commitment to learning and development was part of being a professional and a way of raising standards and improving consistency.

'It's a part of your way of life to further your education.' (Dentist)

'Having to do it is beside the point - as a professional,
one should want to continue to learn and develop.' (Dentist)

'It's to keep up-to-date, learn new skills.' (Clinical Dental Technician)

Those working alone valued the input they gained from CPD - which they did not receive from any other source.

'I don't have colleagues to get feedback off, or to point me in a
different direction… I think CPD is a good idea to keep people up-to-date
with what the profession is doing.' (Dental Technician)

A small number of those registrants interviewed in-depth said they only did CPD because it was mandatory.

'Because I've been told I have to do it I'm making more of an effort.' (Dental Nurse)

However, even those who were highly motivated sometimes struggled with practical issues such as cost and availability. In addition, some expressed reservations concerning the CPD requirements, which impacted on their motivation. This is covered in Section 7, 'Current CPD Requirements'.

5.1 Attitudes to mandatory CPD: stakeholder and provider perspective

Most stakeholders/providers felt that dental professionals now accepted that they should undertake mandatory CPD; that it was 'part and parcel' of being a professional and was necessary for public re-assurance.

"I suppose it's a core element of being professional that you are meant to be a part of a profession; that you're self-regulated and you are meant to keep up to date with advances in clinical practice." Stakeholder/Provider

"We have mandatory CPD and that it's been accepted, I think it's in the culture now and it's not going to go away but I think we just need like everything to constantly improve it." Stakeholder

"It's all about keeping up to date isn't it and that's part of your ethical responsibility." Stakeholder/Provider

"You've got to prove to the public that you're keeping up to date. But on the other hand you can't just pay lip service, in some way you've got to satisfy yourself as an individual that what you're doing does actually support your clinical practice (and) the way you manage your patients." Stakeholder/Provider

"It does actually reassure the public and give better public confidence in the professional standards so it's absolutely essential." Stakeholder

It was commented that even those dentists who had resented mandatory CPD when it was introduced now accepted the principle.

"Some professionals felt a bit miffed when it became (mandatory) because they felt that it just went with the territory anyway and you should be doing it." Stakeholder

Many stakeholders/providers interviewed felt that compulsory CPD had been beneficial for DCPs.

"Prior to registration, DCPs weren't required to do any CPD at all but now obviously their skills are kept more up to date. I think it's been very good for nurses and therapists and technicians because it's raised …(their) profile and brought…(them)up professionally to where…(they)needed to be." Stakeholder/Provider

"I think it was a very positive move to make CPD compulsory because it had to be, it stops people just getting stuck in their own practices and not seeking any outside education." Stakeholder/Provider

"Well what we've noticed is that because now the dental care professionals have to be registered and have to do CPD they are obviously wanting CPD slightly different from the dentists because their level of knowledge is not the same but the interesting thing is that as more of them are coming they are being the drivers in their practices to chivvy up some of the more reluctant dentists to come along; so we're kind of seeing a bottom up persuasion by the DCPs who are quite keen." Stakeholder/Provider

A small minority believed that registrants only did CPD because it was mandatory.

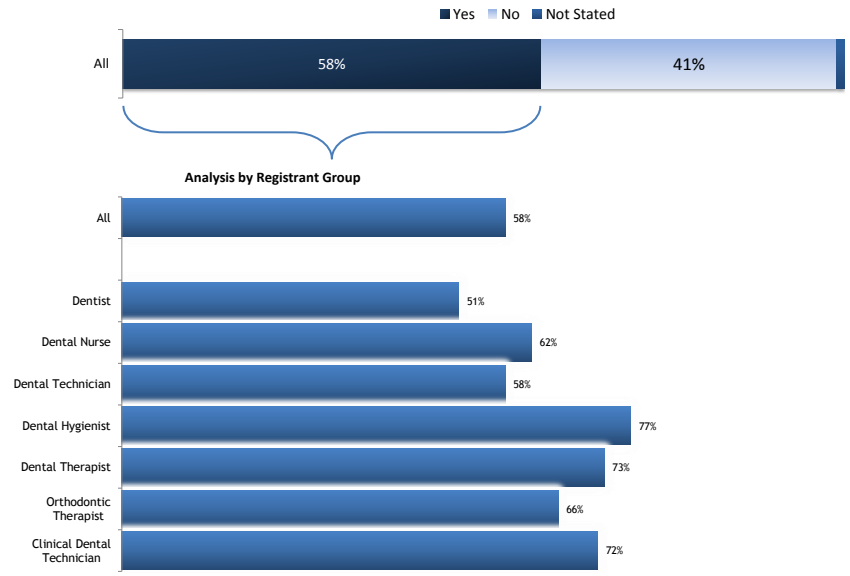
"For GDPs? I'm afraid I think it is simply they go 'have I done my hours of CDP yet?' It is the mandatory requirements that drives it, nothing else." CPD provider

"I used to deliver a lot of CPD for general practitioners in the past, …there is a hard-core 20% that would never attend anything so being able to call that 20% into account is important. The remainder were always pretty eager and regularly would have updated regardless but I think in terms of assuring safety for public then making sure that the stragglers, that 20% who were not engaged in keeping up to date do so." Stakeholder/Provider

5.2 Use of eGDC

Over half of the registrants interviewed (58%) said that they were using eGDC to record their CPD.

Figure 15: Use of eGDC

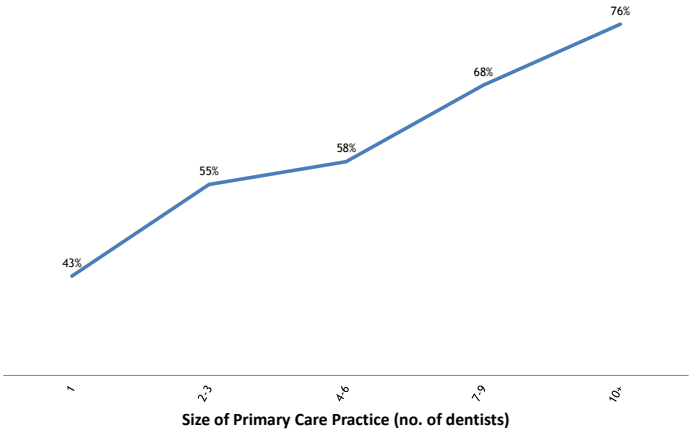


Q9: Do you use eGDC to record your CPD?
Base: All registrants (5,996)

The highest levels of usage were by dental hygienists (77%), dental therapists (73%) and clinical dental technicians (72%). Dentists were less likely to use eGDC, with 51% of this registrant group currently doing so.

Figure 16 shows use of eGDC by size of primary care practice, and illustrates that use appears to relate to practice size, with relatively few of those in single person practices using the system but a high level of uptake among those in practices of 10 or more dentists. Use of eGDC was lowest in secondary care (52%).

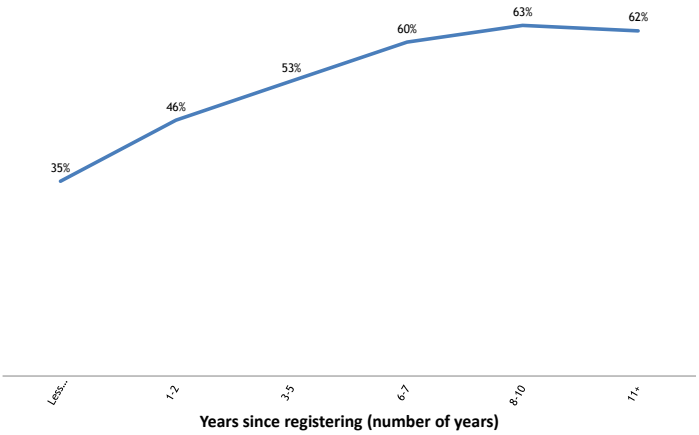
Figure 16: Use of eGDC by size of primary care practice



Q9: Do you use eGDC to record your CPD? 'Yes'
Base: All registrants (5,996)

There may be a relationship between the number of years since first registration and use of eGDC, as Figure 17 demonstrates. The longer someone has been registered with the GDC, the greater the likelihood that the registrant uses eGDC.

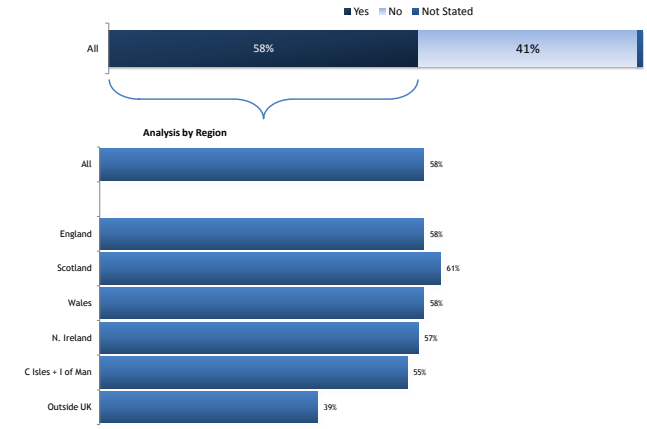
Figure 17: Use of eGDC by years since registering



Q9: Do you use eGDC to record your CPD? 'Yes'
Base: All registrants (5,996)

The figure overleaf examines use of eGDC by region. Usage levels across the UK were broadly similar, although usage in Scotland was somewhat higher at 61%. Usage by registrants outside the UK was markedly lower at only 39%.

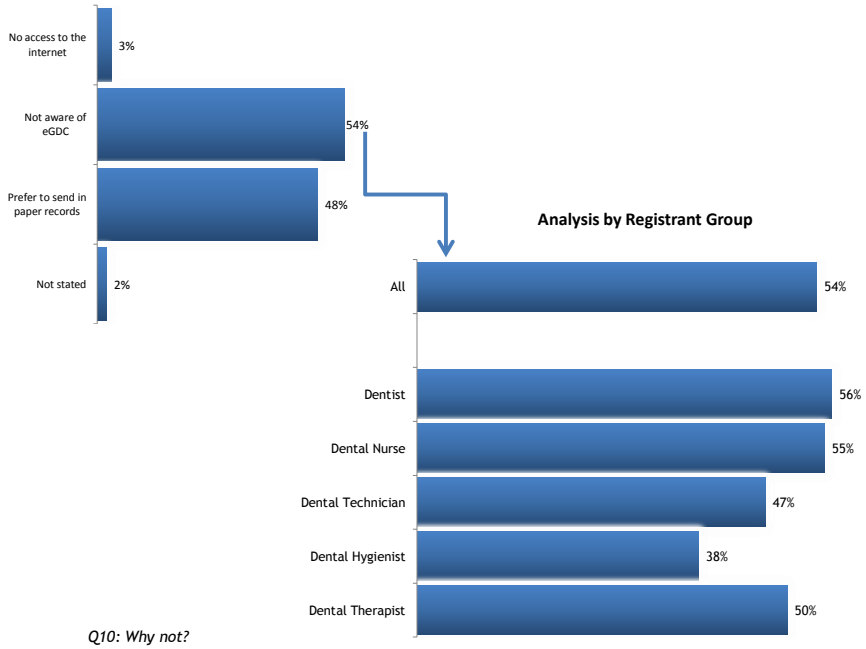
Figure 18: Usage of eGDC by region



Q9: Do you use eGDC to record your CPD?
Base: All registrants (5,996)

Those who did not use eGDC were asked why this was (selecting one or more from a list). Just over half (54%) were not aware of the eGDC option, but almost as many (48%) preferred to submit paper records, see Figure 19. A small minority 3% did not have access to the internet.

Figure 19: Reasons for not using eGDC



Q10: Why not?
Base: all registrants not using eGDC (2,486)

Looking at all registrant groups, Figure 19, fewer dental hygienists (38%) and dental technicians (47%) were aware of eGDC.

Among those registrants interviewed, not using eGDC was mainly found to be due to lack of awareness, though others had simply not yet 'got round to it' or had no easy access to the internet at their workplace. One registrant did not use it because they were obliged to keep paper-based records to meet her employer's requirements and had once tried to use the online system but had not found it user-friendly.

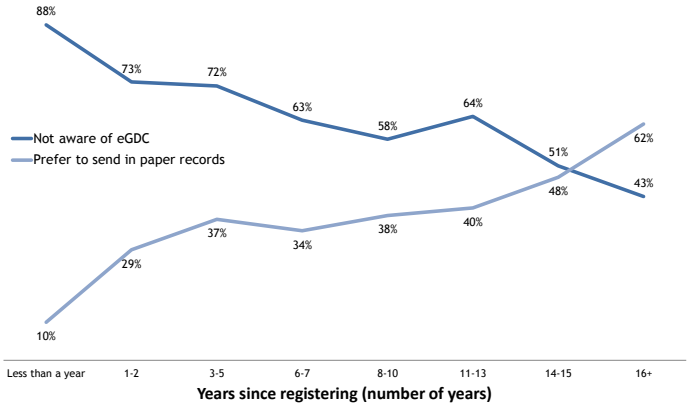
'It needed so many bits and piece... Needed my indemnity (sic) number, which I didn't have… It's not quick and it's not simple.' (Dental Nurse)

Those who did use it were positive about it and one suggested that use of the online system should be mandatory.

'It's just an easy way to record my CPD hours and have an exact summary of what I've done, what I still need to do.' (Dental Technician)

The figure below examines the views of those not using eGDC and shows that longer serving registrants were aware of eGDC but preferred to use paper.

Figure 20: Awareness of eGDC and preference for submitting paper records, by years since registration



Q10: Why not?
Base: all registrants not using eGDC (2,486)

6 Making Decisions about CPD

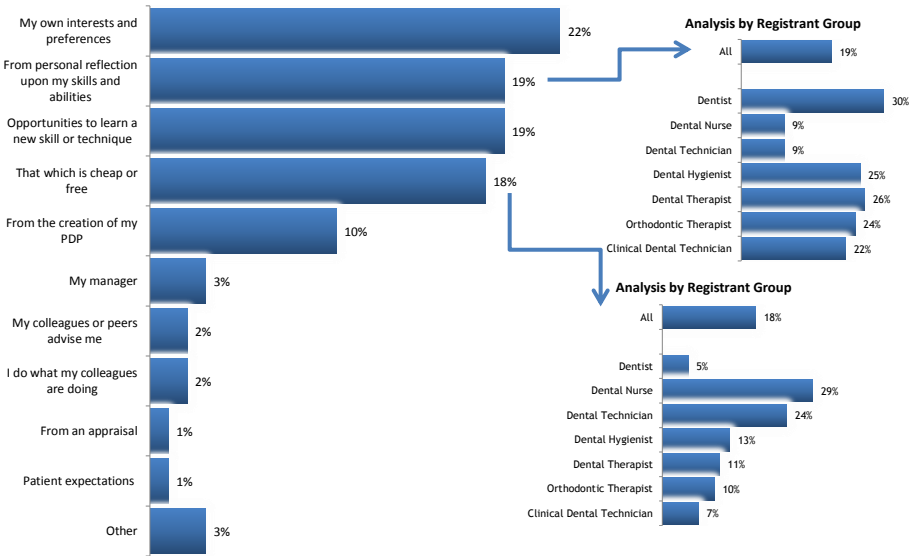
6.1 Factors affecting choice of CPD

Registrants surveyed were presented with a list of possible factors and asked first to select which they considered most influential.

A fifth of registrants (22%) mentioned their own interests and preferences as the key influence in choosing CPD activity. A slightly smaller proportion (19%) mentioned personal reflection on their skills and abilities or opportunities to learn about a new skill or technique. Almost the same number (18%) mentioned 'that which is cheap or free' as the key factor. No other factor was mentioned by more than 20% of registrants.

All other factors were mentioned by fewer registrants still e.g. 10% mentioned their PDP as their key influence and less than 5% mentioned any other issue.

Figure 21: Most influential factor determining choice of CPD



Q12 Which of these factors is the most influential in determining your choice of CPD?
Base: all registrants (5,996)

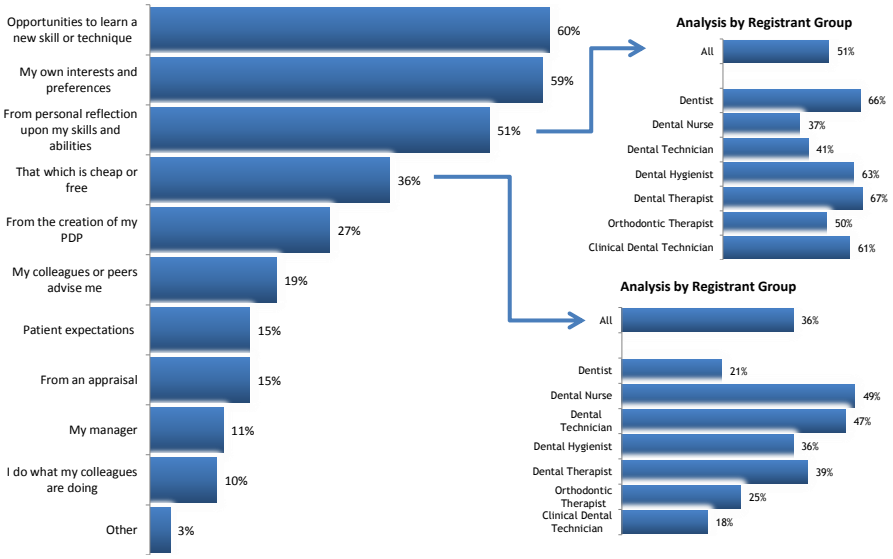
Dentists were more likely than any other registrant groups to choose CPD based on their personal reflection on their skills and abilities. 30% of dentists cited this factor compared to around a quarter of most registrant groups.

However, very few dental nurses or dental technicians (only 9% of each group) cited self-assessment as a determining factor in choosing CPD. Instead, cost was a major factor for them, with dental nurses and dental technicians being more likely than all other groups to look for CPD that was cheap or free (29% of dental nurses and 24% of dental technicians). Dentists (5%) and clinical dental technicians (7%) were least likely of all the registrant groups to select CPD on the basis of cost.

Registrants surveyed were also asked to indicate all other factors, aside from the main factor, which were influential for them. The figure below shows all factors which were mentioned (i.e. both 'main' and 'other' factors combined).

A very similar pattern emerged here as can be seen on the figure below.

Figure 22: All factors determining choice of CPD



Q12+13 Which of these factors are influential in determining your choice of CPD?
Base: all registrants (5,996)

Whilst only 1% of registrants surveyed said their appraisal was the main factor influencing their choice of CPD, 15% indicated that their appraisal had an influence on their decision about what CPD to take part in. Appraisals and their impact on CPD is covered more closely in Section 6.4 'Appraisals'.

The registrants that were interviewed closely reflected this pattern. The dentists interviewed had pursued areas of personal interest and taken opportunities to acquire new skills. The dental nurses and technicians interviewed referred to the high cost of some forms of CPD relative to their earnings, coupled with unwillingness on the part of their employers to fund their development. Dental nurses also mentioned the lack of subsidised courses for nurses.

'The company I work for doesn't cover the CPD costs for myself so obviously that's a consideration for me.' (Dental Technician)

'… They do what they can from a couple of online courses, magazines… I can think of some practices who pay only just above minimum wage.' (Dental Nurse)

The issue of cost is discussed in more detail in Section 6.2 'Barriers'.

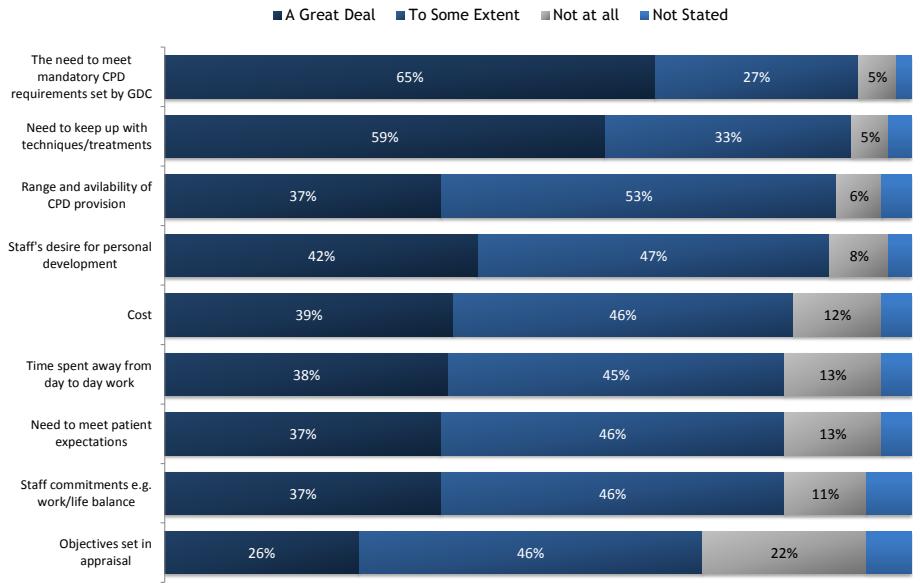
6.2 Managers' perspectives

Registrants were asked if they had responsibility for determining what CPD was conducted in their workplace, a quarter (28%) of the registrants surveyed had such responsibility and were asked an extra set of questions relating to what influenced the CPD which was conducted there. For each issue they indicated whether it had a great deal of influence, influenced the choice of CPD to some extent, or had no influence at all.

From the managers' perspective the key factors influencing CPD were the need to meet mandatory CPD requirements, mentioned by 65% of managers as having a great deal of influence, and the need to keep up-to-date, mentioned by 59% of managers, full details in Figure 23.

The factor with least influence was 'objectives set in appraisal', which 26% said had a great deal of influence on the CPD conducted and 22% said had no influence at all. (Appraisals are discussed in more detail in Section 6.4)

Figure 23: Extent to which various factors determine what CPD is conducted



Q28: To what extent do the following determine what CPD is conducted in your practice/place of work?
Base: All registrants with responsibility for others' CPD (1,730)

6.3 Making decisions about CPD; the stakeholder and providers' perspective

The stakeholders/providers interviewed felt that CPD was chosen mainly on the basis of personal preferences, rather than other factors such as personal development plans. They believed that registrants chose topics they were interested in or wanted to know more about rather than what was needed.

"I have to say that if you didn't have a mandatory CPD scheme the majority of dentists would want to have clinical training topics because obviously that relates to their day to day business and also relates to their income as well... they're the most popular." CPD Provider

"I think it's practitioner specific in that, for example, you tend to go on the courses where you like the subject matter so you tend to keep going on the same sort of courses to the exclusion of subjects often that you don't know much about and really should know about, for example oral cancer... you could save a life." CPD Provider

"Most people will attend CPD that is within their comfort zone, they will not want to stretch their learning out with the boundaries of what they've been comfortable with." Stakeholder/Provider

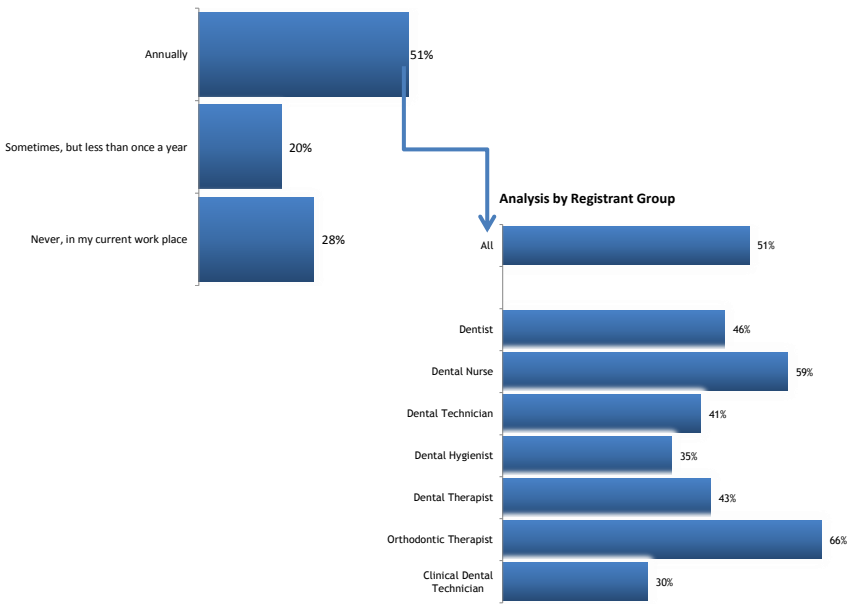
"… I think there is a danger that if you do the courses you want, once you've done your minimum requirement for the GDC, then is there an area that one falls out in in the middle that perhaps you should be doing but you're not doing because you don't particularly enjoy the subject." Stakeholder/Provider

"But going on a course just because they like it doesn't mean that they actually need that CPD. There may be areas where they've got an unidentified need." Stakeholder/Provider

6.4 Appraisals

Half of the registrants surveyed (51%) had annual appraisals. A fifth (20%) said they had them sometimes, but less than once a year and 28% had never had one in their current workplace.

Figure 24: Frequency of appraisals

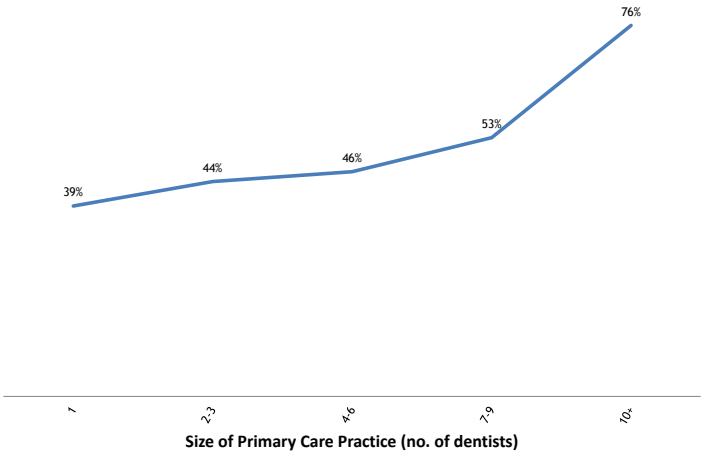


Q11: How often do you have an appraisal?
Base: all registrants (5,996)

There was some variation by registrant group, with dental nurses and orthodontic therapists more likely to have an annual appraisal (59% and 66% respectively) and dental hygienists and clinical dental technicians least likely to do so (35% and 30% respectively).

The figure below shows the participation in annual appraisals by size of primary care practice. Annual appraisals are more likely to take place as practice size increases, with a considerable increase in incidence between those practices with 7 to 9 dentists and those with 10 or more. It seems logical that the larger the workplace is, the more likely it will be that formal appraisal structures will be in place.

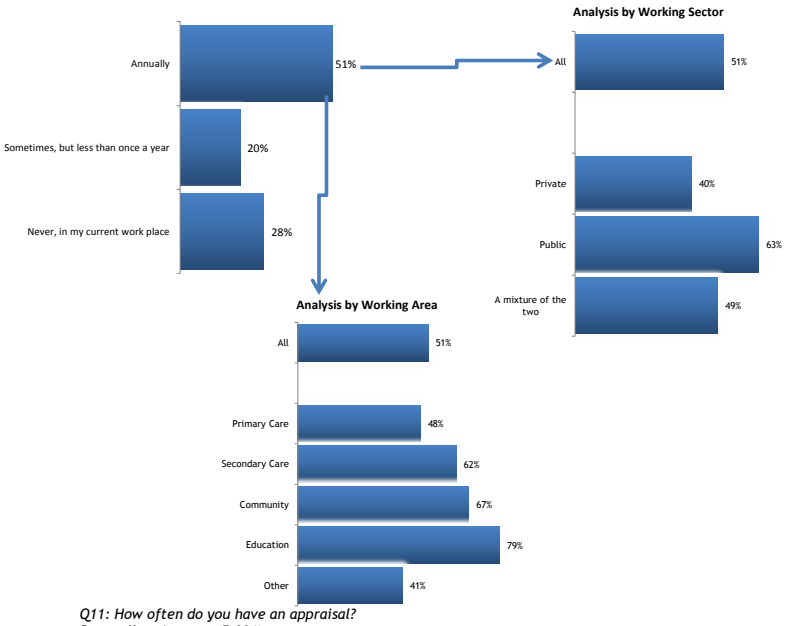
Figure 25: Annual appraisals, by size of primary care practice



Q11: How often do you have an appraisal? 'annually'
Base: all registrants (5,996)

It was also evident that those working in the public sector or education were most likely to have annual appraisals as can be seen in Figure 26. Those in secondary care (62%) and working in the community (67%) were also more likely to have an annual appraisal than those in primary care.

Figure 26: Frequency of appraisals by Sector and Area of Work



Q11: How often do you have an appraisal?
Base: all registrants (5,996)

The topic of appraisals was discussed with those registrants interviewed in-depth. Reactions varied from those who laughed out loud at the very thought of appraisals, through to those whose workplaces had very structured and formal processes.

'It's just the standard NHS system, I suppose - a one to one session with my line manager where we go through my aims and objectives for last year and set them for the next year. I have one about every 6 months.' (Clinical Dental Technician)

Even in larger workplaces, conducting appraisals were not always part of the culture. The dentists interviewed said that they worked very much as individuals; they could not imagine doing appraisals on each other in a partnership. One mentioned that his practice had conducted appraisals when it was required as part of their NHS contract, but that when they stopped doing NHS work, appraisals stopped too.

'It'd never work - the way we work is insular. We do our own thing and only see each other's patients in an emergency. Then occasionally you think a thing's been nicely done, or maybe I wouldn't have done it in that way - but there is no time in the working day to do it and it would be completely artificial. It's just a paper-chase; a tick-box exercise.' (Dentist)

'You are joking, aren't you? - the litmus test is do your patients return.' (Dentist)

One dentist interviewed worked in a practice which had recently been acquired by a large group. He had never had an appraisal up to that point, but he had recently had one and had found it useful.

'I'd say they are quite hot on appraisals – they're now bringing it in for everyone. I have just had one and it's done by two directors who do the appraisals of the dentists. One is their clinical director and another one in charge of clinical excellence. They drew patient records and went through all aspects of them. It was informal, in the sense of it wasn't like an exam, but it was very thorough and I found it informative.' (Dentist)

6.4.1 Personal development plans

The registrant survey showed that 27% of registrants said that a PDP had an influence on their choice of CPD.

Registrants interviewed in-depth said they mainly pursued their own personal interests and inclinations when choosing CPD, in order to continue to learn, keep up-to-date and improve their skills.

'Do you mean a written down one (PDP)? – (laughter) I don't think so! I never had a formal plan, but I had a general idea in my head as to how I wanted my career to develop and the areas I was interested to expand my knowledge in.' (Dentist)

'I wouldn't know where to start making a personal development plan…. (CPD is about) getting ideas as to which direction you want to go in and which technology you want to learn or have a close look at.' (Dental Technician)

'Not at all – for me personally it was about keeping up to date with new developments, implementing new ideas as part of your general development as a professional.' (Dentist)

A dental nurse suggested that there was sometimes a lack of support for nurses in this area.

'It's not organised, it's not done properly. The dentists basically say 'It's your problem, get on with it'.' (Dental Nurse)

Where the registrants interviewed did have appraisals and personal development plans, CPD was integral to both.

'It all links together – an aim might be to prepare a paper or case-study, and that counts towards my CPD hours.' (Clinical Dental Technician)

A dental technician raised the issue of core topics in relation to appraisals and PDPs, making the point that what she considered her core area was different to the GDC core topics – and therefore not relevant to her appraisal, a situation she regarded as less than ideal.

6.5 Stakeholder and provider perspective on appraisals and personal development plans

It was said by stakeholders and CPD providers during the interviews that use of appraisals and personal development plans was limited in general dental practice. Registrants working in the NHS trusts, education, government and corporate environments were perceived to be more likely to have appraisals/personal development plans.

"They (dental professionals) do appraisals, but it's not widespread in the profession because there's no infrastructure for it. Some do, definitely… but it wouldn't be the majority by any means at all." Stakeholder/Provider

"Unless dentists are employed in a hospital setting or in the communal dental surgery in a Trust setting where that (appraisals) will be part of their employment contract." Stakeholder

Some stakeholders and providers saw the use of personal development plans as a way of overcoming the deficiencies of leaving the choice of CPD to the individual.

"I think dental professionals should be encouraged to have a professional development plan although they quite rightly say, if they take their job seriously they will be looking at what they do and they will know most of the time what their knowledge gaps are and things to look at improving... in my experience (appraisals) sound good, but in practice I think they're as good as the people involved make them." Provider

"As I say my view is that people's CPD should be driven by their personal development plan." Stakeholder/Provider

"I think the bit that's missing is actually back out in the workplace; it is about tying that up to a learning plan so that the CPD is relevant to the individual rather than just what's of interest to them." Stakeholder

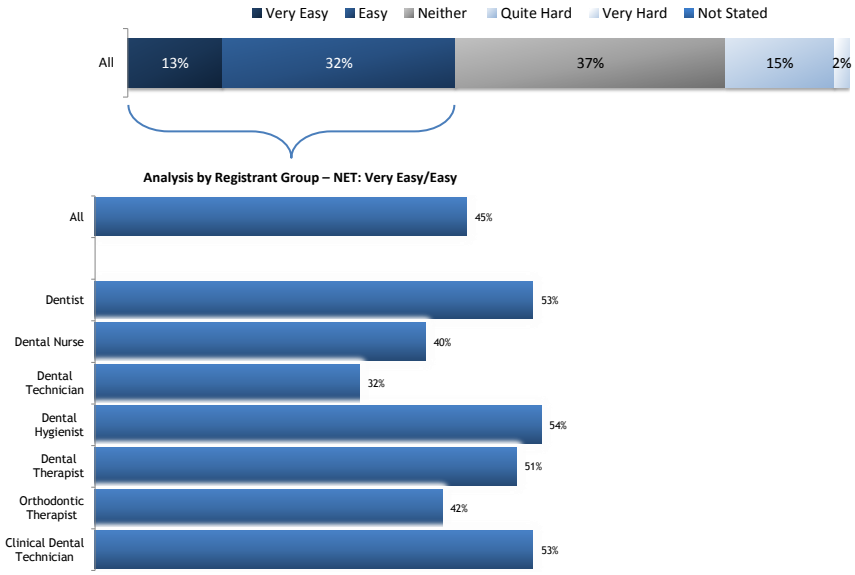
"General dental practice appraisal and personal development plans are perhaps not as well developed as they could be although there are steps under way to start really addressing that." Stakeholder

7 Access to CPD

7.1 Ease of Identifying CPD

45% of registrants said it was 'easy' or 'very easy' to identify CPD that was right for their learning and development needs. 37% said it was 'neither easy nor hard' and a minority (17%) found it 'hard'.

Figure 27: Ease of identifying CPD



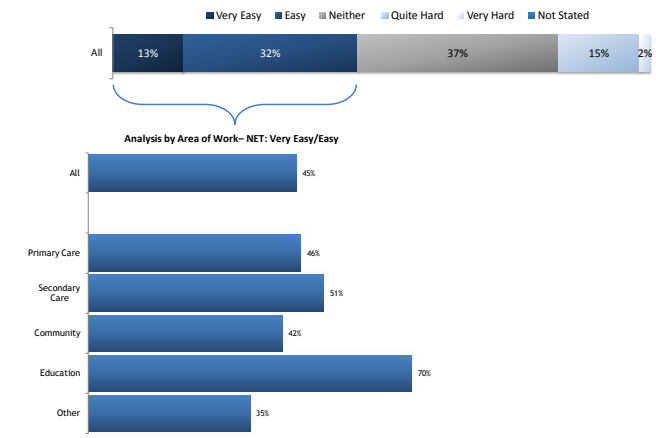
Q3: How easy do you find it to identify CPD that is right for your learning and development needs?
Base: All registrants (5,996)

Dentists (53%),dental hygienists (54%), dental therapists (51%) and clinical dental therapists (53%) were those who found it easiest to find CPD to meet their needs.

Dental technicians (32%) were least likely to say it was easy to find CPD to meet their needs. Dental nurses (40%) and orthodontic therapists (42%) were also less likely to say it was easy to find relevant CPD.

Those working in education were most likely to say that they found it easy to find CPD (70%), see Figure 28. Fewer of those working in the community (42%) and those in 'other' settings (35%) found it easy.

Figure 28: Ease of identifying CPD by area of work



Q3: How easy do you find it to identify CPD that is right for your learning and development needs?
Base: All registrants (5,996)

In the main, registrants interviewed did not have difficulty finding out what CPD was available. Dentists in particular seemed to have many potential sources of information such as being on relevant mailing lists (GDC; Denplan or equivalent organisations; local training boards; centres of excellence) or from journals and magazines. Those working in the NHS received details of local NHS courses, or in the secondary setting CPD was provided in-house. Other sources of information included professional bodies. Dental technicians interviewed said the companies whose materials they used were as a source of information.

'I used to work in the NHS and I'm still on their mailing list, so I still get information about what they're doing. I also get details from (local company) that I work with. They run free courses for dentists who work with them and I always try to attend these sessions.' (Dentist)

'From GDC and my professional body – they (the latter) offer the most current, cutting edge information in my area.' (Clinical Dental Technician)

A dental nurse who worked in education said she and her colleagues found it easy to find out what was available, but felt that this was not the case for all dental nurses; they typically would find out what was available from the dentists in their practice and that this did not always happen.

'If the dentists haven't told them, they don't know about it.' (Dental Nurse)

Among registrants interviewed who found it hard to access suitable CPD, the issue was not a lack of awareness of CPD activities: rather it was where courses were located; the cost; finding time/getting time off to attend them and the suitability of activities to one's own CPD needs. All of these issues are discussed in detail in Section 7.2 'Barriers'.

There was a request from one dental technician for course providers to make it clearer which area of CPD a course or article covered.

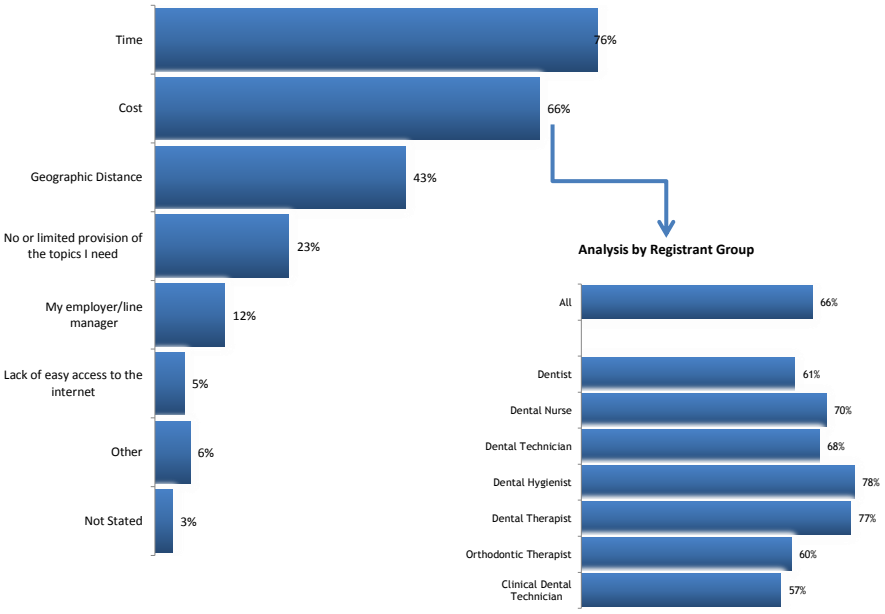
'If you read something about denture making that could apply to materials science and could apply to other areas as well.' (Dental Technician)

7.2 Barriers

Registrants surveyed were presented with a list of possible barriers and asked to indicate any which got in the way of them doing CPD.

The main barriers were time, mentioned by three-quarters of registrants (76%) and cost, mentioned by two-thirds (66%). Geographic distance was mentioned by less than half (43%) and no or limited provision of the topics required was mentioned by almost a quarter of registrants surveyed (23%).

Figure 29: Barriers to CPD

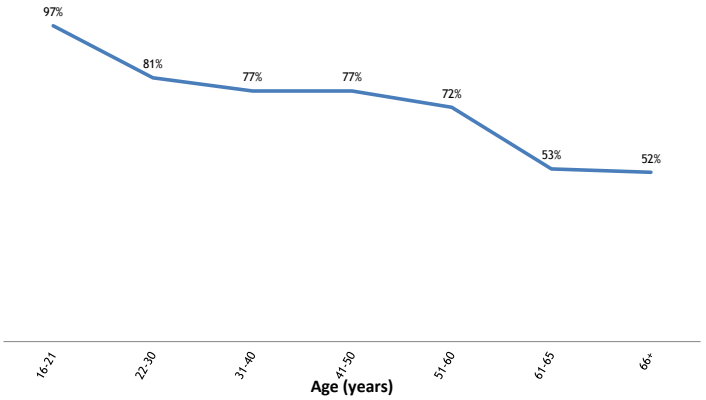


Q14: Is there anything that gets in the way of your doing CPD?
Base: all registrants (5,996)

While there was some variation by registrant group, it was perhaps not as great here as on some other measures. There were some differences in the proportion of the various registrant groups mentioning cost, with dental hygienists (76%) and dental therapists (77%) most likely to do so and dentists (61%), orthodontic therapists (60%) and clinical dental technicians (57%) least likely.

The number of registrants mentioning time as a barrier varied widely by age, as illustrated in Figure 30. The younger the registrant, the more likely they were to mention time, with almost all of the 16 to 21 year-olds doing so (97%). This declined to 77% among the 30 to 50 year olds and was lowest among those aged 60 plus (52%) .

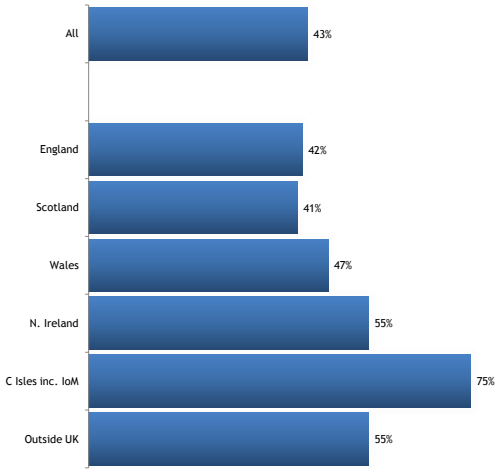
Figure 30: Time as a barrier to CPD, by age of registrant



Q14: Is there anything that gets in the way of your doing CPD? 'Time'
Base: all registrants (5,996)

The figure below examines geography as a barrier to CPD by region of registration address, showing that those in Northern Ireland, the Channel Islands and Isle of Man and those based outside the UK were more likely to find geographical distance as a barrier.

Figure 31: Geographic distance as a barrier, by region



Q14: Is there anything that gets in the way of your doing CPD? 'Geographic Distance'
Base: all registrants (5,996)

It became clear that several factors such as time and cost, time and distance may combine to become an increased barrier to CPD. Each factor is discussed in detail below based on information from the in-depth interviews.

Time

Some registrants interviewed found it difficult to fit CPD activities around their daily work. This was the case regardless of registrant group or of whether the individual worked in the NHS or in private practice.

'Some are 3-day courses – it's hard to be out of the lab for that long.'
(Clinical Dental Technician)

'… Finish work at 6 o'clock and the last thing they want to do is go out on a course.'
(Dental Nurse)

'Trying to get time away from work if these courses are further afield – it just doesn't happen.' (Dental Technician)

The timing of courses could also be an issue – one dentist commented that the radiation and radiography core element was only offered in 2-hour blocks, thus he had to take four or five days away from work in order to complete it. A dental nurse preferred what she termed 'taught' courses, but these were only available at weekends when it was not necessarily convenient for her, or indeed other dental nurses, to attend.

Cost

A number of issues were cited around cost relating, for example, to individuals' working status, their income level, or the support or lack of it from an employer.

For dentists in private practice, there was the opportunity cost of time spent not working i.e. time away from the practice meant loss of earnings. For those who were semi-retired, the cost of achieving the CPD requirement could be disproportionately high compared to earnings.

'It is a sacrifice – of the time spent outside the practice.' (Dentist)

Those interviewed said that whilst the self-employed had to pay for their own CPD, some employees (e.g. dental nurses) had to pay if their practice did not contribute, or if they only worked as temporary staff. It was said that some practices would not pay for specific CPD e.g. on radiography and radiation, which the dental nurse would never actually use.

'The conference (I go to regularly) is costing me £130 and while it's worth it, it is out of the reach of most of the nurses that work for me… a lot of them only work a couple of days and they just cannot afford to keep it (CPD) up.' (Dental Nurse)

For those registrant groups with lower earnings, some types of CPD activities could just be prohibitively expensive (thus, as mentioned above, they tended to look for what was free or low-cost). Specifically mentioned by a dental nurse working in education was the lack of subsidised courses for nurses (under Section 63).

'A lot of CPD is heavily subsidised or free for dentists, but not for dental nurses yet. A dental nurse earning £6 or £7 an hour struggles to fund those courses and they're not offered through your local deaneries.' (Dental Nurse)

For those who were employed, it was said that the employer's contribution for staff CPD might be relatively small compared to the full cost of meeting the requirement which meant the individual had to pay the balance which was not tax deductible.

In the NHS, where for example a clinical dental technician might have CPD paid for, nevertheless the expense had to be justified out of a limited budget.

'To attend my professional body's annual Conference costs £5-600 – which is just a lot of money when budgets are tight. My line manager is supportive, but not everyone is.' (Clinical Dental Technician)

Geography

Many of those registrants interviewed living in remote or rural areas felt there were fewer CPD options available locally compared with those living in cities. Living in remote areas could also affect one's CPD choices because of travel costs and time. For example for a registrant living in the north of Scotland, the nearest location was likely to be Edinburgh so anything requiring regular attendance had a cost implication which may make it difficult to afford or fit in.

'The more 'basic' courses are more available, but not the ones I want to do. The excellent courses are in London and Glasgow – so that's really not great in terms of the time and cost to get there, you have to stay overnight and so on. So for me it is a combination of distance, time and money.' (Dentist, Wales)

'If you live within the confines of the M25, you're fine…' (Dentist, Northern Ireland)

In addition, those without their own transport – typically those on lower incomes – might have courses relatively nearby, but still not be able to get to them in a practical sense, or because of the high cost of public transport.

'Where I live is very, very rural and it's difficult for girls to get in to do courses. You tell them to go to a conference (in town) for the evening and they tell you where to go.' (Dental Nurse)

Finally, in some cases, studying certain topics online was the only solution to the problem of inadequate local access, but others simply did not find this worked for them as a learning mode.

'The Wales Deanery, they put on courses, but they are usually either further away or at times when I cannot take part. So for me, really, online CPD is the answer.' (Dental Technician)

'I don't like online. The best way for me is to go somewhere and be enveloped in it. I haven't tried this tick-box method, but I'm not interested in it.' (Dentist, Scotland)

<u>Lack of provision</u>

For most of the registrants interviewed, the issue was a lack of provision in a convenient location, or at a suitable time.

Dental technicians, however, did feel that there was a lack of relevant available courses (in terms of topics covered) for them and asked for more provision (including online). One dental nurse also wanted to see more face-to-face provision in locations dental nurses could access.

'NHS practices in particular should have a duty to offer local, accessible CPD courses to all dental nurses.' (Dental Nurse)

Lack of support

As discussed in earlier sections, some of the registrants interviewed felt lack of support was a barrier - for example lack of financial support from their employers, or by employers not informing staff of CPD activities they could take part in.

Relevance/motivation

A small number of registrants interviewed considered CPD either wholly or partly irrelevant. This meant they struggle to maintain their motivation to do CPD, or they might only do the absolute minimum required.

7.3 Stakeholder and provider perspective on access to CPD

Stakeholders/providers interviewed said that the main barriers to registrants participating in CPD were time, cost and access. Taking time out of the working day was a major factor for all registrant groups and, it was said, for nurses in particular. Many felt it was down to individuals' motivation and those who were motivated could overcome the barriers.

"I think certainly from our membership we've got lots of people with a lot of financial hardship at the moment and if it's costing a lot of money to get there then that can be a big barrier or costing a lot of money to achieve." Stakeholder/Provider

"Whilst the cost of CPD was certainly a barrier, particularly for low paid nurses, those working for the NHS could get some CPD for free under Section 63 funding. For self-employed dentists, loss of earnings whilst doing CPD was also said to be a factor… it's not the cost of the course per se." Provider

"Barrier is probably time away from practice. That's probably the only real reason, Some might decide cost, particularly for DCPs although as I say most Deaneries will provide Section 63 courses at no expense." Stakeholder/Provider

"In some areas around the country there are issues about getting approval for study leave in terms of time, there are issues about getting funding for study leave." Stakeholder/Provider

"If the nurse is away the therapist can't work as a therapist, it's the same issue as dentists being away." Stakeholder

"With dentists, the ones who probably are reluctant to do it will tell you that it's time... the ones who are committed to it would find the time so what the actual barriers are I think to do with intrinsic motivation." Stakeholder/Provider

"Motivation, self-interest, self-desire, comfort zone." Stakeholder/Provider

The issue of access, particularly for those in remote rural areas was acknowledged during the stakeholder and CPD provider interviews. It was remarked that the lack of broadband facilities may prevent use of more advanced e-learning techniques.

"In (this country) we have invested money with NHS education for delivery of specific DCP courses so while I don't know whether they're sufficient in terms of quantity and range of topics. I think there definitely is opportunity for DCPs to attend as near to their workplace and home as they can." Stakeholder

"There might be an area where they don't get good broadband and they can't really get a good online so there are issues of access." Stakeholder/Provider

8 Provision of CPD: the stakeholders' and providers' perspective

The in-depth interviews conducted among stakeholders and CPD providers gave some insight into why only around half of all registrants said it was easy to identify CPD which was right for their learning and development needs.

It was said that the introduction of mandatory CPD first for dentists and then for other dental professionals had encouraged a range of providers to enter this market to the extent that, in the view of many providers, there was a more than adequate supply of CPD in relation to demand.

'I think that there's certainly enough out there and in different formats.' Stakeholder/Provider

"I think for the core a wider range of flexibility of access and that's where the self-directed learning and the e-learning is so invaluable." Stakeholder/Provider

"There are more and more providers in the marketplace for CPD and what you're finding in my opinion is that registrants are now swamped with the availability… I personally would like to see the number of providers reduced because you need good quality provision by people who know what they're talking about and what they're doing." Stakeholder/Provider

"I suppose a bit more of an unknown quantity is anything that is non-core, as I say we do tend to do that on a sort of ad-hoc basis." Stakeholder/provider

CPD was not only provided by deaneries, universities, Royal Colleges, associations and societies but also by a number of commercial organisations and providers of services to dental professionals e.g. dental laboratories and defence organisations. Providers used a variety of mechanisms for advertising their offerings including use of websites/portals, advertising in journals/newsletters, direct post and email, sponsorship and providing speakers at conferences.

CPD providers were generally aware of the core topics required by the GDC and most sought to cover these but they would also try to reflect things which were topical, of interest to dental professionals and which they felt would be of use in the future. Many used member surveys, feedback from existing courses or 'experts' to decide what to provide.

"I think we'd probably be daft not to (provide core topics) in the sense that obviously if the regulator requires things then as a faculty wanting to provide help and services to its members it would be good to provide whatever they need in order to meet the GDC requirements and we do always look very closely at what the GDC is doing." Stakeholder/Provider

"I would choose topics that I think people will be interested in... Obviously what people are requesting, what we think is topical, what's in the press at the moment." CPD Provider

"There are some courses that run year on year, we know there's a lot of uptake and we continue to run them then from time to time." CPD Provider

"There may be relevant topics that are particularly relevant at the moment, for example management of patients who are on bisphosphonate drugs, we may get called upon by the workforce to say 'look, we really could do with an update on this' so that may not necessarily be a core topic but we can provide a study day which would get verifiable CPD hours for it." Stakeholder/Provider

"We don't use (GDC guidance) at all, we try to put on CPD that people want and that they tell us that they want as well we try to see what's contemporary… There is plenty of stuff online for all those (core topics) so we would rather not use our resources on that." Stakeholder/Provider

Some CPD providers said they would, if possible, meet the GDC's requirements if they changed.

"We possibly could make changes (to meet new GDC guidance)… I hope that we'd have input as to which topics are included so it was relevant." Stakeholder/Provider

8.1 Quality assurance

All CPD providers interviewed were aware of and followed GDC guidance for verifiable CPD e.g. having aims and objectives, user feedback etc. Some providers had their own quality assurance procedures including internal assessment committees and peer reviewed materials.

"We follow the established guidelines for what is verifiable CPD. They have aims and objectives, the individuals all have the opportunity to give feedback, the hours are recorded, we give certificates for the number of hours that people do so we conform to the GDC guidelines as much as we know them." CPD Provider

"The CD Roms that we produce, these are actually peer review resources, they are developed for experts to then go through a peer review process with experts and about 50 odd GDPs who review it and then we then change it and then publish it." CPD Provider

"We're moving more towards trying to get some of our staff to go to some of these activities and provide a report so go as an observer; but that's still somebody within our own department but hopefully not necessarily somebody with an expertise in that particular CPD activity." Stakeholder/Provider

8.1.1 Quality of CPD provision

Whilst most stakeholders and CPD providers interviewed agreed that there was widespread provision of good quality CPD, some raised the issue of the quality of the provision and lack of access.

"I think supply doesn't meet demand in that it's not always accessible to everybody in areas where it's not as profitable for some to provide CPD. So it might be difficult for people in some areas, remote areas or whatever, to get to CPD and I think that that is a problem." Stakeholder/Provider

"There are some very, very kind of strange publishing companies that are providing very, very inferior, how I call information, and giving them verifiable CPD and the GDC isn't saying no... (they are) not selling clinical excellence or post graduate education, (they are) now selling CPD." CPD Provider

"Dentistry is a very, very commercial world and when the GDC first introduced CPD requirements all sorts of providers were trying to do it in all sorts of ways ranging from journals to the trade shows and so on. As a stakeholder we'd like to see it be done in the best possible way through the study day approach or our extended programmes and so on rather than... in a box ticking and collecting it in easy way." Stakeholder/Provider

"There is a bit of tick boxing going on in the sense that it's relatively easy to amass the required hours for the current GDC format, particularly if you're in an academic environment, attending lectures, seminars, tutorials, it's relatively easy to do that but I would be more concerned about quality assurance of CPD. At the moment one of my concerns is "Joe Bloggs" from up the street can set himself up doing what's supposed to be a very slick dental hands-on CPD approved course and it may have very little benefit at all." Stakeholder/Provider

Some of those interviewed noted that as the choice of what CPD to do was solely in the hands of the registrant, there was no guide to quality.

"We're spoilt for choice for CPD and a lot of it is very fairly priced and is very good… they may be offering verifiable CPD but I still need to satisfy myself that they're the right provider for me." Stakeholder

"There's a demand there for quality CPD and it's something that the association are looking at." Stakeholder/Provider

"There are a lot of providers out there but it's sometimes quite difficult to work out where are the quality measures and do some providers actually have any quality assurance process?" Stakeholder/Provider

"The feedback and the quality assurance, that's where it's a bit wishy washy and I suppose it's something that we as providers need to do a little bit more." Stakeholder/Provider

I think you have to be careful because you don't know how some people operate do you? Finding the topics, making sure that they've got good aims and objectives to the CPD, I think it's opened the floodgates to people organising just little courses. I think it needs to be more structured, whether it's through the local deaneries or, like I say the British Dental Association. They have networks don't they?" Stakeholder/Provider

"At the moment the GDC puts the onus on assuring the quality down to the dental professional." Stakeholder/Provider

The exception was one association who said they provided a kite mark for courses.

"We've trademarked a sign which would mean that our members would recognise when CPD is good." Stakeholder/provider

As many of the stakeholders/providers interviewed felt that there was inadequate guidance as to the quality of the CPD provision, they wondered if there was a role for the GDC here.

8.2 Trends in provision of CPD

8.2.1 Methods of delivery

The CPD providers interviewed used a wide variety of methods of delivery from face-to-face lectures and courses, hands on sessions, journals and newsletters and distance and e-learning. Most providers were looking to increase the range of e-learning they provided.

"At the moment we are actually developing a distance learning package which is again based on We do a pre and a post assessment on (for example ionising radiation regulations) in the day which we hope we can have online as well because you're expected to do a certain number of hours every five year cycle there could be a very big gap between when I did mine last and I'd do them again. If we could use the distance learning package as a top up. People don't have to do it but if they could be encouraged to do that it would be the best way forward I think." Stakeholder/Provider

However, a number of those interviewed were sceptical as to the benefits of e-learning and favoured a blended approach.

"Dental technicians not particularly computer literate yet, it's still a developing market so for ease if you send them a folder with a CD Rom it's more accessible. But the online is building but still is slowly." Stakeholder/Provider

"I would never think it will take the place of getting a group of clinicians together to share experiences. They're more likely to share experiences face to face I think than share electronically." Stakeholder/Provider

"I think the in-practice ones seem to be the most popular, it depends on your links or access and time to do distance learning. It's interesting in our survey that we did across Europe we didn't get a big uptake on those who would like more distance learning or e-learning which surprised us. We thought there'd be quite a big wish for more of that but it was one of the surprising responses given that we seem to be moving into an e-learning era now." Stakeholder/Provider

"We've been doing blended learning for some time because we've realised that that's the better way, you don't want to learn in isolation, you want to learn with other people, you want to integrate and bounce stuff off people. And the other thing is you're much more likely to commit to it than when you're tired at the end of the day and sit at the computer doing some online learning." Stakeholder/Provider

"I think from practitioners it's better if they can take a blended approach where they're going to some workshops, some didactic lectures, online training and practice training." Stakeholder

Many also favoured a team or practice based approach (in contrast to individuals doing CPD in isolation).

"It's all very good going to a lecture and then coming back and saying to the people you're working with I've learnt this, I've learnt that but not everybody is going to put that into practice whereas if you went together as a team it would be better for the care of the patient I think." Stakeholder/Provider

"We also have …a team development tool, the use of which is allocated against verifiable CPD so we're quite good at that….." Stakeholder

8.2.2 CPD Topics

In terms of CPD topics which could be offered, those interviewed suggested the following: oral cancer, CQC requirements, HTM105 requirements, cosmetic dentistry, restorative

dentistry, endodontics, CADCAM, milling machines, new materials, implants, standards, sedation, ageing population, dental contracts, revalidation and business management.

"The aesthetic side...That will be popular... it's what patients want isn't it and it's a good money maker." CPD Provider

"I think the greater emphasis on public health that the government have generally in prevention rather than treatment could impact on CPD for dentists." Stakeholder/Provider

"The broader topic of patient safety could do with a bit more beefing up." Stakeholder

"The other things will be the technical developments for the dentists so things like implants, Cadcam technology, new materials, new techniques, they are likely to be attractive and I think there is an increasing interest in issues like business management, accountancy, tax regulation, HR regulation." Stakeholder/Provider

8.2.3 Other factors

Another factor which may impact on the provision and/or take up of CPD is the economic climate. It was felt that this would mean there was more pressure on dental teams to treat patients rather than close to go to CPD sessions, there may be less funding from the NHS and there may be fewer lecturers available from universities because of the funding issues there. A number of stakeholders and providers mentioned revalidation.

"I think the current financial climate, and now there is the pressure on dentists particularly in NHS practices." CPD Provider

"So I think the reduced funding will have an impact because the numbers of university staff are reducing and therefore there's going to be less academics providing the tuition. I would much prefer to see academics providing the tuition rather than industry." CPD Provider

"We're coming under increasing pressure to increase our charges for CPD activity." Stakeholder/Provider

"Until we know what revalidation for dentistry looks like then I think the CPD requirement should be designed to fit with the revalidation process."
Stakeholder/Provider

8.3 Impact of CPD

Most stakeholders and providers interviewed believed that if registrants did the CPD in the right spirit there ought to be an impact in individual practice and patient safety. However, a small number of the stakeholders and providers interviewed did feel that the process caused some resentment because it was seen as a 'chore'.

"Well I think what CPD should do - it's got to keep them up to date, it's got to keep them up to date in the basic things that they know about that they have to do for patient care, for general requirements, infection control, patient experience, that sort of thing. It should introduce them to new techniques, so that they could keep up to date from that point of view, and learn new skills and know what's out there, know what they should be providing if they're not." Stakeholder/Provider

"Now in the lab where people are understanding materials, understanding what they should be doing, understanding their responsibilities with each other as well as with the patient because again the dental technician doesn't normally even meet the patient so their understanding of their wider role within that is really, really significant in the practice so yeah, I'd say it's been a positive thing." Stakeholder/Provider

"At this precise moment I think it impacts as a chore and I think oh where's the CPD? I've got to do my CPD. I think we should actually make it more enjoyable."
Stakeholder/Provider

"It's been a good positive experience but there's just as many that it's been a negative because they feel as though it's been forced on them and because of the cost and the time." Stakeholder/Provider

They were less sure that if there had been an impact on the team (especially if CPD is conducted on an individual basis), dental health outcomes or the wider practice of dentistry. For many the impact should be on the patient.

"I think it's going to be a very individual thing, so I think CPD undertaken by a very committed individual will have an effect in a positive way and if somebody does CPD simply because they have to and to tick a box it may be less effective."
Stakeholder/Provider

"I think we should be looking at CPD to be a much more team event because the provision of services is a team process therefore it's completely appropriate that the provision of CPD should be focussed on the whole team and not just one bit of it." Stakeholder

"The really important impact really is on patients where, if this works properly, the quality and effectiveness of the service that's provided to patients should improve."
Stakeholder

"I suppose the ultimate aim of CPD is to ensure that patients receive appropriate care and therefore one of the aims of CPD should be to ensure that all registrants are up to date… I think it's difficult to provide evidence that it does actually improve patient care. I'm not saying it doesn't but I think as far as I'm aware the evidence to prove that is lacking."
Stakeholder/Provider

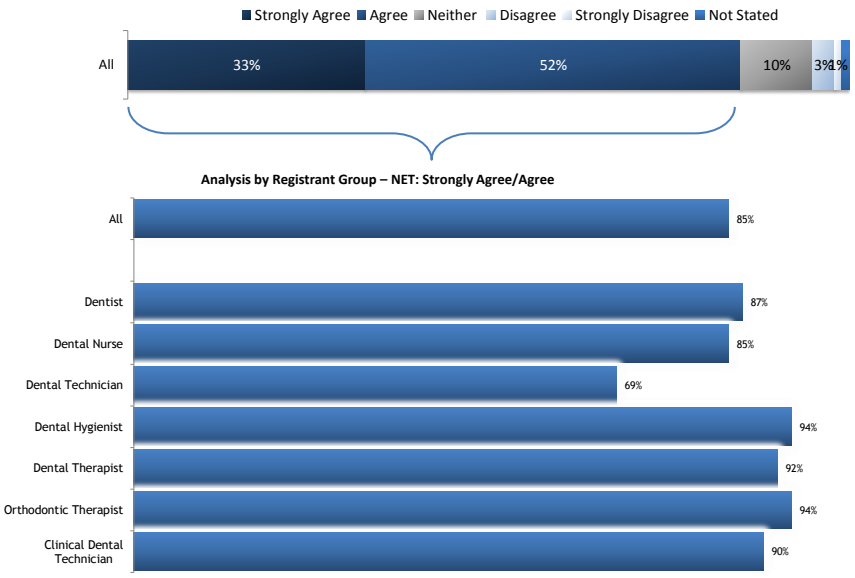
9 Current CPD requirements for dentists and DCPs

9.1 Understanding of GDC requirements

The registrants surveyed were asked to what extent they agreed or disagreed that they knew what CPD the GDC required of them.

85% of registrants agreed that they did know, with only a very small minority, less than 5%, disagreeing.

Figure 32: Understanding of GDC requirements

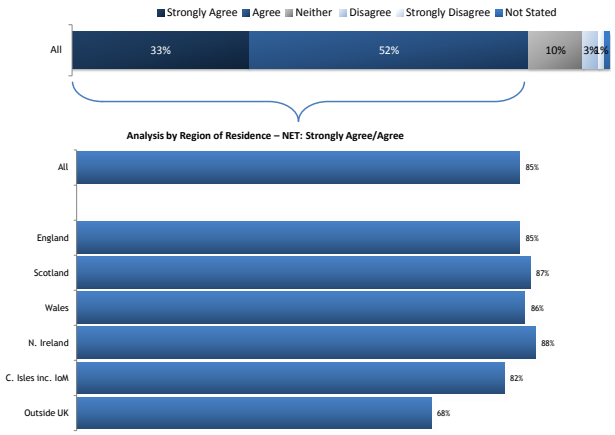


Q15: I know what CPD the GDC requires of me.
Base: All registrants (5,996)

Dental technicians were less likely to agree that they knew what the requirements were (69%) compared to all other registrant groups. Orthodontic therapists (94%) and clinical dental technicians (90%) were the most clear.

Figure 33 examines understanding by region and shows that fewer of those based outside the UK (68%) agreed that they knew what was required compared to all other regions.

Figure 33: Understanding of GDC requirements, by region



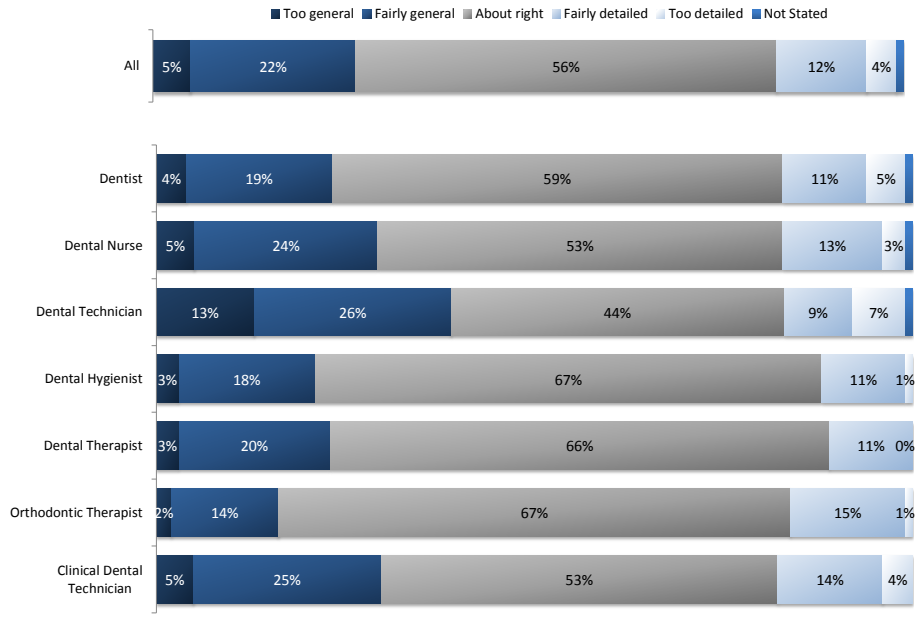
Q15: I know what CPD the GDC requires of me.
Base: All registrants (5,996)

9.2 Opinion of GDC guidance

Registrants were asked their opinions on the level of detail and helpfulness of the GDC's guidance.

The majority (56%) of registrants surveyed found the guidance was about right. Around one fifth (22%) thought it was fairly general and a minority (5%) that it was too general, while at the other end of the spectrum, only around one in ten (12%) considered it was fairly detailed and 4% too detailed. Thus while the majority of registrants are content with the level of detail, if there is a fault, registrants suggest it is towards being too general rather than too detailed.

Figure 34: Opinion of GDC guidance in terms of level of detail

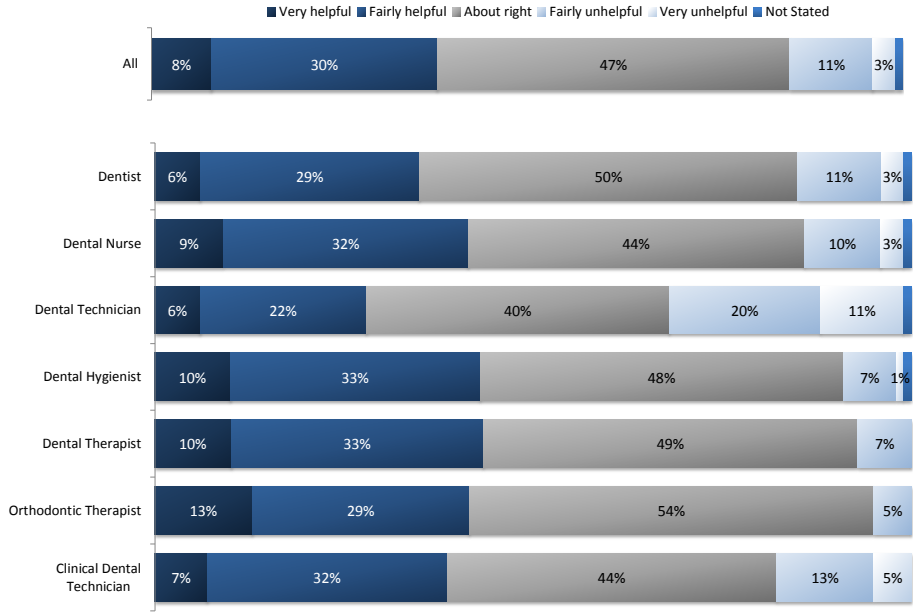


Q16: With regard to the GDC's guidance about CPD, which is closest to your view? It is…
Base: All registrants (5,996)

Dental technicians were least likely of all registrant groups to find the guidance about right (44%); 13% of dental technicians found it 'too general' which is a larger proportion to feel this way compared to other registrant groups.

Across registrants as a whole, the balance of opinion was towards finding the current guidance helpful. Just under half considered it about right (47%) and almost two fifths (38%) thought it was helpful, though relatively few would go so far as to say it was very helpful (8%), Figure 35 has full details.

Figure 35: Opinion of GDC guidance - how helpful it is



Q16: With regard to the GDC's guidance about CPD, which is closest to your view? It is…
Base: All registrants (5,996)

As for the question on how general the guidance was thought to be, dental technicians held somewhat different views compared to other registrant groups, with far more finding it fairly unhelpful (20%). Clinical dental technicians were also somewhat more likely to find it fairly unhelpful (13%).

There was agreement among dental nurses and dental technicians interviewed in-depth that the number of hours required either was too great, or was just about manageable but should not increase.

The dental nurse who worked in practice part-time and ran an agency placing nurses in temporary work – so she had more than just a personal perspective on the issue – definitely felt that the requirement was too great and that this was having an adverse effect on retention of dental nurses.

'I'm struggling to complete my 50 by the end of 5 years and I know a lot of our girls are struggling… I can name 10 girls who have left the profession simply because it's impossible to keep up with.' (Dental Nurse)

A dental technician also felt that there were just too many hours required, particularly for her type of work, where she was:

'…shackled to the bench and you don't leave until the work's done and a lot of people are paid by piece.' (Dental Technician)

A clinical dental technician also strongly felt that there should not be more hours required.

'It works OK for me at the moment – I only know that people would get upset if they increased the amount of it!' (Clinical Dental Technician)

Beyond this, there was little consensus among those interviewed in-depth. Some asked for more flexibility, whereas one liked the fact that it was fairly prescriptive in terms of the number of hours and recommended topics. Some felt there was too much leeway in what counted as CPD or that the requirement was not stringent enough in some way – their precise comments are discussed in more detail below relative to verifiable/non-verifiable CPD and core topics.

There were also different opinions over what were referred to as 'tick-box' exercises, with some very scathing about them, but for those who struggled to attend courses, they were vital.

'I can complete what should take 40 hours in 5 or 6 by just skimming it – how does that really improve anyone's skills as a dentist?' (Dentist)

'Get rid of this 'read this and tick 3 boxes' stuff – there's no value in it and it's just about blaming someone else if there is a problem.' (Dentist)

On a broader level, some of the registrants interviewed objected to the current 'one size fits all' requirement: the dental nurse working in education felt there should be more differentiation between what dentists and dental nurses are required to do; those dentists interviewed who were not working in general practice felt that some or all of the GDC requirements simply were not relevant to their activities. (The other side of the coin for these registrants was that activities they considered relevant did not necessarily 'count' as CPD.)

'What I have to cover as CPD is of no relevance or value to me at all' (Dentist)

Two dentists interviewed in-depth expressed unhappiness at CPD being a formal requirement, or at being obliged to cover specific topics. This seemed to them to represent a culture which did not respect them as professionals and which was more concerned with adopting a defensive stance than truly improving professional standards.

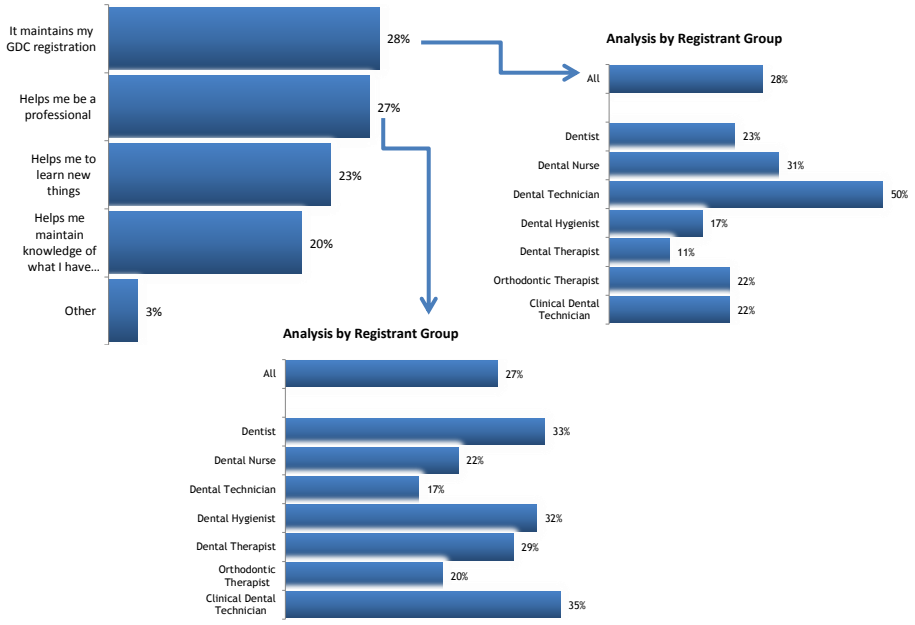
'It's a matter of trust - if a practitioner is going to improve himself he will, while others will just tick boxes, and yet both will stay on the Register. It's a top-down, Governmental, nanny state thing and also the GDC justifying its own existence. It feels that as a profession, we are not trusted.' (Dentist)

9.3 GDC's main requirement from CPD

Registrants were asked to first select one item from a list to show which they saw as the GDC's main requirement from CPD. They then used the same list to indicate which other requirements they saw the GDC as having

Looking first at what they saw as the main requirement, no single view dominated – instead around a quarter of registrants chose each of maintaining their registration (28%), helping them to be a professional (27%) and helping them to learn new things (23%). Slightly fewer registrants thought it helped them maintain their knowledge (20%).

Figure 36: Perceptions of GDC's main requirement from CPD



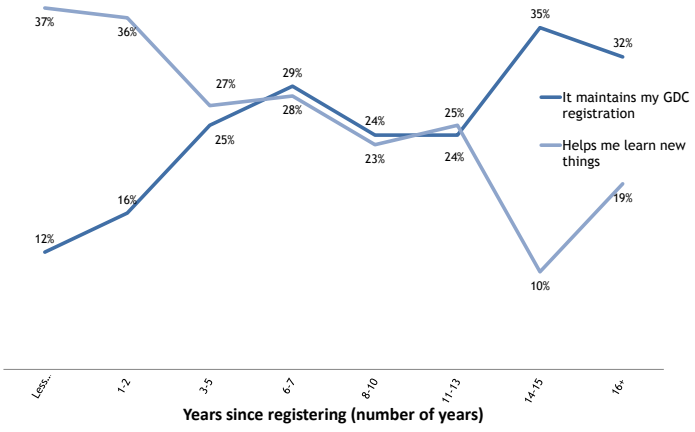
Q17: What do you see as the GDC's main requirement from CPD?
Base: all registrants (5,996)

Looking at the views of registrants, dental technicians were most likely to see CPD as a way of maintaining their registration. Half of this group chose this option, compared to only just over a quarter of registrants as a whole. Dental hygienists and dental therapists, on the other hand, were less likely than other registrant groups to see the main requirement as maintaining their registration (17% and 11% respectively).

Dental nurses (22%), orthodontic therapists (20%) and particularly dental technicians (17%) were less likely to view CPD as helping their professionalism, while dentists (33%), dental hygienists (32%) and clinical dental technicians (35%) were more likely to endorse this view.

The figure below shows registrants' views on two of the possible requirements by the number of years since registering. 'Recent' registrants were more likely to consider the CPD requirements to have helped them learn new things, while those who had been registered longer were more likely to mention maintaining their registration.

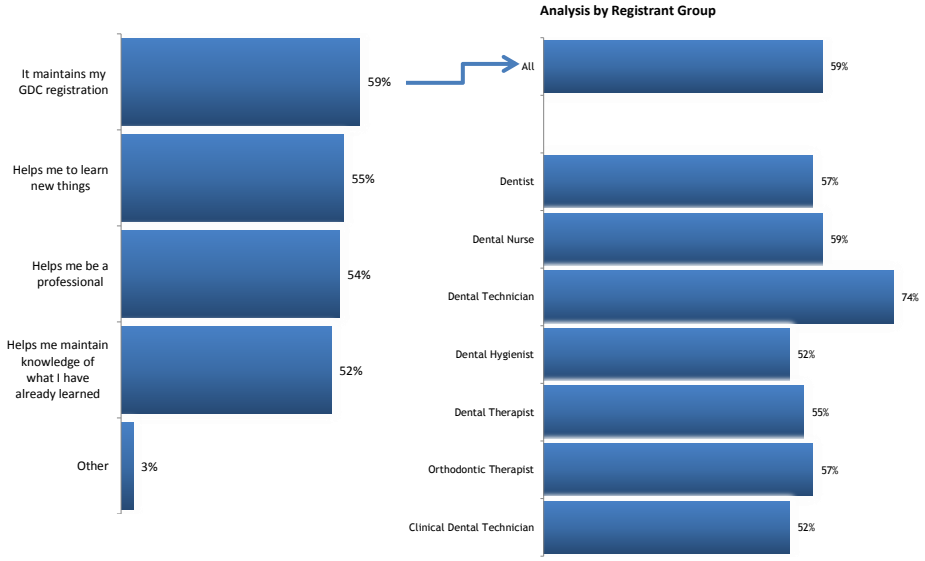
Figure 37: Perceptions of GDC requirement by years since registration



Q17: What do you see as the GDC's main requirement from CPD?
Base: all registrants (5,996)

The figure overleaf shows registrants' responses when the 'main requirement' and 'other requirements' questions were combined. This did not reveal any clearer a picture, with very similar numbers of registrants selecting each of the four options.

Figure 38: Perceptions of GDC requirements from CPD, all mentions



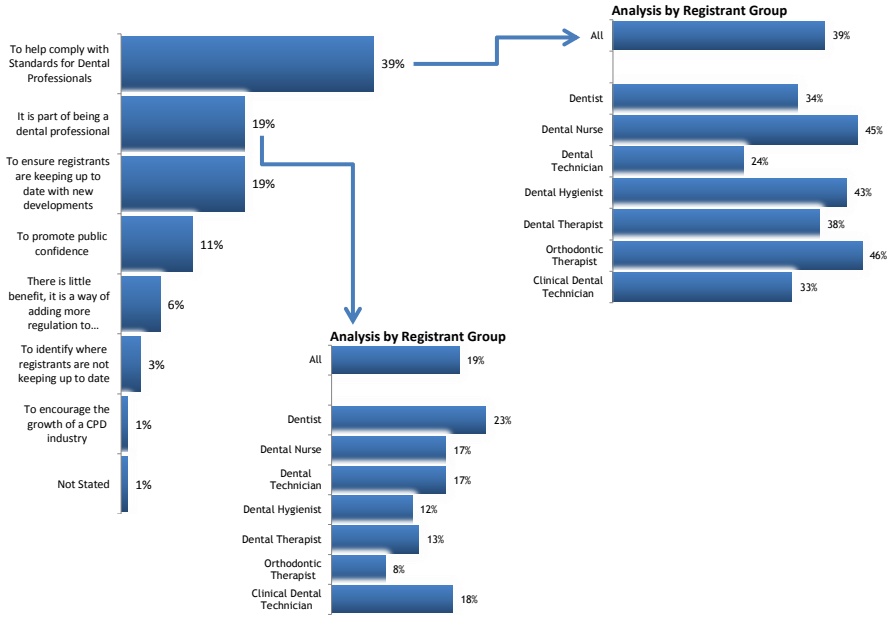
Q17+18: What do you see as the GDC's requirements from CPD?
Base: all registrants (5,996)

There was relatively little variation by registrant group, although as we saw for the main requirement measure, dental technicians were most likely to see the requirement for CPD as maintaining their registration.

Registrants were also shown a list and asked to indicate the two main reasons why the GDC requires you to undertake CPD, showing their first and second choices. Figure 39 shows the reasons chosen first.

The largest single group of registrants (39%) gave as their first choice helping to comply with the GDC's *Standards for Dental Professionals*. Some way behind, chosen by just under one in five registrants were that CPD was part of being a dental professional (19%) and to ensure registrants were keeping up-to-date with new developments (19%). Around one in ten registrants chose promoting public confidence (11%) and all other options were selected by very few of them.

Figure 39: Reasons why GDC requires CPD - first reason



Q19: In your opinion what are the two main reasons why the GDC requires you to undertake CPD? 'FIRST REASONS'
Base: all registrants (5,996)

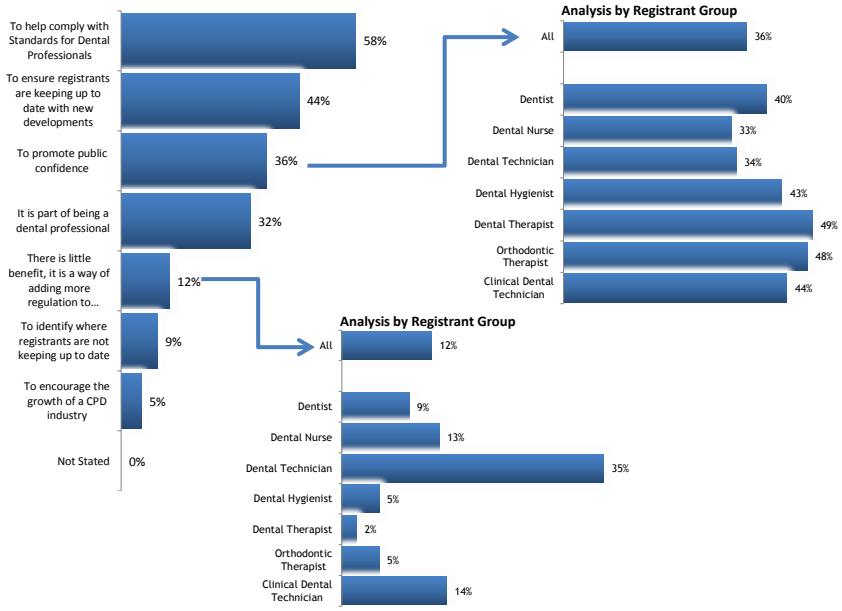
Looking at the registrant groups, dental technicians were least likely to select *Standards for Dental Professionals*. Only 24% of this group did so compared with almost half of orthodontic therapists and dental nurses. Dentists were most likely to choose that it is part of being a dental professional (23%), with dental hygienists (12%), dental therapists (13%) and particularly orthodontic therapists (8%) less likely to see this as the main reason for CPD.

Figure 40 shows registrants' responses when the first and subsequent reasons for being required to do CPD are combined.

A somewhat different pattern then emerged: the majority (58%) still saw the requirement for CPD as to help comply with the Standards, but promoting public confidence moved up the hierarchy, being mentioned by just over a third of registrants (36%).

Only just over one in ten registrants (12%) saw CPD as of little benefit and as just adding more regulation and only 5% saw it as encouraging the growth of a CPD industry.

Figure 40: Reasons why GDC requires CPD - all reasons



Q19: In your opinion what are the two main reasons why the GDC requires you to undertake CPD? 'ALL MENTIONS'
Base: all registrants (5,996)

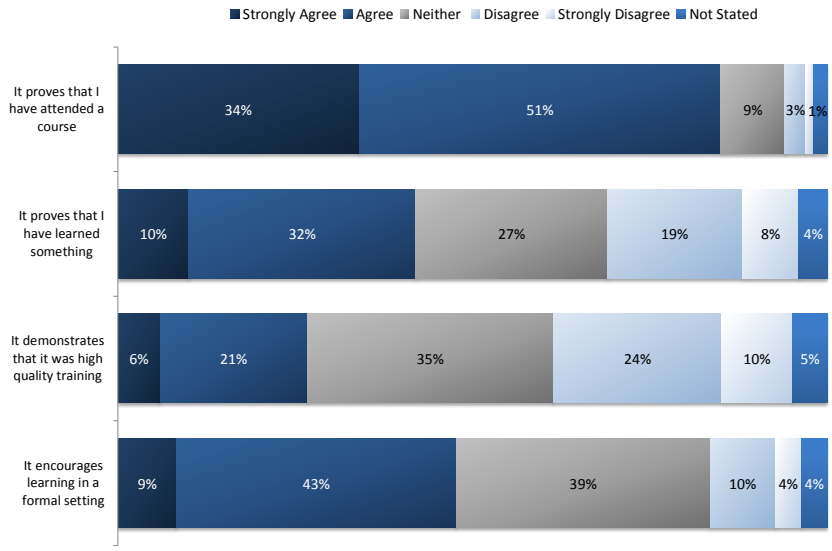
Examining the registrant groups, dental nurses (33%) and dental technicians (34%) were less likely to see CPD as maintaining public confidence, while dental technicians (35%) were far more likely than any other group to see CPD as just a way of adding more regulation. This latter group, it would seem, are less likely to see value in CPD and more likely, as we saw earlier, to see it as something they have to do, rather than something they want to undertake.

9.4 Attitudes to verifiable CPD

Registrants were shown a number of statements about verifiable CPD and asked to what extent they agreed or disagreed with each one.

The highest level of agreement was with the statement 'it proves that I have attended a course', which 85% of registrants agreed with. However, only 42% agreed that it proved they had learned something and as few as 27% considered that it demonstrated that it was high quality training. This would seem to indicate a degree of scepticism over the worth of this component of CPD. Just over half (52%) agreed that it encouraged learning in a formal setting.

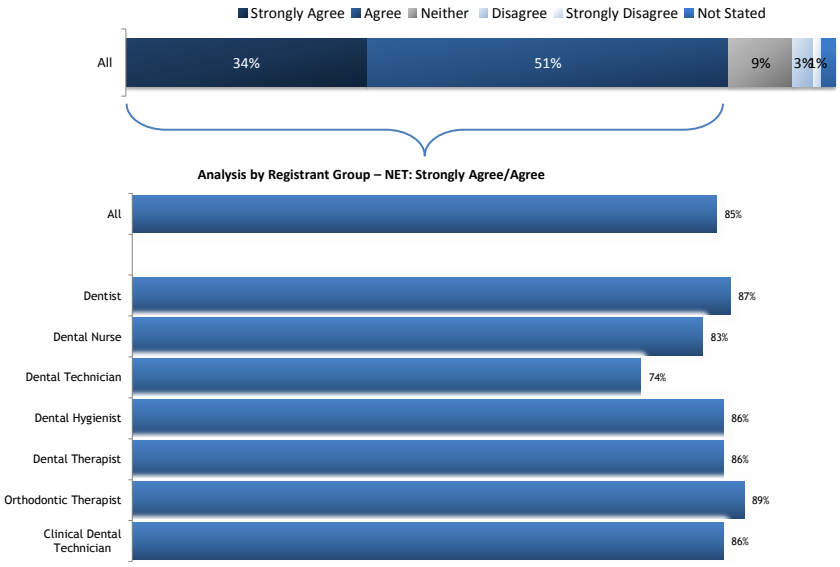
Figure 41: Overall views on verifiable CPD



Q20: To what extent do you agree or disagree with the following about verifiable CPD?
Base: All registrants (5,996)

The following charts examine the responses of the registrant groups to each of the statements.

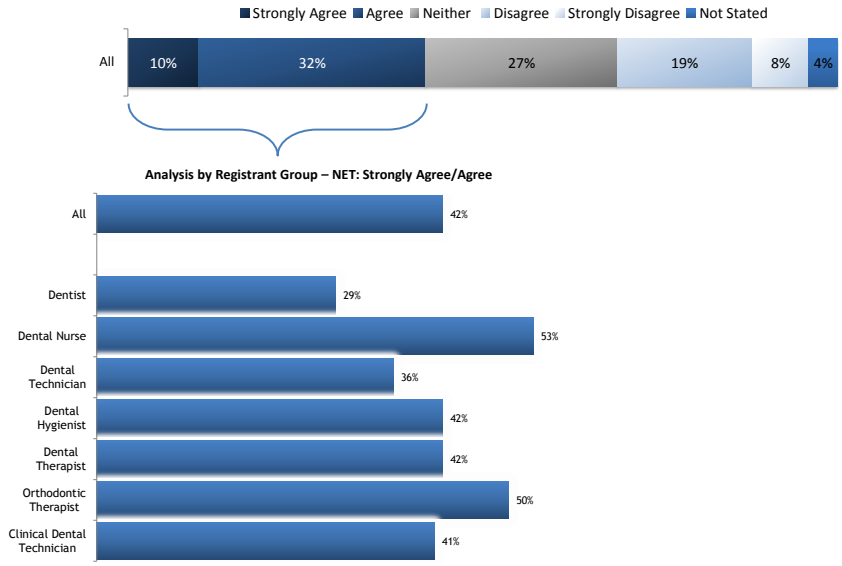
Figure 42: Attitudes to verifiable CPD - it proves I have attended a course



Q20: To what extent do you agree or disagree with the following about verifiable CPD?
'It proves I have attended a course'
Base: All registrants (5,996)

There was relatively little variation across the registrant groups in response to the statement 'it proves that I have attended a course'. Dental technicians were less likely to agree with this statement, with 74% doing so compared to over 80% of each other group.

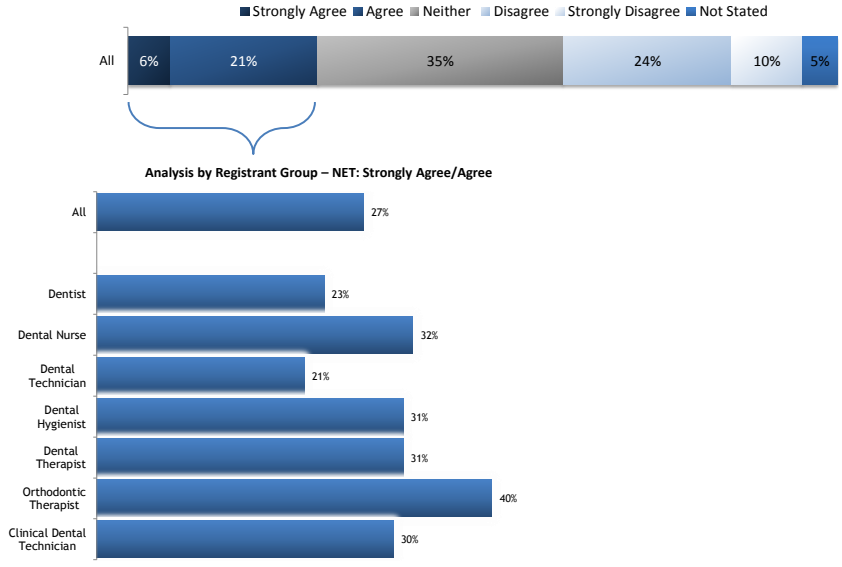
Figure 43: Attitudes to verifiable CPD - it proves that I learned something



Q20: To what extent do you agree or disagree with the following about verifiable CPD?
'It proves that I learned something'
Base: All registrants (5,996)

Dental nurses and orthodontic therapists were most likely to agree that verifiable CPD proved that they had learned something. Around half of each of these registrant groups agreed with this statement (53% and 50% respectively). Fewer dentists (29%) and dental technicians (36%) agreed it was proof of learning.

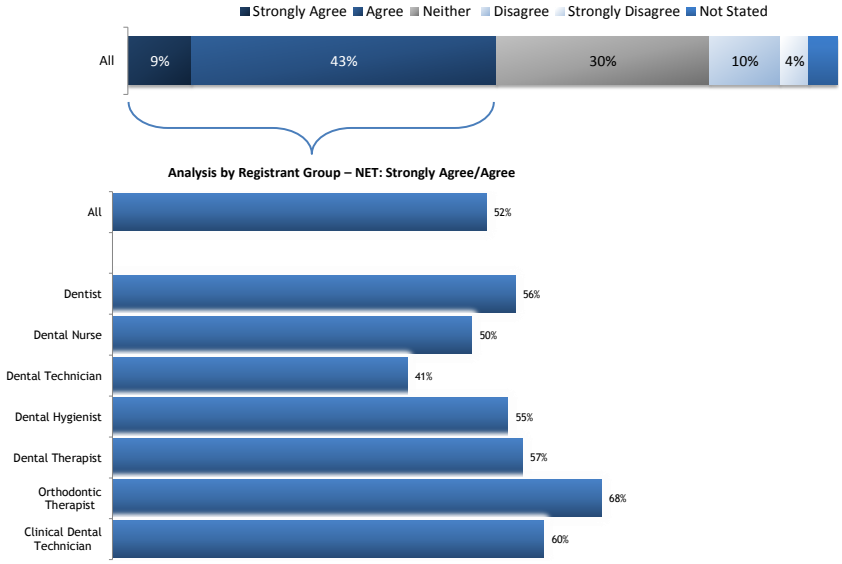
Figure 44: Attitudes to verifiable CPD - it demonstrates that it was high quality training



Q20: To what extent do you agree or disagree with the following about verifiable CPD?
'It demonstrates that it was high quality training'
Base: All registrants (5,996)

Orthodontic therapists (40%) were most likely to agree that verifiable CPD meant that it was high quality training, while dentists (23%) and dental technicians (21%) were least likely to agree with this statement.

Figure 45: Attitudes to verifiable CPD - it encourages learning in a formal setting



Q20: To what extent do you agree or disagree with the following about verifiable CPD?
'It encourages learning in a formal setting'
Base: All registrants (5,996)

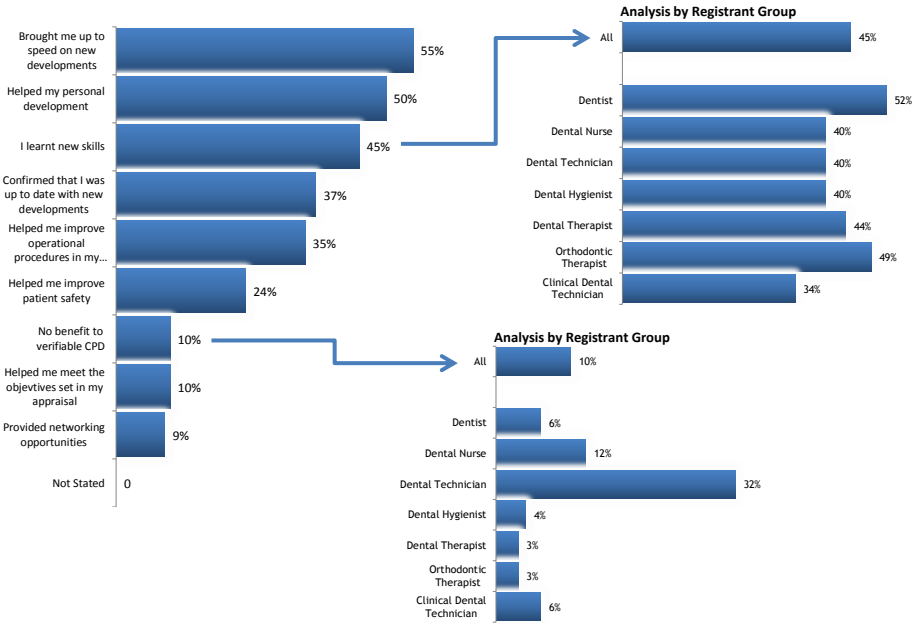
Orthodontic therapists (68%) were most likely to agree that verifiable CPD encouraged learning in a formal setting. Dental technicians (41%) were least likely to do so.

Across all of these measures dental technicians were less likely to agree – further evidence perhaps of their scepticism about CPD.

Registrants were also asked what they thought were the three main benefits they derived from verifiable CPD. Around half mentioned each of getting up to speed on new developments (55%), personal development (50%) and learning new skills (45%). Just over a third mentioned each of confirming that one was up-to-date with new developments (37%) and improving operational procedures (35%). A quarter (24%) mentioned improving patient safety.

One in ten mentioned each of meeting the objectives set in their appraisal (10%) and networking opportunities (9%). The same number saw no benefit in verifiable CPD (10%).

Figure 46: Three main benefits from verifiable CPD



Q21: What are the three main benefits you get from verifiable CPD?
Base: all registrants (5,996)

Dentists (52%), followed by orthodontic therapists (49%), were more likely to say a benefit of verifiable CPD was that they had learned new skills. Looking at seeing no benefit from verifiable CPD, dental technicians were far more likely to take this view. A third of technicians (32%) saw no benefit, compared to only one in ten or less of each other registrant group.

Some of the registrants interviewed in-depth pointed out that undertaking a verifiable activity is not a guarantee that one has learned anything.

'… Myself and my boss are looking at it as you've got to collect hours rather than go to do quality training… you're kind of missing the point.' (Dental Technician)

One dentist expressed dissatisfaction with the notion of verifiable hours in that this might be a suggestion that such activity is more valuable than other non-verifiable activities, when in his view this was not the case.

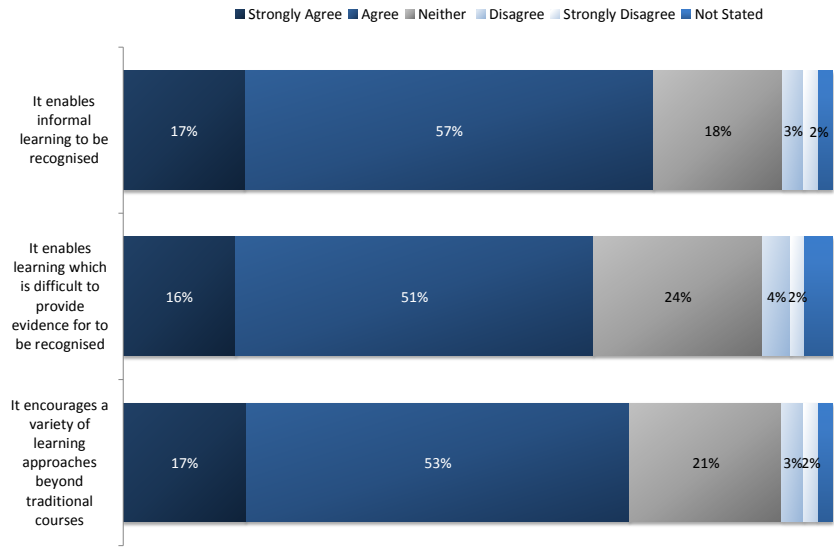
'Much of what I have done would not count as verifiable, but it should not be thought of as not valuable. Observing a colleague who was an expert in implants was among the most valuable things I've done. There's a lot of things like that - unseen, almost, that no-one can evaluate.' (Dentist)

9.5 Attitudes to non-verifiable CPD

As for non-verifiable CPD, registrants were shown a number of statements about non-verifiable CPD and asked to what extent they agreed or disagreed with each one.

Just under three-quarters of registrants (74%) agreed that it enabled informal learning to be recognised, slightly fewer (71%) agreed that it encouraged a variety of learning approaches and slightly fewer again (67%) felt it enabled recognition of learning for which it is difficult to provide evidence.

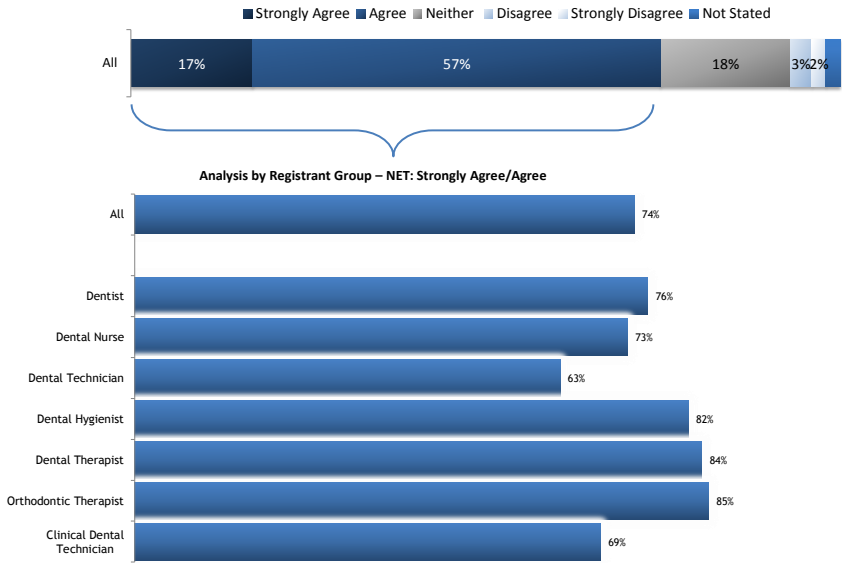
Figure 47: Overall views on non-verifiable CPD



Q22: To what extent do you agree or disagree with the following about non-verifiable CPD?
Base: All registrants (5,996)

The following charts examine the responses of the registrant groups to each of the statements.

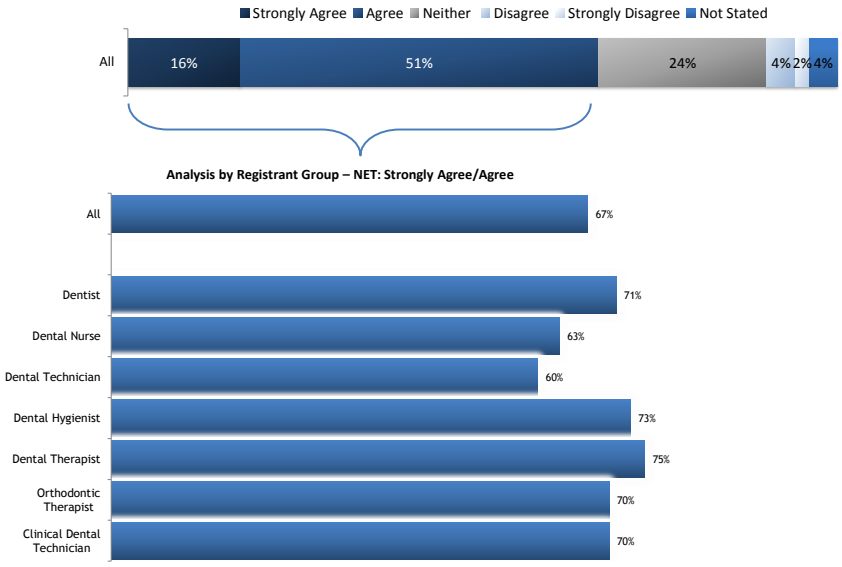
Figure 48: Attitudes to non-verifiable CPD - it encourages informal learning to be recognised



Q22: To what extent do you agree or disagree with the following about verifiable CPD?
'It enables informal learning to be recognised'
Base: All registrants (5,996)

Dental technicians were slightly less likely than other registrant groups to agree that non-verifiable CPD enabled informal learning to be recognised, with 63% of this group agreeing with this statement compared to 70% or more of each other group. Dental hygienists (82%), dental therapists (84%) and orthodontic therapists (85%) were more likely to agree here.

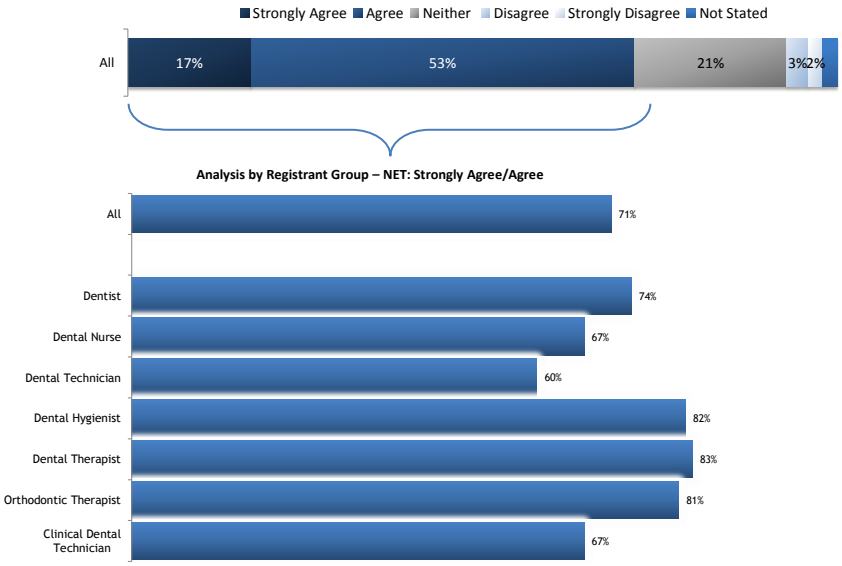
Figure 49: Attitudes to non-verifiable CPD - it enables learning for which it is difficult to provide evidence to be recognised



Q22: To what extent do you agree or disagree with the following about verifiable CPD?
'It enables learning which is difficult to provide evidence for to be recognised'
Base: All registrants (5,996)

Dental nurses (63%) and dental technicians (60%) were less likely to agree that non-verifiable CPD enabled recognition of learning for which it was difficult to provide evidence.

Figure 50: Attitudes to non-verifiable CPD - it encourages a variety of learning approaches



Q22: To what extent do you agree or disagree with the following about verifiable CPD?
'It enables a variety of learning approaches beyond the traditional courses'
Base: All registrants (5,996)

Dental nurses (67%) and in particular dental technicians (60%) were less likely to agree that non-verifiable CPD enabled a variety of learning approaches beyond traditional courses. Dental hygienists (82%), dental therapists (83%) and orthodontic therapists (81%) were more likely to agree with this statement.

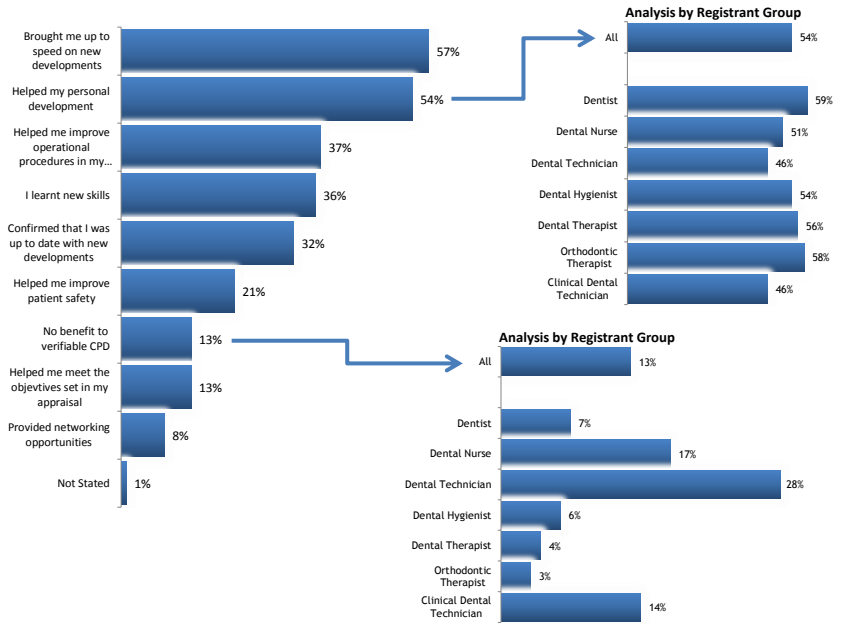
Across all of these measures, as was observed for verifiable CPD, dental technicians appear to be less positive.

As for verifiable CPD, registrants were also asked what they thought were the three main benefits they derived from non-verifiable CPD.

The perceived benefits of non-verifiable activity were similar to those of verifiable CPD. Over half of registrants (57%) said that it brought them up to speed on new developments or that it helped their personal development (54%). Around a third felt it helped them improve operational procedures (37%), learn new skills (36%) or it confirmed that they were up-to-date with new developments (32%). A fifth (21%) mentioned improvement to patient safety.

Just over one in ten (13%) felt there was no benefit to non-verifiable CPD.

Figure 51: Three main benefits from non-verifiable CPD



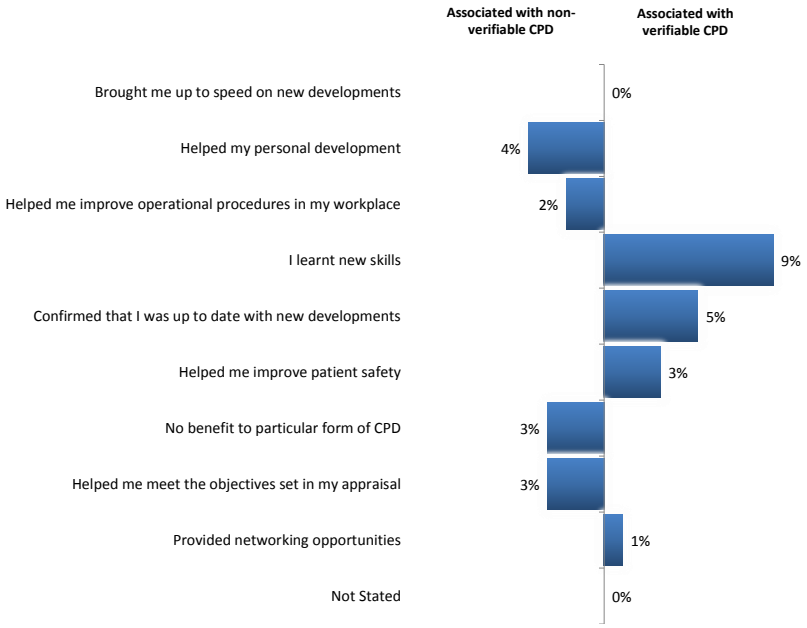
Q23: What are the three main benefits you get from non-verifiable CPD?
Base: all registrants (5,996)

Dental technicians (46%) and clinical dental technicians (also 46%) were less likely than other registrant groups to say that non-verifiable CPD helped their personal development.

Dental technicians (28%) were far more likely than any other registrant group to say that they saw no benefit to non-verifiable activities. Dental nurses (17%) and clinical dental technicians (14%) were also more likely to agree with this statement, though to a lesser extent than dental technicians.

The figure below compares the responses for verifiable and non-verifiable CPD. As discussed above, the general pattern of response was similar for each one. The main difference was that learning new skills was mentioned by more registrants in the context of verifiable CPD.

Figure 52: Benefits of verifiable versus non-verifiable CPD



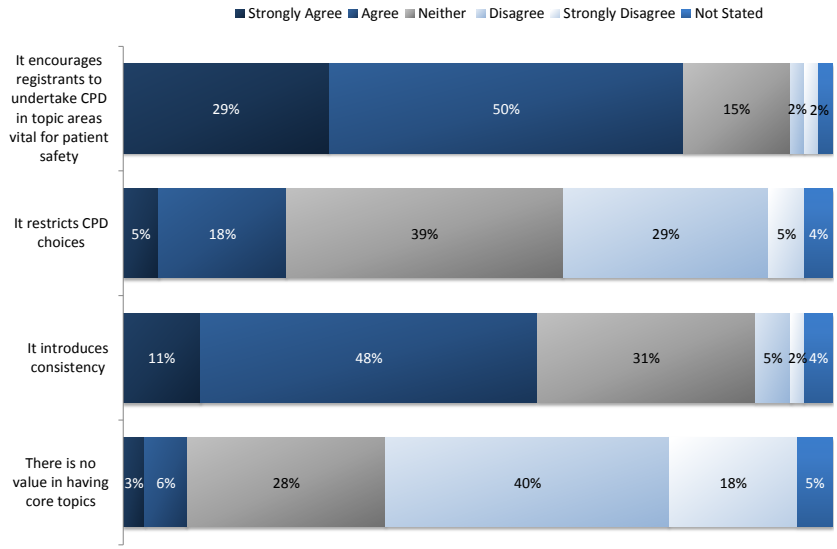
Q23: What are the three main benefits you get from verifiable and non-verifiable CPD?
Base: all registrants (5,996)

9.6 Attitudes to core/recommended CPD topics

Registrants were asked to what extent they agreed or disagreed with a series of statements about core or recommended CPD topics.

Most registrants (79%) agreed that core or recommended topics encouraged them to undertake CPD in topic areas vital for patient safety. A smaller number, but still a majority (59%) agreed that it introduced consistency. Only around a quarter (23%) felt it restricted their CPD choices and only 9% felt there was no value in having core topics.

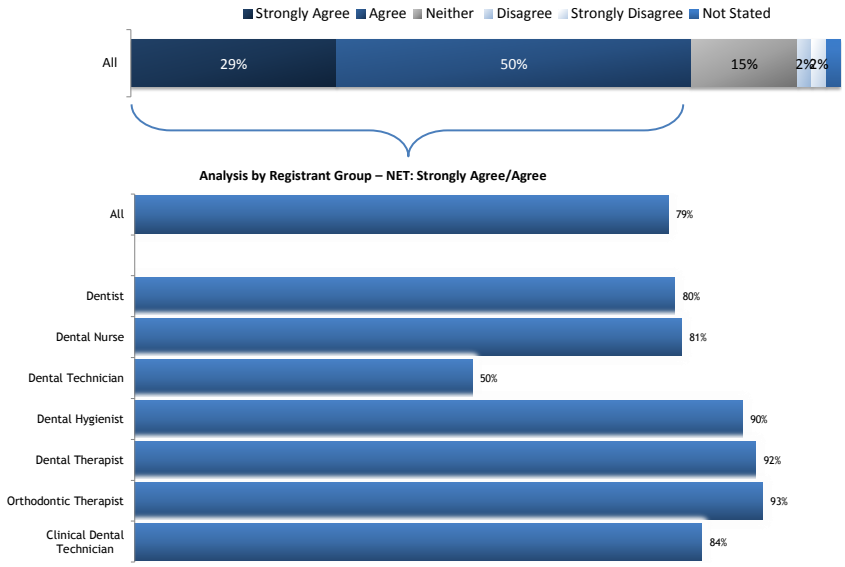
Figure 53: Overall views on core/recommended topics



Q24: To what extent do you agree or disagree with these statements about core or recommended topics?
Base: All registrants (5,996)

The following charts examine the responses of the registrant groups to each of the statements.

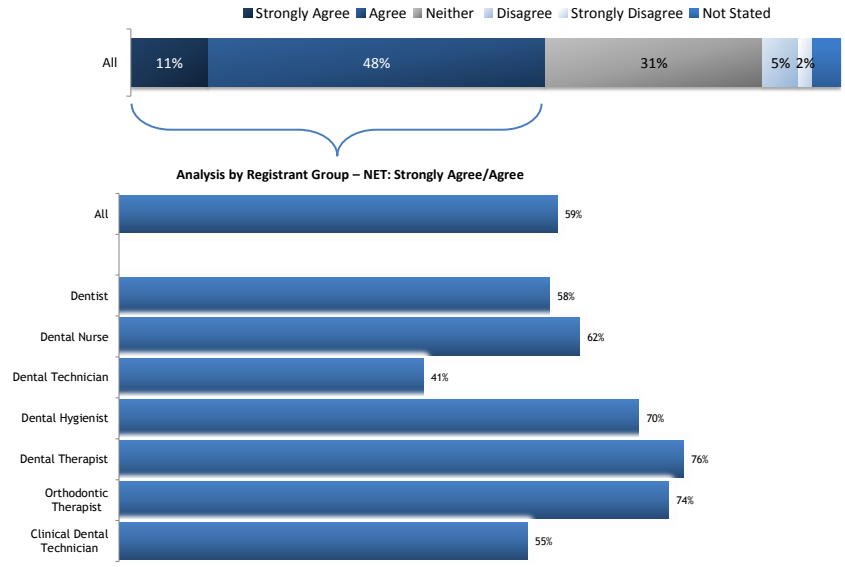
Figure 54: Attitudes to core/recommended CPD - it encourages CPD in topic areas vital for patient safety



Q24: To what extent do you agree or disagree with these statements about core or recommended topics?
'It encourages registrants to undertake CPD in topic areas vital for patient safety'
Base: All registrants (5,996)

There was a high level of agreement with this statement among all registrant groups, with the exception of dental technicians, only 50% of whom agreed with it.

Figure 55: Attitudes to core/recommended CPD - it introduces consistency

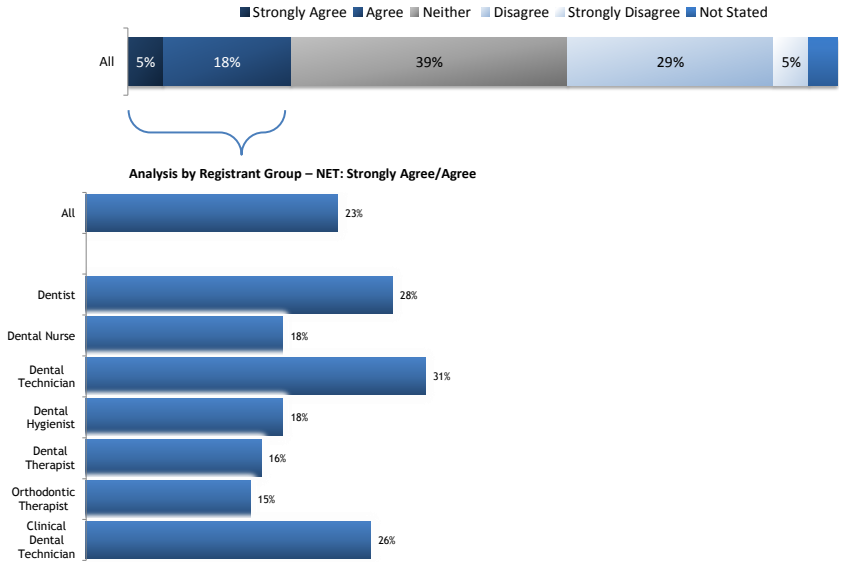


Q24: To what extent do you agree or disagree with these statements about core or recommended topics?
'It introduces consistency'
Base: All registrants (5,996)

Here too, the majority of each registrant group agreed that core topics introduce consistency, with dental technicians (41%) the exception. Dental hygienists (70%), dental

therapists (76%) and orthodontic therapists (74%) were most likely to agree with this statement.

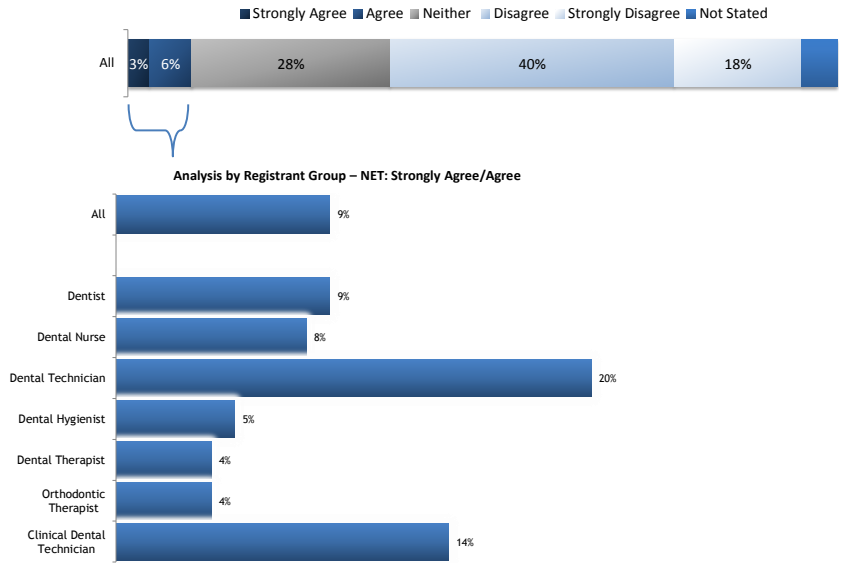
Figure 56: Attitudes to core/recommended CPD - it restricts my CPD choices



Q24: To what extent do you agree or disagree with these statements about core or recommended topics?
'It restricts my CPD choices'
Base: All registrants (5,996)

Dentists (28%), dental technicians (31%) and clinical dental technicians (26%) were most likely to consider that core topics restricted their CPD choices.

Figure 57: Attitudes to core/recommended CPD - there is no value in having core topics



Q24: To what extent do you agree or disagree with these statements about core or recommended topics?
'There is no value in having core topics'
Base: All registrants (5,996)

A substantial number of dental technicians (20%) and clinical dental technicians (14%) felt there was no value in having core topics.

Once again, among the small sample of registrants interviewed in-depth, there was little agreement about core topics. This criticism mainly came from some dentists, who perceived the CPD requirement as mainly geared to general practice. Thus those who had moved into a more specialised role, or worked in a secondary setting were obliged to do things they simply did not see as relevant, or as advancing their development.

'You have to do certain things which are of no value or benefit to you - so you resent the time that takes and the cost.' (Dentist working in specialist field)

'They want me to do 8 hours of IRMER (radiation) every 5 years…. There's a department which does that and I don't really need to do it…. One size fits all is not appropriate. If you work in this environment (they should say) you don't have to do this, do that instead.' (Dentist, working in secondary care)

There was also an issue around terminology: that calling a subject 'core' suggests it is more important than other subjects, which some would disagree with relative to the current core topics. Some suggested expanding what was considered 'core' to address this

issue. One registrant considered health and safety should be mandatory, but others spread the net more widely.

'I can see these are valuable, but designating some topics as core might restrict what people do – it suggests that these are the really important things and other topics are superfluous. I think a greater number of topics should be designated as core.' (Dentist)

'It's a good thing to have the core topics as it gives direction – whereas otherwise it is just my general curiosity driving what I do. But I would welcome more of a steer on topics – that X, Y, Z is useful. Everyone should have a basic knowledge of for example how antibiotic regimes are changing. If there are lots of developments in a particular area, people should be aware of them.' (Dentist)

There was also a sense from one dentist that the current core topics were not actually at the heart of what being a dental professional was really about.

'The current core is driven by legislation, by risk i.e. it's radiation, emergency situations. The push for this has come from lawyers, not from dentists.' (Dentist)

Others took issue with the principle of core hours simply because they made achieving the requirement more complex and potentially more costly.

'There should be no core topics – again, it's time and money. Make things as simple as possible.' (Dental Nurse)

Conversely, a clinical dental technician welcomed the fact that there was a specific requirement to cover some topics.

'I'm happy that some of it is required – it helps me get people to approve me to go on courses and things.' (Clinical Dental Technician)

9.7 Stakeholders and providers perspective of GDC guidance

The stakeholders and providers interviewed felt, as did registrants, that the GDC's guidance on CPD was clear, particularly on the website.

"I think it's helpful, I think the profession understands what's required of them." Stakeholder/provider

"What we've found in our literature search looking across Europe for example, the guidance actually is more clear than it perhaps is from a lot of other regulatory bodies." Stakeholder/provider

"The requirements are laid out by the GDC and communicated very readily …. I think any dentist or DCP would be hard pressed to say they did not know what the requirements for their own profession are." Stakeholder

"I think the information they print on the website is quite good actually." Stakeholder/provider

One stakeholder commented that, in contrast, information provided by the helpline could be confusing.

"I think they need to standardise when people phone up." Stakeholder/provider

9.7.1 Five year cycle

Most stakeholders and providers interviewed agree that a five year cycle for completing the required number of hours was appropriate.

"That's standard, most organisations want a five year cycle with 50 hours on it… it seems to be the standard that's used in the medical profession and other professions. It's about right." Stakeholder/provider

"I would leave the cycle as it is but probably monitor during it." Stakeholder

"I think the five year cycle was still looked upon as valuable… there needs to be some sort of mechanism in place that allows updating to be better." Stakeholder/provider

However, some favoured a shorter cycle because it would mean that CPD was done regularly and not squeezed in during the fifth year. Shorter cycles were also thought to be more appropriate if they were linked to personal development plans.

"I personally think an annual thing is much better because otherwise some people will leave it till the last year." Commercial provider

"I wonder whether it should be a little bit shorter, firstly because if you are really going to link it to either a personal or a practice development plan five years is a very long time... I do wonder if they ought to be thinking about three years or something like that." Stakeholder

9.7.2 Hours

Most agreed that the total number of hours to be undertaken was appropriate though a minority felt that the amount of verifiable hours was too low.

"I think the number of hours they require is extremely easy to do, I don't think it's at all onerous." Commercial provider

"I think the number of hours, the 15 and 35 I think is reasonable." Commercial provider

The issue of the number of hours not being specified for legal/complaint handling was also raised in the interviews.

"The one thing we struggle with to be honest with you, the recommended core CPD legal and ethics and complaints handling. There is no number of hours on there, so people are always saying to me 'how many hours do we need on this?' So we need more guidance on the legal and ethical and complaints handling, what topics need to be covered and how many hours." Stakeholder/provider

However, some stakeholders/providers felt that the wrong question was being asked as they did not agree that learning could be measured in hours.

"Without coming to judgements about what CPD is achieving, which is very difficult in itself, it's very difficult to comment on whether the hours are right or not. I can understand why the question is being asked but it's slightly from the wrong end." Stakeholder/provider

"I don't think that learning should be measured in hours, I think it's ridiculous, it's a nonsense, it makes no sense at all. The reason that I suspect that it's coming as hours is simply because the traditional way of learning was done by sitting in a lecture theatre. I think the whole notion of measuring what someone has learnt in terms of time is just plain daft." Stakeholder/provider

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9.7.3 What constituted general and verifiable CPD

Most stakeholders/providers interviewed felt that general or non-verifiable CPD was part of their professional lives.

"I think general CPD resides in our everyday working lives anyway really, you know, even things like reading journals and looking at multi-media training or study days, anything like that really." Stakeholder/provider

They questioned whether it should be recorded as part of mandatory CPD because it was a chore to record, difficult to verify and was something which professionals would do anyway. It was said to be an area in which some DCPs had the most queries. These stakeholders and providers felt it would be better to have just verifiable hours.

"I think our people have felt that actually having to declare it and to keep a log is actually a bit of a bind, and so I suppose if you were to increase the verifiable you might be able to trust on the non-verifiable." Stakeholder/provider

"My view is that it should be 50 hours of verifiable CPD, it makes life simple, it's rubbish about non verifiable and what the hell is it? I mean the bizarre thing is that the GDC has been asking people to verify the non-verifiable CPD which is nonsense." Stakeholder/provider

"I think definitely to address the issue of the non-verifiable CPD, I think they need to do something about that." Stakeholder

There were also a number of criticisms of verifiable CPD. Some felt that it was very easy to get verifiable CPD.

"Now you could ask the number of hours they've got to do but would that actually make it any better because they could just sit at the back of the room and have a snooze." Stakeholder/provider

"(on answering questions after reading journal articles) It doesn't matter if you get any wrong or right... they are not checked at all. The GDC did not require this CPD to be an exam." Commercial provider

"I think the verifiable needs I think a greater degree of quality assurance and validation." Stakeholder

Many stakeholders/providers interviewed felt that although CPD was verifiable it may not be 'good' because there was no evidence that the learner had reflected on what they had learnt, there was no evidence of the educational value or that they had changed their behaviour after the training.

"I always hope that dentists would be more aware to an extent that learning is based upon the reflective practice and so on, they should be trained more in that direction, whereas the DCPs would be much more used to a lecture based education, didactic teaching." Commercial provider

"I'm not sure how much dentists formally sit down to reflect on their practice and how they need to improve it, however in NATION we're looking at quality in dentistry and one of the things that we're looking at is how can we provide evidence to the public that we have an effective workforce and part of that will be about demonstrating CPD that is relevant and tied to either an individual or a practice learning plan. So I think it might be a bit hit and miss at the moment but we hope that within the systems we will introduce that will start to have a more thoughtful way forward for CPD." Stakeholder

"I've certainly been to events that have been verifiable CPD and come away thinking do you know in my heart of hearts I'm not really sure I've learnt very much and I know I in theory can put the hours down but I'm not and equally I've been to other learning events

that I have learned a great deal but haven't been, because they've been a general NHS learning event, they haven't been badged as suitable for the GDC. And it's a very tricky one." Stakeholder

The situation led to a number of stakeholders and CPD providers interviewed to speculate whether there was a role for the GDC to provide accreditation for CPD. They recognised that this could be a bureaucratic nightmare and expensive but it was felt that there needed to be some support for registrants when selecting CPD.

"Where I am concerned is that I don't think there is sufficient control or supervision of CPD courses. I don't think it should become unwieldy in that I don't think anybody who wants to run a course should have to apply to the GDC for it to be approved. I think that would become very unwieldy and very expensive. But at the moment there are very, very different types of courses around. I mean for example you could run a verifiable CPD course in your lounge at home tonight as long as you give it a couple of aims and objectives and you allow the individual to give feedback... I think there needs to be more governance on what is quality CPD. If you're asking about quality, positive impact on patient care, I think we need to look at putting into place how to ensure quality amongst CPD... At the same time I'd like to see some sort of quality standards in Masters programmes which are effectively an extension of CPD. I'm probably stand alone on this." Stakeholder/provider

"It's registrants own responsibility to make sure they've gone on a proper verifiable course. So I think maybe it's something they (GDC) would like to look at in the future, how they police it better." Stakeholder/provider

"I think an organisation that's delivering CPD needs to have transparent quality assurance measures. I think the GDC ought to have some involvement in that." Stakeholder/provider

9.7.4 Core topics

The general consensus among stakeholders and CPD providers interviewed was that the right topics had been selected as the core topics.

"I think the core topics are fine as they are but in fact there's lots of other topics that are very good as well and I think leave the core." Commercial provider

"Radiology, decontamination those are important areas that are going to directly affect patient safety so I think it's good that the GDC have focussed in on those areas." Stakeholder

The main criticisms came from non-practising registrants who felt that they were required to do things which they would never need e.g. radiation.

"I think there needs to be some latitude given to the likes of ourselves in the type of CPD we would do because of the nature of my role now in dentistry is very, very different to a clinician… I would have to go along to a course aimed at clinical dentists on how to decontaminate a hand piece or some other instrument which really I will never, ever use." Stakeholder

Stakeholders/providers interviewed were aware of the need to balance what was of general common interests to all members of the dental team (for example patient safety) and the need to ensure the guidance was relevant to everyone and also for those in a specialist or non-practising role.

"You may well need to increase (core topics)... if it becomes evident that lots of dentists for example are not engaging in early mouth cancer, the way to resolve that is to make it a core subject." Commercial provider

"What's relevant, and how it can be adapted to make sure that the people for whom some of it isn't relevant, they can either do different things or they don't have to do certain things." Stakeholder/provider

"I think specialist consultants etc. should have a different spread. I think they should either have an additional amount in their speciality or I think there should be a different spread of the 50 hours." Commercial provider

"I was the only nurse within a group of dentists and we actually all agreed that there should be general provisions, very clear, not woolly guidance and then with almost like appendices for each discipline after that because at the end of the day GDC is about patient safety so the main guidance should all be the same, it doesn't matter whether you're a hygienist, a nurse or a technician, you know, and then certainly have more specific detailed guidance for each of your own discipline." Stakeholder/provider

“Need to be more prescriptive regarding specialism e.g. oral medicine. Take further advice from speciality associations.” Stakeholder/provider

9.7.5 Verification

Not all stakeholders and providers were clear how the GDC verified registrants CPD; this may be something the GDC wishes to address to improve confidence in the process.

"I think it should be articulated the percentage of people are audited." Stakeholder/provider

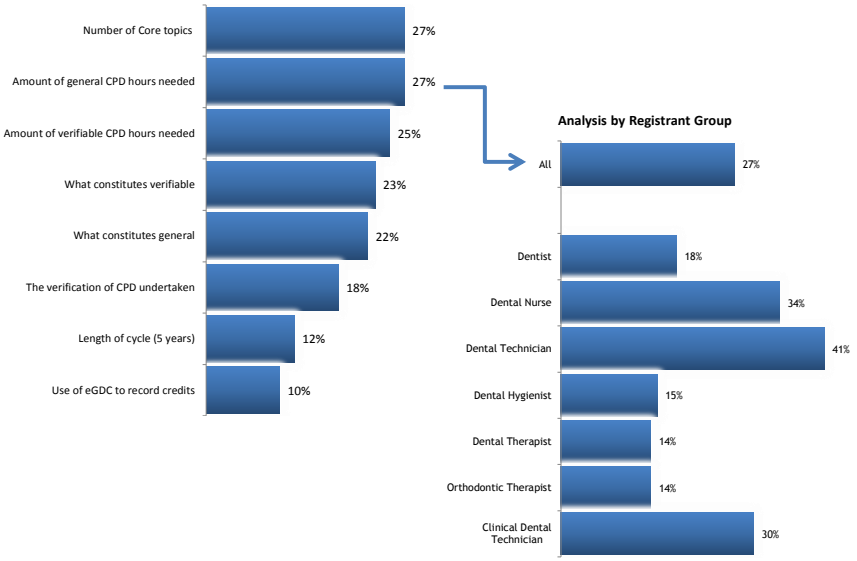
10 What should be changed?

10.1 Registrants' perspective

Registrants were asked whether various aspects of the current requirements should be changed or left as they were. The figure below summarises registrants' responses regarding what should change.

No single aspect stood out. Around a quarter of registrants supported change in each of a number of areas. Some 27% thought that each of the core topics or the number of general hours should change, while almost the same number (25%) felt that the number of verifiable hours should change. Just slightly fewer thought what constitutes verifiable CPD or general CPD should change (23% and 22% respectively). Some 18% thought that the verification of CPD should change, while somewhat fewer (12% and 10% respectively) would change the current 5-year length of cycle, or the use of eGDC.

Figure 58: Aspects of current requirements which should be changed



Q26: Do you think any of these aspects of the current requirements should be changed or should these be left as they are? 'CHANGED'
Base: all registrants (5,996)

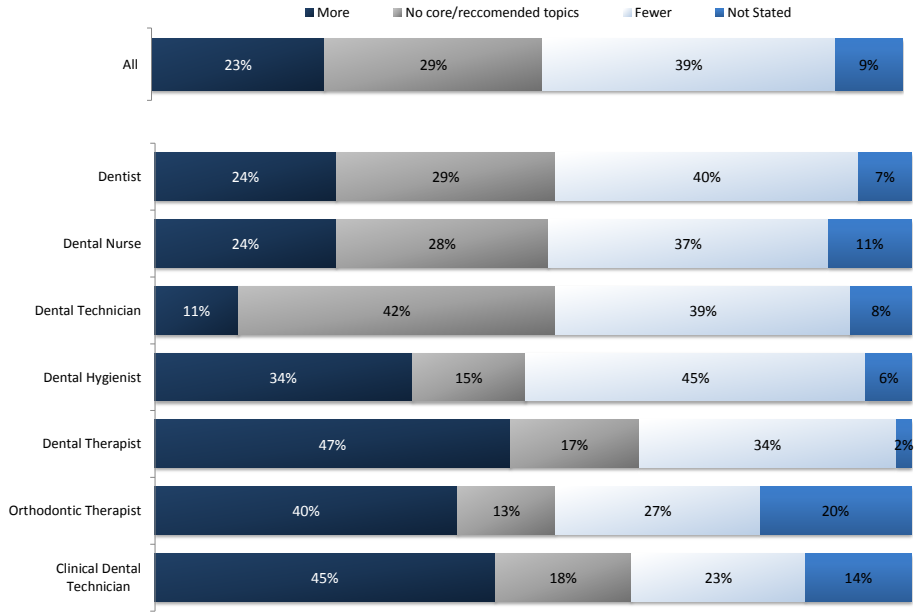
There was relatively little variation by registrant group in terms of the aspects they wanted to change. However, it was clear that dental technicians (41%), dental nurses (34%) and clinical dental technicians (30%) were particularly likely to want the overall number of CPD hours to change.

CORE TOPICS

Those who thought the number of core topics should be changed were asked whether there should be more or fewer of them, or whether there should be no core topics at all (see Figure 59 below).

Once again, registrants were not united in their views, with substantial groups favouring each of more (23%), none (29%) and fewer (39%). On balance, then, more registrants favour a reduction in the number of core topics – though clearly there are many others who would disagree with such a move.

Figure 59: How core topics should be changed (among those wanting them to change)



Q26 i) If you think the 'number of core topics' should be changed, is it…
Base: Those saying 'number of core topics' should be changed (1618)

Dental technicians were most likely of all the registrant groups to favour no core or recommended topics (42%), or a reduction in the number of them (39%). Only one in ten (11%) of this group wanted more core topics.

Dental hygienists, dental therapists, orthodontic therapists and clinical dental technicians took the opposite view – with between a third and almost a half of each of these registrant groups saying there should be more core topics. Clearly among dental hygienists in particular, there were differing views, as although 34% of this group wanted more topics to be considered core, almost half (45%) wanted there to be fewer.

VERIFIABLE/NON-VERIFIABLE

Some registrants commented on the amount of verifiable CPD in the in-depth interviews, wanting it to be increased or made the sole requirement – though typically they then wanted a reduction in the total number of hours. Those who suggested an increase in verifiable CPD typically did so because they had little respect for non-verifiable.

'15 verifiable hours a year is not very much - to me making more of it verifiable makes sense - it's 'I have done this and I have the T-shirt to prove it'. Versus general is meaningless. I could have sat there and read a comic and put the hours down for it. It would be better to make it verifiable or else there is no proof you did it, took anything in, or made it applicable to your own practice.' (Dentist)

'Change the structure - get rid of the general and increase verifiable to 20 hours a year.' (Dentist)

'Non-verifiable CPD is quite a woolly subject… sometimes I think it would be better to do just verifiable and be done with it.' (Dental Technician)

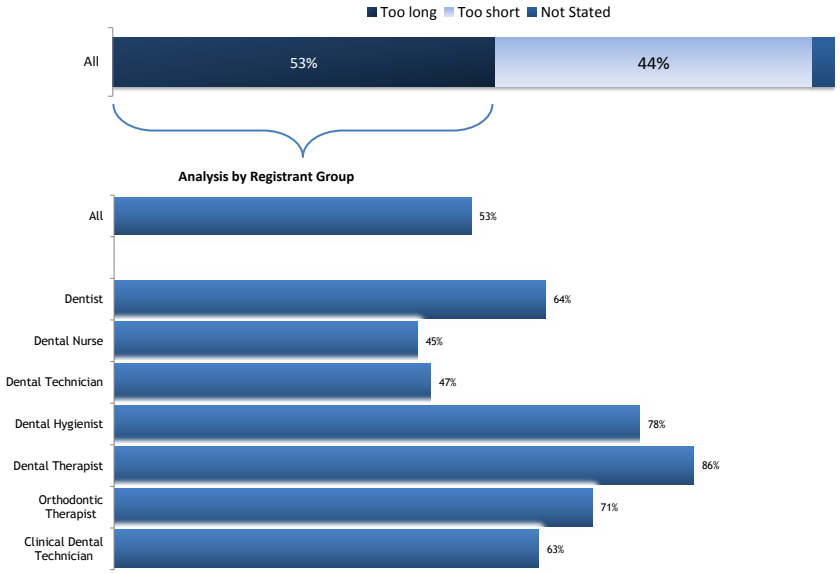
'General hours are pointless. Make it less hours and all verifiable.' (Dental Technician)

LENGTH OF CYCLE

Those who said that the length of cycle should change were asked whether they thought it was too long or too short (see figure 60).

There was no dominant view taken by registrants – just over half (53%) thought it was too long and just under half (44%) that it was too short.

Figure 60: Whether length of cycle is too long/short



Q26 i) If you think the 'length of cycle' should be changed, is it…
Base: Those saying 'length of cycle' should be changed (726)

Looking at the registrant groups, dental nurses (45%) and dental technicians (47%) were less likely than other groups to say that the cycle was too long.

MEASURING CPD IMPACT/OUTCOMES

We discussed with the registrants who were interviewed in-depth what their reactions were to recording the impact or outcomes of the CPD they had undertaken.

Whilst some were in favour of this approach, most of those interviewed in-depth were not in favour. Issues raised by registrants included the difficulty sometimes of knowing exactly where for example a change in how one works comes from; how development of one's own methods would fit into this scheme; and just how practical it might be to operate in one's day-to-day work.

'Sometimes it's more about a general accretion of knowledge which leads you to do something differently. I think I'd struggle sometimes to say exactly where something did come from.' (Dentist)

'I'm not sure about that - what happens if you do a course and don't get anything out of it - would it 'count' in that situation?' (Dentist)

'Hmmm – what happens if you try out something you've learned and then find it doesn't suit you and you slip back into the ways you worked before?' (Dentist)

'If I had to, I would – but we are so busy with actual work I could really do without it. It would be yet another thing to have to think about. I can't see it getting done during the working day, so it would be something I'd have to do at home. To be honest, I think it would only get done at the last minute!' (Clinical Dental Technician)

'Not sure that would be a positive move – a lot more paperwork for everybody.' (Dental Technician)

'… More paper that you generate for nothing.' (Dentist)

Other objections included whether such an idea was just too self-fulfilling, or whether it was too open to abuse.

'I'm not sure – I think this could be open to cheating – 'I've been to the radiology lecture and now I can do it all' – omitting to mention they don't actually have the equipment to do so.' (Dentist)

Some registrants also felt that this was already in place i.e. it is a question that one is required to answer when assessing each piece of verifiable CPD.

When asked for examples of CPD they or their colleagues had done which had had an impact, several of the registrants interviewed in-depth could not give any specific examples.

The examples which were given were:

- one dentist said that studying radiation protection had made him reassess his use of X-rays and that following other CPD he had re-thought his policy on prescribing antibiotics
- a clinical dental technician cited techniques learned concerning colouring and curing of the colour of prostheses
- a lecture on cross-contamination attended by a technician was found useful by the whole surgery

- a course on implant attachment enabled a dental technician to offer a more comprehensive service
- a dentist commented that after a hygienist in his practice attended a course on whitening and shared her learning with him, he gained a different perspective on whitening techniques
- a conflict resolution course had produced some very useable ideas

10.2 Changing GDC's guidance: the stakeholders' and providers' perspective

The three main changes the stakeholders and providers interviewed would like to see implemented were:

- A recognition that what constitutes verifiable CPD may not be high quality; there may be a need to have some form of accreditation for CPD by the GDC to help the registrant choose good quality CPD. Stakeholders and CPD providers interviewed did not want to create an expensive or bureaucratic system but wanted a system which would guide registrants toward high quality CPD. It was suggested that the GDC could accredit the provider rather than every individual course. This issue of whether the regulatory authority should accredit CPD had been examined in a European study on CPD so the idea is not new.

"I don't know whether the GDC can police the verification process. Obviously a lot of the stuff goes through approval process, maybe through deaneries… but at the end of the day you could put on a verifiable course, you know, if you have your aims and objectives… but it goes back to the registrant and it's their own responsibility to make sure they've gone on a proper verifiable course. Maybe it's something they would like to look at in the future, how they police it better." Stakeholder/provider

"There may be a role for the GDC to check on the people who verify a little bit more often just to make sure that it's actually legitimate but I think that's all they need to do." Stakeholder/provider

"I don't think the GDC needs to quality assure every course but I think they should vet and approve the providers so that rather than anybody being able to say 'I'm going to do a CPD course' you would only be permitted to deliver CPD if the GDC had vetted you as an appropriate provider and that would probably weed out some of the top end expensive

but irrelevant provision. And it could be argued that market forces allow that to happen but I still think it would improve professional standards." Stakeholder/provider

"I think (the GDC) should validate the providers and certainly look at the feedback the attendees provide randomly to make sure that the learning outcomes have been addressed and the aims of why people are turning up have been satisfied." Stakeholder/provider

- Whilst most stakeholders and CPD providers interviewed agree that the core topics are appropriate, some would like to see some flexibility for specialists and those who are not practising.

"I would say where they could probably benefit is looking at the core subjects again and making them slightly more appropriate to each individual profession." Stakeholder/provider

- There should be more focus on outcomes and what was learnt; many thought that measuring hours was now an outdated system;

"I'm going to say outcomes… I'd have a tiered system that actually looks at the type of learning that is being engaged in, how much formal reflection there is, who has designed it, who it's been provided by, if it's peer reviewed, all that kind of thing… how many people really have personal development plans? I have no idea but I think it should be (related to that). I would change it completely. I would remove this hours business." Commercial provider

"I think I'd like to see CPD focussed on improving outcomes for patients in terms of quality." Stakeholder

"I think some element of 'so what different did it make' would be helpful as well; some outcomes to it." Stakeholder

"I think it would be good to tie things like audit into training more formally so that we can encourage looking at current practice and education events that arises from that and then re-audit to see how much it changes practice. It would be good to have the evidence... and it's got a longer lasting change (and not) slip back to their old way of doing things." Stakeholder

"My biggest concern with the GDC is that they're still using the input approach which is counting hours and it's not clear I don't think how much that translates into usefulness for the individual in terms of improving their practice and the outcomes for patients. But then I have to say that there isn't any conclusive evidence either from other systems where it's very much an outcomes based approach as to how much that also improves practice for individuals and for patients… Personally I think that practitioners should be encouraged to be more reflective in what they're doing and to evaluate their CPD and show how it's been applied in their practice and the improvements it's made to their practice, that in theory must be a better way... I do think though that's very difficult for the regulators." Stakeholder/provider

In addition, some stakeholders and CPD providers interviewed wanted to see the following changes:

- Re-examination of the need to record non-verifiable CPD. This was seen as something which all professionals should do, perhaps by increasing the amount of verifiable CPD the amount of non-verifiable could be taken on trust.

"I think definitely to address the issue of the non verifiable CPD, I think they need to do something about." Stakeholder

"As I've said before I think they need to regulate more the non verifiable CPD." Stakeholder/provider

"I would almost remove the non verifiable component and beef up the verifiable." Stakeholder/provider

- Recommendations as to the type of CPD to be undertaken, perhaps with attention given to the methods used including team-based approaches.

"I think we should be looking at CPD to be a much more team event because the provision of services is a team process therefore it's completely appropriate that the provision of CPD should be focussed on the whole team and not just one bit of it." Stakeholder

One interviewee felt that the GDC should ensure that registrants have appraisals and personal development plans.

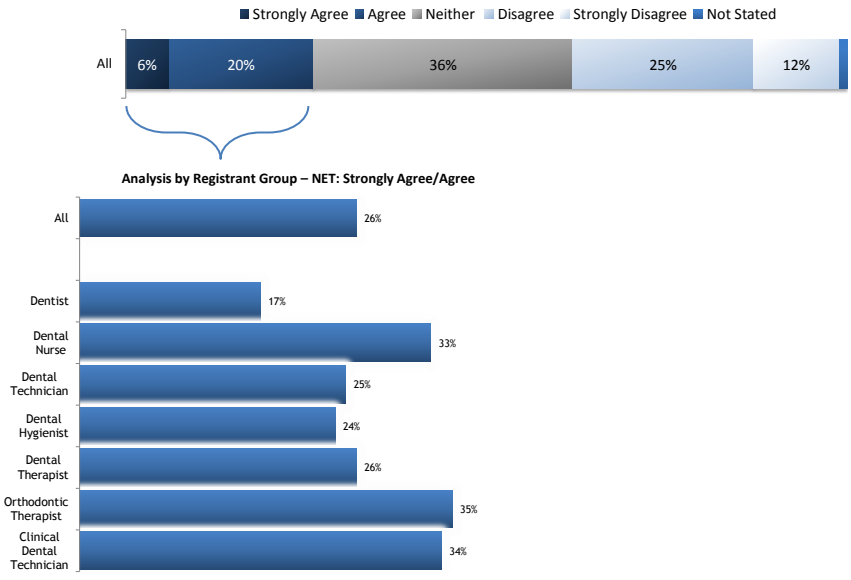
"The first step for the Council in any CPD is actually to ensure that that registrant has had an appraisal and has had a personal development plan formulated and from the personal development plan will spawn what learning they need as opposed to someone just looking through a list of courses and saying 'well I haven't been on a bridge course for five years, I'll go and do that." Stakeholder/provider

10.3 Whether GDC should be more prescriptive

Registrants were asked to what extent they agreed or disagreed that the GDC should be more prescriptive about the CPD they should be doing in future.

There was no consensus on this issue. A quarter of registrants (26%) agreed the GDC should be more prescriptive, a third (36%) chose the neutral middle point of the scale and just over a third (37%) disagreed. On balance therefore more disagreed than agreed.

Figure 61: Whether GDC should be more prescriptive about CPD in future



Q25: The GDC should be more prescriptive about the CPD you should be doing in the future
Base: All registrants (5,996)

Fewer dentists (17%) agreed the GDC should be more prescriptive compared to all other registrant groups. Dental nurses (33%), orthodontic therapists (35%) and clinical dental technicians (34%) were more likely to agree with a more prescriptive approach.

10.3.1 The stakeholders' and providers' perspective on how prescriptive the GDC should be

Most stakeholders and CPD providers interviewed did not want the GDC to be more prescriptive because registrants may be tempted to get around the regulations.

"Again it comes down to the individual acting like a professional and there's a balance to be struck there between over regulating it and being over prescriptive." Stakeholder

"I'm not sure they should be more prescriptive. The GDC does need to be able to say, as it does with the main dental professionals, they should be kept up to date in different areas of practice. But I think the minute you start getting prescriptive with these things it most certainly becomes viewed as a chore. And when it becomes viewed as a chore, dental professionals will try and find their best way round it with a minimal amount of effort, it defeats the object of the exercise." Commercial provider

"The success or failure of CPD is down to the practitioner rather than the rules. Like in every profession everyone - there are people who are unscrupulous and will try and break the rules." Commercial provider

"I do think the registrants perhaps do need a little bit more support, particularly if we move down the lines of revalidation because I see CPD as being one of the main corner stones of a revalidation process and if you get that right it could actually make revalidation a much more simpler process." Stakeholder/provider

The main areas where it was felt the GDC could be more prescriptive was in terms of specifying topics which were 'important' but registrants may not choose to do; topics of this nature included oral cancer and public health.

"If there is a subject perhaps that you didn't like to do but it's not a core subject or you weren't particularly interested in then you might not do it but actually you need it so that's why I feel it should be more prescriptive." Stakeholder/provider

One stakeholder/provider felt there could be more definition within the core subjects.

"Slightly more definition in the range of subjects and detail to which they should be delivered. So for example five hours on infection control could be at a very low level, you could easily whack up five hours on hand hygiene but maybe you need to specify that you need five hours on the micro biology and practical aspects and five hours on the medical implications of infection control in relation to public health, something like that that might be slightly more prescriptive." Stakeholder/provider

Finally a couple of stakeholders interviewed raised the issue of public expectations and knowledge of what CPD dental professionals were required to undertake.

"I do think one of the things that is quite tricky is how do patients and the public understand a little bit more about CPD and the requirements on their dentist and their dental team to do this." Stakeholder

11 Conclusions and recommendations

Mandatory CPD is now said to be an accepted part of a GDC registrant's professional life. There appears to a good supply of CPD, particularly of core topics, although some of the provision may not be of high quality.

Barriers to participating in CPD are said to be time and cost. Time is primarily an issue because of the need to fit in CPD outside of working hours so as to not impact on patients. Costs, including travel, are not always funded by the employer or through the NHS using Section 63 funding and so are a significant barrier for all dental professionals, and (it is said) for dental nurses in particular. Access is a further issue for those living in rural areas.

Most registrants, stakeholders and providers say the GDC's guidance on CPD is clear. Most do not want to change the length of cycle (five years) and feel that the core topics are about right. However, some would like more flexibility for those with particular specialisms or who are not practising.

The biggest criticism of the current guidance is of general CPD and, to a lesser extent, verifiable CPD. It is felt that general CPD is a chore to record and verify and ought to be done even if there was no requirement for it. Verifiable CPD did not necessarily result in high quality CPD.

These findings suggest that the GDC:

- Should keep the cycle as five years with more emphasis on monitoring during the cycle;
- Should keep the core topics but possibly allow for some flexibility for those with specialisms or make specialist CPD mandatory;
- Give further consideration to the accreditation of high quality suppliers to help registrants identify appropriate CPD;
- Should consider relaxing the requirement for general CPD hours and increase the verifiable component.
- Give further consideration to recording outcomes (including reflection on the learning experience) as well as inputs.